



# ABSTRACTS BOOK

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## ABSTRACTS LISTING BY ABSTRACT ID

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**ID/Title:** 104 **Monitoring and improving the health of ex-prisoners: A randomised controlled trial**

**Author(s):** *Kinner, Stuart A.*

**Abstract:**

Released prisoners are characterised by chronic social disadvantage, poor physical and mental health, and high rates of substance misuse – a continuation of problems experienced prior to imprisonment. High rates of recidivism and mortality post-release indicate that integration of ex-prisoners is often unsuccessful. Despite this, remarkably little is known about patterns of drug use or health outcomes for recently released prisoners; even less is known about what can (or cannot) be done to improve outcomes for this group. Around the world, structured post-release programs are a relatively new phenomenon, and few such programs have been evaluated. Fewer still have been the subject of rigorous scientific scrutiny. For this reason, it is impossible to state with confidence whether, much less how, outcomes for ex-prisoners can be improved. Given the well-documented links between substance misuse, impaired health and reoffending, improving outcomes for ex-prisoners is important from both a public health and a criminal justice perspective. In this presentation the available evidence regarding what 'works' for ex-prisoners will be reviewed, and gaps in knowledge identified. A randomised controlled trial of a health-based intervention for 1,500 ex-prisoners in Queensland, Australia – the Passports to Advantage study -- is currently under way. The rationale behind this intervention will be outlined, the design and methods will be presented, and the challenges of implementing this rigorous evaluation study will be discussed. Preliminary data reflecting the health of prisoners immediately prior to release, and again 1 month post-release, will be presented.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 119 **Swedish teenagers intoxications with alcohol or drugs – the perspective from the children and youth hospital in Gothenburg**

**Author(s):** *Preda, Julian ; Medina, Gunnel ; Nolbris, Margaretha ; Spak, Lena ; Söderholm, Anna ; Mårild, Staffan*

**Abstract:**

Background The network "Karl-Astrid" was created 2000 in Gothenburg to improve hospital care and follow up of teen intoxication. The medical and psychiatric emergency department are represented in "Karl-Astrid", as well as the school ward system and one of the city's four social service units profiled in alcohol and drug issues in teens. There are no recent Swedish studies of hospital care of teenager intoxications. We made a retrospective study in the second largest city (around 600000 inhabitants), at the biggest Swedish children and youth hospital receiving all intoxicated patients up to 16 years of age. Method Teenagers intoxicated with alcohol or drugs were identified for the years 1999-2001 and 2005-2007 by attending reason and by discharge ICD 10 diagnosis. Data were collected from medical records. Results Teen intoxications were constant during the years 1999 (132), 2000 (119), 2001 (142), 2005 (155), 2006 (153) and 2007 (165). Age and sex distribution were also constant with twice as many girls. Girls relapse thrice more often, around 10% in the studied years. There were no differences in the percentage of teen intoxication in the 21 city districts in the two studied periods with one exception, one city district being much less represented in all these years. Teen intoxication is by law to be reported to the Swedish Social Service. Karl-Astrid increased hospital intoxication reporting from 30% to 100% and the rate of patient consent for informing school nurses to a 1/3 of the admissions. Conclusions Teen intoxications, relapses, age and sex distribution were constant in the studied periods with twice as many girls. Hospital admission often signals social risk and it is important to engage school, Social Services and other networks around teenagers in preventive actions.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 121 **Methadone maintenance therapy programme in Malaysia**

**Author(s):** *Mohamed, Mahmood Nazar ; Dhaliwal, Sangeeth ; Matokrem, Lasimon*

**Abstract:** The Harm Reduction Programme was introduced to Malaysia in 2005 and integrated as a part of the National Strategic Plan on HIV/AIDS 2006-2010. The aim of the program is to reduce HIV vulnerability among injecting drug users and their sex partners. The key organizations involved in the implementation of the Methadone Maintenance Therapy are the Ministry of Health, National Anti Drugs Agency, Prisons and General Practitioners. Currently there are 9,089 clients who are involved in the Methadone Maintenance Therapy in Malaysia. The National Methadone Programme has succeeded in achieving a retention rate of 72% at the end of 3 years. The National Anti Drugs Agency (NADA) has played a pivotal role in implementing a Pilot Project of the Methadone Maintenance Therapy at 3 After Care Centers in Malaysia in 2007. Although still at the infantile stage, the pilot project has showed encouraging success by achieving a retention rate of 96.4% in the first 3 months. The programme has helped to reduce the HIV risk behavior and the use of heroin and opiate based drugs among our clients. Evaluation of the programme in the first 3 months has shown improvement in the WHO Quality Of Life scores of physical, psychological, environment and social aspects of the clients. The programme has also helped clients in gaining employment thus reducing crime rate. On the whole the Methadone Maintenance Therapy Programme has improved the social functioning of these clients with their family and community. Continuous efforts taken by the National Anti Drugs Agency aims to provide hope for these clients to achieve a better quality of life and be able to contribute as productive individuals to the nation.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 127 **Situation of PLHIV co-infected with Hepatitis-C in Manipur,India.**

**Author(s):** *Rajkumar, Tiken*

**Abstract:** Issues:- It is widely accepted fact that the prevalence rate of Hep-C among Injecting drug user living with HIV is very high in Manipur though there is not enough credible data. The Injecting drug users living with HIV co-infected with Hep-C are ignorant and apathy by authorities compounded the problem. The need of the hour is a comprehensive package of Hep-C treatment intertwined with HIV treatment. Technologies already exist to treat Hep-C but the will, commitment and resources to fight Hep-C are missing. As people affected by drugs, our organization SASO stands in solidarity with co-infected people and will play important role in advocating the rights of Hep-C co-infected people so that the epidemic be treated as public health issue. Ironically, people are living with HIV and dying of Hep-C. We demand Hep-C treatment and care at par with national programme such as T.B., HIV, Dengue and Bird Flu etc. We have a significant share and responsibility towards fulfilling our common goal providing treatment, halt and revert this co-infection. Approach:- Interaction with Injecting drug users living with HIV co-infected with Hep-C , SASO care and support programme, ICMR assessment. Key points:- • Lack of credible research and study. • Lack of national policy for Hep-C. • Lack of awareness and education for Hep-C co-infected with Injecting drug users' living with HIV. • Apathy on the part of government. • Lack of comprehensive package that includes Hep-C and HIV care and treatment. Recommendation:- • Concerted voice by all NGOs and activist to move the authorities. • Provision of free or subsidize treatment. • Adequate research and study in the field of Hep-C co-infection with HIV. • Scale up advocacy, education and lobby for Hep-C treatment.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 128 Environmental Tobacco Smoke Avoidance in Health Care Worksite

**Author(s):** *Tang, Lee-Chun ; Lan, Yu-Li ; Hsu, Hsiang-Ming*

**Abstract:** Objectives: The aim of this study was to explore factors associated with employees' Environmental tobacco smoke (ETS) avoidance behavior in a health care worksite setting. Methods: This was a descriptive study design. Data was collected by structural questionnaire. Totally 213 health care employees were recruited from a regional hospital locate in the eastern Taiwan and 160 of them have successfully completed the structural questionnaire provided by this study team, that made a responding rate of 79%. Results: The findings of this study indicate that job positions, attitude toward tobacco control, and the self-efficacy to avoid ETS are significant predictors of ETS avoidance behavior. Conclusion: Worksite tobacco control is a crucial issue of organization management in Taiwan. Environmental tobacco smoke's (ETS) harmful effects on the health, social relationship, morale, and productivity of employees have been well documented. To identify the factors associated with employee's behavior to avoid ETS will be meaningful to design effective worksite policies to reduce the aforesaid ETS harmful effects in worksite. The result of this study suggested integrating the above listed three significant predictors into the strategies of worksite tobacco control project in the worksite settings.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 133 15 years of methadone maintenance treatment clinic in Israel: Drug abuse abstinence and minimal infectious disease incidence

**Author(s):** *Peles, Einat ; Schreiber, Shaul ; Adelson, Miriam*

**Abstract:** Methadone Maintenance Treatment (MMT) is the most effective pharmacotherapy for heroin addiction. To evaluate our patients' outcome (retention, stopped drug abuse, incidence of infection disease), we studied all 618 patients admitted to the Adelson MMT clinic in Tel Aviv since its establishment in 1993 throughout 2007 and followed up until 2008. Data from modified ASI questionnaire, Hepatitis C, B and HIV results on admission, positive urine results on admission (first month) and after one year (month 13) were taken and defined positive if at least one sample was positive. Kaplan Meier survival analyses and Cox were used for cumulative retention. Results: Of the 618 patients admitted, 73.5% were males, mean age was 37.5±8.9y. On admission, 18.4% abused cocaine, 57.5% benzodiazepines, 11.7% cannabis, 7.8% amphetamines. Most patients ever injected drugs (70.7%), 53.6% had antibody to hepatitis C on admission to MMT, while 16 became positive during treatment in MMT. HIV antibody was found in 7.4% on admission, and 1 patients only sera-converted during treatment. One year retention was 75.4% (466/618), of them 66.7% stopped opiate abuse. Other drug abuse was also reduced; i.e.: the net reduction of cocaine abuse was 58.2% (proportion of those who abused on admission and stopped after one year 69% minus proportion of those who did not abused and started (10.8%)). Predictors for cumulative retention (up to 15 years) in multivariate analyses (Cox) found no opiate abuse after one year OR=1.7(95%CI 1.3-2.2), no benzodiazepine abuse OR=1.5(95%CI 1.1-1.9) after one year and high daily methadone dose (≥100mg/d) after one year OR=2.2(95%CI 1.7-2.8) to predict cumulative longer retention in MMT. Conclusions: outcomes justify the expansion of the MMT clinic network in Israel in order to make treatment available to all those who need it. A protocol favoring higher methadone dosage as appropriate is recommended.

**Session:** C12: Evaluations of Opiate Substitution Treatment

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 134 Harm reduction and 'health rights': the effects of displacing public injecting sites in an urban environment.

**Author(s):** Parkin, Stephen George

**Abstract:** This paper presentation reports on findings obtained from ongoing doctoral research located in the South West of England concerning the health risks associated with intravenous drug use in public settings. These findings are based upon ethnographic fieldwork and visual research methods amongst a sample of 31 injecting drug users with recent experience of public injecting, the majority of which were homeless or in temporary accommodation. More specifically, this paper focuses upon the challenge posed by local preventative measures that inadvertently problematise harm reduction services, as outdoor sites used for public injecting are subject to closure and subsequent displacement. Such policies create a tension between providing the means to inject (via needle exchange programmes), whilst simultaneously remove the outdoor venues used by drug users to address their dependency issues. Although there is recognition that such preventative policies are designed to protect a wider public health, it is argued that such practice may further marginalise public injectors and exacerbate the health harms experienced in more isolated locations. It is further suggested that displacement is contradictory to wider harm reduction remits and may contribute to the production of 'micro-spatial structural violence', in which actual harm (including fatal overdose) is experienced by public injectors as a consequence. It is suggested that localised displacement policies fail to recognise the lived experience of homeless injectors and considers the failure to recognise the associated 'health rights' of those that inject drugs in the pursuit of wider public health. Indeed, displacement appears not only contradictory to harm reduction, but possibly serves to 'delegitimise' it as a model of good practice. (This presentation will include digital images, taken during ethnographic fieldwork, that depict the closure and displacement of public injecting sites).

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 135 The Effects of Place on Health Risk: A Qualitative Study of Micro-Injecting Environments.

**Author(s):** Parkin, Stephen George

**Abstract:** This poster presentation summarises ongoing doctoral research in the South West of England that is concerned with the effects of place on health risk; and more specifically, in the context of public and semi-public places used for injecting drug use. The poster consists of three sections that each summarise different stages of the research. Section 1 provides a summary of the overall aims and objectives of the wider research and presents an overview of the methods used toward the research agenda. The main body of the poster (Section 2) presents findings that describe a typology of descending safety within the public places identified for injecting drug use in an urban environment. This section of the poster elaborates upon the theme of 'descending safety' from a harm reduction perspective and depicts the environmental conditions and associated health harms of sites termed Category A, B or C. That is, Category A sites are those considered to be the most safe, most 'controlled', in terms of reducing injecting related harm; Category B sites are described as 'semi-controlled' environments that provide greater opportunities for health harms and Category C are those considered as the least safe and most 'uncontrolled' locations for injecting drug use. However, it is important to stress that although all environmental categories described above appear to provide opportunities for injecting-related harm, it is those within Category B and C in particular that appear as the most harmful. Each category is illustrated with photographs gathered during fieldwork (as visual methods were included in this study). Finally, Section 3 of the poster presents a selection of drug user views of the different categories of public injecting site described: based on their experiences of attending such places for injecting purposes.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 137 **Ketamine - a relatively harmless party drug? preliminary harm reduction and detox guidelines from the UK**

**Author(s):** *Ayres, Rachel M ; Weinstock, Pete ; Cottrell, Angela*

**Abstract:** Recreational use of ketamine is widespread throughout the UK and many other countries in Europe, North America and the Far East. At the Bristol Drugs Project in Bristol, UK, we have seen a steady increase in numbers of ketamine users presenting with dependent and problematic use. Observations indicate that tolerance and physical harm can develop swiftly. Problems include painful and lasting abdominal cramps, being vulnerable and forgetful, panic and anxiety attacks, rapidly developing dependence and tolerance and severe urinary tract problems. Ketamine users referred to urologists are being treated for dysuria, haematuria and urgency and frequency of urination. Over 50% of regular ketamine users at Bristol Drugs Project report some or all of these symptoms. In severe cases symptomatic relief is given surgically through catheter insertion or bladder stretches and in a few cases, bladder removal. There is some evidence for renal impairment and renal failure. We have worked with service users, medical practitioners, urologists and our local in-patient detox unit to develop preliminary harm reduction guidelines and detox advice. We are also working to increase awareness of the possible consequences of long term and heavy ketamine use and to encourage a multidisciplinary approach to supporting individuals wishing to stop their use.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 143 **Macau's First Harm Reduction Project**

**Author(s):** *Nogueira, Augusto Paulo*

**Abstract:** Macau's First Harm Reduction Project ARTM, had open on 16th June, the Harm Reduction Department, it's the first outlet to open in Macau developing HR with the logistical and financial support of the Macau Government. ARTM objective to develop and follow up in a comprehensive structure program to reduce and avoid the incidence of HIV/AIDS, hepatic C, to reduce the syringe sharing, to reduce the unsafe disposal of syringes, AIDS education, sex education, risk reduction, treatment and aid referral. Our Harm Reduction Department develops the following: Daily outreach team in the street, including at night, contact IDUs and Sex Workers, HIV Prevention, Distribution of Condoms, Leaflets, Alcohol Swabs and promoting the HR Dept, Follow up IDUs with HIV/AIDS or Ex. IDUs with HIV/AIDS, and family home visits. Daily outreach team in the outlet: inside of the Harm Reduction Department, we offer free lunch to any IDU, condoms and alcohol swabs, information, counseling, nursing services, voluntary HIV Rapid Test, neighborhood support, IDUs can spend their day in the department, where newspapers and specialized HR videos are available, or simply chatting with the staff. Innovative project: Due the current law do not allow the NSP, hopefully with approve of the new law during the current week that legalize the NSP we can start as faster as possible the NSP. Meanwhile for the safety of the public health, and to avoid the sharing syringes among the IDUs, and to maintain a close contact with IDUs, we start since the opening an innovative project call it NSFP – Needle Syringe Food Program, which consists in the IDUs voluntarily deliver to the Dept. used syringes in exchange for a snack. The results are great, with 30 to 35 syringes delivered daily.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 147 **Kratom abuse in Southern Thailand**

**Author(s):** *Junsirimongkol, Boonsiri ; Jittarom, Chinanaj*

**Abstract:** Background : Kratom, a Southeast Asian native plant called 'Mitragyna speciosa' Korth (Rubiaceae), has been reported to have weak opioid agonist activity, mostly based on 7- hydroxymitragynine. Kratom abuse in Southern Thailand often occurs in persons with mental illness, including schizophrenia. Objective: To study the characteristics and clinical presentation of Kratom abusers seen in a psychiatric service. Methods: The sample consisted of 87 outpatients, 18 to 60 years old, who had histories of Kratom abuse treated at the Suansaranrom Psychiatric Hospital between August and December, 2004. Data collection was performed using a semi-structured interview which included opioid and stimulant abuse questionnaires. Results: The majority of the subjects were male, age 18-35 (39.1%) and agricultural field laborers (65.5%). Kratom was commonly used by chewing (49.6%) together with drinking coffee (69.0%). The common clinical effects reported from the use of 1-20 leaves included psychoactivity (69%), decreased muscle pain (63%), and sunburn sensitivity (59%). Stimulant effects were more prevalent at low doses while opiate-like effects were more common at higher levels of use. Withdrawal symptoms were reported, including muscle aches (68%), insomnia (60%) and irritable mood (59%). However, taking more than 20 leaves per day taking for 3 to 5 years, auditory resulted in reports of hallucination (31%) and paranoid symptoms (17.2%). Continuing abusers for more than 5 years often had small-sized feces similar to goats', and some reported decreased euphoria and impaired cognitive. Conclusion: Kratom abuse in Southern Thailand has received little scientific attention, although cases are associated with serious psychiatric illness that required treatment in a psychiatric hospital.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 148 **Creating a responsive and innovative staffing model for an IDU service: lessons learned and frameworks developed.**

**Author(s):** *Brown, Jacqui*

**Abstract:** Health Works, a primary health care service for people who inject drugs in urban Australia, provides a range of services including an onsite needle and syringe program, health promotion and a multidisciplinary health clinic. The service was developed to specifically respond to the need of street based injectors who are often faced with a multitude of different issues. Over time, an innovative approach as been developed to staffing, that incorporates the values of personal drug use experience, up-skilling of all staff, an emphasis on professional development and a high level of professional support. The presentation will focus on how the staffing model has come to exist (borrowing of ideas from international development, peer education, public health and indigenous health models), the advantages of using this type of approach in working with marginalised drug users and also the barriers. Feedback from service users and staff from different disciplines will be presented as well as internal guidelines for staff support when issues arise and use of the 'fit for work' model. In particular, there will be an emphasis on how harm reduction theory has guided the staffing model. The aim of the presentation will be to demonstrate how the Health Works model has been successful in challenging some conservative staffing models linked to Alcohol and Other Drug services and how this can meet the needs of a particularly marginalised group of drug users.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 150 Exploring transitions in drug use among at-risk youth in Vancouver, Canada

**Author(s):** *Fast, Danya ; Small, Will ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Background: There is growing interest in ecological approaches to understanding drug related harms and in characterizing the social-structural factors that interact to produce risk behaviour. This study sought to examine young people's understandings of transitions in their drug use and the factors that shape such transitions. Methods: Semi-structured qualitative interviews were conducted with 39 individuals recruited from a cohort of young drug users known as the At-risk Youth Study (ARYS). Audio recorded interviews elicited youth perspectives on initiation into self-identified problematic drug use, as well as moving from one substance to another and reducing overall use. Interviews were transcribed verbatim and a thematic analysis was conducted. Results: Study results indicate that the ubiquity of drug use in downtown Vancouver played a central role in young people's rapid transition into problematic drug use. Transitions from one form of drug use to another were attributed to factors such as curiosity, involvement in drug dealing activities, and the practice of engaging in polydrug use in order to remedy "comedown" effects. Reduction in overall use was motivated by health concerns, and negative perceptions regarding specific drug-use behaviors. Conclusions: Consistent with previous research, our results indicate that although most participants emphasized personal autonomy as an explanation for transitions in drug use, their narratives underscore the importance of contextual factors and constrained choice in shaping transitions in drug use. Importantly, we found that youth do not define all addictions as equally problematic, as crystal methamphetamine addiction was viewed to be less problematic than crack cocaine or heroin dependency. These findings indicate the need for novel interventions that seek to address the individual, social and structural factors that promote transitions to more harmful forms of drug use.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 157 Exposure to Community Violence and Crime and a History of Substance Use among Impoverished Women Living in Public Housing in Ponce, PR

**Author(s):** *Norman, Lisa Rose*

**Abstract:** Background: The purpose of these analyses is to examine the relationship between exposure to community violence and crime and a history of substance use among a sample of impoverished women living in public housing in Puerto Rico. Methods: 1138 women living in public housing developments in Ponce, PR, completed a 219-item self-administered survey between April and August 2006. History of substance use was measured in the following way: Persons were asked whether they had ever used any of the following substances: alcohol, marijuana, heroin, cocaine, crack-cocaine, speedball (heroin and cocaine, mixed), and amphetamines. For each substance used, a score of one was assigned to the subject. Those who reported a history of use with at least one substance (scale score 1-7) were coded as having a history of substance use (1), while remaining subjects (scale score 0) were coded as having no history of substance use (0). Results: Analyses revealed that those women who reported witnessed gang-related violence in the last year were more likely to report a history of substance use than were those women who did not witness such violence (UOR=1.36, CI=1.01-1.84). Also those who witnessed drug trafficking/selling and street drug use were more likely to report a history of substance use, compared to women who did not witness such crimes (UOR=1.53, CI=1.19-1.96 and UOR=1.43, CI=1.11-1.82, respectively). Those who witnessed gun-related violence in the previous year were also more likely to report a history of substance use (UOR=1.48, CI=1.11-1.99). When adjusted for age, education, size of public housing development and relationship status, the same relationships emerged. Conclusions: Women who witness community violence and crime need to be targeted with specific substance-use prevention messages. Considering the relationship between substance use and HIV-risk behaviors, it is imperative that these women are reached by culturally appropriate, community-level interventions and prevention programs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 158 Integrating medical care and support for drug users in harm reduction programmes

**Author(s):** *Farrell, Jason*

**Abstract:** Harm reduction programmes worldwide have been successful in reducing infections. However, this is often offset by drug users' reluctance to access mainstream medical care. Many avoid medical services because of the on-going discrimination they face from traditional healthcare professionals. As HIV and HCV therapeutic regimens are developed, it is ever more critical to develop multiple avenues for allowing drug users to find easier and timelier paths into mainstream healthcare. To address this need, Positive Health Project, Inc (PHP) - a New York City based harm reduction programme - developed a service delivery continuum built on a 'one-stop shop' model. In collaboration with an on-site medical provider, PHP opened the USA's first healthcare center for drug users co-located in a syringe exchange programme. PHP's on-site medical services included primary care, HIV/HCV/STI testing and treatment, gynecological examinations, and viral hepatitis vaccinations. The clinic also offered a range of specialized services such as nutritional counseling, direct observed therapy (DOT) support groups for administering once a week HCV treatment injections, and the provision of office based opiate substitution therapy. Upon clinic opening 500 IDUs enrolled in care, 26% had HIV tests, 52% HBV vaccinations, and 22% HAV vaccinations. 39 clients initiated Buprenorphine treatment. This presentation will showcase PHP's work as a replicable good practice model for the integration of comprehensive agency-based harm reduction, HIV, viral hepatitis prevention and medical care. Through this innovative model, services ranging from low threshold to high threshold are made available in one location to provide a comprehensive continuum of care, and also to increase client engagement and retention. From this presentation, session participants will gain valuable information about how to implement similar integrated care programmes to improve access to medical care and HIV treatment adherence. Jason Farrell is the founder and former executive director of Positive Health Project, Inc

**Session:** C16: Integrated Services for People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 162 Gender differences in HIV risk behaviors and relapse rates among drug users attending drug detoxification and rehabilitation programs in Dhaka, Bangladesh

**Author(s):** *Maehira, Yuki ; Chowdhury, Ezazul Islam ; Reza, Masud ; Dorahozal, Ronald ; Gayen, Tarun Kanti ; Masud, Iqbal ; Ono-Kihara, Masako ; Kihara, Masahiro ; Azim, Tasnim*

**Abstract:** Background: Female drug users have special needs which are often unmet by existing programs. We compared key characteristics and relapse rates of male and female opiate/opioid users attending detoxification and rehabilitation clinics to better understand gender differences among drug users. Methods: A longitudinal, cohort study was conducted with 150 male and 110 female drug users attending three NGO-run drug detoxification-rehabilitation clinics in Dhaka, Bangladesh. Interviews were conducted using a semi-structured questionnaire at four time points over 5 months starting on admission. Qualitative, in-depth interviews were also conducted to complement the results of questionnaire survey. Statistical analyses were done using descriptive, bivariate and multivariate methods. Results and conclusions: Comparison of male and female drug users on admission to detoxification and rehabilitation programs showed that more females than males were 24 years or younger (female=37.5%, male=8.0%), females had a higher average monthly income (p

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 163 program coordinator

**Author(s):** Rajbhandari, Suyash

**Abstract:** A Holistic Approach For HIV/AIDS Prevention Among Injecting Drug Users Issue: Established in 2005, TRG began HIV/AIDS prevention among and from injecting drug users (IDUs), who are from all castes but most of them are from middle-class families. Setting: TRG included Kathmandu as a project site since 2005 and Lalitpur was annexed in 2006. These have been successful sites for TRG' Harm Reduction project. Kathmandu now has round about 1.6 million out of which there are about 15000 IDUs as estimated. TRG is currently providing services to 1433 IDUs in Kathmandu Valley. Project: The working approach for TRG is harm reduction, philosophy and the strategy for service delivery to the clients is "Street based outreach." TRG has established working policies as guidelines, which are confidentiality, nonjudgmental, non-coercive and anonymous. TRG works with various components, viz. HIV/AIDS and substance abuse education, counseling, harm reduction materials supply, primary health care, training, referrals for drug treatment and other services, networking with concerned agencies and program advocacy with local governmental bodies. Outcomes: • Development of positive relationships with the IDUs and cooperative relationships with N/GOs; •Development of IEC materials; •Development of training capacity (human resource) as well as training manuals and curricular; •Provided technical assistance and training to various local and international agencies from the region; Lesson Learnt: •Advocacy for harm reduction program with local governmental bodies should be emphasized. •National level hospital and clinics should be contacted for referral point for services other than TRG. •A channel should be established with job providing organization so that recovering IDUs could be referred for job opportunity or employment.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 167 Drug policy makers' perspective on harm reduction in Sri Lanka

**Author(s):** Samarasinghe, Nimesh

**Abstract:** Sri Lanka has been resistant to introducing harm reduction strategies although there is good evidence that they reduce HIV infection and other adverse consequences of drug use. The government firmly states that adverse consequences of drug use will be addressed by reducing the size of the drug using population, rather than introducing harm reduction strategies. The rationale behind this policy choice is not clear. This became the basis for the study. The overall objective is to address the question Why Harm Reduction is rejected as a policy option in Sri Lanka? The National Drug Policy is unable to convey any opinion or belief about harm reduction as a strategy. If the opposition to this approach is to be understood, the background to the development of this position needs to be ascertained. The research methods chosen for this study were a literature review and semi-structured key informant interviews with drug policy makers in Sri Lanka. Qualitative analysis of the data revealed five themes, which were explored in detail. These were: idealism, the implicit absence of a crisis, penal approach to drug problems, stigma and the lack of resources. The findings suggest that idealism is the most prevalent theme that impedes harm reduction. The perceived absence of a major drug problem, especially the absence of any injecting drug problem, has reinforced the possible belief that there is no 'crisis' that warrants a radical shift in drug policy. There is an urgent need to invest in scientifically valid research into the drug problem. To conclude, some recommendations for future policy and practice are discussed.

**Session:** M15: Developing the Role of Nurses in Harm Reduction Policy and Practice

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 169 **Methadone Substitution Therapy Maintenance Outreach in West Kalimantan, Indonesia**

**Author(s):** *Fardin, Hermia*

**Abstract:** Background: The estimation of IDU cases in West Kalimantan in 2006 is 3200 cases. Meanwhile, there is only one rehabilitation center provided in West Kalimantan which is not enough to take care all of the IDUs. Besides that, many families are complaining about recovery of their children while they are in the rehabilitation center because the lack of communication the children does not regain their self confidence if they are kept in the rehabilitation centers. Objective: - To change the behavior of IDUs to become healthier. - To lessen the unlawful behavior among IDUs. - To reduce morbidity and mortality cases from drug overdosed as well as HIV cases. - To decrease HIV infection rate among IDUs. Strategy: Pontianak Plus Foundation had a consultation meeting with the Provincial AIDS Commission and Ministry of Health to provide methadone therapy clinic which will be funded by the GFATM. We had agreed to provide the outreach worker while they had agreed to provide the clinic. To date, we have been doing the program for 3 months (July-September 2008) on which we had successfully reached out and disseminate information to 150 IDUs per month. From the number, 30 has started the methadone therapy. Challenges: - Limited number of outreach workers (only 4 staff and 1 field coordinator) - The clinic is still uneasy to give methadone to a larger number of people. - To access methadone, people have to have identification card as well as family member representative; which many of the street junkies do not have. - Methadone clinic is only open for 2 hours. Recommendation: We will propose to open a methadone clinic which will be opened for 9 hours. Increasing the number of outreach workers. We need to develop partnership in the socialization of methadone program. Advocacy for more budgets for methadone program in West Kalimantan.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 175 **HIV prevalence and high risk behavior among injection drug users in Shiraz-Iran**

**Author(s):** *Amini Iari, Mahmood ; Afsar kazerooni, Parvin ; Joolae, Hasan ; Sabet, Mojghan ; Hasan abadi, Ali reza ; Naghshvarian, Mojtaba*

**Abstract:** Introduction: The purpose of this study was to assess the HIV prevalence and high risk behaviors among injection drug users in Shiraz-Iran. Materials and Methods: This is a descriptive study of whole IDUS in Shiraz,Iran, Sampling method was Time location sampling and the participants (360 IDUs) from parks, shooting galleries and drop in centers were contributed in the study. The standard structured questionnaire of behavior study was asked, the intervention was carried done by profession and educated peers. Results: Among 360 IDUS 91.9 % were Male , 45.5% single and 54.5% were Married , divorced or separated , Most range of education belongs to lower high school diploma ,most of them were unemployed and 30.2 % of samples were homeless ,the most illicit drug of abuse were heroin and Tamchizah. Average age of IDU was 33.04 years and average age of initiation of drugs use was 18.63 years and first injection was 24.98 . Following results were related to high risk behaviors among samples: Using used syringes 15.6 % , Using sharing syringes 15% , unsafe sexual contacts without condoms with one or more permanent partners 49.7% , sexual contact for getting money or drugs 31.7% , sexual contacts with the non permanent partners 43.3% , sexual contacts with another men 75.6% , history of prison 75.9% , Injection in prison 27.3% and using of common instruments for injection in prison 60% and Among the 360 IDU subjects enrolled, 27.3% were diagnosed with HIV infection . The most common cause of refusing condoms in their sexual commercial contacts was dislike condom(%34.3) and in non commercial sexual contacts was partner's dissatisfaction(%39.1 ) . 39% of IDUS have the history of genital ulcers or discharge in recent one year and only 34.9% were referred for treatment. .Conclusion: The findings can be used for developing strategic and interventional program to reduce AIDS prevalence and Transmission.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 176 **The Broken Trust: Stigmatization and it effects**

**Author(s):** *Iheanacho, George Chidiebere*

**Abstract:** The effect of stigmatization has become a major challenge to PLWH in recent times. As a social problem it continuous to hinder the active participation of this category in social, cultural, educational, religious and political activities in many societies, thereby makes them “negatively” irrelevance, unwanted and potential danger to the society. More than ever and despite several policies and legislations to checkmate this by some governments and organizations, it has continued to undermine the commitment effort of fighting the disease and taking care of the PLWH in the society as part of humanity. To change this trend, the society and PLWH have to come out sincerely and work concertedly by upholding the trust for each other through recognition of the fact that the welfare of PLWH demands our (first) priority. These are real issues that demand our thinking through positive attitude and re-examination of our conscience to add to the life PLWH. However, this paper will explore these issues with emphasis on socially related and self- induced stigmatizations and also suggest ways forward.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 179 **The Asgard Project**

**Author(s):** *Darby OBE, Annie Deborah ; Avison, Jo*

**Abstract:** The Asgard Project is an innovative new service in North East Lincolnshire that engages service users between the ages of 16 - 19 through Emergency Care. Asgard is the Norse word that describes a place of safety reached by a rainbow bridge from a place of danger. The Asgard Workers work with Accident & Emergency, GP Out of Hours provision, Paramedics etc to pro-actively engage with young people who have presented at Emergency Care Centres with a range of problems particularly Substance Misuse. Qualitive and quantative research indicated that 70% of young people who had one or more vulnerability indicators were attended Emergency Care Centre with no parental support or knowledge, and presented with a range of issues. These included :- Substance Misuse Self Harm High risk sexual behaviour Undiagnosed Chronic illness i.e. Asthma Injuries related to offending behaviour Accomodation difficulties The staff at the Emergency Care Centres would signpost young people to the relevant services, but the corressponding data showed that only 30 - 40 % of young people would engage with services particularly our Under 19 Substance Misuse Service. The Asgard workers contact young people the day after admission either by phone or location { which may be a Day Centre etc as many are homeless } and assist them to be " introduced " to services that can support them. The Asgard Workers assist the young people to their intial appointment and then by a low intervention approach, encourage them to remain engaged and to complete programmes of care. This has been a very simple intervention but is proving highly effective. The Asgard Workers then encourage and support the service user to engage with a number of mainstream and specialist services that can help address the service users problems.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 183 Alcohol, drugs and violence in European holiday resorts: A comparative study of British, German and Spanish tourists

**Author(s):** *Hughes, Karen ; Bellis, Mark Anderson ; Anderson, Zara Ann ; Calafat, Amador ; Juan, Montse ; Schnitzer, Susanne*

**Abstract:** Background Research has found young people's alcohol and drug use to increase during holidays to nightlife resorts, yet little information is available on how substance use varies between nationalities and holiday destinations. Further, whilst alcohol and drug related violence in nightlife settings is an increasing concern in many countries, little is known regarding such violence in holiday resorts. Methods A retrospective design surveying British, German and Spanish holidaymakers age 16-35 (n=3,003) visiting the Spanish islands of Majorca or Ibiza (summer 2007). Questionnaires explored alcohol and illicit drug use (cannabis, ecstasy, cocaine, amphetamines, ketamine, GHB) and involvement in violence on holiday. Results Across all nationalities, illicit drug use was higher in visitors to Ibiza than visitors to Majorca. UK participants were most likely to use drugs; in Ibiza, 44% of UK holidaymakers used ecstasy compared with 16% of Spanish and 6% of German visitors. Elevated levels of substance use on holiday were seen across all nationalities. For example, 61% of Spanish cocaine users used the drug at least twice a week on holiday, compared with 12% using at this frequency at home. In Ibiza, 7.2% of British tourists initiated ecstasy use with similar recruitment among Spanish (8.6%) but not German (1.8%) holidaymakers. Recruitment into drug use was associated with frequent drunkenness. Overall, 4.4% of holidaymakers were involved in a fight on holiday, increasing to one in five British males visiting Majorca. Being young, frequent drunkenness and use of cocaine or cannabis on holiday was associated with fighting; ecstasy use reduced the risk of violence. Conclusions Substance use and violence are common features of holidays to international nightlife resorts, yet the health risks taken by young holidaymakers vary by both nationality and destination. Such intelligence is critical in developing appropriate harm reduction measures to protect the health of young holidaymakers.

**Session:** C18: Young People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 187 Reducing stigma and discrimination: Steps toward psychosocial interventions

**Author(s):** *Dutta, Tinni ; Mallick, Debapriya*

**Abstract:** Issues: The project is led by Human Development and Research Institute (HDRI), a pioneer organization working in the field of Substance Abuse, Kolkata, India. HDRI has designed and adopted holistic psychosocial interventions which can be shared with other countries, to reduce stigma and discrimination, to increase IDUs access to and participation and effectiveness of HIV/ AIDS programmes and policies. Setting: Psychosocial interventions for IDUs organized by HDRI is a holistic programme at major parts of North and Central Kolkata and Howrah. Project: The project is designed to implement an extensive behaviour change programme among IDUs on issues related to HIV/ AIDS, to build strong emotional bond with family and community, to reduce discrediting attribute that devalues the persons in the eyes of the others. Strong emphasis is given on spouse meeting, family classes, self-help group and daycare centre. The various interpersonal methods to reach this targets are one to one interaction, counseling, focus group discussion, advocacy, networking with secondary stakeholder as to create enabling environment. Lessons Learned: It is critical in building relationship with the family and community and thus gaining their support for activities and programmes of IDUs. As the service providers have tried to bring back IDUs in mains stream of life, it resulted in snow balling effect. Stigma and discrimination associated with IDUs are greatest barriers to preventing further infection, providing adequate treatment and alleviating impact. Outcome: Despite these above hindrances the project has achieved a lot in the arena of abscess management, partner notification and care and support. Thus such destigmatising approach have been found encouraging and noteworthy.

**Session:** C30: Psychosocial Services for HIV Prevention and Harm Reduction

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 189 **Effect of breath water and sound course as an adjunct intervention for opiate dependent patients**

**Author(s):** *Yadav, Seema ; dhawan, Anju ; yadav, Deepak ; sethi, Hem*

**Abstract:** Abstract Opioid dependence is known to be a chronic relapsing disorder. High risk factors for relapse include craving, peer group, inability to cope with stress and physical discomfort. The study was undertaken in a community outreach clinic in north India for the patients receiving buprenorphine maintenance. Aim: To assess the impact of breath water and sound course on drug use, quality of life and motivation on heroin dependent patients in treatment. Methodology: A breath, water and sound course was organized for 5 days (2-3 hours duration each day) which includes pranayama, meditation, singing songs together besides discussion about healthy living and human values. 15 cases and 14 controls were assessed at baseline and after 2 weeks using Addiction Severity Index, WHO Quality of Life Scale (WHO QOL-BREF) and Stages of Change Questionnaire (to assess motivation). Focus Group Discussions were conducted with patients and in depth qualitative interviews were held with staff. Also the breath, water and sound course was observed by one of the authors. Results: Both the groups were comparable at baseline. WHO QOL-BREF showed significant change from baseline to follow-up in experimental group in physical domain (p

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 191 **Occupational rehabilitation of opiate users on buprenorphine maintenance using micro finance based approach**

**Author(s):** *Yadav, Deepak ; Dhawan, Anju ; Yadav, Seema*

**Abstract:** Vocational rehabilitation is important for successful substance use treatment, structured employment and legal source of income by recovering patient reduce substance use, prevent relapse and criminal activity, and facilitates reintegration in the society. The rehabilitation need of the patients undergoing recovery is unique and requires a tailor made approach to address. The current work examines the feasibility of implementing the microfinance based low cost tailor-made vocational rehabilitation modal for patients receiving agonist (buprenorphine) maintenance. This article introduces an innovative approach to address the occupational rehabilitation need of the patients undergoing maintenance treatment. This program addressed vocational rehabilitation need of the patients receiving buprenorphine maintenance using microfinance based intervention. The intervention was delivered at community outreach clinic , New Delhi, India , in tandem with standard pharmacological (agonist maintenance) and psychosocial intervention. Outcome: Prior to induction in the program all the patients were unemployed for at least the past 6 months. Around 19% patients reported history of involvement in illegal activities and 16% reported arrest by the police in the past. When enabled to take up gainful work through micro credit it was found that the patients required quite low (average amount of rupees 560 or less than 15 \$) to start working and within a week they could start the work. Majority of them (74%) repaid the entire loan amount within one month of taking the credit. It was also observed that more than half of the patients switched over to financially and technically more lucrative better employment opportunities after a few weeks/ months. Conclusion: The study demonstrated that vocational rehabilitation through micro credit helped in enhancing self efficacy, reducing criminal behavior, improving treatment compliance, preventing relapse, and facilitated reintegration of patients in society. The results have yielded encouraging results with promise of replicability.

**Session:** C14: Poverty, Marginalisation and Drug Use

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 192 Collaborative TB and HIV services for drug users

**Author(s):** *Gunneberg, Christian*

**Abstract:** Globally in excess of 2.5 million injecting drug users are living with HIV, estimated to be maybe as much as 10% all PLWHIV. Drug users have increased rates of TB infection, whether living with HIV or not. HIV infection greatly increases the risk of transition from TB infection to TB disease. Drug users tend to be a marginalized group with complex needs, who have poorer access to life saving interventions. Health systems have often responded with separate policies and structures, to the detriment of the individual user and their communities. Policy guidelines developed by the World Health Organization (WHO) in collaboration with the UN Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in consultation with a group of technical experts will be presented in this session. These guidelines aim to provide a strategic approach to reducing TB and HIV related morbidity and mortality among at-risk drug users and their communities, promoting holistic and person-centered services. Universal access to prevention, treatment and care services at all entry points should be provided. This requires collaborative planning between HIV, TB, specialist drug services and the criminal justice system. Drug users and their communities. In particular, health services should provide treatment adherence support for drug users. Co-morbidities, such as hepatitis infection, should not be a barrier to TB and HIV treatment services. Prisoners with HIV, TB or drug dependency need to have the same access to treatment & care as civilians, as should drug users who are migrants, homeless or otherwise marginalized. In addition, continuity of care on transfer in and out of places of detention is essential. How to promote and implement these guidelines is the challenge that we now face.

**Session:** M1: Collaborative TB and HIV Services for Drug Users

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 195 The Government's Role in Leading the Response to HIV/AIDS among IDUs in Bali

**Author(s):** *Pawelloi, Ilyas ; Anshori, Yahya ; Febriana, Dian ; Angela, Rossy*

**Abstract:** Issue Bali has faced an increase in the number of HIV and AIDS cases, particularly among injecting drugs users (IDUs). The December 2007 data from the Bali Provincial Health Office recorded 1836 cases of HIV, 55% of which were among IDUs. Setting In December 2006, The Bali Province AIDS Commission released an IDU population estimate of 2800 people. Based on this figure, the current coverage of harm reduction services in Bali is 15%. Thus, there is an urgent need to scale-up harm reduction and to integrate it into the Public Health Community (PHC) to support IDU community. Project The Bali Province AIDS Commission - facilitated by AusAID (HIV Cooperation Program For Indonesia) - is leading the coordination of three NGO's in order to reach new IDUs and increase the coverage of needle and syringe programmes. In February 2003, a methadone maintenance clinic was established at the hospital of Sanglah with a satellite in Prison Kerobokan clinic. In March 2006, they formed a Harm Reduction Team Adhoc which aims to develop strategy and advocacy. In September 2006, a further satellites of the methadone clinic was added at Kuta PHC – which has a high concentration of IDUs. In 2008, support from the National AIDS Commission allowed for the establishment of additional satellites in three PHC's in three municipalities: Abiansemal PHC , Ubud PHC and Buleleng PHC. Outcomes The Government have realised the urgent need to scale-up harm reduction and integrate services into the public health system. It is important that the services increase their coverage. In July 2008, there were 607 patients in the six methadone services. Others can learn valuable lessons from our experience - not least that municipal health office should be involved in funding and monitoring.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 196 Knowledge of TB-HIV co-infection and TB prevalence among street drug users in Malaysia

**Author(s):** *Mat Swadi, Nur Munirah ; Kamarulzaman, Adeeba ; Short, Roger Valentine*

**Abstract:** Background: Injecting drug use (IDU) has been associated with increased rates of tuberculosis (TB) infection. The interaction between HIV and drug use amplifies the risk of IDU to develop active TB. Objectives: To assess knowledge of HIV/TB among IDUs attending a needle syringe exchange program (NSEP) and measure the prevalence of Mantoux positivity amongst the NSEP clients. Methods: Participants were recruited from the NSEP site in Kuala Lumpur. From 30/11/2006 to 11/01/2007, 144 former and currently active IDUs agreed to participate. Of these, 131 participants were active drug users, and eligible to be offered both HIV and Mantoux tests. Subjects were tested for HIV antibody using a HIV rapid test kit. The Mantoux test was administered to measure prevalence of positive TST (defined as  $\geq 5$  mm for HIV positive and  $\geq 10$  mm for HIV negative participants). A questionnaire was designed to collect participants' demographic, drug practice data, and HIV/TB knowledge. Results: 99/131 (76%) participants returned for the TST reading at 72 hours. Of the 131 participants, 51 (39%) were HIV positive. 65 (50%) participants were positive for TST. 94.5% of the HIV positive was also TST positive. Participants had a better general knowledge of HIV (62% vs. 48%) and the mode of transmission (85% vs. 43%) compared to TB, but were better informed about TB prevention (64% vs. 47%) and treatment (59% vs. 50%) than HIV. Mass media appeared to be the main source of HIV information, while TB information was mostly acquired from prison or acquaintances. Conclusion: Targeted TB screening should be adopted as a measure to control the TB epidemic in population fuelled by the HIV epidemic. Participants were better informed about HIV; however knowledge on TB was generally lacking. Better education on HIV and tuberculosis is greatly needed in this population at high risk for both infections.

**Session:** M1: Collaborative TB and HIV Services for Drug Users

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 199 "The explosion of crack use in Argentina. Risks, harms and challenges"

**Author(s):** *Siri, Pablo ; Silvia, Inchaurrega*

**Abstract:** Crack consume, benzoilmetilecgonine base (BZMTEGB), has experimented an explosion in Argentina in the last 3 to 5 years. The BZMTEGB is coca without salt conjugation form and its high and quick plasmatic concentrations transform its use in a very dangerous one, similar to intravenous ranges. We can see that this new form of consume seems to replace intravenous drug use or intranasal form (as Clorhydrate) in many users. The dissemination of crack use can be pointed out. In the past restricted to few users in Buenos Aires city, currently involves a growing population in small cities including towns of the country. In Rosario city and little satellite towns with a population of less to 10'000 inhabitants it has even more visibility, and individual consequences and social impact become a key point of advocacy and interventions. This new phenomenon has been identified and is being answered due to ARDA (Argentinean Harm Reduction Association) and CEADS (Drug Abuse Center of National University of Rosario) continue monitoring of drug use. Currently the harm reduction team is developing new methods of interventions for fieldwork. Harm reduction methods need to face not only critical effects in the individual health but also social impact as crack use compel users to get large quantities of coca (10 to 30 gr per day) with the associated request of money to buy (near to 40 or 100 U\$S daily), that means an increase in criminal activities. The present paper put in evidence this phenomenon and its real face with widespread and dissemination of a new consume form, typically of large urban cities as New York, Sao Paulo, etc. This seem a paradox in the actual known scene

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 202 Support Strategies for Sex Workers: A Look beyond Illicit Substance Use

**Author(s):** Casey, Ph.D. Candidate, Lauren

**Abstract:** Research conducted on sex work and illicit drug use and their impact on health status is primarily focused on sex-related illnesses, disease and violence (Pyett & Warr, 1997; Farley, 1997). Literature conducted on the sex industry and illicit drug use tends to cast illicit drug use as another risk and the drug-addicted sex industry worker as the most reckless/contagious category of worker. Traditional drug treatment programs have often failed to work, focusing only on illicit substance use issues and ignoring factors directly related to the actual working component within the sex industry. The risk of illicit substance use must be situated in the context of other hardships (such as poverty) in order to understand how it is viewed by the user. Similarly, recovery can also be understood as shaped by various forces such as gender, education, race, childhood background, etc among a highly marginalized population. This presentation documents the effectiveness of a nationally-funded pilot addictions treatment program for sex workers in an already-existing residential treatment facility located in British Columbia. The first of its kind in Canada, this treatment model is uniquely different than others because of its ability to pay specific attention to issues sex workers face when leaving the sex industry. For many, working in the sex industry can be equally as addictive as the drugs and/or alcohol. By offering alternative solutions, this groundbreaking treatment model, designed by sex workers, offers innovative ways to address the complex issue of addiction and sex work.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 205 Providing treatment adherence counselling to HIV-positive homeless crack users

**Author(s):** Day, Marcus

**Abstract:** Challenges to Implementation: There are no interventions that address the prevention, care and treatment (C&T) need of HIV+ homeless crack user. ARVs & clinic visits are free, barriers exist for homeless to access these services. Drug use coupled with poor hygiene, tattered clothes and no money for the bus or to buy food serve to compound the stigma and discrimination (S&D) experienced by homeless HIV+ crack users from health care service provider and other clinic attendees. All this serves to keep homeless HIV+ crack users from accessing free services that are available to all. Intervention or Response: We trained a former homeless crack user as an adherence and prevention counsellor. He works with HIV+ homeless crack users arranging clinic visits, accompanies clients to the clinic, sits in on the doctor's visit, goes to the pharmacy for the medications, and generally ensures that the client is treated with dignity and respect. We provide clothes and towels and have clients bathe before attending the clinic. We provide food for the client while he is waiting at the clinic in order to keep him from getting discouraged. In addition the counsellor educates the same homeless population on HIV prevention, encourages everyone to get HIV tests. We also do unconventional things like build shanties for housing, attend court, deliver food, give haircuts and any other service our clients need. It is a great challenge working with people who live totally outside the system, with no ID and no address. It is a challenge to convince them in terms they can understand that they are even sick. In addition to client resistance to treatment we meet provider resistance to providing treatment. soa counsellor stays with each client when they access service. We also have clients bath and change clothes before seeing the doctor

**Session:** C22: Meeting the Needs of Drug Users Living with HIV

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 211 Human rights in a western harm reduction service: Exploring the needs of injecting drug users versus the needs of the 'nurse' in a supervised injecting centre

**Author(s):** *McGrath, Colette ; Latimer, Julie ; Brown, Tracey ; Jauncey, Marianne*

**Abstract:** Harm reduction services often face challenges when trying to encourage the uptake of health care messages. Their clients are usually in the active phase of drug use, which can mean they are not perceptive to health care messages. They may be in a state of denial or are not ready to change. How can nurses deliver good health care and education without harassing clients into something they don't want at that time, and is this an "abuse" of the client's rights in this context? Increasingly there is relentless pressure from bureaucracies and funding bodies to enhance referrals which are too often used to measure service success. This can potentially lead to nurses exerting pressure on clients to take up a referral even if they are obviously not ready. This may be effectively setting them up for failure. The effects of failure, on self esteem are not easy to measure but are, without doubt, real. Many of the clients who attend the MSIC are homeless, unemployed. Nursing staff need to be mindful that their priorities are not necessarily the same as the clients. While the nurse may be concerned about an abscess becoming infected, the client may be more concerned about where they will sleep that night. With such challenges how do nurses work with IDU's to improving their "well being" without exerting undue pressure to access treatment when they are not clearly not stable or able? Is this an unwitting form of "abuse"? Do clients have a right to use a service yet not accept care? Do nurses have an ethical mandate to improve health regardless of want? This paper will examine some dilemmas where pressure to play the "numbers game" in a supervised injecting facility has the potential to be detrimental to those it was set up to assist.

**Session:** M15: Developing the Role of Nurses in Harm Reduction Policy and Practice

**Time:** 2009-04-23, 11:00 - 12:30

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**ID/Title:** 217 Effectiveness and coverage of HIV interventions for injecting drug users in Pakistan

**Author(s):** *Khan, Adnan ; Khan, Ayesha ; Qureshi, Salman-ul-Hasan*

**Abstract:** Nearly 20% of all IDUs in Pakistan are HIV infected. NGOs implement HIV interventions for IDUs in 7 cities using government funds. Effectiveness and coverage and effectiveness of these interventions are described. Methods: National HIV bio-behavioral surveillance and program 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 syringes with the total demand of syringes. Citywide demands were calculated for the IDUs registered with NGOs and for the total estimated IDUs for that city. Results: Intervention cities had higher HIV prevalence (23% vs 10%) reflecting selection of higher-risk cities for interventions. More IDUs from intervention cities (59% vs 27%) reported always using a fresh syringe. Similarly, fewer IDUs from intervention cities (12% vs 40%) reported their last injection was with a "used" syringe. Condom use with last sex (24% vs 11%) and HIV/ prevention knowledge were higher among intervention cities. All differences had p:

**Session:** C26: Needle and Syringe Exchange Programmes (Part One)

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 218 The impact of disasters upon drug users and sellers

**Author(s):** Johnson, Bruce ; Dunlap, Eloise

**Abstract:** The field of disaster research has largely avoided or neglected a focus upon whether and how disasters may impact upon illicit drug users and sellers. Major disasters often result in widespread destruction of housing stock and forced migration of many residents to other locations, with only a limited number of survivors being able to return to and rebuild their home communities. This poster presents findings from a four-year NIDA study focusing upon the reformulation of drug markets following a major disaster. Nearly the entire population of New Orleans was evacuated following Hurricane Katrina in Sept. 2005. Just over half of these New Orleans residents have returned by mid-2008. Population shifts show a net loss of nearly 200,000 African-Americans from New Orleans and 50,000 whites. Most residents of public housing and low income renters have been unable to return to New Orleans. Many of these New Orleans Evacuees have settled in Houston area. Over 200 drug-using participants provide extensive qualitative reports of the impact of the flooding of New Orleans upon their lives and participation in the drug markets in New Orleans and Houston. Several drug sellers were among early evacuees returning to New Orleans; illicit drugs were easily and widely available in 2006 and later years. Competition among sellers was substantial because relatively fewer drug users and purchasers had returned, and the police/criminal justice system was marginally functional. New Orleans homicide rates have increased substantially, with a mixed pattern for other crime indicators. New Orleans drug users and sellers have generally melded with illegal drug markets in Houston—with no increase in homicide rates there. Unfortunately, no parallel research has focused upon the impacts upon among illegal drug users/sellers following other recent disasters (tsunamis in Thailand, earthquakes in Peru and China, hurricanes in Haiti, Bangladesh, and Burma).

**Session:** M9: Risk Environments and Drug Harms

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 220 The Plight of Nepali Expatriate Intravenous Drug Users in India

**Author(s):** Giri, Shiva Ram

**Abstract:** The Plight of Nepali Expatriate Intravenous Drug Users in India Background: As it is a cognitive factor that South Asia is facing the major tremors of HIV prevalence in South Asia. India along with Nepal is among them and what's more, the Nepali expatriates in India are into Intravenous Drug Usage big time. It really is a sorry sight to see my country men living in the streets, railway platforms, and Slum areas around Delhi and other parts of India under horrendous conditions with no help from the local NGOs or the Government. As an activist for The National Association of People living in Nepal (NAP+N), an ex drug user and an HIV positive myself, the emotional burden of not being able to reach out to them as we are able to, here in Nepal, is always laden upon me. In Delhi itself I saw hordes of unemployed or part time employed Nepalis living in the streets around places like Connaught palace etc in an extreme unhealthy state with abscesses along with other co infections. Most of them have resorted to begging. Impact: The impact of the skyrocketing HIV prevalence among the afore mentioned IDUs has played a big part in the 'Sumptuous boost' of the spreading of HIV prevalence in Nepal itself as most of these expatriates return with their addiction and the infection. Method: It occurs to me that if somehow a sort of a coalition forms with The National Aids Association or the National Aids policy makers from India, we could make a huge difference in controlling the prevalence rate. Even though the decade long conflict has elevated the poverty rate of an already impoverished country and the stemming of migrant workers remains a challenge, a much needed start towards helping these IDUs is always an accomplishment.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 222 **Fieldwork as foreplay: Exploring tensions between ‘conventional’ and ‘directed’ fieldwork in prevention research**

**Author(s):** Donald, Aylza ; Bates, Anna ; Enriquez, Jarliene ; Liao, Len ; Pham, Steve ; White, Bethany ; Maher, Lisa

**Abstract:** Background Formative social research is increasingly acknowledged as critical to the development and trial of public health interventions. Feasibility studies are an important component of preparations for field trials of biomedical prevention interventions, including vaccines and microbicides. This paper explores the process and practice of conducting formative research as part of preparedness for hepatitis C virus (HCV) candidate vaccine trials. In particular, the challenges and tensions which arose through abbreviating ‘conventional’ anthropological fieldwork into ‘directed’ fieldwork are considered. Methods We conducted ethnographic fieldwork designed to identify potential recruitment sites, assess eligibility and ascertain willingness to participate in a longitudinal observational study of hepatitis C negative people who inject drugs (PWID). A team of five fieldworkers conducted ethnographic mapping and observational fieldwork in 16 Sydney locations during 2008. Observations and interactions with PWID recorded as individual field notes were triangulated during weekly team meetings and summarised into a spreadsheet. Data were used iteratively to guide fieldwork and the targeting of locations and follow-up of networks and individuals. Results Abbreviating conventional fieldwork meant we concentrated on finding people rather than getting to know them. Conventional fieldwork’s ‘organic’ approach was overtaken by an epidemiological ‘screen and discard’ approach, making fieldwork a task-based activity rather than an experiential one. Although the conventional fieldwork approach to reciprocity was not well understood among many of the PWID we spoke to, our emphasis on social rather than material reciprocity had positive outcomes. Conclusion Rigorous data collection allowed us to reflect on our fieldwork experience, demonstrating the importance of both doing and documenting formative research. Documentation allowed us to explore the strengths and limitations of using conventional anthropological methods to assess the feasibility of identifying and recruiting PWID and provided important insights into participant’s concerns and motivations to inform development of the longitudinal study.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 223 **Using ethnographic fieldwork to inform hepatitis C vaccine feasibility studies: The UNSW HCV Vaccine Initiative**

**Author(s):** White, Bethany ; Donald, Aylza ; Bates, Anna ; Enriquez, Jarliene ; Liao, Len ; Pham, Steve ; Maher, Lisa

**Abstract:** Background Feasibility studies are an important component of preparations for field trials of biomedical prevention interventions, including vaccines. In order to identify higher risk individuals and sufficiently high incidence to support trials, cohort studies which recruit vulnerable or “hidden” populations, including people who inject drugs (PWID) and sex workers, and follow them prospectively, are necessary. This paper reports on motivations and barriers to participating in a prospective study as part of preparedness for hepatitis C virus (HCV) candidate vaccine trials. Methods We conducted ethnographic fieldwork to assess feasibility, including eligibility and willingness to participate, prior to recruitment of a prospective observational study of hepatitis C negative PWID. The cohort study will estimate HCV incidence and associated risk factors, determine acceptability and willingness to participate in future clinical trials and identify effective recruitment and retention strategies. A team of five staff conducted ethnographic fieldwork in 16 Sydney locations during 2008. Observations and interactions with PWID recorded as individual field notes were triangulated during weekly team meetings and summarised using a spreadsheet. Data were used iteratively to guide fieldwork and the targeting of locations and follow-up of networks and individuals. Results Fieldwork provided important insights into participant’s motivations and concerns. Findings resulted in significant changes to the draft protocol including: changing the amount and type of participant reimbursement; reducing the amount of blood collected at screening; modifying the pre-test counselling protocol; increasing staff training in communication with an emphasis on communicating eligibility and exclusion criteria. Conclusion Results illustrate the value of formative research, including ethnographic fieldwork to facilitate consultation and discussion with potential participants in natural settings, in order to identify motivations and concerns prior to study commencement and provide affected community input into the development of research protocols.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 224 **Outcome on substance use and psychopathology among schizophrenic patients with co morbid stimulants dependence treated with partial dopamine agonist in UMMC, Kuala Lumpur**

**Author(s):** Rashid, Rusdi

**Abstract:** Introduction: Prevalence of substance use among schizophrenic patients is higher as compared to general population(7). Partial dopamine agonist has dual action in addressing schizophrenics with stimulants dependence. It acts by partially blocking the dopamine receptors. It reduced the primary psychotic symptoms of schizophrenia itself < positive symptoms> as well as psychotic symptoms secondary to stimulant use(1,2,3). It can reverse the chronic hypodopaminergic state secondary to typical antipsychotic usage due to its partial agonist property. Methodology: An open label prospective study comparing outcomes of two groups of schizophrenic patients receiving treatment in UMMC. One group receive aripiprazole and the other group received risperidone which is fully D2 antagonist atypical antipsychotics. Consent are taken prior to enrollment. Free titration of aripiprazole and risperidone were allowed for each subject. Inclusion criteria: Diagnosed as schizophrenia in according to DSM IV, fulfilled criteria for Methamphetamine abuse or dependence in according to DSM IV, and giving consent for the study. Exclusion criteria: Any patients with diagnosis of drug induced psychosis, mental retardation/dementia, history of allergic to aripiprazole or risperidone. MINI Inventory of Neuropsychiatric Interview was used to confirmed the diagnosis of schizophrenia and stimulant abuse/dependence. Brief Psychiatric rating scale(BPRS) measures the severity and improvement of psychiatric symptoms. Addiction Severity Index(ASI) measures substance use changes. Assessment was done during baseline, 2 weeks, 4 weeks, 6 weeks and 8 weeks. Rapid drugs urine test were done weekly throughout the study. Expected results: - BPRS improvement is better in Aripiprazole group. -Level of stimulants use is reduce in Aripiprazole group - Overall prognosis is better in Aripiprazole group -Better quality of life in Aripiprazole group -Relapse rate of schizophrenia is lower in Aripiprazole group. The Challenges: The diagnosis of schizophrenia in the presence of stimulants use is difficult. Sometimes, exclusion of cases among the first onset of schizophrenia is inevitable.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 226 **PoC Lessons learned and innovation in harm reduction services**

**Author(s):** Torokulova, Gulmira ; Altybaeva, Altynai

**Abstract:** CARHAP has established national Pool of consultants in KG, TJ and UZ that have received extensive and progressive capacity building support. Primary recipients of capacity building among HRSOs are CARHAP grantees which automatically are eligible for CARHAP capacity building packages. Trained personnel has been deployed to the field and supported NGOs and service providers in range of areas, from harm reduction services to organizational development and sustainability. Same consultants have provided national and small scale trainings to the end beneficiaries, but also took active part in national working groups that have developed policy and legislation upgrades. This links to secure transfer of lessons learned from the field to policy level. CARHAP has recently assessed technical and organizational performance of all its service providers in order to tailor the capacity building approach and maximize effectiveness of the assistance. The assessments have informed NGO and Technical Assistance modeling, enabling targeted, specific and tailored interventions. Delivery of the assistance has been joint effort from the programme team and the Pool. Currently, the Pool is engaged in implementing two HR tools in improving service delivery of HRSOs: PDI and QMT as part of operational research has been recently introduced in RCA. Peer Driven Intervention (PDI) model, new and completely unique approach in the RCA with innovative elements to expand outreach work model among IDUs with incentives based recruitment and AIDS & drugs related standardized peer education sessions. Quality Management Tool (QMT) is innovative approach in management of HR programmes which is aimed on behavior change. These 2 tools target new clients: youth IDUs and female IDUs and, to improve the quality of services to previous target groups. Both tools are new to RCA that lead to commitment on fight against HIV/AIDS epidemic and main drivers.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 228 HIV, Hepatitis C and Hepatitis B coinfections among injection drug users in Tehran, Iran

**Author(s):** *Amin-Esmaeili, Masoumeh ; Rahimi-Movaghar, Afarin ; Razaghi, Emran M ; Sahimi-Izadian, Elaheh*

**Abstract:** Objectives: To assess the prevalence of HIV, hepatitis B and C infections and coinfections among injection drug users (IDUs) in Tehran. Methods: A sample of 899 IDUs (861 male and 38 female) was recruited in Tehran from treatment and harm reduction facilities and from drug users' hang-outs in public areas in equal proportions. ELIZA testing for HIV, HCV-Ab, HBs-Ag and HBc-Ab were done. Positive HIV tests were rechecked by Western blot. Results: The prevalence of HIV, Hepatitis C and past or current hepatitis B infections were 10.7, 34.5 and 50.7%, respectively. Infection with all three viruses was seen in 6.5% (95% CI 4.9-8.2) of participants. HIV/HCV, HIV/HBV and HBV/HCV coinfections were seen in 8.7, 7.8 and 21% of participants, respectively. The rate of HCV infection among HIV positive cases was significantly higher than HIV negative IDUs (80.6% vs 28.7%). There was no significant association between these infections and coinfections, with sex and source of sampling. Conclusion: A high degree of association was found between all three infections among the IDU sample. Since coinfection increases the morbidity and mortality of all infections, the observed size of coinfection in an estimated average of 300,000 IDUs in Iran necessitates a serious comprehensive response.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 229 Factors associated with HCV seroprevalence among injecting drug users in Tehran, Iran

**Author(s):** *Amin-Esmaeili, Masoumeh ; Rahimi-Movaghar, Afarin ; Razaghi, Emran M ; Sahimi-Izadian, Elaheh*

**Abstract:** Background and Objectives: HCV infection is prevalent among injecting drug users (IDUs) in Iran. This study has been conducted in order to assess the correlates of HCV infection in IDUs. Methods: In Tehran, a total of 895 IDUs (859 male and 36 female) participated in the study. The sample was recruited from treatment and harm reduction facilities and from drug users' hang-outs in public areas in equal proportions. ELIZA testing for HCV-Ab was done. A questionnaire was prepared to collect information about socio-demographic characteristics and risk behaviors. Multivariate logistic regression was conducted to estimate odds ratios (OR) and 95% confidence intervals (CI). Results: Overall, 34.5 percent of participants (95% CI, 31.4-37.6) were found to be positive for HCV infection. We entered following sets of variables in multivariate analysis: socio-demographic factors, drug use pattern, injection and sexual risk behaviors, and variables related to service use. The analysis showed that HCV infection is associated with female sex (OR, 4.17; 95% CI, 1.67-11.1), a history of imprisonment (OR, 3.32; 95% CI, 2.12-5.21), frequent injection (more than once daily vs. once daily and less) (OR, 2.32; 95% CI, 1.48-3.63), longer duration of injection (OR, 1.07 for every year of injection; 95% CI, 1.05-1.09) and being unmarried (OR, 2.57; 95% CI, 1.7-3.89). Conclusions: HCV infection in IDUs is related with injection practice and imprisonment. The study suggests that harm reduction efforts covering HCV prevention measures should be intensified. This is the first study covering a group of female IDUs and shows a greater vulnerability of women to HCV infection and necessitates more investigations. Providing gender-sensitive services has been neglected in the previous years. Covering women IDUs under harm reduction interventions needs a revision in the design of settings and provided facilities.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 230 Patterns of sexual behaviours among injection drug users in Tehran, Iran

**Author(s):** *Rahimi-Movaghar, Afarin ; Razaghi, Emran M. ; Amin-Esmaeili, Masoumeh ; Sahimi-Izadian, Elaheh*

**Abstract:** Backgrounds and objectives: Recent changes in HIV epidemics in Iran, suggests an increase in sexual transmission of HIV. Previous studies have shown that unsafe sex had been prevalent among injecting drug users (IDUs). This study carried out in order to assess patterns of sexual risk behaviors among IDUs and to discuss the effectiveness of harm reduction interventions started since 2002 in decreasing these risk behaviors. Methods: A sample of 899 IDUs (861 male and 38 female) was recruited in Tehran from treatment and harm reduction facilities and from public areas in equal proportions. A questionnaire was prepared to collect information about socio-demographic characteristics and various sexual risk behaviors. Study results: A total of 329 individuals (36.4 percent) reported extra-marriage heterosexual or homosexual relationship within the previous six months. 236 (29.1 percent) were not using condom, regularly. The most prevalent sexual relationship was extra-marriage heterosexual, followed by marital relationship. The least prevalent was homosexual relationship with a prevalence of 15.2 percent. Regular condom use was uncommon. The paper provides a detailed description of various unsafe sex behaviors in groups of IDUs and discusses the dynamics of distribution of infectious diseases among IDUs, their partners, families and to the country. Conclusions: Comparing the results of this study with previous studies, it does not seem that unsafe sex has been decreased among IDUs. The distribution of infectious diseases via sexual relationship, through chain of sex workers and within families is quite probable. It suggests that Iranian harm reduction policy should be expanded and should integrate addressing sexual risk behaviors in a more serious and comprehensive approach.

**Session:** C33: Risk Behaviours Among Injecting Drug Users

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 235 The HIV-1 Infection Risk Prediction Model for Injecting drug users

**Author(s):** *Yang, Yi-Chen ; Lan, Yu-Ching ; Chen, Yi-Ming ; Yeh, Chin-Ching ; Wang, Ruey-Yun ; Ling, Min-Pei ; Wu, Fang-Yang ; Lu, Chia-Li ; Chen, Kuan-Hua ; Lai, Jim-Shoung ; Chiang, Chow-Feng*

**Abstract:** Objectives: In Taiwan, the number of people infected with HIV-1 has increased rapidly in recent years. The HIV-1 seropositive of injecting drug users (IDUs) particularly increased prevalence up to 39%. Blood screening for HIV-1 infection to the whole IDUs group cost lots of money and time. This study wish to develop the risk prediction model for IDUs by questionnaire, and it aimed to be quickly and economically predict the probability of HIV-1 infection risk by the susceptible people themselves. Methods: We investigated risk factors of HIV-1 infection by case-control study. From 2004 to 2005, two hundred twenty one study participants were obtained questionnaire from IDUs of prisons in Taiwan. The risk prediction model was established by logistic regression, and odds ratios (ORs) for each risk factor were summed. Then, we used ROC curve to measure threshold of ORs. Therefore, we could distinguish the risk of HIV-1 infection. Further, we collected questionnaire from prisons in Taiwan, 2007. It can validate the accuracy of this risk prediction model. Results: In the risk prediction model, the significant variables among men were education, syringe sharing, heroin dilution sharing, and knowledge of AIDS- persons often had the venereal diseases, they easier had AIDS, and among women was syringe sharing. The threshold of ORs in men is 7.435 (sensitivity: 0.96; specificity: 0.52). Because only one significant variable among women, the threshold value of OR was not calculated. Finally, we compared with the sum of total ORs for each risk factor and the threshold of ORs, then, we could identify the risk of HIV-1 infection. Furthermore, we collected questionnaire in 2007, and tested this prediction model. The test result is : sensitivity-0.75; specificity-0.59. Conclusion: The HIV-1 Infection risk prediction model for IDUs provided an economically and efficiently methods to assess risk of HIV-1 infection.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 237 **The ethics of tobacco harm reduction**

**Author(s):** *Heffernan, Courtney ; Phillips, Carl ; Nissen, Catherine*

**Abstract:** Harm reduction initiatives face an uphill battle against narrow and naive views about what constitutes ethical health policy. What passes for ethical arguments against harm reduction are typically a combination of politics, semantic confusion related to ill-defined concepts such as addiction, harm and even health, and a poor understanding of the ethical justifications that underpin arguments both for and against harm reduction. In health practice and advocacy, implicit ethical statements are often made but not actively explored. This is especially true in the realm of harm reduction in general, and tobacco harm reduction (THR) in particular. Our aim is to explore these implicit arguments in the context of THR, and define what exactly their ethical basis is. The two most common views regarding the use of nicotine are the anti-tobacco, cessation-only position, and tobacco harm reduction, which encourages smokers to switch to low-risk sources of nicotine (smokeless tobacco or pharmaceutical nicotine). The latter view is based on fairly well articulated ethical positions, though different harm reduction advocates take somewhat different ethical positions. The ethical basis for the former view is rarely explicitly stated, have been neither defended nor justified, putting the onus on those who support THR to fill in the gaps in reasoning. We provide a review of the current scientific and advocacy literatures related to smoking and health, presenting the explicit or implicit ethical claims, and try to determine the best arguments in defense of the positions to assess their ethical justifications. When policy and other prescriptions are asserted based on implicit ethical claims, but those invoking those claims offer no ethical analysis, an external analysis of this sort is necessary to understand and assess the competing claims.

**Session:** C36: Tobacco Use and Harm Reduction

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 238 **The Condition and outcomes from Expatriate Intravenous Drug users**

**Author(s):** *Rimal, Raju*

**Abstract:** The Condition and outcomes from Expatriate Intravenous Drug users Background: As it is a cognitive factor that South Asia is facing the major tremors of HIV prevalence in South Asia. India along with Nepal is among them and what's more, the Nepali expatriates in India are into Intravenous Drug Usage big time. It really is a sorry sight to see my country men living in the streets, railway platforms, and Slum areas around Delhi and other parts of India under horrendous conditions with no help from the local NGOs or the Government. As an outreach programme officer for Nava Kiran Plus (NGO), an ex drug user and an HIV positive myself, the emotional burden of not being able to reach out to them as we are able to, here in Nepal, is always laden upon me. I have been to various Indian cities and seen hordes of unemployed or part time employed Nepalis living in the streets, nooks and corners in an extreme unhealthy state with abscesses along with other co infections. Most of them have resorted to begging. Impact: The impact of the skyrocketing HIV prevalence among the afore mentioned IDUs has played a big part in the 'Sumptuous boost' of the spreading of HIV prevalence in Nepal itself as most of these expatriates return with their addiction and the infection. Recommendation: It occurs to me that if somehow a sort of a coalition forms with The National Aids Association or the National Aids policy makers from India, we could make a huge difference in harm reduction and controlling the prevalence rate. Even though the decade long conflict has elevated the poverty rate of an already impoverished country and the stemming of migrant workers remains a challenge, a much needed start towards helping these IDUs is always an accomplishment.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 244 **Organising drug users to access health services**

**Author(s):** Afrian, Himawan

**Abstract:** Issue: AIDS Commission of Province West Nusa Tenggara announced that HIV cases from Injecting Drug Users (IDU) until September 2008 recorded 75 persons (37%). The problems is many IDU that found in phase AIDS because ignorance in accessing health services, this matter causes mortality rate in case AIDS still high that is 56.6 %. Project: Drug user resuscitation activity to accessing health services through organizing begun October 2007. First meeting is done with 6 persons, furthermore involved more drug users and discuss about existing problem. Organizing activity profit are get supported, capacity building and stronger in to get aim because it will do together. The next step is look for key person who comes from group member, they will become cadre in give information to other drug users about health services like Voluntary Counseling and Testing (VCT), Sexual Transmitted Infection(STI), Needle Sterile Program (NSP) and base health need. Outcomes: Drug users organization was established on October 6th 2007 and named FoR NTB, have as member 42 persons. Success to cadre 6 persons from members begin November 2007 up to October 2008 that done reached out for 117 drug users that insist 30 from IDU. It had been access VCT as much as 40 persons and 10 persons routine accessing sterile needle services with 10 persons are HIV positive. At this time there is only one local government clinic of Karang Taliwang at Mataram that do comprehensives service that consist of VCT, STI diagnose and NSP in one service. Lesson Learning: Organizing will be beginning step for involving communities in prevention HIV, it will simplify in information delivery and resuscitation. Forming of cadre that involved of communities in outreach activities can simplify to approach and give health services aid for drug user communities.

**Session:** C31: Drug User Organising in Asia

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 247 **Comparison of the Risk Behaviors, HIV/AIDS Knowledge and Other Characteristics for the Drug Users from Community and Forcible Detoxification Center in Guangxi Autonomous Region, China**

**Author(s):** Ming, Zhongqiang ; Wu, Zunyou ; Liu, Wei ; Liang, Shaoling ; Zhou, Yuejiao

**Abstract:** Objectives: To compare the drug using behaviors, sexual behaviors, HIV/AIDS knowledge and other socio-demographic characteristics of the drug users recruited from communities and detoxification center to provide evidence for the selection of sampling methods in behavior surveillance survey. Methods: A cross-sectional survey was conducted to recruit 163 drug users from communities and 81 drug users from detoxification centers. Snowball sampling method was used in selecting participants in communities. All the drug users in detoxification centers were selected during the recruitment period. Their risk drug using and sexual behaviors in the past 30 days, HIV/AIDS knowledge and socio-demographic information were collected through the survey. Results: Needle sharing rates from the sample drug users in communities and detoxification centers are 62.8% and 53.2%, respectively, and there is no statistically significant difference. Rates of visiting sex workers are 71.9% and 57.1% from the respondents in communities and detoxification centers, and the differences are not statistically significant. Other risk behaviors without significant statistical differences between the two groups include condom use rate during casual or commercial sex, cleaning water or container sharing rate, and number of persons who shared needle together. For the drug users from communities, respondents aged below 20 years old was 42.94% and the proportion of unmarried drug users was 82.82%, both were significantly higher than that from detoxification centers: 6.2% and 60.5% respectively. There are no significant differences on knowledge on HIV/AIDS transmission routes; however knowledge on most of the HIV/AIDS non-transmission routes are significantly higher in detoxification centers than that in communities. Conclusions: There are no significant statistical differences on risk drug using behaviors and sexual behaviors, most of the socio-demographic characteristics and HIV/AIDS transmission knowledge. The drug users from detoxification center have better knowledge on HIV/AIDS non-transmission routes.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 248 Visual research methods and public injecting drug use: Making the invisible visible

**Author(s):** Parkin, Stephen

**Abstract:** This paper presentation reports on the use of visual methods employed during doctoral research located in the South West of England concerning health risks associated with intravenous drug use in public settings. This research was qualitative in design and incorporated digital technology (cameras and video-cameras) into ethnographic observations at over 40 'public' and 'semi-public' places used for injecting purposes. All research was overt and was given full ethical approval by a number of relevant bodies. More specifically, this paper comprises of two sections that each discuss the collection of still (photographs) and moving (video) images during fieldwork. Section 1 focuses upon the application of photography as a research method, the rationale for its use and the way in which this medium informed the development and organisation of the research, prior to any contact with drug-user respondents. The outcomes relating to the use of photography is also discussed. The employment of video-technology is discussed in a similar manner but focuses mainly upon its application with a sample of injecting drug users; the collaborative nature of the method employed (between drug users and researcher) and the way in which visual methods sought to achieve 'representation' in specific injecting environments. This section closes with a discussion of the intended outcomes and practicable value of such innovative research design involving the use of video. The paper concludes with a comparison of the use of photography and video as a research method relating specifically to injecting drug use; including their respective advantages, and disadvantages and the way in which they assist in visualising social practice in clandestine locations (i.e. making the invisible visible). (This presentation will include examples of digital images that depict various public injecting sites from environmental and harm reduction perspectives).

**Session:** C11: Methods of Harm Reduction Research

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 250 Violation of rights of women IDU seeking healthcare in Odessa, Ukraine

**Author(s):** Zverkov, Kostiantyn

**Abstract:** Research objective and method: To collect information about violations of rights experienced by 120 women IDU seeking medical and social services in Odessa and the Odessa region, using interviews and focus groups. Background: Ukraine's Constitution guarantees free medical aid in state health services and forbids discrimination. Nevertheless, women IDU complain regularly of extortion of money in exchange for services, discriminatory treatment, and other rights violations. In some services for IDUs, women are underrepresented: for instance, only 10% of substitution treatment clients are women. Results: Research will be completed in January 2009. Preliminary results include the following: -100% of interview subjects reported repeated rights violations by representatives of state-run health services. -80% of women IDU in focus groups were unable to receive appropriate care because there were no protocols and no specialized services for work with women IDU. -56% of women were refused obstetrician/gynecologist services. -12% had an abortion because they had no money to pay for prenatal care. -48% had to pay illegal fees for TB diagnostics. -70% had to pay illegal fees for preventative medical care. -60% experienced discrimination from health care providers on the basis of drug use and HIV. Conclusions. Results show that specialized services for women IDU are almost non-existent in Odessa, despite the rapid expansion of HIV prevention and treatment services for IDUs in Ukraine. Mass discrimination and extortion in public health services and the inadequacy of existing harm reduction programs are obstacles to HIV prevention and treatment for women IDU, and indicate an urgent need for reform. Our organization has already held meetings and trainings with local health officials to raise awareness of the problem, and is in the process of supporting and training a self-advocacy group of women IDUs.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 251 **Mortality among HIV infected injecting drug users versus men who have sex with men: Differential survival in a context of universal access to antiretroviral treatment in Brazil**

**Author(s):** *Malta, Monica ; Furtado, Cosme ; Lucena, Francisca ; Fonseca, Maria Goretti ; Bastos, Francisco ; Strathdee, Steffanie*

**Abstract:** BACKGROUND: HIV-positive injecting drug users (IDUs) appear to benefit less than other populations from HAART, often due to sub-optimal access and/or adherence. Brazil accounts for around 70% of all IDUs receiving HAART in low/middle income countries. We assessed impact of HAART availability/access on AIDS-related mortality among IDUs versus men who have sex with men (MSM) in Brazil, the first middle-income country to provide free and universal access to HAART METHODS: Data were merged from four different national information systems (SINAN [AIDS Cases], SICLOM [patients under treatment], and SISCEL [laboratory monitoring], SIM [Mortality Information System), linked with a probabilistic linking software. Female were not included on the analysis, since they corresponded to less than 3% of the overall IDU sample and would bias comparisons with the subpopulation of male homosexuals/bisexuals. Cox regression was used to assess impact of HAART availability/access on AIDS-related mortality among IDU versus MSM who received AIDS diagnoses from 2000-2006, adjusting for demographic, clinical, and behavioral factors and controlling for spatially-correlated survival data by including a frailty effect RESULTS: Among 28,426 patients with complete data (43% IDU; 57% MSM), 6777 (23.8%) died during 87,792 person-years of follow-up. At baseline, compared to MSM, IDU were significantly less likely to be receiving HAART (24.3% vs. 31.2%; p

**Session:** C23: Researching and Preventing Drug-Related Death

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 252 **Stimulant injection a focus for harm: An examination of data from England, Wales and Northern Ireland**

**Author(s):** *Hope, Vivian ; Marongiu, Andrea ; Ncube, Fortune ; Parry, John*

**Abstract:** Background: There are indications that there has been an increase in stimulant injecting – particularly crack-cocaine – over the last decade in the UK. During this time HIV prevalence has increased and HCV transmission has probably risen among injecting drug users (IDUs). There have also been growing concerns about the levels of injecting site infections. This paper compares levels of risk and infection among those who inject stimulants and those who do not. Method: Analysis of data from a national cross-sectional survey of IDUs accessing specialist drug services, including needle exchange programmes, in 2007. Survey collected behavioural and demographic data with an oral-fluid sample for anti-HCV and anti-HIV testing. Findings: 2,230 IDUs who had injected in the past four weeks participated in the survey. Of these almost half had injected a stimulant during that period (n=1,108). Crack-cocaine was the most commonly injected stimulant (n=748), with 247 injecting cocaine-powder and 394 amphetamines. Most of those injecting stimulants had also injected heroin (88%, n=976). Those injecting stimulants were older (median 32 v. 30 years), had been injecting longer (median 10 v. 7 years), and were less likely to be female (20% v. 27%). Those injecting stimulants had a non-significantly higher HIV prevalence (1.5% v. 0.8%). In multivariable analyses stimulant injectors had higher: HCV prevalence (49% v. 39%, adjusted Odds Ratio [adj-OR] 2.1 95%CI 1.7-2.6); level of reported injecting site infections (44% v. 34%, adj-OR 1.5 95%CI 1.2-1.9); and level of reported needle/syringe sharing (27% v. 20%, adj-OR 1.6 95%CI 1.2-2.0). Discussion: These findings show that stimulant injectors have both higher levels of reported risk and infection. Many of those injecting stimulants in the UK are poly-drug users, also injecting opiates. These findings support those from other studies suggesting elevated risk among stimulant injectors and suggest the need for targeted and enhanced harm reduction interventions.

**Session:** C5: Monitoring Drug-Related Harms

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 254 **Are male injecting drug users who have sex with men in the United Kingdom at greater risk of infection and harm than those who only have sex with women?**

**Author(s):** *Marongiu, Andrea ; Hope, Vivian ; Ncube, Fortune ; Parry, John*

**Abstract:** Background: In the UK men who have sex with men (MSM) and injecting drug users (IDUs) have higher HIV prevalences than the general population. Therefore MSM-IDUs may be more likely to have higher risk of HIV infection than male IDUs who only have sex with women (MSW). This paper compares HIV prevalence and behaviours between MSM-IDUs and MSW-IDUs. Method: Analysis of data from a national cross-sectional survey of IDUs attending services in England Wales & Northern Ireland that collected demographic and behavioural data along with oral-fluid samples for virological testing between 1998 and 2007. Findings: There were 16,150 male participants over the 10 years who reported having had sex during the preceding 12 months. Of these 3% (n=573) were MSM. The ages of MSM and MSW were similar (median 30 years) as were the number of years of injecting (median 8 years). MSM had higher prevalence of HIV (4% vs. 1%) and HCV (42% vs. 36%). MSM were also more likely to have had a voluntary confidential test for HIV (67% vs. 57%) and HCV (67% vs. 63%). In multivariable analysis MSM had higher prevalence of HIV, adjusted Odds Ratios (adj-OR) 4.00 (95% CI 2.5-6.5), and HCV adj-OR 1.29 (95% CI 1.1-1.6). Among those who injected in the four weeks prior to participation the MSM had higher levels of needle/syringe sharing (39% vs. 28%; adj-OR 1.57, 95% CI 1.3-1.9). Discussion: These results show that MSM-IDUs in the UK have high levels of risk and infection. HIV prevalence among MSM-IDUs is similar to that in the MSM population overall, suggesting that HIV transmission among this group is predominantly sexual. The HCV prevalence is higher than among other male IDUs, suggesting elevated injecting risk and possibly sexual transmission. These findings emphasize the need for harm reduction measures targeted at MSM-IDUs.

**Session:** C33: Risk Behaviours Among Injecting Drug Users

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 256 **Addressing health care needs of hard to reach populations**

**Author(s):** *O'Connor, Alison ; Woroniuk, Amy*

**Abstract:** Project goal: To implement an innovative strategy that enhances immunization uptake and generates accessibility to communicable disease testing among hard to reach populations. Target Population: the homeless, street-involved youth, sex trade workers, and people with a history of drug use. Specific efforts were made to reach youth and young adults, aboriginals, and individuals accessing residential as well as out-patient substance use treatment programs. Objective: Safeworks Outreach Vaccination Program provides daytime outreach vaccination access to difficult to reach populations in Calgary, Canada. The program is offered on a regular, scheduled basis to access hard to reach populations at community partner agencies including shelters, Drug Treatment centres, youth organizations, Women's Services, HIV Services, and at bath houses. Nurses and outreach workers provide infectious disease and personal health care education sessions and provide free vaccination and testing to eligible clients and staff. Project successes: 1. Partner organizations recognize the added value the program provides for their clients, as it builds the clients' sense of competence in addressing their health problems and their confidence in health care workers that treat them with respect. 2. Positive response from clients is evidenced by the number of clients vaccinated (901) and tested for infectious diseases (698) at the program clinics during the first year. 3. Increased follow up with repeat clients for harm reduction and health needs at its regular service locations and with the outreach van. This has made it possible for the staff to encourage clients to follow up with a series of immunizations, and to receive results of infectious disease testing. 4. The ability of the program to connect Safeworks with new hard-to-reach clients that they would not otherwise have engaged. Challenges: Developing partnerships with agencies in a new project need time to build their understanding of client and agency needs in order to successfully serve the target population.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 257 **The potential role of HSV-2 infection in the sexual transmission of HIV among drug users**

**Author(s):** *Des Jarlais, Don C. ; Arasteh, Kamyar ; Hagan, Holly ; McKnight, Courtney ; Friedman, Samuel R.*

**Abstract:** Objective: Herpes simplex virus type 2 (HSV-2) infection increases susceptibility to HIV infection by a factor of 2 – 3. HSV-2 prevalence rates range from 40% to 60% in sub-Saharan Africa, and HSV-2 is estimated to account for up to half of new HIV infections in sub-Saharan Africa. There has, however, been very little research on the potential role of HSV-2 in facilitating sexual transmission among drug users. Methods: 397 injecting drug users and 462 non-injecting heroin and cocaine drug users (NIDUs) were recruited from a drug detoxification program in New York from 2005-07. Informed consent was obtained, a questionnaire covering demographics, drug use and HIV risk was administered. Blood samples were tested for antibody to HIV and HSV-2. Results: Among IDUs, HIV prevalence was 17% and HSV-2 prevalence was 48%. Among NIDUs, HIV prevalence was 19% and HSV-2 prevalence was 60%. HSV-2 was associated with HIV among both IDUs (OR = 2.85, 95% CI 1.58 to 5.12) and among NIDUs (OR = 2.16, 95% CI 1.27 to 3.66). The associations between HSV-2 and HIV were particularly strong among the combined female IDUs and NIDUs (OR = 10.00, 95% CI 1.31 – 76.07). Conclusions: Rates of HSV-2 and the relationships between HSV-2 and HIV among IDUs and NIDUs in New York City are similar to those reported for sub-Saharan Africa. New interventions to address HSV-2 facilitated HIV transmission are urgently needed.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 258 **The undermining of tobacco harm reduction through tobacco vilification**

**Author(s):** *Bergen, Paul Lohrenz ; Heffernan, Courtney ; Phillips, Carl*

**Abstract:** Cultural attitudes toward the tobacco industry, toward tobacco as a product and toward smokers are markedly different from attitudes expressed toward other legal industries or common behaviours. This is largely due to active campaigns to marginalize tobacco use. This presentation, and a companion paper explore the rationale behind, and the appropriateness of, the de-normalization campaign of anti-tobacco activists. Is there something unique about this substance or behavior that justifies current attitudes towards its use, or is it an artifact of political idiosyncracies? We also examine possible reasons for why this industry has been vilified like no other. Treating tobacco use as fundamentally different from other consumer behaviors has created barriers to tobacco harm reduction (THR), which is an evidence-based approach to improving the health of smokers. Treating tobacco use as wholly irrational, without benefit, and otherwise unlike all other voluntary behaviors is sometimes defended on the basis of promoting health, but it actually encourages the maintenance of an unhealthy sub-population. In the scientific literature, it is not uncommon to see researchers acknowledge that smokeless tobacco is much safer to use than smoking cigarettes but then conclude that it would be wrong to promote its use as a safer means of obtaining nicotine because it is still a tobacco product. There is no apparent basis for this attitude, and the thousands it kills, other than tobacco exceptionalism. Pharmaceutical nicotine alternatives are favored over smokeless tobacco not based on claims (or evidence) that they are cleaner or healthier but that they are not tobacco. Treating tobacco use as a single exceptional behavior eliminates the possibility of education about different risks or research into how it might be possible to reduce harms while maintaining benefits, the approach we would employ with any other behavior choice.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 259 **Is there a 'war on tobacco' like the 'war on drugs'?**

**Author(s):** *Bergen, Paul ; Heffernan, Courtney ; Phillips, Carl*

**Abstract:** Using the term "war" in public health is an extended metaphor which hurts many members of many different populations. For example, the "war on drugs" requires that some members of a society, often those trying a reasonable response to physiological or social needs, be defined as adversaries of that society. Even if the original policy goals were defensible, the war on drugs is now self-perpetuating and clearly destructive on net. This failure has made declaring war against a health behavior or public health condition disreputable. The exception is the war on tobacco, a conceptualization which is more popular than ever. Though sharing the same shortfalls as the other wars, the war on tobacco departs in that it has rarely been endorsed by national governments. Though activists have been able to influence government to impose strict anti-tobacco laws and regulation, and occasional government declarations are war-like, most governments have had detente (or even entente) with tobacco use, rather than war. Yet there remains a concerted effort designed to impose the desires of one part of the population on another, to eliminate the use of tobacco regardless of the desires of tobacco users. Part of this effort involves the warlike tactic of redefining users as distinct from the community and thus removing commonly afforded protections. This has been successful to the degree that users often support their own devaluation. Regardless that state sanctioned wars on drugs and other health behaviors have proven very unfortunate, the state has some legitimacy in declaring war. Non-state-sanctioned wars are regarded with horror in many contexts, whether initiated by revolutionaries, "terrorists", or the United Nations, and the privatized "war" against tobacco may share some of their objectionable qualities, including committing the state to warlike actions not of its choosing.

**Session:** C36: Tobacco Use and Harm Reduction

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 264 **Contextualising psychological distress in regular ecstasy users: The importance of sociodemographic factors and patterns of other drug use**

**Author(s):** *George, Jessica ; Kinner, Stuart Alistair ; Bruno, Raimondo ; Degenhardt, Louisa ; Dunn, Matthew*

**Abstract:** Background: Considerable concern has been raised about associations between ecstasy use and mental health problems. Studies of ecstasy users, however, investigate varying levels of lifetime ecstasy use, and often fail to account for other drug use and sociodemographic characteristics of participants, which may explain mixed findings. The current study aimed to examine the relationship between patterns of recent (last six months) ecstasy use and psychological distress among current, regular ecstasy users, controlling for sociodemographic risk factors and other drug use. Method: Data were collected from regular ecstasy users (N=752) recruited from every capital city in Australia as part of the Ecstasy and Related Drugs Reporting System (EDRS). Participants had typically used ecstasy once a fortnight during the previous six months. Psychological distress was assessed using the Kessler Psychological Distress Scale (K10), which screens for symptoms of anxiety and depression. Data were analysed using multinomial logistic regression. Results: Seven per cent of the sample scored in the 'high' distress category and 55% in the 'medium' distress category. Patterns of ecstasy use were not independently associated with psychological distress. The strongest predictors of psychological distress were female sex, lower education, unemployment, 'binge' drug use including ecstasy (use for over 48 hours without sleep), frequent cannabis use and daily tobacco use. Conclusions: Regular ecstasy users had elevated levels of psychological distress compared with the general Australian population. However, ecstasy use itself was not independently related to this distress; rather, demographic and other drug use characteristics were more significant. Harm reduction initiatives for ecstasy users should include a focus on the risks of polydrug use and prolonged, 'bingeing' patterns of use.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 265 **Pills and pints: Risky drinking and associated health outcomes among regular ecstasy users in Australia**

**Author(s):** *Kinner, Stuart Alistair ; George, Jessica ; Johnston, Jennifer ; Dunn, Matthew ; Degenhardt, Louisa*

**Abstract:** Background: Increasing attention has been directed toward risky drinking and associated poor health outcomes among young people. Alcohol has not traditionally been associated with ecstasy use; however, with the increasing normalisation of ecstasy use in youth cultures, the traditional divide between ecstasy and alcohol may be disappearing. The current study aimed to examine patterns of alcohol use and associated health outcomes among regular ecstasy users in Australia. Method: Data were collected from regular ecstasy users recruited from every capital city in Australia as part of the Ecstasy and Related Drugs Reporting System (EDRS). Patterns of alcohol use across samples from 2003 to 2008 were compared. Among those interviewed in 2008, usual alcohol use, psychological distress and general health were assessed using the Alcohol Use Disorders Identification Test (AUDIT), Kessler Psychological Distress Scale (K-10) and SF-8 health survey respectively. Results: Between 2003 and 2008 the proportion of regular ecstasy users reporting use of alcohol with ecstasy increased, as did the amount of alcohol consumed on these occasions. Among those interviewed in 2008 (N=671), 36% received AUDIT scores in the high-risk or dependent category. Those with high AUDIT scores were likely to be younger, to report usually using ecstasy in licensed venues, and to report elevated psychological distress (K-10) and poorer mental health (SF-8). Conclusions: Combined use of alcohol and ecstasy has become more common among regular ecstasy users in Australia. Risky drinking is more common among younger users, and among those who use ecstasy in licensed venues. Among these young ecstasy users, risky drinking is associated with poor mental health outcomes. Harm reduction initiatives for this group need to target the potential risks of combining ecstasy with alcohol; licensed venues are an increasingly important location for the delivery of harm reduction messages for this group.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 266 **Addressing the needs of IDUs female sexual partner in harm reduction program**

**Author(s):** *Singh, Haobam Ishwarchandra*

**Abstract:** Issue: Majority of the harm reduction related program are emphasis towards IDUs but their sexual partners lack due attention and put them more vulnerable to the epidemic. Power disparities between women and their male partners in particular may interfere with their ability to adopt and maintain risk reduction efforts. Therefore, addressing their needs in harm reduction program in Manipur is equally as important as IDUs and it should not be limited to care and support services. Setting: A comprehensive HIV/AIDS & STI treatment and care program for IDUs and their sexual partners in Imphal West district of Manipur has been implementing by Social Awareness Service Organization (SASO) since 2005 targeting 1000 IDUs with support from AVAHAN. Project: The goal of the project is to reduce the injecting and sexual risk behavior among the infected and affected 1000 IDUs and their sexual partner through various program which includes ; organizational and staff capacity building; behavior change communication to reduce needle syringe sharing and promote safer sex practices among the targeted population; meeting the sexual health needs of IDUs and their partners; and advocacy to create an enabling environment and reduce stigma and discrimination. Outcomes: •Women, sexual partner of IDUs in particular are afflicted by multiple problems. Among these are drug abuse, homelessness, lack of financial support, dysfunctional or destructive interpersonal relationships, and lack of effective social support systems, legal problems, and poor health. •Since the beginning of the project we could able to provide STI partner treatment service to 106 client regular partner (spouses of male IDUs). •Limited service provision for IDUs female sexual partner in the existing harm reduction program. •Both female outreach worker and peer educator need to be appointed to reach out the sexual partner of IDUs. •Barriers in talking about sexual health needs with male outreach worker.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 271 Access to effective TB diagnostics and treatment for IDUs in Ukraine

**Author(s):** *Lezhentsev, Konstantin Jury ; Kurpita, Vladimir Ivan ; Dvoryak, Sergiy*

**Abstract:** Despite scaling up access to ARV treatment mortality rate among HIV positive people remains inadequately high (5.4 per 100 thousands). The main factor of mortality still remains TB epidemics, responsible for more than 70 % of all AIDS deaths. In order to tackle effectively this problem Network launched 3 sites of integrated care in 2008 for IDUs in terms of GFATM 6th round. The key intervention together with ST and ARV access is TB diagnostics and DOTS treatment. Network procured diagnostics kits, sputum containers to allow TB diagnostics on-site. Additional support is provided for organizing sputum collection rooms and drug distribution rooms to make sure DOTS programs could be launched together with ST. The other important issue is to ensure access to ST for inpatient TB clinics. To allow IDUs diagnosed with TB and in need of TB inpatient care to stay on treatment and finish their course. The third component is to build effective multi-disciplinary teams with case managers who can fill effectively gaps in vertical services. The experience of Network shows that only through integration of TB control activities into low-threshold services for IDUs, first of all ST sites, the significant impact on mortality from TB in marginalized groups could be made.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 273 User's movement and harm reduction

**Author(s):** *Rai, Sanjeev ; Gurung, Binod ; Thapa, Hitendra*

**Abstract:** User's movement and harm reduction Prelude: Drug users are people who have been marginalized and discriminated against. We have been killed, harmed unnecessarily, put in jail, depicted as evil and stereotyped as dangerous and disposable. Now it is time to raise our voices as citizens, establish our rights and reclaim the right to be our own spokespersons striving for self-representation and self empowerment. Past: Drug users movement started in Nepal around 1998, there were only few recovering addicts to stay clean and who started twelve step support group meetings. Initially only few drug users used to come to the meetings and even they went back to using, it seemed to be a hopeless venture. It seemed that getting rid of addiction is the last vogue. There is an estimated 3000 recovering drug users with three broad agendas; 1. Provision of treatment, care and support for drug users. 2. Provision of HIV prevention services among injecting drug users. 3. Formulation of effective supply reduction policies. Present: Despite this beautiful picture drug users are still having problems with employment, social reintegration and various other blood borne diseases. Better understanding and acceptance of recovering addicts and their issues from the family and community, service providers and government is still lacking. Future: Through collective action, we will fight to change existing local, national, regional and international drug laws and an evidence based drug policy that respects people's human rights and dignity.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 276 **Developing harm reduction services for female injecting drug users: GTZ's training programme for service providers**

**Author(s):** *Kramarz, Patricia ; Schardt, Susanne*

**Abstract:** While the numbers of women who inject drugs grow all over the world, their access to harm reduction services remains decidedly low. How can service providers effectively access female IDUs with the services they need? This new training program developed by GTZ for governmental and NGO service providers is specifically tailored to meet the needs of female IDUs. The training is designed to introduce tools for the development of a gender-sensitive approach to harm reduction. It guides through the process of accessing FIDU, adapting harm reduction approaches to their needs and livelihoods, developing a referral system and follow-up, as well as advocating for strategies and services designed for the needs of FIDU in the community. The training seeks to convey firsthand experience, tools and tips and encourages participants to contribute their own experience in working with female IDU. Discussing critical points and drawing back on practical experience with different approaches is an important aspect of the training. The general structure of the training follows the logic of assessment, trust-building, planning and implementation as well as aspects of impact oriented monitoring and evaluation of gender sensitive services. However, variable modules (e.g. Outreach skills for accessing FIDU, Developing a sustainable referral system, Building a gender-sensitive DIC, Monitoring and Evaluation, Advocacy strategies) may be selected according to the interests of the participants. In addition regional or national trainings of trainers are offered through international master-trainers. The training is based upon an exhaustive review of the literature on female IDU, face-to-face interviews with women injection drug users and service providers conducted over the past two years across eight former Soviet States, South and Southeast Asia, China, and North Africa. It is the first time that this expertise is combined with methods and tools that are used for situation analysis, project planning and monitoring in development cooperation.

**Session:** C28: Harm Reduction Services for Women

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 278 **Program of positive prevention in prisons of Nikolaev Region (Ukraine)**

**Author(s):** *Zhelvakova, Irina ; Lapshyna, Viktoriya*

**Abstract:** Issue: HIV rates in Ukrainian prisons are much higher than in general population mainly due to considerable percentage of IDUs among prison inmates. There is an urgent need for positive prevention and individual-oriented health promotion. So far transmission prevention work with HIV+ inmates is insufficiently attended to by the prison health system. Setting: 4 prisons of different security levels in the Nikolaev Region. 356 HIV+ inmates are officially registered, 15 inmates are on antiretroviral therapy (ART). Project: The project Circle of Mutual Understanding 3 provides comprehensive measures on positive prevention among HIV+ prisoners. The goal is to develop strategies of positive prevention in prison settings. The project activities include: 1. Reduction of risk behaviours through - trainings in topics including living with HIV and prevention of the infection spread; - individual psychological counseling and peer counseling. 2. Structural interventions: - Counseling by a specialist from the Regional AIDS Center; - Access to laboratory diagnostics; - Provision of means of protection and hygiene (condoms, toothbrushes and toothpaste, disposable shavers, soap, and vitamins). 3. Production of tailor-made informational materials (almanac Circle of Mutual Understanding, booklet Opportunistic Infections, and ART Adherence Diary) and their distribution among prisoners. Outcomes: 250 HIV-infected prisoners receive the project services. The program contributes to mobilizing the inmates' potential and preparing them for work as peer educators. Problems: - Lack of understanding by HIV+ prisoners of the importance of prevention. - Prison personnel do not see the necessity of prevention work among PLHIV. Next steps: - Changing prisoners' attitudes towards health and their own treatment processes. - Increasing the awareness of prison personnel (medical staff and psychologists) about HIV treatment, opportunistic infection prevention, and psychological support for PLHIV in prisons.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 280 **Emergence of crack cocaine as a risk factor for HIV seroconversion among illicit drug users in Vancouver, Canada**

**Author(s):** *DeBeck, Kora ; Kerr, Thomas ; Buxton, Jane ; Li, Kathy ; Montaner, Julio ; Wood, Evan*

**Abstract:** Background: In recent years, Canada has experienced an explosive increase in the use of crack cocaine. This study sought to exam whether factors associated with HIV seroconversion have changed over the last decade among a community recruited cohort of injection drug users (IDU). Methods: Data were derived from the Vancouver Injection Drug Users Study (VIDUS). HIV incidence observed over the 9 year study period were divided into two periods; the first 50% of HIV seroconversions observed vs. the second half of HIV seroconversions. Two separate Cox regression models were constructed to identify independent predictors of HIV infection for each of the two periods. Results: Overall, 1603 IDU were enrolled into VIDUS between May 1996 and December 2005, of which 1048 were HIV seronegative at enrollment and had at least one study follow-up visit. Over the study period, 137 HIV seroconversions were observed. In multivariate analyses, frequent cocaine injection and Aboriginal ethnicity were independently associated with HIV seroconversion in both Period 1 and Period 2. However, frequent crack use (adjusted relative hazard [ARH] = 1.87, Confidence Interval [CI]: 1.11-3.15) only emerged as an independent predictor of HIV infection during Period 2. Conclusions: Factors associated with HIV infection evolved overtime in this setting and appear to correspond to changing community drug use patterns. The independent association between crack cocaine use and HIV infection points to the urgent need to address risk behaviours related to crack cocaine use. Innovative public health interventions, including medically supervised inhalation rooms and safer crack distribution kits, should be prioritized for evaluation.

**Session:** C5: Monitoring Drug-Related Harms

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 283 **Chaos and control: Pharmacotherapy in Victoria, Australia – issues, challenges and the way forward**

**Author(s):** *Kirwan, Amy ; Ryan, John ; Voon, David ; Sutton, Liz*

**Abstract:** Issue Anex undertook to examine the issues associated with the current model of pharmacotherapy provision in Victoria. Longstanding concerns in relation to the shortcomings of the program have been evident. The project aimed to generate a snapshot of the opioid substitution therapy system in Victoria. This was done to inform the ongoing development of the system to ensure it continues to meet its objectives. Activities undertaken included a literature, data and policy review, interviews with key stakeholders and the development of a report. Key arguments The key findings of the project were as follows: ♣ Dispensing fees are prohibitive for consumers and interfere with the retention of clients in a pharmacotherapy program; ♣ Access to services is dependent on the geographical location of, and transport available to, individual consumers; ♣ Workforce shortages of prescribing General Practitioners compound access issues; and ♣ The pharmacotherapy program is vulnerable should a medical practitioner holding a large number of permits move or cease to practice. Policy implications Reforming the system entails changes at both state and federal levels. In particular, recurrent funding needs to be provided for holistic models which maximise positive outcomes for clients and protect the system from prescriber shortages. The system is particularly vulnerable to the movement of GPs affecting the availability of pharmacotherapy places. Improved access, adequate funding for remuneration of specialist expertise and additional capacity to both manage clients and provide support to other services is required in specialist services. Changes at the federal level to Pharmaceutical Benefits Scheme and Medical Benefits Scheme arrangements are also essential to both improving client outcomes and improving retention of practitioners. Specific strategies are also needed to retain existing practitioners through effective support mechanisms and attract new practitioners to provide services to clients over the long term.

**Session:** C6: Opiate Dependence Treatment

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 286 **Beyond the 'freeze': Keeping hepatitis C positive injecting drug users up to date on prevention, treatment and self-care**

**Author(s):** Fraser, Suzanne

**Abstract:** Injecting drug users access information about hepatitis C in a range of ways. For some, diagnosis is a key point at which information about the disease, about prevention, treatment and healthy living is encountered. This information is crucial for initiating or enhancing safe injecting practice and self-care. Despite the importance of this knowledge, however, little is known about the 'career' of the awareness initiated in the diagnostic clinical encounter. This paper addresses this important gap via an analysis of in-depth interviews with 25 injecting drug users diagnosed with hepatitis C in Victoria, Australia between 1989 and 2008. Interviews gathered data on the information participants were given on diagnosis, how they responded to this information at that time, and the nature and extent of any further information accessed since this encounter. These interviews were transcribed verbatim, deidentified and analysed with the aid of the data management program, NVivo. The paper argues that while diagnosis represents an important moment for education for many participants, the educational process sometimes 'freezes' at this point. For some, addressing more pressing material concerns such as homelessness or problems with family and drug use take priority over remaining informed. For others, the desire to acknowledge or retain a sense of engagement with their infection is absent to the point that 'keeping up' with new information is not regarded as desirable. This freeze has at least two serious implications: 1) the knowledge initially acquired tends to erode and become lost due to the limits of memory, and 2) new information about transmission, treatment and healthy living generated by advances in knowledge since diagnosis is not acquired. The paper concludes by considering ways in which information and education can be provided so as to prevent or circumvent this freeze.

**Session:** C27: Qualitative Studies and Harm Reduction Contexts

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 287 **Assessing community support for harm reduction services: Comparing two measures**

**Author(s):** Hopwood, Max ; Brener, Loren ; Frankland, Andrew ; Treloar, Carla

**Abstract:** Background: Measures of support for sensitive issues can be influenced by the way survey questions are asked. Given this, a recent study hypothesized that surveys which assess community support for harm reduction services will yield divergent results depending on the language used and information contained within the survey items. Method: A convenience sample of 260 university students from Sydney Australia were surveyed during late 2008 about their support for six harm reduction services. Participants were randomly allocated to two groups: one received a survey which provided background information that framed harm reduction services in a positive light (positive questionnaire), while the other group received a survey which provided no information about harm reduction services and framed illicit drug use as problematic (negative questionnaire). Results: The results confirmed the study hypothesis. Overall, support for harm reduction services was dependent on which survey participants received. Only two out of six harm reduction services included on both surveys met with consistent levels of support regardless of language and information contained in the items: needle and syringe programmes were supported and heroin trials were opposed. Levels of support for the remaining four harm reduction services (i.e., pharmacy-based needle and syringe distribution, methadone maintenance treatment, government funded drug-user organisations and medically supervised injecting centres) depended on whether participants received a positive or negative questionnaire. Conclusion: Measures of community support for harm reduction services can be effectively manipulated through survey design. This has significant implications for government policy regarding harm reduction approaches to illicit drug use. Care is needed when assessing official measures of community support for harm reduction services, and when interpreting media reports of findings from surveys of illicit drug use.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 288 **Reducing harm and increasing control: a qualitative study of female ethnic Vietnamese heroin users in Melbourne.**

**Author(s):** *Owada, Kei ; Higgs, Peter*

**Abstract:** Previous quantitative studies of ethnic Vietnamese drug users in Melbourne have been overwhelmingly drawn from samples of men. To re-dress this we conducted a qualitative investigation of 24 women aged between 18 and 33 years. The study sought to explore and identify issues surrounding heroin initiation and drug use trajectories; to examine each participant's relationships with family and primary sex partners; and to uncover their attitudes to heroin treatment. The data reveal that for the women in this study initiation and continued use of heroin was heavily influenced by men, especially their primary sex partners/boyfriends. Not unlike much of the literature, we have identified a range of distinct pathways leading to a participant's illicit drug use. For some this may be partly explained by migration and resettlement experiences where participants reported difficulty in reconciling the conflict between their 'traditional upbringing' and living as Vietnamese-Australians in a large urban neighborhood with an active street-drug marketplace. Importantly, the stigma attached to illicit drug use within the Vietnamese community we were working meant that participants lacked support and, hence, they looked to other social structures like their boyfriends for assistance, this appears to have further marginalised them. Whether because of their dislocation from family or because of the unique nature of the street-based drug scene, many women in this study developed attachments to males who injected heroin. During interviews the women reported a diverse range of strategies to minimise their risk taking including enrolling in low-threshold pharmacotherapy treatment programmes, but our analysis shows that they remain particularly vulnerable, especially to blood borne viruses through both injecting and sexual risk behavior. The data suggest that interventions which focus on the gendered nature of injecting practices within personal relationships may go some way to both reducing harm and increasing control for the women involved.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 289 **Harm reduction at the End Of The World, new approach In Tierra Del Fuego, Argentina**

**Author(s):** *Inchaurraga, Silvia*

**Abstract:** The Province of Tierra del Fuego, Antarctica, and Islands of the South Atlantic (TDF) is unique within Argentina: the youngest and most southern province in the country and the only whose capital, Ushuaia, is on an island. According to the latest census, its population of 122,531 inhabitants is distributed among only two cities and a small town. Therefore, it has few inhabitants, and its population history is very closely related to economic growth. The demographic increase has been more intense since 1943, when the Maritime Directorate was created; neighborhoods for the naval bases of Ushuaia and Río Grande, airports, and other public works were built. These created an attraction for new settlers from the rest of the country and foreigners. Drug use has also increased with this evolution. Today TDF is the province with the second highest amount of cocaine, marijuana, and alcohol use. At the same time, there is a low visibility of excessive alcohol use as a problem, associated with a high social tolerance toward legal drugs. After a long tradition of abstinence-based approaches, a different discourse began with the new provincial government that assumed power in December 2007 whereby a drug user is seen as a citizen and health initiatives as a right. In this context, trainings for harm reduction teams began, and a personalized public assistance model replaced the residential and abstinence-based model. The impact of these training activities on teams from the Mental Health and Addiction Directorate; identified necessities of Primary Care Centers, Community Promotion Directorate, and Kerispen Center; activities suggested during panels with the community and different ministries; and the "Less Alcohol, Less Risk" harm reduction campaign are presented. Work in the southern most province in the world, although developing, shows that harm reduction can be advanced not only geographically, but also strategically and politically.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 290 **Barriers to realising drug addicts rights to treatment in Russia**

**Author(s):** *Mendelevich, Vladimir*

**Abstract:** It is assumed that substitution therapy is the most effective way to treat opioid dependence (WHO, UNODC, UNAIDS, 2004). It is implemented in more than 60 countries all over the world and provided for 1 million patients. In Russia substitution therapy is forbidden by the law. Impossibility to use it leads to violation of patients rights for high-quality medical care. The prohibition backgrounds can be divided into two main components – objective and subjective. Subjective component is coming from discriminatory attitude that is based on opponents' preconceptions and lack of information. Objective reason for prohibition is the legislation that forbids treatment of drug addiction with narcotic substances included into the 'list 2'. In international acts signed by Russia there are articles confirming patients' rights to health. Article 12 of International Covenant on economic, social and cultural rights imposes on participant countries three types of obligations: to respect, to protect and to realize rights to health. The second obligation assumes adoption of laws that will guarantee such access (violated). Right to medical care is confirmed in the Russian Constitution where protection of human rights in the area of health care are mentioned among fundamental rights of the citizens. Paradoxical results were obtained in a sociological study on necessity to introduce substitution therapy and possibility for patients to realize their rights. 29,5% are for introducing substitution therapy, 42,8% are against it. Among narcologists 44% are in favor of it, 38,7% – against. It is fair to say that substitution therapy is unclaimed in Russia. There is no any professional or social group that would actively advocate for its introduction. Consequently, adherers of the idea of drug users' rights to comprehensive modern and effective treatment realizations are presented by patients themselves only.

**Session:** C25: Human Rights and Drug Law Reform

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 291 **Can the formulation of opioid substitution therapy medication reduce diversion and injection?: New findings from a Suboxone post marketing surveillance study**

**Author(s):** *Larance, Briony ; Degenhardt, Louisa ; Mattick, Richard*

**Abstract:** Objectives: Injection of pharmaceutical opioids can carry severe negative consequences, but limited empirical investigation of strategies to reduce the problem have occurred, particularly at a population level. We examined the levels and predictors of injection of a mixed partial opioid agonist-antagonist formulation prescribed for the treatment of opioid dependence, buprenorphine-naloxone (BNX, Suboxone), compared to methadone and mono-buprenorphine (BPN). Injecting was studied in two populations: regular injecting drug users out of treatment (IDUs), and current OST clients. Design: National sales data for methadone, BPN and BNX were collected between 2003-2008. Regular injecting drug users (IDUs) were interviewed annually in each Australian capital city during the same period (approximately 900 per annum). Current OST clients (n = 399) were interviewed in 2007. Injection of OST was examined, adjusting for availability as measured through sales. Multiple regressions examined predictors of OST injection among OST clients and IDU out of treatment. Setting: Australia. Findings: In the year following its introduction in Australia, BNX was injected by fewer IDUs, less frequently, compared to BPN, even when differences in the availability of medications was taken into account. Some individuals did nonetheless regularly inject BNX. Injection of all OST types was more likely among those who injected a range of different pharmaceutical opioids. Conclusions: A combination of a partial opioid agonist with an opioid antagonist appears to be less commonly and less frequently injected than a partial agonist alone, by those in treatment and IDUs who are not. Post-marketing studies must continue for sufficient time, however, to evaluate longer-term trends in use and harms: people who inject drugs may develop practices to minimise the aversive effects of injection of this OST type, and trends might differ should other treatment variables change.

**Session:** C21: Pharmaceutical Opioid Use: Epidemiology and Implications for Public Health

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 292 Needle syringe exchange program and outreach interventions in Penang Island, Malaysia

**Author(s):** *Zakaria, Mohamad Firdaus ; Wong Abdullah, Maryam*

**Abstract:** This paper seeks to share the experiences of coordinating needle syringe exchange program (NSEP) outreach in Penang Island, Malaysia among injecting drug users (IDU) based on a philosophy of Harm Reduction for HIV/AIDS prevention. The program commenced in February 2006 under the National Harm Reduction Programme and Alternatif Community Center (ACC) was selected as one of 3 sites in the country to pilot the NSEP. This project is funded by the Ministry of Health, Malaysia and Malaysian AIDS Council is the implementing agency. There are several success stories to share (a) this ACC pilot project managed to build trust and encouraged the active involvement of IDU in the program (b) Clients are also returning their used needles and syringes with an average return rate of 55%. (c) Most clients are more aware about their health and safety e.g. they come forward for voluntary counseling and testing for HIV and for wound dressing (d) Clients support in the program is visible through many who have volunteered to be contact points and who have also managed to recruit new clients. For almost 3 years, this author has been coordinating this program, there are several lessons learned, the main ones being that NSEP and drug use is a culturally and politically sensitive issue; there is community distrust and phobia against drug users because of lack of information; more involvement with media can help in advocacy instead of the current low-profile approach. This author concludes that NSEP is useful and yields benefits for both parties, i.e. IDU and the community. This program also creates a safer and healthier environment for society and country.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 296 'Lorong' as a risk environment: The social context of initiation into injecting drugs in the slums of Makassar, Indonesia

**Author(s):** *Nasir, Sudirman ; Rosenthal, Doreen*

**Abstract:** Background: Few studies have explored the social context of the transition to, initiation and maintenance of drug injection career in slum areas in developing countries. This study examines the lived experience of young men in initiating and maintaining drug injection in slum areas, commonly named lorong, in the city of Makassar, Indonesia. Method: In-depth interviews were conducted with 18 male injecting drug users who attended a drop-in centre for drug users in the city. Results: The pharmacological effects of putaw (street grade heroin) and the economics of injection were key factors shaping the initiation and maintenance of injection. Importantly, the intersection of socio-economic deprivation with pursuing the status of rewa (local concept of masculinity) and the dynamics of gang participation led many members of the lorong into a drug injection career, making them vulnerable for HIV and other blood-borne viral infections. Conclusions: Existing harm reduction programmes in Makassar that focus on individualistic behavioural changes need to be complemented with community-based programmes that take into consideration the social and structural context of risk-taking practices amongst young people in the lorong.

**Session:** M9: Risk Environments and Drug Harms

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 297 **Global consumption and availability of pharmaceutical opioids and implications for harm reduction**

**Author(s):** *Degenhardt, Louisa ; Wodak, Alex ; Mathers, Bradley*

**Abstract:** Pharmaceutical opioids are essential medications for: 1) the management of pain either acute or chronic, cancer or non-cancer related; 2) OST in the management of opioid dependence. The risks of extra-medical opioid use and diversion are acknowledged by multiple international organisations, including those which monitor pharmaceutical opioid availability, and those which address injecting drug use, HIV and the treatment of pain. All of these agencies emphasise the importance of providing medical treatment for those who need it and are unanimous in assertions that pharmaceutical opioids must be made available for this purpose. The 1961 Single Convention stipulates that although the provision of designated drugs (including morphine-like opioids) is restricted to prevent recreational use, their availability and supply should meet medical and scientific need. The International Narcotics Control Board (INCB) is required to report on the adequacy of availability of drugs covered under the 1961 Convention. This presentation will summarise existing data on the kinds of opioids available, and the extent of their availability adjusted for population size. There are massive inequities in the availability of pharmaceutical opioids for medical and scientific purposes across countries and regions, inequities that do not preclude misuse and injection occurring in many regions of the world. There is a complex interplay of factors that appear to be linked to the extent of pharmaceutical opioid misuse and injection, and associations with HIV. This presentation will outline some of the policy, clinical and research implications of the existing evidence. Once illicit opioid use of any sort is established, and injecting occurs among some users, the extent to which HIV harm reduction interventions are in place – particularly needle and syringe programmes (NSPs) and opioid substitution treatment (OST) – may modify both the extent of injection of pharmaceutical opioids and of incident HIV cases.

**Session:** C21: Pharmaceutical Opioid Use: Epidemiology and Implications for Public Health

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 299 **Mortality among people who inject drugs: A meta-analytic review**

**Author(s):** *Degenhardt, Louisa ; Mathers, Bradley ; Mattick, Richard*

**Abstract:** Aims: Prospective studies are being used in an increasing number of countries to examine the magnitude, nature and correlates of mortality risk among people who inject drugs. It is well known that people who inject drugs are at elevated risk of mortality from both acute and chronic diseases, many of which are related to drug use and involvement with illicit drug markets<sup>1</sup>. The most commonly occurring causes of death, estimated in reviews of existing literature, are thought to be AIDS-related<sup>2</sup> and opioid overdose<sup>3</sup>. Both of these two causes of death could well be preventable using interventions known to reduce involvement in the illicit drug market or which may prevent the spread of infections such as HIV – particularly OST and NSP programmes. Methods: There has been no systematic review of mortality focused exclusively upon people who inject drugs. Previous reviews have combined cohorts of “problematic” drug users, people in treatment (many of whom do not inject) and heroin users. There has been an increase in the number of studies being published from an increasingly broad range of countries worldwide. This review involved gold standard searches of the existing literature on prospective studies of people who inject drugs. Results and discussion: This review summarises research on cohort studies specifically following up cohorts of people who inject drugs. There are now more than 50 cohort studies examining mortality among injecting drug users specifically. For the first time, cohorts included span across Asia, Central Europe, North America and Europe. This paper will present the results of pooled analyses of mortality risk among male and female IDUs, for younger and older IDUs, and across different regions. It will also consider the rates of mortality attributable to specific causes of death: HIV/AIDS, overdose, hepatitis C and liver disease, suicide and traumatic deaths.

**Session:** C23: Researching and Preventing Drug-Related Death

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 302 Involving Psychologists in Harm Reduction Projects in Russia

**Author(s):** *Berezina, Elizaveta*

**Abstract:** ISSUE: Harm reduction (HR) projects in Russia often bring together a range of medical specialists to deliver services to injection drug users (IDUs); few of them, however, benefit from collaboration with psychologists. There are two reasons for this. Firstly, delivering basic medical care is often a higher priority for the projects than providing psychological services. Secondly, there is a general lack of understanding of the principles of harm reduction among psychologists in Russia. This leads to situations where many IDUs cannot access psychological help, while HR projects don't use opportunities to involve psychologists from drug treatment services. SETTING: There are 20 drug treatment clinics in St. Petersburg which employ about 40 psychologists, but only one clinic in the city assists in harm reduction projects. To encourage greater participation, a HR training programme for other clinics' staff was initiated in partnership with the local HR Project. Participants included psychologists, medical staff and social workers. PROJECT: AFEWs Harm Reduction Project designed and conducted training sessions in St. Petersburg about the principle and methods of harm reduction. Training focused on the need to develop cooperation between staff in drug treatment clinics – especially psychologists – and HR projects in order to improve services to IDUs. Over six months, 56 members of staff attended the programme. OUTCOMES: 1. Teaching HR philosophy helped change participants' negative attitudes towards HR activities. 2. Some participants expressed an interest in working with HR projects on a voluntary basis. 3. Project staff had the opportunity to establish contact with psychologists and obtain their support for future cooperation. 4. Training was found to be an effective way of resolving problems encountered by HR projects, and consequently will be expanded into other regions.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 304 Female IDUs and vulnerability in Manipur.

**Author(s):** *Singh, Konjengbam Birjit ; Singh, Yumnam Shasikumar*

**Abstract:** Summary: For women who inject drugs, the stigma of injection drug use is added to gendered discrimination; these factors combined can push women into behaviors that increase their risk of HIV. Majority of the women drug users are engaged in sex work in exchange for housing, sustenance and protection; suffer violence from sexual partners. As per UNODC report, in recent years, there has been a rapid increase in the portion of IDUs who are women, especially in Asia Issues: • Women IDUs are hidden • Services for female IDUs are rare • Associated with high risk sexual behaviors • Poverty, unemployment make transactional sex for survival • Gender imbalance, exposing women to abuse & risk of infections • Stigma reduced access to services • Absence of sexual & reproductive health care services • Lack of childcare & safe spaces for female drug users Setting: Imphal district of Manipur, India . HR and drug treatment programs for female are rare. Service providers, policy makers have ignored issues relating to women drug users. Project: SASO implementing a program supported by HIV/AIDS Alliance unrestricted fund targeting female IDU in Imphal, India. Registered 147 female drug users (more than 95% are transactional sex workers). Imphal east & west district has high visibility rate of female drug users. Services: NSEP, condom promotion, Detoxification, BCC, Health care, Networking and Substitution program ( other sources) Outcomes/ Lessons learnt: •Integration of sexual and reproductive services into HR programs •Increased access to services •Comprehensive program to address women's needs. •Advocacy for reducing stigma and scaling up services •Involve women in service & policy making •More research on women drug users is needed •Capacity building •Safe space & friendly environment •Support group services

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 305 Feasibility of dual benefit

**Author(s):** *Singh, Konjengbam Birjit*

**Abstract:** SUMMARY: Injecting drug use is driving HIV epidemic in a wide range of countries, Injecting drug use is the main factor for HIV infection in Manipur which is the eastern most state of India bordering Myanmar. NACP phase III and state interventions programs for IDUs tend to be inadequate and there is need for comprehensive program of drug use treatment, care and management. Active drug users living with HIV are frequent drop out & excluded from drug & HIV treatment services due to enrollment criteria and drug use priority. ISSUES: • ART medication intake is irregular among still drug users. • Poor adherence due to disorganize lifestyle, poor nutrition, other opportunistic infections, drop out, • Skipping ART, TB dose due to drug use priority • Transport, poverty and discrimination. • 1st line drug resistance. • Poor monitoring • Eligibility criteria in ART program SETTING: •As per SACS report May'08 total number of PLHA in Manipur is 29602 out of this Imphal district has 13279 and seropositivity among IDUs is 42.09% •Imphal district has 2 ART center •Less than 10% of ART users are from active user •In depth interview, FGD, secondary data of government hospitals and NGOs in Imphal, Manipur, India •Anecdotes CONCLUSION: •Inclusion of harm reduction services in TB-DOT center & ART outlet. •Convergence of Needle Syringe program, NRHM and Sexual health programs or linkages through referral and networking. •Substitution therapy can be applied in ART centers especially for current drug users. •Ongoing treatment literacy campaign •Psychosocial support and other assistance should be considered. •A scientific study to understand exact nature of the challenges and gaps in Manipur. •Promotion of support group & larger involvement and ownership

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 307 Behavioural Surveillance Survey (BSS) among Injecting Drug User (IDUs) at South of Jakarta, Indonesia

**Author(s):** *Suparno, Heru*

**Abstract:** Behavioural Surveillance Survey (BSS) among Injecting Drug User (IDUs) at South of Jakarta, Indonesia by Heru Suparno Centre for Health Research, University of Indonesia Background BSS findings serve many purposes, one of them is to supply data concerning behavioural risks. The Centre for Health Research conducted HIV/ AIDS prevention programme among IDUs at South of Jakarta, Indonesia since seven years ago. This is the result of BSS among Injecting Drug User, specially those whose exposed by the Outreach Programme. Methodology The BSS was designed to enable measurement of behaviour change over time among specific sub-populations, including IDUs group. Data collection was conducted through the cross sectional survey. There were 200 respondents every measurement per year as sample size. A two-stage cluster design was employed. During the first stage, clusters were selected by proportional probability to size from a complete list of sites. Respondents were obtained by random from the selected clusters during the second stage. Qualitative study was also conducted by Ethnographer. Result Compared to the baseline data of 2001, there are higher percentages of respondents showed growing knowledge of proper ways to prevent HIV transmission over the years. Percentage of respondent who sharing needles in the last use drug was declining (42.9% up to 5.9%) and percentage of respondent who always use condom with their non permanent partner showed fluctuative on five time measurements (15.9% - 50.0%). Observation in the qualitative study indicated that behaviour change is not consistent, they are still depend on outreach worker. Conclusion There is a change in IDUs's behaviour whose exposed by outreach programme but most of them are still depend on outreach worker services. More trainings are needed to increase the skill and capacity of outreach workers, particularly counselling and motivating related.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 309 **Comparison of the level of psychopathological morbidity in HIV-positive and HIV-negative injecting drug users**

**Author(s):** *Koren, Sergey ; Khodakevich, Natalia ; Dolzhanskaya, Natalia*

**Abstract:** 1. Background The high risk of HIV-infection and the prevalence of concurrent psychiatric disorders among drug users require an integrated solution to the problem of providing medical care to patients suffering from psychoactive substance dependency. The existence of concurrent psychiatric disorders creates additional difficulties when providing treatment and prevention services to HIV-positive patients who have psychoactive substance dependency. Therefore, the specific characteristics of this category of people require separate study. 2. Methods Used Over a three-month period more than 160 drug clinic inpatients who had been diagnosed with 'opioid addiction' were studied and surveyed. With regard for the aims and objectives of the study, two diagnostic sub-groups were established at this stage: HIV-positive (52 cases) and HIV-negative (54 cases) injecting drug users. A comparative analysis was conducted of the psychopathological symptomatology profile on a formalised quantitative basis using the SCL-90R psychometric scale. The data was then processed using SPSS statistical software. 3. Results The psychopathological picture of HIV-positive IDUs differed from the psychopathological symptomatology of HIV-negative IDUs in that the former displayed more complex syndrome relationships, including depressive affect, psychoticism, anxiety, aggression, obsession, paranoid ideas and interpersonal sensitivity – characteristics that also form a unified symptom complex in the group of HIV-negative IDUs. Along with this, the psychopathological symptom complex of HIV-positive IDUs is additionally characterised by phobic anxiety and the correlation with the personality trait of Tendency to Isolation. 4. Conclusion As a whole, the results described above show that it is possible to make a clinical differentiation between psychopathological disorders in groups of HIV-negative and HIV-positive IDUs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 310 **Presentation of results from Bio-behavioral survey among injecting drug users in Sarajevo, Bosnia and Herzegovina**

**Author(s):** *Ibisevic, Samir*

**Abstract:** This oral presentation presents the result of the Bio-behavioral survey among injecting drug users (IDUs) in Sarajevo, the capital city of Bosnia and Herzegovina (BiH) in the period from May-August 2007. This was first ever implemented survey among IDUs in BiH. Association PROI was implementing agency, since UNICEF BiH provided funding. Technical assistance, study design and data analysis was provided by the Knowledge Hub for Capacity Building in HIV/AIDS Surveillance based at the "Andrija Stampar" School of Public Health, University of Zagreb, Croatia. Survey was accordingly implemented in two other cities in BiH, Banja Luka and Zenica, by local NGOs. Respondent-driven sampling (RDS) was the method use for recruit IDUs. Total of 260 participants took part in survey in Sarajevo. The main survey objectives were to determine the prevalence of HIV; HBV, HCV and syphilis in the IDUs population and to assess the risk behavior and social aspects of HIV transmission through providing baseline data that can inform and guide policy measures related to HIV prevention and control in BiH. Blood samples were taken from each participant but also questionnaire was filled answering the questions about risky behavior related to drug use and sexual behavior. Certain prerequisites were take place for those IDUs wishing to participate in survey. IDUs themselves were also engaged as survey staff with role to screen and separate adequate from non-adequate participants. Following result area will be shown in poster presentation: - Demographic characteristics, - Drug use history, Injecting and needle sharing practice, - Police and prison experience, - Knowledge of HIV/AIDS and risk assessment, - Sexual history and behavior, - Condoms and reproductive health, Drug treatment and prevention, - Prevalence of sexually and parenterally transmitted infections. Some concrete actions by Association PROI, which came as a result of survey, will be present as well.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 311 **Comparison of the concurrent use of psychoactive substances by HIV-positive and HIV-negative injecting drug users**

**Author(s):** *Dolzanskaya, Natalia ; Khodakevich, Natalia ; Koren, Sergey*

**Abstract:** 1. Background It is becoming ever more important to study additional risk factors, besides injecting drug use, that affect vulnerable groups of psychoactive substance users, including the abuse of non-injecting psychoactive substances and alcohol. The appearance of HAART and the constantly growing demand for the therapy based on clinical indications means that narcologists have a greater role to play in improving adherence to the modern HIV treatment methods and in providing treatment and prevention services to patients with a dual diagnosis of HIV-infection and psychoactive substance dependency. 2. Methods Used The subjects of the study were 105 injecting drug users with opioid dependency. They were divided into two diagnostic groups: HIV-negative IDUs (54 cases) and HIV-positive IDUs (51 cases). The study identified the frequency of concurrent abuse of psychoactive substances in the month before admission to the clinic. 3. Results The data about the patients' past abuse of nonopioid types of psychoactive substances revealed certain specific features in the groups studied. 90.4% of the HIV-positive drug users abused alcohol, which is considerably more than the corresponding number of the HIV-negative drug users (50%) (p

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 314 **A prospective controlled cohort study of brief interventions delivered by nurses to alcohol dependent patients in an acute hospital setting**

**Author(s):** *Cobain, Kathryn Rosemary ; Owens, Lynn ; Fitzgerald, Richard ; Gilmore, Ian ; Pirmohamed, Munir*

**Abstract:** BACKGROUND: Brief interventions in acute hospital settings have been proven to be effective for hazardous and harmful drinkers. However, there is limited evidence for their effectiveness for dependent drinkers. AIM: To establish if BI's are effective for dependent drinkers. METHODS: A prospective controlled cohort study in two acute hospitals in the NW of England (One hospital providing treatment, the other control). Treatment and assessment was delivered by an Alcohol Specialist Nurse (ASN). In the treatment cohort BI's were delivered at the time of initial assessment and further appointments were offered. The control cohort were given six-month follow-up appointment at initial assessment. Outcomes were assessed at six-months. The primary outcome measures were alcohol consumption and severity of alcohol-dependence. Secondary outcome measures were length of stay in hospital and ED attendances. RESULTS: 100 were recruited to each group. There were no differences between groups for alcohol consumption, severity of dependence or medical co-morbidity. For primary outcome measures patients in the intervention group improved significantly when compared to the control for; alcohol consumption (p=0.0001), AUDIT score (p=0.0001) and SADQ score (p=0.0001). They also had significantly shorter length of stays (p=0.0001) and ED visits (p=0.023). Outcomes were found to be independent of both level of dependence and medical co-morbidity CONCLUSION: These results are encouraging as they indicate that BI's delivered by an ASN in an acute hospital setting are effective for alcohol-dependent patients.

**Session:** M15: Developing the Role of Nurses in Harm Reduction Policy and Practice

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 315 **A randomized trial to evaluate the efficacy of a computer-tailored intervention to promote safer injection practices among drug users.**

**Author(s):** *Gagnon, H el ene ; Godin, Gaston ; Alary, Michel ; Bruneau, Julie ; Otis, Joanne*

**Abstract:** Objectives: The aim of this study was to evaluate the impact of a theory-based intervention to increase safer injection practices among injection drug users (IDUs) who visited needle exchange programs (NEPs). Overview of the intervention: The intervention evaluated consisted of 4 sessions (once a week for four weeks) of tailored messages targeting specific cognitions identified as determinants of the intention of IDUs to use a new syringe at each injection. It was offered at the NEP site by means of a computer-tailored strategy with the assistance of a community worker. Methods: IDUs visiting two NEPs were invited to participate in this project. At both sites, participants were randomly assigned to the experimental or control group. A short questionnaire measuring behavioural outcomes was administered at baseline, at the end of the intervention and three months later. The impact of the intervention was assessed using general estimating equations (GEE) for repeated measures. Results: A total of 260 IDUs were recruited in this study (69.2% male; mean age 34.9 ( $\pm$ 9.7) years); 235 persons were interviewed following the intervention and 174 at three months follow-up. At baseline, experimental and control groups were comparable. Overall, 52.3% reported not always using new syringes in the previous week. At the end of the intervention, participants in the experimental group were using fewer soiled syringes compared to the control group (8.5% vs 19.5%  $p=$ .004), and a higher number reported always using new syringes or not injecting at all (69.3% vs 53.5%  $p=$ .04). These short-term effects were not maintained after three months. Conclusions: This research demonstrated that IDUs can adopt safer injection practices when they are exposed to tailored educational messages addressing key cognitions. However, interventions must be maintained to support behavioural change.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 316 **Do psychosocial treatments decrease alcohol consumption for patients with alcohol-dependence? A Systematic Review**

**Author(s):** *Cobain, Kathryn Rosemary ; Owens, Lynn ; Dickson, Rumona ; Pirmohamed, Munir*

**Abstract:** BACKGROUND: There is a 30 year literature supporting the efficacy of psychosocial interventions for alcohol-dependent individuals. Although there has been rigorous academic scrutiny of studies, to date these data have not been subject to systematic review. Therefore, it has yet to be established; what treatment, in which setting, performed by whom is most effective. AIM: To determine differences in effectiveness of psychosocial treatment on drinking behaviour in alcohol dependent individuals METHODS: Systematic Review. Explicit Inclusion and exclusion criteria were formulated. Only studies that utilised a control arm were included for review. Bibliographic searches were completed using; Medline, Embase, PsychInfo, Cochrane library, Cinahl. Reference lists and hand searching of recent issues of substance misuse/healthcare journals were also conducted. All papers were assessed for quality using a validated tool. RESULTS: 241 initial studies were identified, of those eleven studies met inclusion criteria. Methodological quality was variable; descriptors for psychosocial interventions were conflicting. Methods for assessing alcohol consumption were variable. All studies reported reduction in alcohol consumption, however only three found statistical significance between groups. CONCLUSION: There is insufficient evidence to support any one psychosocial intervention being more effective than any other. Neither duration of intervention nor intensity affected intervention outcome.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 317 **A new syringe at each injection: A theory-based intervention using interactive technology.**

**Author(s):** *Gagnon, H  l  ne ; Godin, Gaston ; Gagnon, Mario ; Beauguard, Gilles ; Gauthier, Sarah-Emmanuelle ; Audy, Fr  d  rique*

**Abstract:** Issue: Workers in needle exchange programs (NEPs) are making substantial efforts to promote the use of a new syringe at each injection among their clientele. This presentation illustrates the result of a collective effort made by researchers, community workers and injection drug users (IDUs) to share their knowledge and create a theory-based intervention using interactive technology. Setting: Two Canadian NEPs were involved in the development and the implementation of this intervention: one located in Qu  bec City and the other in Montreal. This theory-based intervention was presented by means of a computer tailoring strategy accessible through a website ([www.fsi.ulaval.ca/uneneuve](http://www.fsi.ulaval.ca/uneneuve)). Project: An electronic bank of audiovisual messages offered by a credible virtual character was created. Once a week, over four weeks, IDUs had to come to the NEP to receive a tailored message via the computer. At first contact, the user signed in to access his/her personalized intervention. Following completion of a short questionnaire, the computer selected a sequence of messages tailored to the individual's profile. For IDUs who are not motivated to use a new syringe at each injection, messages content is aimed at increasing feelings of personal efficacy or attitude. For those who are already motivated, it allows to act in moving from intention to action. After listening to his/her message, the participant could take some times to discuss the content of the message with the community worker. At each visit, the participant was offered the support of the community worker in using the computer, if needed. Participants could also discuss other subjects with the community worker accompanying them during their experience. Outcomes: This theory-based computer tailoring intervention was implemented with success among 130 IDUs. Besides the positive effects of this intervention on IDUs injection practices, this experience permits to community workers to develop more reliable links with users.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 320 **Gender and drug injecting related risk and health harms in the United Kingdom: A need for targeted interventions**

**Author(s):** *Ncube, Fortune ; Hope, Vivian ; Marongiu, Andrea ; Parry, John*

**Abstract:** Background: Injecting drug use results in a range of health harms. In the UK around a quarter of drug-injectors are female, and there is evidence to suggest that they may be at higher risk than male injectors. In part this might be due to female injectors relying on their male partners to acquire and administer drugs. Method: Data from a large multi-site survey of drug-injectors in contact with needle exchange and drug treatment services in England, Wales & Northern Ireland during 2007 was analysed. The survey collected demographic and behavioural data as well as an oral-fluid sample for antibody testing. Findings: 2,207 participants who had injected in the past four weeks provided information on their gender, 23% were women (515). The women were younger than the men (median: 29 v 31 years) and had been injecting for fewer years (median: 7 v 9 years). In multivariable analyses women had higher levels of risk behaviours being more likely to report sharing spoons (42% v 35%, adjusted Odds Ratio {AOR} 1.3 95%CI 1.1-1.7), and using someone else flushing water to rinse syringes (27% v 22%, AOR=1.3 95%CI 1.0-1.7) or to prepare drugs (24% v 19%, AOR=1.3 95% CI 1.0-1.7). Women were more likely to inject into their hands (28% v 22%, AOR=1.3 95%CI 1.0-1.7), legs (22% v 17%, AOR=1.4 95%CI 1.1-1.8), and feet (16% v 11%, AOR=1.6 95%CI 1.2-2.1). They also had a higher level of injecting site infections (46% v 38%, AOR=1.4 95%CI 1.2-1.8). Gender was not associated with HIV or hepatitis C prevalence, or the sharing of syringes and needles. Discussion: These findings support previous ones indicating greater levels of risk and harm among female drug-injectors; possibly reflecting their disadvantaged position. The findings suggest the need for enhanced harm reduction measures targeted at women.

**Session:** C33: Risk Behaviours Among Injecting Drug Users

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 322 Legal support to injecting drug users and PLWH in the City of Voronezh

**Author(s):** Romanyak, Elena V.

**Abstract:** Legal support is an effective tool for the promotion of human rights, including the rights of drug users and people living with HIV. However, the legal support is hardly accessible for vulnerable populations. Special community-based interventions are needed to improve access of drug users and PLWH to legal protection mechanisms, thus promoting universal access to quality HIV/AIDS treatment, care and support. The Project runs in Voronezh City (a capital of the Region, population - about one million). The HIV epidemic is in the concentrated stage (IDUs). Although displaying low rates of heroin misuse, the city is affected by the opium seeds-produced solution – (90%). By various estimations, every tenth young man at the age of 16-30 years is a drug user, and the absolute majority of them have conflicts with Law. The Project is ongoing since January 2007 and is aimed at: • Legal counseling on human rights and universal access to services; • Lawyer's support in police, drug control processings and trials; • Creation of precedents to get justice decrees on human rights; • Advocacy, also including remedial organizations, recommendations on legislation updates and unification with international standards; • Communications with local parliament and government stakeholders, courts, law enforcement agencies, health care institutions on particular cases, and other activities. Overall of 198 hours of legal counselling were provided by two lawyers, 154 calls were served through the hot line. Three trials are under the process estimated as potentially successful. The main difficulties are mostly attributable to low commitment of state authorities to collaboration, limited capacities to volunteer movements and high fears of the Project clients of being proactive in protecting their rights. Nevertheless, the Project showed high impact to improvement of services for IDUs and PLWH, advocacy of the rights for universal access to HIV prevention, treatment and care.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 323 A longitudinal study of participants in a syringe exchange programme in Malmö, Sweden

**Author(s):** Stenström, Nils

**Abstract:** The aim of this study is to describe the users visiting the syringe exchange clinic in Malmö, Sweden with respect to what characterizes the group, how they utilize the services of the clinic and how their patterns of participation relate to risk behavior, physical and mental health and social development. The study rests on two sources of data: a register from the clinic including all syringe exchangers that have visited the clinic between 1989 and 2003, altogether 3660 individuals, and an interview of visitors at the clinic. As to utilization of the programme, the results show that the longer the syringe exchangers stay in the programme, the more frequent they visit it. Another aspect of utilization is to what extent the distribution of needles and syringes cover the needs of the visitors. With a strict definition of need, only a minority manages to cover their needs, but if we accept a more extensive individual re-use, around 90 percent of the average need is covered. Data also reveals that a very high proportion of the users on at least one occasion have visited the programme without syringe exchange taking place or any complementary service delivered. Basically these visits seem to be of a more social nature, reinforcing the contacts between the staff and the visitors. Data do not give any clear support for the basic assumption that syringe exchange reduce the incidence of HIV or hepatitis. Recent sharing of utensils or low coverage of syringe need through the programme do not predict a higher infection risk. Instead we find that the social contacts with the staff (without syringe exchange) function as a predictor of lower incidence. This indicates that the mechanisms may be more complex than just related to the provision of clean needles and syringes.

**Session:** C32: Needle and Syringe Exchange Programmes (Part Two)

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 324 Red Cross Harm reduction approach on

**Author(s):** *Pletsch, Jurgen*

**Abstract:** Issue: With roughly 46 Millions citizens, Ukraine faces widespread Injecting drug use (IDU) and a fast spreading epidemic of HIV/AIDS, hitting 1.63% of the adult population. Existing health structures are insufficient to respond to the epidemic. Integrated HIV/IDU care centers are nonexistent. Home based care (HBC), implemented by trained Red Cross nurses creates a most needed alternative to save lives. Setting: At present Ukraine is the most affected country in Europe. IDU contributes to an estimated 41% of all HIV transmissions. French and Italian Red Cross – both with long Harm Reduction (HR) experience – joined forces with the Ukrainian Red Cross to fight the HIV/IDU-epidemic in 4 cities of Ukraine: Kiev (high priority zone), Chernivtsi, Melitopol, Zaporizhzhya (medium priority zone with little NGO presence). Project: Working on a Syringe Exchange Program together with local NGOs - formed by former drug users - allows us to reach out to IDUs, to promote prevention policies and Substitution Therapy (ST). Need of medical and social support of HIV/IDUs combined with proper training of staff becomes obvious. Red Cross Societies worldwide have a pool of experienced nurses, also in Ukraine. Through specific trainings on HIV/AIDS and IDU, trainers from French and Italian Red Cross develop the capacity of Ukrainian Red Cross nurses to implement HR-activities. Outcomes: The joint Red Cross Project in numbers: ♣ 200 HBC patients followed up by Red Cross nurses ♣ 30 beneficiaries receive ST (out of 1956 patients countrywide in Nov.08) ♣ 7000 visits monthly on syringe exchange points Barriers remaining: Ukraine has no official guideline for safe syringe disposal. Police harassment and stigmatisation are omnipresent. Red Cross neutrality counters those obstacles and the activities of Red Cross nurses prove to be an efficient answer to HIV/IDU epidemic in Ukraine.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 325 Adherence to HIV therapy and drug use – a necessary approach

**Author(s):** *Maerrawi, Ilham El ; Trigueiros, Daniela ; Luiz França, Cláudio ; Álvares Baptista, Sabrina ; Jayme, Paula*

**Abstract:** Issue: Adherence to therapy in HIV infection has been a challenge since the beginning of the HAART treatment, especially when the patient is people who using drugs. Many factors are relevant to determine whether this group of seropositives are adherent: the acceptance of clinical professionals to deal with drug users, the understanding that HAART scheme needs to be adapted, interaction issues between illicit drugs (or alcohol) and HAART. Setting: STD/Aids Program from Sao Vicente City, Brazil has been developing Harm Reduction Strategies to deal with drug issues since 1995. Besides, there is a HIV Treatment Center (SAE) where the patients receive all medicine. As it is known, Brazil's Government distributes all HAART drugs for free to all HIV patients. Project: A study was conducted at SAE to understand the patients profile concerning drug use, investigating 102 medical registers. Data showed that 15% of the patients were injecting drug users, 9% were drug user partners and 6% referred drug abuse. The study also investigated other data as age, years of study, opportunity infections, etc. A discussion among the health professionals working at SAE was promoted in order to investigate their perception of drug use in patients. SAE team refers drug users are "invisible" at the service but agree drug use difficulties HAART adherence. Outcomes: Many strategies should happen to help drug users to adherence to treatment. The approach chosen by this Program was important to understand both the drug user and the health professional point of view. The folder could be elaborated with specific issues that were critical to the service in order to better understand this population.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 327 **Night clubs and night drugs**

**Author(s):** *Piconez Triqueiros, Daniela ; El Maerawi, Ilham ; Jayme Araujo, Paula ; Luiz França, Cláudio*

**Abstract:** Issue: Night clubs are places where consume of alcohol and drugs are strongly associated to disinhibition, increasing sexual pleasure, spontaneity and amusement. Both heterosexual and gay clubs are visited mostly by young people with a different profile of drug use. Heterosexuals usually drink alcohol, smoke cigarettes or use inhalant drugs. Gays prefer synthetic drugs, as special K and ecstasy. Setting: STD/Aids Program from Sao Vicente City (Sao Paulo – Brazil) has been developing Harm Reduction Strategies to deal with drug issues since 1995. Almost 2000 people go to each night club in this City every day, from Thursday to Sunday. In partnership with a Non Governmental Institution named AVE, it was agreed that an intervention to reduce harm related drugs at these places were necessary. As described above, the drug use was a reality and no intervention was done before. Project: The Project named “Balada Embalada” aimed to develop harm reduction strategies at night clubs. Owners of the clubs were touched to understand the importance of the harm reduction intervention. Male condom distribution was done by outreach workers and club owners. Besides, educational material informing about drugs and consequences were distributed. Posters were displayed at all night clubs. Information about HIV test, syphilis and hepatitis test was available and people were informed that these tests could be done at the VCT Center of Sao Vicente City. Outcomes: essential to visit night clubs in order to understand people behavior related to drug use. Knowing the profile of the target population helps to develop specific actions to reduce harm. Night clubs are specific places and drug use patterns may be different from other places, including among the different night clubs and its specific visitors. An educative material has been developing focusing harm reduction strategies to be used in the moment of drug use.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 329 **Overview of the 'Donor Conference' in the Netherlands**

**Author(s):** *Westerhof, G.C. ; de Goei, Tanne*

**Abstract:** OVERVIEW OF THE DONOR CONFERENCE: As a follow-up to the International AIDS Conference in Mexico and the High Level AIDS Meeting in New York the Netherlands in collaboration with Harm Reduction Platform Netherlands organized a donor conference on scaling-up harm reduction globally in January 2009. The donor conference addressed the following issues: • How to apply the concept of Universal Access to all populations at risk, and hence strive to increase access to prevention, treatment and support services for vulnerable groups and to implement a comprehensive package of services with full respect to human rights. • How to base HIV prevention amongst injecting drug users (IDUs) on comprehensive and evidence based public health strategies that include widespread access to substitution treatment and needle exchange. • How to stimulate an effective response which is comprehensive (i.e. include legal reform, education, prevention, treatment and care), multi-sectoral (span law enforcement, the penitentiary, public health and social welfare) and inclusive (involve government, community leaders, civil society, international actors). • How to dedicate a greater proportion of available resources to HIV prevention amongst IDUs. Given that IDU accounts for 1 out of every 3 new infections outside Sub-Saharan Africa, and the proven effectiveness of harm reduction interventions, there is a need to reallocate the distribution of AIDS-spending, targeting IDUs, commensurate to epidemiology and evidence. • How to encourage donor and national governments to give special attention to HIV prevention for IDUs in Asia and Eastern Europe where up to 90% of new HIV cases are being transmitted through drug-related behaviours among the 8.7 million injectors and where service coverage is abysmally low (approx. 5% for prevention services). During the conference we would like to present the outcomes of these conference.

**Session:** C2: Harm Reduction Donors: Feedback, Opportunities and Challenges

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 330 **Games as a gateway. Health promotion and education material used for harm reduction purposes.**

**Author(s):** *Baas, Ineke ; Schmidt, Jeannot ; Schupp, Jasperine*

**Abstract:** Abstract IHRC 2009 Mainline Foundation, November 2008 Jeannot Schmidt, Ineke Baas, Jasperine Schupp Games as a Gateway Health promotion- and educational material used for harm reduction purposes. With the years drug users in the Netherlands have been exposed extensively to education about safe use and safe sex. There seems an information tiredness amongst the target group. At the same time risk behavior and hesitation to get tested is a regularly seen phenomenon. Mainline has developed various games with the aim to reach the target group of drug users in an original and attractive way to lower the threshold and resistance to speak frankly about harm reduction issues. The games are designed in a way that they draw the attention of the target group directly. Also the style of language gives them a possibility to identify with these games. Playing the game creates an atmosphere where it's likely to speak openly and exchange information. This abstract aims for a presentation that describes the various games and their results with a main focus on a recent VTC project where the game Russian Roulette was used. It was developed to raise awareness on hiv/aids and hepatitis among drug users. It was used as an entry contact to testcounseling and treatment. The Russian Roulette game katalysed the motivational process in the cycle of behavior change. The game triggered and involved active participation of the 180 players. The outreach workers experienced that drug users felt challenged and empowered to display their knowledge and attitude. By playing the game the knowledge, behaviour and opinions of the target group was assessed, which offered opportunities for spontaneous taylormade interventions. These were the extra results, apart from the appointments made with the nurses for further counseling and testing. All games are displayed and delegates can play after the presentation.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 331 **Indicators of the hepatitis C epidemic among injecting drug users in Glasgow: An ecological analysis of trends in the provision of harm reduction services, prevalence of hepatitis C, and injecting risk behaviours between 1999 and 2007**

**Author(s):** *Palmateer, Norah ; Hutchinson, Sharon ; Taylor, Avril ; Allen, Elizabeth ; Ahmed, Syed ; Goldberg, David*

**Abstract:** Background: Harm reduction services, chiefly needle exchange and methadone maintenance treatment (MMT), were established in Glasgow in the late 1980s/early 1990s. The early to mid-1990s saw a substantial expansion in the provision of these services, and there is evidence to suggest that these were initially effective in reducing the transmission of the Hepatitis C virus (HCV) among injecting drug users (IDUs). Methods: We conducted an ecological analysis of the impact of harm reduction services on the prevalence of injecting risk behaviours and HCV infection among IDUs in Greater Glasgow during the years 1999 to 2007. We analysed trends in indicators chosen to represent four key areas: the provision and uptake of harm reduction services, the size of the population at risk, the prevalence of injecting risk behaviours and the prevalence of HCV infection. Results: The numbers of needles/syringes distributed fluctuated between 900,000 to 1,000,000, whereas the number of methadone prescriptions dispensed increased by 85%. Although an increasing proportion of IDUs reported uptake of HCV testing, the data suggested that approximately 80% remain undiagnosed. The proportion of IDUs who reported sharing needles/syringes or other injecting equipment in the previous month remained relatively stable at approximately a third and just less than half, respectively. Prevalence of anti-HCV in serum increased slightly over the period; prevalence of salivary anti-HCV among recently initiated IDUs remained high at 57%. Conclusions: The data reported here are consistent with a further expansion in access to harm reduction services in Glasgow. However, the prevalence of self-reported injecting risk behaviour and HCV infection among IDUs remains high. Glasgow has attained a relatively high MMT coverage and services should strive to improve levels of IDUs accessing treatment. Improved access to injecting equipment is required to achieve reductions in HCV prevalence among those who continue to inject.

**Session:** M6: Evidence in Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 333 **Walking on the edge of community denial: Developing alcohol policies before alcohol related problems are a crisis**

**Author(s):** *Newman, Ian ; Qian, Ling*

**Abstract:** The issue: In China alcohol is not widely recognized as a source of problems. Rather than waiting to develop policies in response to crises, the challenge was to encourage community dialogue and the thoughtful development of alcohol policies by raising concerns but avoiding denial. The setting: Traditionally Chinese believe alcohol use is an integral part of daily life and an important part of celebrations. Per capita consumption of alcohol is increasing. There are few policies in place to prevent or respond to alcohol-related problems in the home, workplace, school and community. Increased enforcement of drunk driving laws and the passage of purchase age laws are the first official signs of recognition that alcohol is a public health issue. The project: This paper describes two separate year-long experiences in two cities in China to bring together representatives of different sectors of the community to begin a dialogue about alcohol policy development and advocacy. In each community approximately 50 community leaders representing education, social services, law enforcement, government, the judiciary, public health (and, in one community, the alcohol industry) participated in a year-long program to collect data, identify issues and work together in problem-oriented workgroups to conceptualize policy options. Outcomes: Evaluation suggested participants increased their alcohol-related knowledge and their acceptance of a wide range of policy options to reduce alcohol-related harms. They recognized the wide range of resources, interests and support in their communities. In both communities there was recognition of the benefits of sharing resources and information and considering policy options prior to the onset of crises. Both communities have committed to continue the process.

**Session:** C10: Alcohol Issues and Interventions

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 335 **Reducing Alcohol-related Harm Through the Implementation of a 3am Licensed Premises Lockout Policy**

**Author(s):** *Davey, Jeremy ; Freeman, James ; Palk, Gavan*

**Abstract:** Introduction: Policing alcohol-related incidents in and around licensed premises within Australia continues to place a major burden on policing resources. This paper reports on a study designed to determine the impact of a lockout policy on levels of alcohol-related offences in and around licensed premises. The lockout policy prevented patrons from entering or re-entering late night trading licensed premises for a specific period prior to closure i.e., between 3am-5am. Materials and Methods: A modified police activity log was utilised by all first response operational police to record the reason for their attendance at incidents. Secondly, a qualitative analysis approach was adopted to explore the perceptions of key personal among the various stakeholders (e.g., Hotel Owners, Security Staff & Taxi Drivers) involved with, or affected by, the lockout policy (n = 24). Results: Chi-square analyses of the prevalence of incidents before and after implementation of the lockout policy demonstrated that the overall number of alcohol-related incidents requiring police attention was significantly proportionally lower following the introduction of the lockout policy. More specifically, alcohol-related offences that involved general disturbances and sexual offences were significantly reduced after the policy was implemented. However, it is noted that offences that related to property, stealing and assaults experienced a reduced trend, but they did not reach statistical levels of significance. The qualitative analysis revealed that while Hotel and Nightclubs Owners/Operators were initially opposed to the lockout policy they now report some benefits. Some of the benefits include, improved patron safety and the development of better business strategies to increase patron numbers. Discussion and Conclusions: The findings of the study provide initial supportive evidence regarding the value of lockout initiatives to reduce injury and harm in and around licensed premises. The paper will further outline the major implications of the policy as a crime prevention technique.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 336 **Reducing Harm Through the Introduction of Random Roadside Drug Testing in Queensland: Are Drug Drivers Deterred?**

**Author(s):** *Freeman, James Edwin ; Davey, Jeremy ; Palk, Gavan*

**Abstract:** Current research into driving behaviour is revealing that a considerable proportion of motorists admit to driving on public roads after consuming illicit substances. This study aimed to provide a preliminary indication of the impact of the recently implemented random roadside drug testing method in Queensland on a sample of motorists (N= 922) as well as generally investigate the affect of legal sanctions (certainty, severity and swiftness) on drug driving behaviours. Self-report data was collected through a questionnaire and revealed that approximately 20% admitted to drug driving at least once in the last six months. Overall, there was considerable variability in respondent's perceptions regarding the certainty, severity and swiftness of the legal sanctions associated with the testing regime and a considerable proportion remained unaware of the new countermeasure. In regards to predicting those who intended to drug driving again in the future, perceptions of apprehension certainty, more specifically low certainty of apprehension, were significantly associated with self-reported intentions to offend. Additionally, self-reported recent drug driving activity and frequent drug consumption were also identified as significant predictors, indicating that in the current context, past behaviour is a prominent predictor of future behaviour. This paper will further outline the major findings' of the study and highlight implications in regards to increasing the deterrent impact of random roadside drug testing in Queensland.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 337 **A study predicting relapse after drug and alcohol treatment**

**Author(s):** *Freeman, James Edwin ; Davey, Jeremy ; Maxwell, Jane*

**Abstract:** Objectives: This is a study of individuals entering treatment who had been arrested for a driving under the influence offence (DUI) in the past year or who entered treatment while on probation for DUI to determine their levels of impairment and the factors that predict treatment completion and abstinence at follow-up. Methods: Secondary data analysis was performed on an administrative dataset of 29,566 adult Texans who entered publicly-funded substance abuse treatment between 2000 and 2005. Multivariate logistic regressions predicted multiple past-year arrests, treatment completion, and abstinence at follow-up. Results: Being older, homeless, having more problems with peer or social relationships, using daily, and having more public intoxication arrests predicted entering treatment with more than one DUI arrest in the past year. Individuals with multiple arrests in the past year were more impaired and the least likely to complete treatment or be abstinent in their last month of treatment. The strongest predictor of completing treatment was having been treated in a residential environment. Similarly, the strongest predictor of past-month abstinence at follow-up was completing treatment and the strongest risk factor was living in a situation where the individual was exposed to alcohol abuse or drug use. Conclusions: This study provides evidence of the extent of abuse and dependence among DUI arrestees and their need for treatment not only for their substance abuse problems, but also for other problems, including co-occurring mental health problems. This paper will further highlight the major findings of the study such as closer supervision by probation during follow-up could reinforce abstinence and prevent recidivism.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 338 **No effect of a sexual risk intervention on condom use with female sex workers and their regular partners in two Mexico-US border cities**

**Author(s):** *Strathdee, Steffanie ; Lozada, Remedios ; Staines-Orozco, Hugo ; Abramovitz, Daniela ; Semple, Shirley ; Martinez, Gustavo ; Patterson, Thomas L*

**Abstract:** Objective: We developed a brief behavioral intervention promoting condom use among female sex workers (FSWs) and their clients, which demonstrated 40% reductions in HIV/STI incidence in two Mexico-U.S. border cities. We examined whether this intervention had the additional benefit of increasing condom use among FSWs and their regular, non-paying partners. Methods: FSWs aged  $\geq 18$  years living in Tijuana and Ciudad Juarez who had recent unprotected sex with clients were randomized to a 30 minute behavioral intervention integrating motivational interviewing and principles of behavior change, or a didactic control condition. At baseline and six months, women underwent interviews and testing for HIV, syphilis titers  $\geq 1:8$ , gonorrhea and Chlamydia. Negative binomial regression with robust variance estimators was used to compare a) the extent to which FSWs engaged in unprotected sex with regular partners vs. clients and b) the impact of the intervention on FSWs' condom use with regular partners. Results: 259 FSWs with regular partners completed baseline and follow-up visits (83% retention). Median age and duration of sex work was 32 and 4 years; 92% had children; 30% injected drugs. At baseline, FSWs were more likely to engage in unprotected sex with their regular partners vs. clients (rate ratio: 2.2; 95% CI: 2.0-2.4). Comparing the intervention vs. control group at follow-up, there was no difference in cumulative HIV/STI incidence (6.7% vs. 10.5%  $p=0.45$ ), or rates of condom use with regular partners (rate ratio: 0.98; 95% CI: 0.88-1.09). Conclusions: Despite a significant impact on incidence of HIV/STIs and condom use among FSWs with clients, this intervention did not achieve comparable outcomes with FSWs and regular partners. This may explain why STI incidence remained unacceptably high. Efforts to engage FSWs' regular partners in HIV/STI prevention are needed to determine whether individual or couple-based approaches are most appropriate.

**Session:** C33: Risk Behaviours Among Injecting Drug Users

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 339 **Why do some patients want to leave MMT? A qualitative Evaluation**

**Author(s):** *Radfar, Seyed Ramin ; Nematollahi, Pardis*

**Abstract:** Introduction: Usually most of the patients and/or their family in the beginning of the MMT program asks that; until when we /our patient should follow MMT? In Iran it is less than 4 years that MMT services is available for drug users, and in our center that had been located as a DIC in one of the marginal districts in Isfahan ,Iran ,we are providing this services as a NGO for approximately last 2 years with 350-400 MMT clients per month. Methods: In this qualitative study using Focus Group Discussion (FGD) with the patients and their family that were under MMT for more than 6 months and already stated to the physicians of the clinic that they want to leave MMT ,we evaluated some of the aspects of MMT from different views of patients and their families and 2 FGD for each group (Patients, Families) had been implemented ). Finding: All of the patients and their families participating in the FGDs, believe and express that after starting MMT ,the social ,psychological and physical abilities of the both the patients and their families has been improved obviously . And all of both group (except One person) expressed that with none of the prior treatment methods that they had been examined before starting MMT (mean of patients age & drug dependency history =34 ; 10.8 years),they did not find such promotion and sense of wellbeing. Conclusion: The patients` families were not agree for quit from MMT but the majorities of the patients were interested to taper daily methadone doses and quitting MMT. The main causes and categories of the reasons will be present in the full report of the study.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 340 **Concerns of injecting drug users and health workers regarding trials of hepatitis C vaccines**

**Author(s):** *Treloar, Carla J ; McCann, Pol ; Byron, Paul ; Maher, Lisa*

**Abstract:** The aim of this study was to explore understandings of hepatitis C and vaccines and motivations to enrol in and complete hepatitis C vaccine trials. Focus group discussions were conducted with 18 staff of non-government and government health and welfare services and 26 IDUs, 11 of whom self-reported as HCV negative. Interviews were conducted with 6 clinicians experienced in the field. Across all groups, it was very difficult to maintain a focus on hepatitis C “negative”. There were constant slippages in discussion around vaccines and vaccine trials. Monetary reimbursements and a sense of altruism were described as the main motivators for participation. Beyond any individual sense, acknowledging altruism was seen as an important in public materials about vaccine trials to counter negative social views of people who inject drugs. Providing opportunity for trial participants to become involved with the trial and ensuring a range of organisations and services which participants could use to check the credentials of the research, were seen as important to counter mistrust of the medical profession both in terms of surveillance and being experimental subjects. Barriers to participation in vaccine trials included concerns about side effects, discrimination (related to future antibody results), rejection of randomisation processes as “valid” and perceptions that hepatitis C is a low priority for people who inject. Results of this project have implications for producing strategies for ensuring informed consent of participants in vaccine trials and for enhancing overall trial literacy of people who inject drugs and the health workers, organisations and services which engage with IDUs. Also, it is important that any vaccine trial goes ahead without evoking a “biomedical bias” leading to greater support for vaccine interventions than more accessible and proven harm reduction interventions such as needle and syringe programs and peer education.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 341 **California's 'Proposition 5': Lessons learned in battling for harm reduction and criminal justice reform**

**Author(s):** *Abrahamson, Daniel Nathan ; Nadelmann, Ethan*

**Abstract:** California incarcerates more persons than any other state in the United States, and the U.S. leads the western world in the number of people it incarcerates per capita. The U.S. drug war is perhaps the leading engine behind these incarceration rates. Roughly 40,000 of the 170,000 persons in California's prisons are there for drug law offenses. On November 4, 2008, 13 million California voters confronted a ballot initiative, Prop. 5, that sought to reform the state's drug laws and penal system by providing state-funded drug treatment and harm reduction services for nonviolent drug law offenders as an alternative to incarceration in county jails and state prisons. Independent analysts predicted that Prop. 5 would lower the state's incarcerated population by as much as 40,000 persons in a few years and cut state prison spending by at least \$2.5 billion. In the months leading up to November's election, battle lines were drawn between law enforcement actors and leading politicians on the one hand, and advocates for public health, treatment and human rights and persons in recovery on the other. Nearly \$12 million U.S. dollars was raised and spent by the competing factions on television advertisements and other public messaging. In the final 3 weeks of the campaign, public support for the measure dropped from nearly 60% approval to 40%. This presentation, by a co-author of and spokesperson for Prop. 5, will (1) describe the strategies, tactics and messaging used, and coalition building undertaken by supporters and opponents of Prop. 5, (2) examine the political, economic and social factors that led to Prop. 5's defeat -- despite record voter turn-out in a state that overwhelmingly supported Barack Obama, and (3) discuss some of the lessons learned from this attempt at drug law reform in the U.S.

**Session:** C4: Drug Law Reform: Challenges and Implications

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 342 Sexual risk behaviour among gay men: Is drug use the cause or an effect?

**Author(s):** *Prestage, Garrett Paul ; Hurley, Michael*

**Abstract:** Background: Drug use has been associated with unprotected anal intercourse (UAI) among gay men but is it a causal factor or one of several indicators of risk-taking? As part of proposed ACON panel session, we discuss the implications of findings from studies among gay men in Sydney, Australia, to determine the relative importance of drug use as a risk factor. Methods: Findings from studies of gay men in Sydney were reviewed. These included: Health in Men (HIM) and Positive Health (pH) cohorts of HIV-negative and HIV-positive men respectively; Gay Community Periodic Surveys (GCPS) – repeated cross-sectional surveys; Three or More Study (TOMS) of men who engage in group sex. Detailed information about sexual, drug-using and other behaviour was collected in each study. Results: Rates of drug use were very high: 62.7% of HIM respondents reported using illicit drugs in the previous six months, including 10.7% who reported at least weekly use. Although drug use in general was not independently associated with UAI and did not distinguish occasions when condoms were not used from occasions when condoms were used, use of drugs specifically to enhance sex (amyl nitrite, methamphetamine and sildenafil) was associated with UAI (HIM, pH, TOMS, GCPS: p

**Session:** C29: Illicit Drug Use, Intensive Sex Partying and Risk

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 343 Illicit drug use and group sex among gay men in Australia

**Author(s):** *Prestage, Garrett Paul*

**Abstract:** Background: Illicit drug use has been associated with risk behaviour among gay men. We examined use of illicit drugs and sexual risk behaviour in a community-based cross-sectional study of homosexually active men who engage in group sex in Australia. Methods: The Three or More Study (TOMS) of group sex among gay men utilised an anonymous, self-complete survey about participants' most recent occasion of group sex with other men, and in-depth interviews with a small number of these survey participants. The 746 men who reported having engaged in group sex within the previous six months were included in these analyses. Results: Among 746 men who engaged in group sex within the previous six months, 63.0% reported using illicit drugs at the group sex encounter (GSE). Use of each drug type was associated with unprotected anal intercourse with non HIV seroconcordant partners at a univariate level. This was also true of the use of oral erectile dysfunction medications. Men commonly reported using drugs specifically to enhance their sexual experience and to intensify the pleasure of that experience. Use of each type of illicit drug was included in multivariate analysis and after controlling for other risk factors, only use of methamphetamine (HR=1.74, CI=1.06-2.88, p=0.030) and having more than five drinks (HR=2.41, CI=1.34-4.33, p=0.003) were independently associated with non seroconcordant UAI. Conclusion: Drug use is associated with increased sexual risk behaviour among men who engage in group sex. Within more 'adventurous' gay community subcultures, drug use is often for the explicit purpose enhancing the sexual experience and this complex relationship may be key to understanding HIV risk among these men.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 345 **Characteristics of survival drug dealing among young male drug users in Vancouver, Canada**

**Author(s):** *Johnston, Caitlin L ; Marshall, Brandon D L ; Callon, Cody ; Kerr, Thomas ; Wood, Evan*

**Abstract:** Background: The prevalence of drug dealing may be increasing among street youth with limited income generating options. Those who use drugs are especially vulnerable to survival strategies (e.g., drug dealing) that put youth at risk of violence and HIV-related harms. We sought to better understand the survival strategies of young male drug users by examining the characteristics of their income choices and related risk behaviours. Methods: Youth who self reported using drugs were recruited, between Sept 2005 and May 2008, into a prospective cohort of at-risk youth (ARYS). This analysis was restricted to young males (aged

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 346 **Regulation of low risk psychoactive drugs in New Zealand: Policy and experiences of the 'Restricted Substances' framework**

**Author(s):** *Heffernan, Mark*

**Abstract:** In 2005 the New Zealand Misuse of Drugs Act 1975 (MODA) was amended to allow for a new Part and Schedule for psychoactive substances, considered to be of 'low risk,' to be sold legally subject to certain restrictions. This new category of "Restricted Substances" was developed to place harm preventive controls over psychoactive substances which pose a low risk to health but still require some regulation. 1-benzylpiperazine (BZP), a stimulant that was the active ingredient in products previously sold as 'legal party pills' in New Zealand was the first substance to be scheduled as a restricted substance. This provided a unique opportunity to examine the effects of a regulated market for a psychoactive substance other than alcohol, or tobacco, as an alternative method of control to prohibition. BZP and other related psychoactive piperazines have more recently been banned in New Zealand. However, irrespective of this reclassification of BZP, the Restricted Substances provisions of the MODA remain an important mechanism for harm preventive controls over low risk psychoactive substances. New Zealand has recently introduced additional controls around the marketing and availability of restricted substances to further strengthen the framework to legally control such substances. It has been proposed that preparations of the hallucinogenic plant *salvia divinorum* be scheduled as the next restricted substances in New Zealand. This presentation will elaborate on the policy underlying the restricted substances regime in New Zealand. It will provide an overview of the New Zealand Government's response to BZP, including lessons learned from the experience regulating this substance. This presentation will also discuss the measures that have been taken following the banning of BZP to strengthen the restricted substances regime to allow for stronger controls around low risk psychoactive drugs as an alternative to prohibition.

**Session:** C4: Drug Law Reform: Challenges and Implications

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 347 **Volatile Substances: A Guide for Retailers**

**Author(s):** Milburn, Catherine

**Abstract:** “Huffing”, “Sniffing”, “Chroming” are safe words describing the very unsafe practice of volatile substance use. Volatile substances, such as aerosols and solvents (spray paints, glues, gases), are readily available at hardware stores, paint merchants, supermarkets, convenience stores and service stations in New Zealand. They have many legitimate uses, but can also be a means of intoxication. It’s a practice that can sometimes attract curious teenagers, and can also hook vulnerable individuals. The sale and misuse of volatile substances is not illegal in New Zealand, nor has New Zealand had any specific regulation to regulate Volatile substance abuse. This doesn’t leave retailers in an easy situation. Tackling volatile substance abuse requires a subtle approach – there’s some good evidence about involving retailers to influence the sale of products which may be misused. The New Zealand Drug Foundation has developed a voluntary online retailer’s code – called Volatile Substances: A Guide for Retailers – which is aimed at supporting retailers with practical guidelines on dealing with this complex issue. The web based guidelines give retailer’s a range of simple tools and materials to help minimise the risks to young people from volatile substance abuse. The guidelines are focused on a health, rather than a punitive response. Engagement and support from community workers is vital to the implementation and sustainability of the resource. Community and health workers who work with substance abusers or identify volatile substance abuse as an issue in their community are in a prime position to work alongside retailers and the resource to help prevent the abuse of volatile substances. This presentation will illustrate our approach of involving retailers to address this sensitive issue, secondly, the presentation will outline key recommendations to help ensure safe and consistent implementation of the retailers guide. A DVD presentation is included.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 348 **An online survey of drugs and driving in New Zealand**

**Author(s):** Hammond, Kate

**Abstract:** Are New Zealanders driving high to avoid being caught driving drunk? Are some drugs seen to be safer than others when driving? How many people drug drive in New Zealand, and which drugs are they using? In 2008 the New Zealand Drug Foundation undertook a large scale research project to investigate New Zealanders knowledge, attitudes and behaviours regarding driving under the influence of psychoactive substances. The study provides a unique opportunity to engage with New Zealand drug drivers and to better understand their attitudes and behaviours. As this research is currently under way, this presentation will provide an overview of the research methodology, preliminary results, and anticipated findings and implications. In the first phase of the research ‘key experts’ from relevant organisations were interviewed to determine the major issues around drug driving in New Zealand. In the second phase of the research, data was collected from the general population via an online survey. Participants were asked what they already understood about different drugs and driving, about any personal experiences of drug driving, the perceived dangers of drug driving, and what they thought about roadside testing for drug impairment. The results of this research highlight areas where public knowledge is lacking, allow comparison of public perceptions of drug driving risk with empirical evidence, and provide an estimate of the prevalence of drug driving in the New Zealand general population. The results of this research aim to inform the development of prevention initiatives and resources for the wider community in relation to drugs and driving.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 350 **Why Are We Denied the Right to Become Healthy? : Barriers in Accessing Effective Harm Reduction Treatment among Injecting Drug Users in the City of Surabaya, Indonesia**

**Author(s):** Aziz, Abdul

**Abstract:** As an outreach worker working with injecting drug users (IDU), I realize there are barriers that hinder access to effective harm reduction treatment. I am an IDU, I started using drugs at a young age and have not been able to overcome my addiction. I am now 30 years old and HIV+. Now that I am aware of my status I have become motivated to help educate IDU on HIV/AIDS prevention. Similar to other parts of Asia, in Indonesia HIV/AIDS is spreading most rapidly among IDU. In Surabaya there are many obstacles that prevent IDU from accessing effective health services. Firstly, the methadone clinic is not a safe place to receive treatment as police arrest IDU in the surrounding area and also enter the clinic to arrest people without notice or a warrant. Thus, IDU are discouraged from receiving treatment. Secondly, IDU are afraid to carry clean syringes as they fear being arrested. This increases the sharing of syringes. Thirdly, the dosage administered at the methadone clinic is much lower than other Indonesian and Asian cities. Consequently, many IDU use other drugs while receiving methadone treatment, increasing the risk of overdose. Policies and relations among police, healthcare workers and IDU needed to be improved to aid IDU in receiving treatment. Unless measures are taken to ensure the rights of IDU, HIV/AIDS cases in Indonesia will continue to rapidly rise. As an activist, IDU, and person living with HIV/AIDS I am committed to educating IDU and working toward improving our rights.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 351 **Recruiting experience in an opioid substitution treatment trial against HIV incidence among injection drug users in rural areas in Northern Thailand**

**Author(s):** Promjuk, Wittaya ; Aramrattana, Apinun ; Vongchak, Tasanai ; Celentano, David

**Abstract:** Background A research study conducted in collaboration with Johns Hopkins University on buprenorphine substitution treatment against HIV infection among HIV negative IDUs (HPTN 058)\* in northern Thailand. How to gain access to, provide study information to and recruit IDUs were challenges faced. Methods Three hundred sixty IDUs were approached during outreach activities. Outreach field notes were retrospectively analyzed to study recruitment processes and harms observed. Results Effective approaches included: 1) Data collection to identify communities with opiate IDUs; 2) Area selection and surveying; 3) Approaching and motivating community leaders and key informants in the target areas; 4) Gaining entry to at least 1 IDU; and 5) Expanding into IDU networks in the target areas. Rural communities with potential IDUs differed greatly from urban communities. In rural areas, IDUs could be found along heroin trade routes not far from the Burma border or in areas close to opium plantations. IDUs in rural areas could be found in both small and large communities. Three challenges were found: 1) IDU behaviors; 2) Language and nationality; and 3) Transportation. Most IDUs in rural areas used discarded needles, often for too long with low quality, and shared needles with others. This study was supported by the HIV Prevention Trials Network (HPTN) and sponsored by the National Institute of Allergy and Infectious Diseases, National Institute of Child Health and Human Development, National Institute on Drug Abuse, National Institute of Mental Health, and Office of AIDS Research, of the National Institutes of Health, U.S. Department of Health and Human Services under award # U01 AI046749.

**Session:** C13: Harm Reduction in Thailand

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 353 **Community attitudes towards injection drug users participating in an opioid treatment and HIV prevention research in a northern Thailand rural area.**

**Author(s):** *Palanan, Prachern ; Panyarasd, Piya ; Vongchak, Tasanai ; Kitayo, Amporn ; Aramrattana, Apinun ; Celentano, David*

**Abstract:** Background A research study conducted in collaboration with Johns Hopkins University on buprenorphine (Suboxone®) substitution treatment against HIV infection among HIV negative injection drug users is being conducted in rural and urban areas in northern Thailand. Community attitudes towards the study and its participants were assessed to help planning community participation and education. Method A survey was carried out amongst community members in Ngaw district of Lampang Province, where IDUs participated in the study. Result Among 180 people, most of them (36 %) worked in agriculture. Positive attitudes towards drug users was higher (41%) compared with negative attitudes (27%.) Positive attitude towards families of drug users was slightly higher than negative attitudes towards them (37%.) were The community favored families of drug users, when compared with drug users. After the research study began conducting activities with people in the community, their attitudes towards drug users improved, giving them a chance to improve themselves and encouraging them. The community is more active on addressing drug issues as well as more accepting and understanding of the research study (80 - 96%.) Conclusion Cooperation between communities and the research study helped both sides achieve mutual understanding and allowed the study to run effectively. This study was supported by the HIV Prevention Trials Network (HPTN) and sponsored by the National Institute of Allergy and Infectious Diseases, National Institute of Child Health and Human Development, National Institute on Drug Abuse, National Institute of Mental Health, and Office of AIDS Research, of the National Institutes of Health, U.S. Department of Health and Human Services under award # U01 AI046749.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 357 **Scaling up HIV testing in IDU epidemics**

**Author(s):** *Burns, Katherine Georgina*

**Abstract:** Issue: Achieving universal access to anti-retroviral treatment (ART) requires a scale up in HIV testing. WHO guidelines support the introduction of provider initiated testing and counseling (PITC) to achieve universal access. In some IDU driven epidemics, the testing scale up has coincided with the introduction of mandatory HIV testing for drug users or PITC strategies that de facto compel drug users to submit to an HIV test. These practices are most visible in prison settings, drug treatment centers, and testing of pregnant women who use drugs, but they have also made an appearance in more subtle forms such as the recent introduction of mandatory premarital testing in a number of countries with growing IDU epidemics such as Uzbekistan, Malaysia, and Tanzania. To effectively scale up ART treatment for IDUs, safe HIV testing strategies that include consent, confidentiality, and counseling (the three Cs) need to be implemented. Key Arguments: Mandatory testing of drug users poses a threat to the human rights of drug users and has not been adequately linked to care and support or ART. PITC in IDU epidemics requires proper training for service providers who work with drug users. Strong links to ART for IDUs who test positive are an essential part of testing scale up in IDU driven epidemics. Policies that mandate HIV testing and practices that de facto mandate HIV testing in the IDU community in the absence of services and ART violate the human rights of drug users and can lead to abuse of IDUs. Implications: Effective scale up of HIV testing is an important step towards achieving universal access. International organisations such as the WHO should develop guidelines for testing scale up in IDU driven epidemics and countries implementing PITC should develop mechanisms for monitoring testing to insure the three-Cs are respected.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 358 Constraints, Challenges & plight

**Author(s):** Poudyal, Subash

**Abstract:** Constraints, Challenges & plight People identified as PLHAs haven't been able to live a self-confident, thrifty life in this region because there are no projects related with income generating programs. This even effects the minimization of discrimination and allegations. Because they feel their own despondency and the accusation within themselves, they are living a life as dependants and beneficiaries of others. The society itself scornfully looks upon those identified as people living with HIV Aids, which is generated by the lack of knowledge on HIV/AIDS. Every PLWHA is living under horrendous conditions with increasing co infection among other health hazards. The Medical Facilities & Supervision is way below par. There is a huge lack of Medical equipments and options. All the equipment for blood testing isn't here: the doctors are never here when they are needed. Both governmental and non-governmental organizations supposed to be working in this sector point there fingers at the dilemma the district is in: they don't implement their activities. Their display of superficial action tides them over. They are playing with the future of PLHAs - vying with each other - the unhealthy competition between the governmental and non-governmental organizations in this sector. It is clearly seen that there is urgent need for proper treatment free of cost if the present circumstances of the PLHAs is to be addressed and the situation improved. Awareness raising programs and HIV education programs must be implemented to minimize prejudice and discrimination. An income generating training program must be implemented immediately to enhance the livelihood of PLHAs. It is imperative that arrangements should be made for required medication to be supplied and that required health workers be trained regarding this sector. All the issues noted above need to be managed. All PLHAs need to unite and step forward!.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 359 Post-release mortality among ex-prisoners in Queensland: A data linkage study

**Author(s):** Kinner, Stuart A. ; Forsyth, Simon ; Jamrozik, Konrad ; Williams, Gail ; Alati, Rosa

**Abstract:** In most countries around the world, including Australia, the prison population is growing at a rate well in excess of general population growth. Little is known about the experiences of ex-prisoners although high rates of mortality indicate continuity of impairment and a failure to integrate into mainstream society. In Australia, the majority of deaths among ex-prisoners are drug-related, with fatal heroin overdose the most common primary cause of death. The Mortality After Release from Custody (MARC) study involves linking the identities of all adult prisoners released from custody in Queensland, Australia from 1994 to 2007 (N ~42,000) with the National Death Index. This presentation will report on the incidence, timing and key causes of mortality among adult ex-prisoners in Queensland, with a particular focus on drug-related deaths. Using Cox proportional hazards regression models, we will identify key risk factors for all-cause and drug-related mortality in this group. In late 2001 Australia experienced a sudden, dramatic and sustained heroin shortage, which has persisted to the present day. The heroin shortage in Australia has been accompanied by a significant and sustained reduction in heroin-related deaths. Although a number of mortality data linkage studies with ex-prisoners have been conducted in Australia, none has been able to compare rates of mortality among ex-prisoners before and after the heroin shortage. The MARC study considers all deaths among ex-prisoners in Queensland from 1994 to 2007; this presentation will conclude with discussion of how patterns of mortality among ex-prisoners have changed since the onset of the heroin shortage in 2001.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 360 Prevention of STI and HIV among the IDUs and their partners

**Author(s):** *Maharjan, Biken ; Pakhrin, Sudhir*

**Abstract:** Issue Nepal UNGASS country report shows the decreasing number 68% in 2003, 52% in 2005 and 34% in 2003 the potentiality of risk of HIV infection among the IDU community is very high with higher risk of HIV infection to the sex partners or spouse of the IDUs. As reported only 37.67% of IDUs used a condom the last time they had sexual intercourse which indicates the huge gap and unmet need of IDUs and their partners in Nepal. Setting "Prevention of STI and HIV among the IDUs and their spouse" project is located in Kathmandu valley and targeted to reach 600 IDUs and 200 spouse of IDUs in 2 cities in Nepal. Establishment of HR- DIC and Correctional center as well as mobilizing peer educators in high risk zones in close supervision of the outreach workers Project I. Harm Reduction Approach: Disseminating IEC materials, clean syringe and condoms to educate Injecting Drug Users (IDUs) and the regular sex partners about HIV transmission, drug and drug related harm. II. Community Based Peer-Outreach: Estimating the total number of Injecting Drug Users (IDUs) and the regular sex partner in particular project area with the help of service providers and local community leaders. III. Engaging the larger community: Dissemination of the sexual risk behaviors findings through the FGD to service providers (especially harm reduction organizations, rehabs, VCTs,) about the risk rings related with IDUs and their sex partners to promote the safer sex among drug users and their partners. Outcomes Through the "Prevention of STI and HIV among the IDUs and their spouse" 600 Injecting Drug users identified through outreach forming 10 peer groups and 98 Clients and their spouse received the Primary Health Care services in DIC.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 361 Counselling approaches for a pilot Methadone maintenance Treatment in the Malaysian Prison

**Author(s):** *Abdul Rahman, Tunku Noor Hayati*

**Abstract:** In April 2008, Prison Department, Ministry of Health and CERIA (Centre of Excellence for Research in AIDS, University Malaya in Malaysia) introduced its first MMT programme in prison for pre-released prisoners at the Pengakalan Chepa Prison, Kota Bharu, Kelantan. Part of the programme is to identify and implement a feasible, practical and comprehensive counselling approach. Due to limited time, capacity and resource, we took an eclectic approach and agreed on a concise of two modalities; Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT). First, second and third sessions were based on MET focusing on motivating the clients and enhancing their self-worth. Fifth and sixth were based on CBT theory emphasizing on new reformed behaviors. The first session on "understanding self"; getting the client to verbally acknowledge their addiction issues to help aid self-discovery. The second session is conducted in groups where the social skills and personalities of clients is observed. Groups are encouraged to discuss their stages of change and previous relapse. Third session of Self-discovery involves assessment of clients' expectations and future plans. Fourth session is meeting between clients and families, to establish future support. Subsequently case management plans would be determined accordingly and case referrals to NGOs, where warranted. Fifth session is to prepare the clients mentally and physically as to the reality outside prison. Behavior change in congruent with the clients' self-actualization and expectations to avoid relapse. As a counselor I observe some enthusiasm of changed and promising life amongst the clients, after release. However I am unable to assess the success of this module as the first client had only been out for about four months. The more important role is the care and management support and continuity of counseling after release. This is where the real challenge lies.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 362 Alcohol harm reduction through making the illicit brews legal

**Author(s):** *Mulenga, Francis Brenner*

**Abstract:** his presentation will highlight the problem of non- Commercial beer (Illicit brews) consumption in Sub- Saharan Region. The Country of Zambia will be the focus of this discussion. In this paper, effort will be made to show why the consumption of Alcohol is high in the Sub- Saharan region particularly in Zambia. One major reason being that drinking Alcohol is a socially accepted norm in the village settings and we find alcohol being used during traditional ceremonies. Most of these alcohol is home brewed or as they are called illicit brews. They are called illicit brews because they are not legally commercialized or passed through the Bureau of Standards. Some of these brews are very strong that they have been known to burn the lips of the consumers or make a piece of meat brown. Addiction to these illicit brews is very high and as a result it has become a lucrative business to the brewers who don't consider the health of the consumers. Methods and ingredients used in the brewing vary. The government through established agencies has tried to stop the vice by arresting ,fining the brewers and confiscating their equipment but still the brewing has continued illegally because the demand for the same is high and it's a source of income for the brewers. And as long as the demand for this illicit brew and the need for income remains this vice can never be stopped and therefore alcohol induced harm has been on the raise. To reduce this harm there is need to target the illicit brewers by providing them with knowledge in methods of distillation and making available small scale equipment that can help make alcohol brews that meet required standards.

**Session:** C10: Alcohol Issues and Interventions

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 363 A Counselor's Perspectives in Dealing with MMT clients in a closed institution: Pengkalan Chepa Prison, Malaysia

**Author(s):** *Abdul Rahman, Tunku Noor Hayati*

**Abstract:** The First Methadone Maintenance Therapy (MMT) was introduced in the Malaysian Prison in April 2008. A special counseling module was tailored in consideration to limitation of human resource, time constraint, logistic and adherence with the rules and regulations of the Prison Department. As a counselor, who helped with the counseling sessions , out of the 28 clients, 20 of whom are first time users. Percieved fear of MMT includes side-effects ; constipation, sweating, overdose and palpitation. It was a task to persuade new patients to enroll in the programme. Psychiatrists helped with the psycho-education and to explain the rationale and benefits of MMT. There were also speculations as MMT could cause death. This arises as one of my clients whom suffered severe and persistence diarrhea and vomiting for almost two weeks passed away. It was his condition and HIV that led to the complication. The Prison Department may soon introduce HAART into the medical set up. This would tackle the issue of co-morbidity of addicts and HIV. Family members have a role to play. When clients first started their MMT, there would be some adjustments and getting used to the treatment. Clients may lose weight and the family most of the time would blame it on the MMT. Due to this, we have included a session of Questions and Answers with the family members to help aid understanding from both. Personally, I feel that further awareness campaigns to help education and understanding is needed to increase the number of MMT clients. When the Pilot programme on MMT in Pengkalan Chepa Prison was started in April 2008 the target was to enroll at least 50 patients by end of the year, with certain criteria to be met. Till now, 1st November 2008, we have managed to get 38 patients.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 364 **NGO roles in scaling-up HIV interventions in prisons in Indonesia**

**Author(s):** *Syafitri, Rizky Ika ; Kamil, Octavery ; Hadi, Nasrun*

**Abstract:** Issue HIV in Indonesia has been largely driven by injecting drug users (IDUs). The practice of incarcerating IDUs has created an HIV crisis in the prison system. This paper describes the role non-governmental organizations (NGOs) in supporting government efforts to address HIV in prisons. Setting In 2006, the Government of Indonesia estimated that there were 220,000 IDUs nationally. 2007 surveillance data indicate an average HIV prevalence of 52% among IDUs in major cities. These data also indicate that 19% had been jailed in the past year alone. While being aware of the situation, financial and capacity constraints have prevented the Directorate-General of Corrections (Dirjenpas) from meaningfully addressing the issue without significant external assistance, including from local NGOs working on drug-related issues. Project Beginning in 2001 with three local NGOs implementing community-based HIV interventions for IDUs, Family Health International (FHI) has scaled up to support interventions by 24 local NGOs in 45 districts and 46 prisons spanning six provinces. The intervention package in prisons includes: HIV and drugs education for prison staff and inmates, behavior change communications, peer education and support groups, access to condoms, HIV counseling and testing, care support treatment for HIV- and TB-positive inmates, case management, a pre-release program, and methadone substitution in some prisons. Services are provided on-site and via referral to collaborating with local health service providers. NGOs play the role of coordinating inputs from external partners and providing services that the prison system is unprepared or unwilling to provide. Outcomes: To date, 47,000 prison inmates have been reached with HIV-related services. NGOs have played a major role in supporting the national HIV/AIDS strategy for prisons and facilitating implementation. The flexibility and quick-response capability of NGOs has been a major asset in scaling-up the HIV program in Indonesian prisons.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 365 **Rolling out community based needle and syringe exchange in Indonesia**

**Author(s):** *Syafitri, Rizky Ika ; Kamil, Octavery ; Hadi, Nasrun ; Suharni, Mamat*

**Abstract:** Issue The HIV epidemic in Indonesia has been driven by injecting drug users (IDUs). The National Harm Reduction Strategy calls for multi-component prevention, care, treatment and support programs to be implemented, including needle and syringe exchange programs (NSPs). However, behavioral surveillance data indicate that fear of being caught carrying needles by police remains a main reason for high proportions of IDUs continuing to share needles. Setting In 2006, the Government of Indonesia estimated that there were 220,000 IDUs nationally. 2007 surveillance data indicate an average HIV prevalence of 52% among IDUs in major cities. Family Health International (FHI) began HIV interventions for IDUs in 2001 and incorporated NSP into its interventions in 2006 following formal adoption of the national strategy. FHI developed standard operational procedures for NSPs and provided financial and technical support for NGO partners to procure needles and other necessary supplies. Project The initial intervention model entailed two modes of needle distribution: (1) at drop-in centers and (2) community-based distribution via outreach workers. However, insufficient program reach and inadequate quantities of needles being distributed per IDU led to a refined mechanism referred to as "the satellite system." The new model involves IDUs, peer educators, and volunteers in the distribution process. A key component of the revised strategy was to increase the number of needles disbursed per IDU contact. In 2006, the program was expanded to support 24 NGO partners working in 45 districts in six provinces. Outcomes Through September 2008, more than 1.5 million needles and syringes had been distributed. Surveillance data indicate that NSP coverage in four large cities increased by an average of 50% from 2004-2007, and significant declines in needle sharing were observed in three of the four cities. The surveillance data also suggest program impact on HIV incidence among IDUs.

**Session:** C26: Needle and Syringe Exchange Programmes (Part One)

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 366 **Conceptualizing a drugs and society model through partnership in Myanmar**

**Author(s):** *Kham, Nang Pann Ei ; Benton, Kim ; Moore, Shane ; Htay, Hla ; Than, Myo ; Htun, Ye Min ; Denham, Greg*

**Abstract:** Issue: Drug using behavior has significant impact on both individuals and broader communities. Societies facing drug problems often react in a punitive manner by imposing often harsh drug control laws. At the individual level these laws impact in settings where drug treatment is either a primitive stage or non-existent. Such is the case in many Asian countries. Setting: Like other countries in the region, Myanmar also has major challenges in addressing problematic drug use. The existing responses are limited with few geographical locations covered by effective programs. Civil society responses within a public health context are a new concept in Myanmar which has resulted in unavoidable isolation at project implementation level. Project: Burnet Institute set up its operation in Myanmar in 2003 with an emphasis on enhancing capacity of local organizations and partners to address drug use issues and HIV prevention under Fund for HIV/AIDS in Myanmar. With Three-Diseases Fund, the scope has been broadened to include participation and engagement of local partners (i.e. 11 local NGOs and CBOs) in the national response to drug issues and HIV prevention. This has been achieved through established partnerships at all levels of program and policy environment to strengthen ongoing interventions in Myanmar. Socially and culturally appropriate IEC, capacity building training, consultation and collaborative research programs linked with Burnet senior advisors and multi-country ongoing programs are core activities in Myanmar. Outcomes: The concept of partnership model was acceptable in Myanmar at different program levels. The technical consultation and assistance provided to partners gave effective results evident through the expansion of harm reduction interventions. Attempts have been made to mainstream their Strategic Plans in order to address drugs and their psycho-social, economic and health impacts. Capacity development, institutional and management strengthening, clinical supervision, and research capabilities provided by Burnet Institute-Myanmar has been well received by our partners.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 367 **Coupon system: Innovative peer-driven approach for IDU HIV interventions in Indonesia**

**Author(s):** *Syafitri, Rizky Ika ; Praptoraharjo, Ignatius ; Kamil, Octavery ; Suharni, Mamat*

**Abstract:** Issue Evaluation of Family Health International's (FHI) Aksi Stop Aids (ASA) Program interventions for IDU in Indonesia revealed that while outreach workers contacted large numbers of IDUs, many of these were repeat contacts, and thus a sizable number of IDUs in target areas were not being reached. Reaching IDUs is made difficult by police attitudes toward drug users and outreach workers, causing many IDUs to remain "hidden". Setting In Indonesia, the HIV epidemic has been driven by injecting drug users (IDUs). In 2006, the Government of Indonesia estimated that there were 220,000 IDUs nationally, and 2007 surveillance data indicate an average HIV prevalence of 52% among IDUs in major cities. FHI has supported the national strategy for HIV prevention among IDUs since 2001. Working with 24 implementing agencies in six provinces, by the end of September 2008, the program had reached 57,133 IDUs, 4,974 sexual partners of IDU, and 47,000 prisoners. Project To expand program coverage, the ASA IDU program initiated a new strategy to reach IDUs using a peer-driven intervention (PDI) approach called the "Coupon System" (CS). PDI, a performance based chain referral for outreach in high-risk communities, is based on the theory of "group-mediated social control," which emphasizes the importance of social networking and peers in shaping behaviors. The CS basically compensates the time and effort that peers put into promoting key HIV prevention messages or program services. The CS approach was implemented in five locations in Indonesia with the largest numbers of IDUs. Outcomes The number of IDUs reached expanded significantly in a short period of time through the use of the CS. The CS has potential to improve program performance with regard to reaching female IDUs and sexual partners of IDUs, as well as increasing the uptake of services (VCT, substitution therapy and STI management).

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 368 HIV prevention, care, support and treatment for prison inmates who inject drugs in Indonesia

**Author(s):** *Puteranto, Henri ; Syafitri, Rizky Ika ; Rusalam, Yen Yerus ; Aman, Muqowimul ; Hadi, Nasrun ; Kamil, Octavery*

**Abstract:** Issue: Available data indicate high HIV prevalence among injecting drug user (IDU) prison inmates in Indonesia. In response, a National Prison HIV/AIDS Strategy has been developed, but limited funding and program capacity in the corrections system constitute major barriers to implementation. This paper describes a pilot program undertaken to provide a foundation for full implementation of the national strategy. Setting: Nationally, IDUs are estimated to comprise 10% of all prison inmates. Despite security precautions, many IDUs are able to inject while incarcerated. The Directorate-General of Corrections (Dirjenpas) has designated 95 prisons for priority attention in the rollout of the national strategy, including "narcotics" prisons. However, as the national prison budget provides only US\$0.50 per inmate annually for health, external resources were needed in order to initiate implementation. Project: Family Health International (FHI), in coordination with National AIDS Commission (NAC), provided technical assistance to strengthen Dirjenpas institutional capacity, as well as technical and program assistance to 50 priority prisons in six provinces. FHI also supported non-government organizations (NGOs) to provide selected services to inmates, including post-release referral to local NGOs, and coordinate inputs from other external partners. The intervention model includes the following services: IEC and behavior change communications, peer education and support groups, access to condoms, HIV counseling and testing, and care, treatment and support for HIV-positive inmates, including TB screening and treatment. Methadone substitution is currently being introduced into the intervention mix. Services are provided on-site and via referral by newly trained prison staff, NGO partners, and networks of local hospitals and service providers. Outcomes: Through September 2008, 47,000 prison inmates in the 50 priority prisons have been reached with HIV-related services. The experience to-date demonstrates how public-private-NGO partnerships can help overcome significant constraints to addressing a key sub-population for Indonesian national HIV program efforts.

**Session:** C30: Psychosocial Services for HIV Prevention and Harm Reduction

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 370 Measuring the implementation of HIV prevention services for IDUs: methodological and operational issues in Asia

**Author(s):** *Sharma, Mukta ; Garg, Renu*

**Abstract:** Issue: The scaling-up of HIV prevention services for IDUs in Asia has identified various challenges in the measurement of coverage and quality of services. While ongoing donor support and appropriate programme design/management requires measurement of programme implementation, key operational and methodological issues remain unresolved. Key arguments: The effective measurement of implementation relies on realistic estimates of denominator populations, adequate country capacity for data collection/analysis and, crucially standardised definitions of: a) injecting drug use; b) standard indicators for coverage and quality. However, current guidance on definitions and indicators for coverage and quality at the global and national level is inconsistent and confusing. Different indicators being used by various international agencies and donors place an additional burden on national governments, many of whom have limited capacities for monitoring and evaluation. Recent attempts by international agencies including WHO, UNAIDS and UNODC to provide consistent definitions are a step in the right direction, even though indicators measuring the "dosage" and "quality" require further strengthening. The lack of standard definitions of what constitutes an injecting drug user remains unaddressed, which in turn also impacts on national estimates of IDU populations and the level of coverage being reported. Additionally, Initiatives to support national governments in collecting and analysing programme implementation data, as well as real investment in data collection systems continue to be poorly resourced. Implications: There is urgent need for international consensus on how an injecting drug user is defined. Moreover, unless the research and operational capacity of national governments is adequately supported, the challenges in measuring implementation of HIV prevention programmes among IDUs will remain.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 375 **Role of Community Pharmacies in the Portuguese Syringe Exchange Programme (SEP)**

**Author(s):** *Torre, Carla Alexandra ; Caldeira, Carla Marina ; Barros, Henrique*

**Abstract:** Role of Community Pharmacies in the Portuguese Syringe Exchange Programme (SEP) C.Torre, C. Caldeira Injection drug use accounts for approximately half of the 32 491 cases of HIV/AIDS reported in Portugal from 1983 until 2007. However, its proportion decreased from 58% in the mid-nineties to less than 20% at present. SEP, as part of a set of harm reduction measures, played an important role in those trends. The Portuguese SEP began as a partnership established in 1993, between the Ministry of Health and the National Association of Pharmacies. Kits containing sterile syringes and needles, disinfectant towels, condoms, filter, water, recipients and citric acid are distributed to IDU, following a dispensation policy one-free-for-one exchange. As of 2007, there were 1314 (out of 2790) pharmacies and 37 NGOs (which joined the SEP since 1998) involved in the provision of this service. The participation of pharmacies is voluntary and the service is not paid. Assessing the changes verified over 15 years in the pharmacies involvement in Portuguese SEP. The proportion of pharmacies involved in SEP was calculated in different levels: municipality, district and national, between 1993 and 2007. Results were mapped using Geographical Information System. Between 1993 and 2007 42.058.806 syringes were distributed for free, 71,4% by pharmacies. Since 1998, with the involvement of NGOs, the proportion of syringes collected by pharmacies gradually decreased: 82% in 1999, 65% in 2002 and 53% in 2006. At the end of 2007, 47% of Portuguese pharmacies took part in SEP, compared with 50,4%, in 2001, and 66,9%, in 1994. Portuguese pharmacies play an important role in the "front line" services for IDU. However, a decrease of the involvement with SEP is demonstrated. Efforts to identify problems faced by pharmacists regarding SEP were evaluated through an ongoing survey and these findings will provide the necessary guidance for improving the services provided and their extent.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 377 **Parents who use drugs: Accounts of harm, harm reduction and responsibility**

**Author(s):** *Rhodes, Tim ; Bernays, Sarah ; Houmøller, Kathrin ; Wilson, Sarah*

**Abstract:** [For: 'evidence in harm reduction' Major] Background Research internationally emphasises adverse effects of parental drug use on child welfare and on family life as it is experienced by the child. There lacks qualitative research focused on how parents who use drugs account for their experience of family life and parenting. Method First, we reflect on how the 'drug-using parent' is constructed in policy, research and other media. Second, we draw upon analyses of audio-recorded depth qualitative interviews among parents with current or recent experience of regular drug use (primarily heroin). With a target of 30, interviews were conducted between 2008-2009, including with parents outside of service contact. Results In policy, research and other media, the drug using parent is presented largely as a disruptive force in family life, wherein drug use and parenting can not mix without negative effect. The construction of the drug using parent as 'chaotic' whose primary relationship is to 'drugs' rather than their children is a core feature. In this material, there is an absence of emphasis on the possibility of 'harm reduction' regarding how parents co-manage drug use with parenting. Parents' accounts, especially those recently abstinent, reproduce the idea that drug use and parenting 'don't mix'. Yet some accounts present 'good enough' parenting as a possibility within certain limits or boundaries. Achieving a sense of normalcy of family life is a prime target for risk management strategy, involving: regulating awareness of drug use (knowledge); limiting engagement with drug use, users and using environments (practice); and maintaining family relationships (affect). While often beyond accomplishment, we can see how accounts attempt to resist portrayals of parents who use drugs as chaotic junkies without parental responsibility. Conclusions We discuss how to interpret these accounts, and how interventions might better support parents to co-manage their drug use with parenting.

**Session:** C27: Qualitative Studies and Harm Reduction Contexts

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 380 Adolescents and risk in Eastern Europe: Assessing harm reduction needs

**Author(s):** *Busza, Joanna ; Ferencic, Nina ; Nary, Paul*

**Abstract:** Background The HIV epidemic in Eastern Europe and the former Soviet Union remains concentrated, driven by injecting drug use and commercial sex. Evidence suggests populations engaging in these overlapping risk behaviours tend to be young, yet throughout the region legal barriers prevent anyone under 18 from accessing comprehensive harm reduction services, including VCT, STI treatment, or substitution therapy. The lack of experience in conducting behavioural research among hard-to-reach adolescents further restricts ability to reach this group with appropriate interventions. Methods A capacity building initiative spearheaded by UNICEF worked with national research institutes in seven countries to conduct baseline surveys among most-at-risk-adolescents (MARA). Standardised questionnaires were developed to collect prevalence data on injecting practices, commercial sex, condom use, and access to prevention and treatment. A mix of recruitment approaches including convenience, network, and respondent-driven sampling were used, depending on country context and whether a reliable sampling frame could be compiled (e.g. youth in detention / care facilities or refugee settlements) or not (e.g. street children, sex workers, IDU). Results Analysis of baseline data across countries demonstrates diversity in young people's risk profiles, but highlights that poor access to both prevention and treatment services is widespread. Although many countries provide needle exchange, condom distribution, and referrals to specialist services, these measures do not appear to reach the youngest cohorts, who in some cases displayed poorer knowledge or self-efficacy in practicing protective behaviours for both injecting and commercial sex than older counterparts. Conclusion Improved behavioural data on adolescents engaged in high risk behaviours shows how their needs differ from older target populations, and helps tailor harm reduction services to meet these needs. This study's use of shared core indicators provides a regional overview of adolescents' reproductive health and child protection needs, and illustrates how restrictive policy environments limit adolescents' access to care.

**Session:** C18: Young People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

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**ID/Title:** 381 Life beyond the norm: Voices of woman injecting drug users in Thailand

**Author(s):** *Haritavorn, Niphattra*

**Abstract:** Background: Women drug users in Thailand live in a world where their lived experiences must be kept hidden. The major problem faced by injecting drug user spring from the social stigma, which is greater for women than for men. The objective of the study is to present perspectives from women drug users in Bangkok to show how stigma has pronounced impact on choices the women make and contributes in concrete ways to violence and other health hazards, in particular HIV. Method: This study worked closely with community-based drug users organizations in Thailand. To gain the participation of women drug users, the study included five female injecting drug users working as key informants. Data derived from ethnographic observations and in-depth interviews with 30 female injecting drug users. Result: In Thai society, women engaged in drug use are portrayed as 'bad' or deviant. Women who use heroin do not fit the image of acceptable women. Social forces have pushed these women to the margin where they have to adapt to a new cultural framework in order to survive. Living in drug community, women are faced with everyday violence such as sexual harassment, domestic violence and ongoing risk for HIV infection. The violence in women drug user's lives is seldom addressed because their identity, and therefore everyday life, is itself assumed to be criminal. Conclusion: Living under myriad social influences and expectations, women drug users struggle to perform their role as daughter, wife and mother. Using drugs has totally changed the way they live. Changing the social attitude toward women who use drugs gives them more space in the society.

**Session:** M9: Risk Environments and Drug Harms

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 385 **Quality of Life of heroin users who started methadone treatment 5 to 10 years ago (1997-2002)**

**Author(s):** De Maeyer, Jessica ; Vanderplasschen, Wouter ; Broekaert, Eric

**Abstract:** Background and aims Quality of life (QoL) has become an important outcome indicator for the evaluation of treatment. However, research on QoL among drug users is scarce. Evaluation research has almost exclusively focused on 'objective', socially desirable outcomes, while subjective indicators important to the individual have largely been neglected. Moreover, available QoL-research among drug users has almost exclusively addressed health-related aspects, although QoL is a multidimensional concept. Given the limited attention for drug users' QoL and the almost exclusive orientation on health-related QoL, this study focused on various aspects of QoL among drug users after methadone treatment and on the association between QoL and traditional outcome measures. Methods A representative sample of 100 heroin users who started methadone treatment between 1997 and 2002 in the region of Ghent (Belgium) was tracked through media advertisements, leaflets, health and social services and snowball sampling. QoL was assessed using the Lancashire QoL-Profile, while the EuropASI and Brief Symptom Inventory were used to measure drug-related and psychological problems. Results The overall life satisfaction score of the sample was poor and QoL-scores were extremely low concerning finances, family relations and mood. 'Good' quality of life was associated with having a stable relationship, having paid employment and being male, while having debts, been the victim of violence and been in treatment for psychological problems were linked with poor QoL. Persons who were still on methadone had significantly lower QoL-scores, but recent heroin use did not seem to affect current QoL. Conclusion Measuring drug users' QoL adds invaluable information to the assessment process (i.e. to better tailor treatment and support to clients' needs) and to the evaluation of treatment, but should not be limited to health-related QoL. It appeared that persons' living situation and psychological status rather than their current drug use is associated with QoL.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 386 **Study on Filipino alcohol drinking patterns**

**Author(s):** Victa Labajo, Maritona

**Abstract:** The Issue: There is a dearth of available literature on drinking patterns in the Philippines. However, the key cultural aspects of the role of alcohol in Filipino society can be observed in different settings. By examining consumption data and data on consequences from alcohol consumption (both positive and negative impacts) a fuller debate on Filipino drinking patterns can be initiated and policy recommendations to reduce harm can be explored. Key Arguments: Drinking behaviors among Filipinos are rapidly changing. The culture around alcohol, its acceptability (and non-acceptability) among various social groups (e.g., women, the young and older adults) has been influenced by changing social norms as well as external influences (such as globalization and urbanization). These changes are most dramatic for women in Filipino society: 1) Women's Liberation: Progressive surveys show that there is a steady and sharp increase of Filipino women who drink alcohol. Whereas in the past, images of women were common among advertisements for alcohol, more contemporary advertisements show women as enjoying an alcohol drinks along with men. 2) Gender Related Violence: Two institutions providing residential care for survivors of sexual and physical abuse among women and girl-children report that 8 out of 10 abusive husbands/partners/male relatives are under the influence of alcohol when abuse is committed. Implications: Existing policies at the national and local levels regulate alcohol (for example through pricing, accessibility, minimum age, taxes). These are examined in light of their effect on various Filipino groups—the drinkers (and the abstainers as well), the heavy drinkers—and how they contribute to reducing harm. Based on the above analysis, this paper identifies emerging issues, suggests further areas for policy research, and highlights areas for cooperation among the various stakeholder groups.

**Session:** M10: An Analysis of Drinking Patterns in Four Asian Countries

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 388 **Drinking patterns and alcohol policy in Korea**

**Author(s):** *Cho, Sunnggie*

**Abstract:** The Issue: Drinking patterns are closely related with the people's archetype in the country. And past and present drinking patterns incurred to the alcohol problems. Alcohol policy also reflects the level of alcohol problems and cultural factors. Key Arguments: Korea has a long history of alcohol of fermented foods. Heavy drinking was found in ancient ceremony of worship for the sky. Sharing and exchange drinking started from the three kingdom period (B.C.57-A.D.668). It became the mirror to the modern binge drinking. Also Koreans recognized the alcohol as a medicine or a food itself. Traditionally alcohol tax was a budget for the government and temple. Korean people have taught their boys drinking manners with the special booklets. And youth drinking was banned with the age limit of 20 from Joseon Dynasty (A.D. 1392-1910). Per capita amount of the pure alcohol is 9.3 liter for the 15 years and the above. Koreans prefer beer, soju, and wine. There were three basic kinds of Korean liquor: takju, yakju, and soju. It was change from 1980's. Youth and women drinking became popular from 1990's. Korean has a wet and dry drinking culture. 32.3% of male Koreans drink 'more than 5 units in an occasion' and 'more than 8 times per month'. And 74.7% are binge drinkers. Implications: Korean has a positive attitude for the alcohol and drinking, and they have a generous value. They've got a harm reduction philosophy to the drinking and alcohol harm. Cost estimates to the alcohol harm was 1.49 billion us\$ at 2004. It was the 2.86% of the GDP. Korea's control policy to the youth drinking, drink driving, and advertising of the alcohol promotion are strict, but they are not working well. We can find the reason from the Korean people's archetype and drinking culture.

**Session:** M10: An Analysis of Drinking Patterns in Four Asian Countries

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 390 **6 month trend of general health of opioid addicts attending methadone maintenance clinics in Shiraz, Iran**

**Author(s):** *Mohamadi, Masoud ; Farnam, Rabert ; Fallahi, Nasrin*

**Abstract:** In the field of treatment, like other countries, relapse is a common phenomenon in Iran. Accordingly, policy makers and treatment planners decided to try harm reduction programs. With this regard, Agonist maintenance treatment have been started from 2001 in Fars provenance specially for IDUs. apparently one of the most aims of every intervention targeting IUDs is social functioning and general health improvement. Furthermore, trend of these behaviors are strongly cultural bond and needs to be evaluated in Iranian clients . Results can be use in policy making and planning for determining the best time for social and psychological interventions Objectives: This research aimed to study amounts and trends of modifications due to attending methadone maintenance treatment, according to; (a) social functioning, and (b) general health. Questions: 1- when the most changes occurs. 2- How is the trends of changes. 3- when is the best time for psychosocial intervention in order to preventing deterioration and relapse. Method: This is a cohort study (6 month follow up from intake) Subjects are 60 opium and heroin dependents (methadone maintained clients randomly selected). Tools: (1)Opioid Treatment Index, and (2) General Health Questionnaire. Results shows that :(a) for general health, the most changes occur in the 0-30 (P

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 392 comparative study in trend of changes in opiom and heroin dependednts attending methadone maintenance clinics in Shiraz, Iran

**Author(s):** *Farnam, Rabert ; Mohamadi, Masoud*

**Abstract:** According to statistics about 4 million people are using substances (about 2 million are daily users). Agonist maintenance treatment (AMT) has been started from 2001 in Fars provenance especially for IDUs. Also opium dependency is common in Iran and this is a main challenge in agonist maintenance treatment. Because it lead to restriction of accessibility of heroin dependents to AMT. Results can be use in policy making and planning for determining if it has any advantage to starting AMT for opium dependent patients according to restricted recourses. Objectives: This research aimed to study if there is differences between opium and heroin dependents in (a) amounts and trends of opioid use, (b) trends of general health(physical health, anxiety, depression, and social functioning) during methadone maintenance treatment Questions: 1- when the most changes occur in groups. 2- How are the trends of changes in groups? 3- Examining the differences between groups. Method: This is a cohort study (6 month follow up from intake) Subjects are 60 (30 opium and 30 heroin dependents), methadone maintained clients randomly selected. Tools: (1)Opioid Treatment Index, and (2) General Health Questionnaire. Results: results shows that: (a) amount of opioid had no difference in the beginning, but the most reduction occurs in first month(P

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 393 Drinking patterns and their outcomes in Thailand

**Author(s):** *Laknapichonchat, Tassanee*

**Abstract:** The Issue: Drinking alcohol beverages is part of the Thai traditional way of life and is associated with a relaxed and easy going attitude. Thais drink alcohol for different reasons: fun or ceremonies, festivals, good health, appetizers before meals, reducing stress or trouble, or health reasons. Key Arguments: Alcohol misuse can lead to health and social problems such as accidents, crime, domestic violence, and economic burdens on family and society. Social problems caused by alcohol misuse are increasing. Several key issues have emerged: 1) More Thai females are drinking as they are increasingly working outside of the home, have financial independence, and socializing outside the home. 2) There is also a challenge to educate people about responsible drinking and to understanding the effect alcohol has on the body. 3) Rural-to-urban migration is a major factor in Thai society. Such migration is an activity undertaken primarily by young adults and characterized by exposure to stressful life events, social difficulties and reduction in social network and support. In Thailand, illicit drug use and harmful drinking have been identified as significant issues among young migrant populations. Implications: In 2008, the Thai government adopted The Alcoholic Beverage Control Act which, among other measures, places significant restrictions on advertising and limits availability by restricting the places and times alcohol can be sold. Business and tourism groups have argued against such restrictions and for more targeted interventions that address alcohol misuse and promote responsible drinking through changes in social norms including: 1) Building consciousness that irresponsible drink is socially unacceptable. 2) Continuous enforcement of related laws, e.g., drink-driving laws, not just during festivals. 3) Taxation measure should be implemented based on alcohol by volume Thailand should target alcohol misuse and harm by taking account of balanced approach between population measures and targeted interventions including education.

**Session:** M10: An Analysis of Drinking Patterns in Four Asian Countries

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 394 **Drinking patterns in China**

**Author(s):** Qian, Ling

The Issue: Formulating policies to reduce risks and harms related to alcohol misuse is typically based on quantity frequency data or a response to a perceived crisis. An understanding of indigenous patterns of alcohol use provides useful information for policy development. This paper highlights this point by describing drinking patterns in China. Key Arguments: China is a country with few laws regulating alcohol but many rules that affect drinking patterns. These rules can be traced historically and interpreted through prevailing national philosophies. In China, there is value placed on moderation and reputation, interpreted as "face". These experiences and these values shape current drinking practices. Understanding them is a prerequisite to policy development. There are rules related to groups within society—e.g., females and young people—as well as different contexts such as hospitality, friendship, and special celebrations that proscribe acceptable drinking patterns and behaviors.

**Abstract:** Emphasis is placed on moderation and "correct" behaviors, unrelated to the amount of alcohol consumed. There is also considerable alcohol consumed for medicinal purposes. Implications: Policies that intervene with these traditional practices may be ignored, subverted or accepted with unintended consequences, if they fail to address these cultural values. Policies that propose interventions that recognize and support cultural value such as "face", reputation, friendships, and family group cohesion, would likely be more acceptable, and more effective than policies in conflict with such values. Policy development can be informed by placing alcohol use patterns on a 2-x-2 matrix with one axis ranging from traditional to non-traditional and the other ranging from high risk to low risk. Medicinal drinking, for example, is traditional and low risk and should be protected with population-based support. Drinking and driving is non-traditional and high-risk and should be the subject of targeted intervention. Other drinking patterns can be similarly evaluated.

**Session:** M10: An Analysis of Drinking Patterns in Four Asian Countries

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 398 **Heroin in brown, black and white: Geographic risk environments in the US heroin market**

**Author(s):** Ciccarone, Daniel ; Unick, Jay

Background: The US heroin market has changed dramatically during the past two decades. This paper will highlight changes in heroin sources, their impact on heroin quality, and the resultant effects on the heroin risk environment in the US. Methods: Using statistical and historical analyses this paper examines 12 years of US governmental data, including retail heroin price and purity data from 20 US cities, together with published work on the political and economic dynamics in Latin America. Results: US heroin historically comes from three global regions; a fourth source, from Colombia, originated in the early 1990s. Since entering the US market, Colombian heroin has been distributed at much higher quality and lower retail price. From 1993-2004, median heroin price in 20 US cities decreased 62% to historic lows; a change that is statistically associated with increases in Colombian heroin market share. An increasingly exclusive market has developed with Mexican and Colombian heroin gaining market share and displacing Asian heroin. These trends have had dramatic effects on the risk environment for heroin consumers, e.g., rising heroin overdose in many US cities. In a statistical model controlling for clustering and user population size, in 9 cities with available overdose data, price and purity trends were significantly associated with increased overdose. Plausible associations between heroin source/type/quality and drug use behaviours and harms will also be explored. Conclusion: Paradoxical effects of interdiction in an era of globalization and neoliberal economic reforms are responsible for a dramatic upswing in US heroin quality. Source and type of heroin are structural factors in the risk environment of heroin users: source dictates distribution and type predicts practice. How specific heroin types are used and with what risk is therefore distributed geographically. Heroin market flux and its effects on the risk environment for users deserve further attention.

**Session:** M9: Risk Environments and Drug Harms

**Time:** 2009-04-22, 11:00 - 12:30

**ID/Title:** 399 **Canadian tobacco control policy: Undermining basic human rights**

**Author(s):** *Proud, Karen ; Patwardhan, Sudhanshu*

**Abstract:** Position: Harm reduction is a basic pillar of public health. People have a fundamental right of access to options that might reduce the potential for harm from their risk-related activities. These premises are applied to a very wide range of goods and services, including the use of illegal drugs to justify such practices as needle exchanges. Question: Are the rights of tobacco smokers violated by policies that restrict the availability of less hazardous products, mislead consumers and dissuade them from choosing products that may be less harmful? Case study: Canada's tobacco control policies essentially give smokers two choices: quit or die. To persuade them to quit, they are portrayed as outcasts, banned from smoking almost anywhere, heavily taxed, and bombarded with promotions for pharmaceutical products only approved for rapid cessation and abstinence. Despite this, Statistics Canada says the smoking rate has not decreased over the past three years and remains around 20%. What has changed? A third now smoke illegal product, which avoid regulation and taxation; moving smokers into the illegal tobacco market. Yet harm reduction is still opposed, even when a number of independent studies indicate substantial harm-reduction potential - by as much as 90% in the case of Swedish-style snus. The law permits almost no way to tell smokers about this option. If any are aware of it, government tax policy and package health warnings appear aimed at preventing people from switching. Conclusion: The ideology of eliminating all tobacco use is not working. Abstinence only policies on nicotine and tobacco are no more humane than those related to sex and illicit drugs. As a matter of good health policy and equal rights smokers should be given the same consideration for harm-reduction as has been shown effective in dealing with a myriad of other goods and services.

**Session:** C36: Tobacco Use and Harm Reduction

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 400 **Heroin (Diamorphine) supported treatment in Germany: Results and problems of implementation**

**Author(s):** *Michels, Ingo*

**Abstract:** The results of the continuous scientific evaluation attending the pilot project on the heroin(diamorphine)-supported treatment of opiate addicts had been very positive. The findings are to be incorporated into the addiction treatment provided to persons suffering from serious heroin (opioide addiction. The study has been conducted in 7 German cities. 1,032 patients had been included at the study centers from 2003 - 2008. It has been the biggest study worldwide. One study group has been provided with Diamorphine (Heroin) and the other group with Methadone. Both groups have got also special psycho-social support. What are the main results of the study? The group of severely ill heroin addicts was successfully recruited. The response-definition was an improvement by 20% in health, a considerable decrease in street heroin consumption and no increase in cocaine consumption. After 4 years treatment showed significantly better results with respect to improvement in health and the reduction of illicit drug use. The effects are largely independent of the target group, psychosocial intervention forms and study centre. It showed reduction of cocaine use in both groups. The study also showed that heroin treatment can be safely and effectively implemented. No study-related death was seen. Heroin treatment is significantly better than methadone treatment to this group of long term drug users with respect to improvement in health and decrease of illicit drug use. As an important additional value, heroin prescription led to a considerable reduction of drug related crimes. Due to political disagreement in the national parliament between conservatives and the other parties the project could not yet been implemented into the national aid system for drug users.

**Session:** C12: Evaluations of Opiate Substitution Treatment

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 401 **Prevention und treatment of cannabis related disorders in Germany: Status quo, projects, gaps**

**Author(s):** Michels, Ingo Ilja

**Abstract:** In Germany, the number of mostly young people who use Cannabis in a harmful kind of pattern is estimated 600.000. There are more and more Cannabis users seeking help from drugs and addiction advisory services. In Germany, we have been busy to get close to a " Well of Health ", that is to an effective treatment. There is now a broad range of projects like the Internet-based project [www.drugcom.de](http://www.drugcom.de) or treatment projects like INCANT (International Cannabis Need of Treatment – 5 European countries' research project for implementation of family therapeutic approach) or CANDIS (an individual treatment program for persons who want to rethink, reduce or stop their cannabis use). A lot has been achieved in Germany in the realm of Cannabis prevention, as the projects "Quit the shit" (internet-based intervention) and "Realize it!" (person-centered intervention) which have been promoted by the Federal Ministry of Health. Both of them exceed the limits of pure/traditional prevention programmes. German studies have found that 57 per cent of all cannabis users also display problematic patterns of alcohol consumption. Does this call for special research projects? Or is it possible to treat this type of polyvalent use using the approaches and methods already at hand?

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 405 **Drug Consumption Rooms – Between Health Orientation And Public Order**

**Author(s):** Michels, Ingo Ilja ; Stoever, Heino

**Abstract:** After working in a juridical gray field for almost a decade drug consumption rooms have been legalized by the German government in February 2000 under certain legal and professional conditions. Meanwhile 25 facilities officially exist in 16 bigger cities in Germany. The effects of the drug consumption rooms are presented as well as scientific data. Finally problematic aspects of drug consumption rooms are discussed. Consumption rooms are facilities that enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions. The objectives are • to get into contact with intravenous drug users (offering counseling, initiating peer projects, transport of safer use-messages) • to contribute to harm minimization via a hygienic setting, provision of needle ex-change, additional paraphernalia to reduce the risk of blood-borne virus transmission, sometimes food and a medical counseling hour. • to reduce public nuisance by offering a place where annoying substance use outside the public space can happen. • To improve access and uptake of health and other welfare services Staffing consists primarily of social workers, psychologists, nurses and medical officers. Some services employ ex-intravenous drug users. Staff activity is typically on a rotating schedule and at least one staff member supervises clients in the consumption room at all times. House regulations in the majority include: no violence either to other visitors or staff, no dealing of drugs, no sharing of drugs and equipment, time-limit for the stay in the injecting room, staff is not assisting visitors in injecting. The German experiences will be discussed.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 406 NGOs, drug policy and the law reform process

**Author(s):** *Bell, Ross*

**Abstract:** Civil society is often excluded from directly participating in legislative and policy processes pertaining to drug issues. This is despite the fact that the inclusion of NGOs is increasingly recognised as a value added and key component in decision making and implementation mechanisms at all levels. Such inclusion is however still far from being a widespread practice in most countries. The current drug law review in New Zealand is providing the opportunity to show how multi-sectoral participation can be streamlined into policy-making and law reform, and how the Government and NGOs can complement each other in this process, particularly when the issue at stake is the design of a new health-based legislative framework. Moreover, as public understanding and endorsement is key for the acceptance of any significant change, both recognise that the public also needs to be involved. How do we engage the public in complex social and health policy issues? What should the message be, who and how should it be delivered? How do we overcome popular perceptions of drug being a public security issue with the notion that it can be effectively addressed through public health responses? This presentation will discuss how Government and NGO collaboration is shaping the process of legislative reform, how these issues are being tackled in New Zealand and the unique role that NGOs can play in bridging the Government and the public.

**Session:** C4: Drug Law Reform: Challenges and Implications

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 408 Monitoring harm reduction in European prisons via the Dublin Declaration

**Author(s):** *Michels, Ingo Ilja ; Stoever, Heino*

**Abstract:** Hepatitis C virus (HCV) is a major cause of liver disease worldwide and a potential cause of substantial morbidity and mortality in the future. The complexity and uncertainty related to the geographic distribution of HCV infection and chronic hepatitis C, determination of its associated risk factors, and evaluation of cofactors that accelerate its progression, underscore the difficulties in global prevention and control of HCV. Because there is no vaccine and no post-exposure prophylaxis for HCV, the focus of primary prevention efforts should be safer blood supply in the developing world, safe injection practices in health care and other settings, and decreasing the number of people who initiate injection drug use. As is clear from this figure, the provision of harm-reduction and HIV-prevention measures in prisons lags far behind the availability of these interventions in the community outside of prisons in these countries, most strikingly in the area of syringe exchange. While 24 of the 25 EU Member States have syringe exchange programmes in the community, only 3 of those 24 have initiated them in prisons. This disparity led the Commission to conclude that, "harm reduction interventions in prisons within the European Union are still not in accordance with the principle of equivalence adopted by UN General Assembly, UNAIDS/WHO and UNODC, which calls for equivalence between health services and care (including harm reduction) inside prison and those available to society outside prison. Therefore, it is important for the countries to adapt prison-based harm reduction activities to meet the needs of drug users and staff in prisons and improve access to services." Although it represents only approximately half of those countries covered by Dublin Declaration commitments, this survey clearly demonstrates the current gap in prison-based services, even among high-income countries in the region.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 412 **Sex, drug and other health-related harms associated with public injecting environments among street-involved youth in a Canadian setting**

**Author(s):** *Marshall, Brandon DL ; Shoveller, Jean A ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Background: Homeless and street-involved youth who inject illicit drugs are known to be at a significantly increased risk of HIV and other adverse health outcomes; however, few studies involving this population have examined whether public drug-using environments constrain one's ability to mitigate these risks. We conducted this study to determine if injecting in public settings was associated with sex, drug and/or health-related harms. Methods: Data for this analysis was derived from the At-Risk Youth Study (ARYS), a prospective cohort of homeless and street-involved youth in Vancouver, Canada. We examined the factors associated with injecting in public environments (e.g., streets, bathrooms, parks, parking lots, abandoned buildings) among a subsample of youth who reported injecting drugs in the past six months. Results: At baseline, 159 (30%) participants, of whom 50 (31%) were female, reporting injecting drugs in the past six months. The most common public drug using environments reported were streets (75%), followed by public bathrooms (41%), and parking lots (37%). The 122 (77%) participants who reported injecting in public were more likely to be homeless (odds ratio [OR] = 6.3,  $p < 0.001$ ), inject heroin (OR = 4.5,  $p < 0.001$ ), engage in unsafe sex (OR = 2.8,  $p = 0.042$ ), borrow used syringes from a sex partner (OR = 6.6,  $p = 0.046$ ), be accosted by the police (OR = 2.6,  $p = 0.021$ ), and be attacked or assaulted (OR = 2.4,  $p = 0.026$ ). Conclusions: Youth who inject in public environments are more likely to experience violence and are less able to engage in sexual and injection-related risk reduction strategies. Youth-focused interventions that address both sexual and parenteral risks associated with public drug-using environments (e.g., youth-centered mobile access programs and needle exchanges, the provision of safe and stable housing) are urgently required in this setting.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 413 **High prevalence of HIV infection among homeless and street-involved Aboriginal youth in a Canadian setting**

**Author(s):** *Marshall, Brandon DL ; Kerr, Thomas ; Livingstone, Chris ; Li, Kathy ; Montaner, Julio SG ; Wood, Evan*

**Abstract:** Background: Aboriginal people experience a disproportionate burden of HIV infection among the adult population in Canada; however, less is known regarding the prevalence and characteristics of HIV positivity among drug-using and street-involved Aboriginal youth. Methods: Data for this analysis was derived from the At-Risk Youth Study (ARYS), a prospective cohort of 529 homeless and street-involved youth who use illicit drugs. We examined HIV seroprevalence and related risk factors among self-identified Aboriginal and non-Aboriginal youth using the Chi-square test. We also determined hepatitis C co-infection among participants who tested positive for HIV. Results: At baseline, 15 (2.8%) were HIV positive, of whom 7 (46.7%) were Aboriginal. The prevalence of HIV among Aboriginal participants was 5.5% and statistically higher among this population (odds ratio [OR] = 2.87, 95%CI: 1.02 - 8.09,  $p = 0.046$ ). Of the HIV positive participants, 2 (28.6%) Aboriginal and 6 (75.0%) non-Aboriginal persons reported a history of injection drug use; furthermore, hepatitis C co-infection was significantly less common among Aboriginal participants ( $p = 0.041$ ). Conclusions: The high prevalence of HIV infection among Aboriginal youth observed in this analysis supports statements made by the Canadian Assembly of First Nations that, relative to the size of the epidemic, HIV programs for Aboriginal young people are chronically underfunded and are in urgent need of further investment. These findings also suggest that, among street-involved Aboriginal youth, factors other than injection drug use may promote HIV transmission and point to the need for programs that address both sexual and injection-related risk reduction strategies. Immediate and culturally appropriate policy and programmatic remedies are required to prevent further infections among Aboriginal youth and to provide increased resources to those individuals who are already HIV-positive.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 418 **Introducing Naloxone-based overdose prevention program in Kazakhstan**

**Author(s):** *Terlikbayeva, Assel ; El-Bassel, Nabila ; Gilbert, Louisa ; Hunt, Tim ; Amirov, Baurzhan ; Primbetova, Sholpan ; Brisson, Anne*

**Abstract:** Opiate overdose has been reported as the most frequent cause of death among injection drug users (IDU), exceeding deaths from HIV/AIDS and hepatitis C. In Central Asia, reliable data on drug overdose is not systematically collected, however, anecdotal data suggests that at least two-thirds of IDU will overdose during their lifetime. Over the last decade, overdose has drawn attention as a cause of preventable death, spurring efforts to develop comprehensive intervention programs. An effective and innovative approach is the prescription naloxone program. In Kazakhstan, Naloxone is legal and available in emergency care and ambulances. The US National Institute on Drug Abuse funded Renaissance project in Almaty, Kazakhstan seeks to test an efficacy of an integrated HIV/STI risk reduction and overdose management intervention for drug involved couples and is working with the National AIDS Center of Kazakhstan to start Naloxone distribution through needle exchange program (NEP). This project will examine the effectiveness of this Naloxone-based program among 400 injection drug users and their sexual partners participating in the project in Almaty, Kazakhstan. The project will also conduct clinical trainings for police, pharmacists, NEP staff and medical workers on evidence-based overdose prevention strategies and will train partners to conduct epidemiological and evaluation research to track the incidence of heroin overdose and to evaluate the effectiveness of overdose prevention over time. As a result of this work, we expect to develop a system of Naloxone distribution to IDU through needle exchange programs, increase knowledge about effective overdose management among drug users, police, NEP staff, pharmacists, and medical workers, and obtain reliable data on effectiveness of Naloxone-based overdose prevention in Kazakhstan.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 419 **Building capacity for community based treatment for young drug users in the Greater Mekong sub-region**

**Author(s):** *Howard, John ; Roncarati, Marco*

**Abstract:** Issue: The main regional response to young people use drugs has been placement in compulsory 'treatment' centres (CTCs) or prisons. Few if any are youth specific. Thus, young people are usually accommodated in large CTCs with older more entrenched drug users, some distance from their families, with relapse rates generally in excess of 80%, and with little attention to their specific developmental needs and rights guaranteed under various international covenants and treaties. Project: This project sought to reduce the potential harms of placement in CTCs by building workforce capacity and better links between appropriate community resources (eg youth and drop-in-centres, peer educators, mass organizations and local health, welfare and public security sectors) and selected CTCs in Kunming – China, Vientiane – Lao PDR and Vinh – Viet Nam. The aim was to provide supportive, relapse-prevention focussed contact with young people from selected communities while they resided in CTCs ('reaching in'), provide similar support to the families of these young people, and ongoing relapse-prevention after release from the CTCs. The strategy in Thailand focussed on community and linkage development in slum communities. The hope was that in all four settings better, earlier and continuing interventions and support would reduce relapse rates and also increase the likelihood that young drug users would be offered community-based treatment rather than CTC placement. Outcomes: This paper outlines the project, including workforce development activities and emergent issues. The resources produced (eg 'tool kit' and DVDs) will be presented, case examples provided to illustrate activities and achievements to date and some preliminary data presented. Overall, modest positive developments have occurred which are educative when attempting to form links between CTCs and the community, while at the same time minimise risk and relapse for young drug users, and attempt to ensure their rights.

**Session:** C18: Young People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 422 **Positioning users/patients activism at the centre of buprenorphine advocacy in the context of pharmacotherapy**

**Author(s):** Khongbantabam, Rajesh

**Abstract:** Issues: The upcoming years will see great strides in the acceptance of buprenorphine treatment for opiate-addiction, as an outcome of clear scientific, clinical evidence of its efficacy, with strong advocacy from the grass roots. Inclusion of substitution therapy in NACP phase III facilitates the zero tolerance reformers in opening up their eyes, accepting substitution-therapy beneficial for opiate addiction. Thereby, lessening their rigid stance. realization by decision-makers that buprenorphine should be more accessible to patients at the grassroots level including; hard-to-reach will be first step in any comprehensive response towards HIV prevention & addiction-treatment. And in reducing prejudice, that hinder availability of this life-saving-medication to all needing it. The Manipur Network of Drugusers' formed by buprenorphine beneficiaries cultivates into a powerful network of vociferous patients working towards the same goal. As the premier buprenorphine advocacy organization and voice of the patients, the MANDU promotes views that buprenorphine patients be judge by the contributions made to their families, communities. The observance of Intl. DrugUsers Day, 2006 by formation of advocacy groups in which patients and enlightened professionals work together led to buprenorphine programme delivering quality treatment. The observance provided opportunities for patients and professionals initiating a dialogue-process, confronting patients and programme, the primary intention was advocating the policy makers about its benefits, efficacy & practicability. It's a patient worst nightmare when programme fate is uncertain. Implication could be → Relapse, into heroin use. → Criminal activities to procure heroin. → Possible deaths by overdose. → Trends of increasing BBV. With the high incidences of HIV/Hep-C co infection, it is imperative policy-makers recognize drugusers' need for adequate option regarding opiate-addiction. Recommendation → Scale up adequate coverage. → Active involvement of drugusers'in framing policy/program. → Program ownership by the state government. → Developing state specific protocols/guidelines taking into consideration the hostile environment in Manipur.

**Session:** C6: Opiate Dependence Treatment

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 426 **The challenges of harm reduction in the context of human rights in the state of manipur.**

**Author(s):** Singh, Khongbantabam Rajesh

**Abstract:** Issues: Manipur, renowned for high prevalence of HIV/AIDS is also a hotspot for insurgency, numerous pressure groups. In there enthusiasm to draw public support, various anti-drug organizations have launched tirade against drug users. Lately, a renowned insurgent- group had issued diktats to drug users to atone for their crime by putting up a confessional statement and those who defy are pursued, shot in their legs. Peddlers awarded capital punishment. The insurgents justify on pretext of stopping HIV/AIDS. Not a single NGOs working on harm reduction came out openly to raise vocal. History shows various armed-groups had used such zero-tolerance approach, driving drugusers' underground and making more vulnerable to HIV infection. Paraphernalia shared discreetly for fear of being caught. Even the social & anti-drug organizations encourages such approach by catching hold of drug users, thrashing, shaving their heads, publishing their photos in daily paper and putting up confessional statement under coercion. Such act violates human rights. Why were the human rights agencies silent over the fact? SACS claimed in its epidemiological report of stabilizing HIV infections. Does its work on community sensitization and awareness reflect reality? Users are caught between devils and the sea. We need to have a second look at the functioning of harm reductions implementers and scale up their activities. Approach: historical methods, personal interview, and interaction Key points: → Lack of effective co-ordination between anti-drug organizations and NGOs. → Lack of effective advocacy amongst social activist who can influence pressure groups. → Human rights agencies silent over the issue. → Epidemiological report declares HIV infection stable; ground realities reflect just a tip of the ice-berg. Implication: Urgently required → An innovative approach of advocacy among anti-drug organizations. → To involved human rights agency in harm reduction. → To scale up NGOs activities working on harm reduction.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 428 **Impact of Media advocacy program for creating an enabling environment for Harm Reduction Program in Nepal**

**Author(s):** Maharjan, Nabin ; Joshi, Dipu

**Abstract:** Issues: In Nepal, HIV and AIDS is considered as concentrated epidemic. According to NCASC (2007), approximately 70,256 HIV infected in Nepal and among them 19,850 are IDUs. HIV transmission (38.4%) among IDUs is very high due to common unsafe needles sharing among IDUs. Problem lies in formulation of policy/strategies plan for implementing Harm Reduction (HR) program and HIV prevention and limited coverage of information related to harm reduction and human rights of IDUs. Setting: Naya Goreto, an NGO organized nationwide regional media advocacy program focusing importance of HR program for IDUs. The targeted regions were 5 development regions (highly IDUs concentrated region) of Nepal. The targeted participants were media professionals of Nepal working in mass media. So media professional were targeted for HR advocacy campaigning. Process: Five one day events were organized in five different regions of Nepal. The program was based on presentation from HR experts to sensitize media personnel for effective advocacy campaigning on HR and IDUs human rights. Sharing of IDUs was also done focusing needs of HR for solving the major issues related to HIV infection, social stigma, discrimination, police harassment, barriers of access to health service and fundamental rights of IDUs. Outcomes: The major outcome of media advocacy was 150 media personnel participation in overall program. The major impact was media coverage on harm reduction and human rights of IDUs in local paper from participants with a deep realization on need of harm reduction program for preventing IDUs from HIV infection and ensuring their fundamental rights. Media professional were committed to do advocacy campaigning for HR program and its importance for ensuring fundamental rights of IDUs in future as well.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 429 **Making outreach matter: Health service asset mapping for female sex workers who inject drugs in Vancouver's downtown eastside**

**Author(s):** White, Ashley Faye

**Abstract:** Issue – An assets-based health resource map for female sex workers who inject drugs in Vancouver's Downtown Eastside has never been completed. There is a limited appreciation for the rich social fabric of the DTES community from a health services perspective. Stakeholders, resource distribution mechanisms and providers lack co-ordination while community members are rarely viewed as having 'insider worth' in needs-based health resource assessments. This study investigates how community insiders and services can be framed as DTES assets in order to improve health outcomes. Setting: Female sex workers who inject drugs in the DTES are especially vulnerable to unique health and social challenges including high overdose and infection rates, violent victimization, psychological trauma and malnutrition, increased contact with corrections services, time constraints and inability to access effective community support. Community services for these women exist but are scattered, under-resourced and lack coordination. Process: This community health service inventory examines the provider perspective and is the starting point for a larger forthcoming study investigating how and why DTES sex workers who inject drugs use local health services. Primary collaborators include the Prostitution Alternatives Counseling and Education (PACE) Society. Using interview and survey methods, this study maps DTES community health resources into three categories (1. insider-controlled and located; 2. outsider-controlled but insider-located and; 3. outsider-controlled and located). Outcomes: By using the resources, talents and perspectives of community members, the research will contribute to the larger project of actively reframing the DTES as an asset-filled community as opposed to Vancouver's 'problem zone' in the run-up to the 2010 Winter Olympics. Specific deliverables of the project include a portable health service directory for sex workers who inject drugs. Preliminary findings indicate deep potential for community-led renegotiation of health service provision based on the "meet us where we're at" and "nothing for us, without us" principles.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 431 A study on health needs of families of drug dependents in a catchment area of Tehran

**Author(s):** *Malayeri Khah Langaroodi, Zahra ; Rahimi-Movaghar, Afarin ; Yunesian, Masood ; Delbarpoor Ahmadi, Shahnaz*

**Abstract:** Background and objectives: In Iran, more than 90 percent of drug dependents are male and more than half are married. In spite of the important role of the wives in the family of drug dependents, the problems of this group have not been investigated, yet. This paper is part of a larger study aiming to determine the needs and problems of the spouses of male drug dependents. We are presenting their health needs in order to assess necessary health services that should be envisaged. Methods: A qualitative study, utilizing several methods was designed for this purpose. A total of 33 spouses of drug dependents from three age and education categories, were participated in 6 FGDs and 20 male drug dependents from two age categories, and several therapists selected from a referral drug abuse treatment center participated in in-depth interviews. The study was conducted in an eastern district of Tehran. Information was collected based on open questions. Results: Counseling and other psychological services were reported to be the most important health needs. The main areas for counseling were on the effective methods of drug treatment and harm reduction for their husbands, prevention of blood-borne diseases and VCT. Improving nutrition status, in spite of poverty was another reported area. Cost of services and lack of insurance were the most important obstacles in accessing the available facilities. Family planning and vaccination were reported to be the most available and accessible services. Conclusions: Many available services do not match the socioeconomic status of the families of drug dependents and their demands. Advocacy to service managers, and providing insurance as well as counseling, as the specific needs of spouses of drug dependents are recommended.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 432 When ideology overrides laws: France deprives the prisons' inmates of their rights by denying them access to genuine harm reduction programs

**Author(s):** *Essid, Sandra*

**Abstract:** There are drugs in French prisons. It has been acknowledged by the French Ministries of Justice and Health in December 2000 and confirmed by a prevalence study in 2006 (in which 30% of the people who injected in prisons declared they had shared their syringe). Nevertheless, despite over ten years of harm reduction implementation in France, bleach is still the only available harm reduction tool inside prisons for those who keep using drugs. Twice a month, the inmates can ask for free bleach. The directions on how to use it and stock it properly are scarce. Inmates attest that it is too risky for them to follow the protocol without being seen by the guards. By denying access to sterile drug consumption equipment, France outlaws itself. The law of January 18, 1994 states that health policies must be implemented the same way in prisons and in the outside world. In 2004, harm reduction was introduced as a full-fledged health policy (a decree later specified in 2005 that the distribution of sterile drug consumption equipment is part of this policy). In 2009, five years after the promulgation of the law, nothing has changed. This discrepancy is all the more unacceptable given that among French prison inmates the prevalence rate for HIV is twice that of the general population and for HCV it is five times higher. Therefore there is no doubt that France is not respecting its own laws and is dodging the question. AIDES would like to call for the European and international communities' support to find ways to convince France to respect imprisoned drug users' rights and to implement genuine harm reduction programs.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 433 **Go see the dealer or the doctor? Heroin use and Harm Reduction in the Netherlands.**

**Author(s):** *Hoogenboezem, Geeske ; de Gee, Anouk ; Baas, Ineke*

**Abstract:** Background The Netherlands used to be pioneers in harm reduction. However, national and local governments are cutting down on Harm Reduction. This research project demonstrates that Harm Reduction is still vital in the Netherlands. Methods Used • Systematic literature search in medical and social scientific publications. • Survey among 500 and open interviews with 50 well-informed workers in Harm Reduction and addiction care. • Structured interviews with 50 heroin users. Study results The notions that Harm reduction is increasingly redundant in the Netherlands and that injecting drug use has largely become extinct are incorrect. Injecting and even more so occasionally injecting (which carries more potential risks) is practiced by a hard core of heroin users. Heroin users are well informed about the risks of unsafe injecting; however being sick they relapse into unsafe practices. The same goes for unsafe sexual behavior: condom use among sex workers and among drug using partners is far from common and still negotiable. Health risks are aggravated by increased alcohol consumption among heroin users and the fact that the population heroin users is increasingly growing old. Heroin users are therefore confronted with the infirmities of old age. Lessons Based on this research project we developed several interactive and innovative interventions addressing these unsafe behaviors, both targeting on professionals (e.g. workshops on knowledge and skills training) and on heroin users (e.g. interactive website, interactive quiz on STD's or hepatitis). We will present several of these recently developed interventions aiming at improving the health of heroin users. We discuss how to motivate heroin users for participating in Harm Reduction interventions, even if they feel they 'know it all'. Delegates can take the formats for the interventions home and start implementing.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 436 **Positive deviance studies for harm reduction**

**Author(s):** *Friedman, Samuel R ; Mateu-Gelabert, Pedro ; Sandoval, Milagros ; Meylakhs, Peter*

**Abstract:** Whereas epidemiology and social problems research usually focus on understanding harmful events or conditions, harm reduction might naturally gravitate to include study of positive deviance—how some individuals, organizations or other actors in the drug field manage to do well when most others do badly. Such research does not ignore structural forces that lead to risk or, alternatively, to positive deviance, but may be most useful when it focuses on contextualized agency—how individuals and small groups actively employ tactics and strategies within resource-limited situations to produce good outcomes. We have been conducting a positive deviance study of how some long-time injectors avoid HIV and hepatitis C infection. Our design has used a control-case life history approach to uncover useful tactics and strategies, but has also highlighted the potential importance of (structural) biological resistance factors. In this presentation, we will discuss the potential value to harm reduction of positive deviance research in a number of areas, including how some IDUs avoid track marks; how some successfully navigate HAART or hepatitis C treatment; how outstanding user activists manage their drug use over the short and long run; how some cities in extreme drug war countries manage to maintain effective harm reduction programs and local political support; and how some non-injecting drug users frequently take part in group sex events but nonetheless avoid both STIs and unwanted pregnancies. This presentation, then, will outline a number of important research questions opened up by positive deviance approaches and suggest ways audience members might develop effective positive deviance research designs.

**Session:** W8: Positive Deviance Studies for Harm Reduction

**Time:** 2009-04-21, 18:00 - 19:00

**ID/Title:** 438 **Relationship Between Previous Drug Use and Health Conditions of Female Inmates in Chiang Mai Women Correctional Institute**

**Author(s):** *Jiraporncharoen, Wichuda ; Aramrattana, Apinun ; Angkurawaranon, Chaisiri*

**Abstract:** Background: About 88% of inmates in Chiang Mai Women Correctional Institute are convicted due to drug-related crimes. Drug users are at higher risk of contracting communicable diseases such as HIV and hepatitis. The condition of prison and psychological pressure can deteriorate pre-existing health conditions and additional challenges also exist in treatment and control measures of these conditions. Investigators aimed to report the health conditions of inmates and to find potential relationships between a history of drug use and health conditions in order to plan treatment, develop control measures and advocate for early screening. Methods: 517 inmates volunteered to answer a self-administered questionnaire of their medical history and health behaviors. A physical examination was performed and available medical records were reviewed. Results: 39% of inmates reported drug use. Amphetamine use was most common, reported in 49% of users. About 4% of drug users reported usage via injection. Chronic non-communicable conditions were reported in 24.3% of inmates with history of drug use. Most common were hypertension, diabetes, and heart disease. Inmates without history of drug use reported similar results. While a history of tuberculosis was similarly found in both groups (1.5% vs 2%), inmates with a history of drug use reported a higher history of contracting sexually transmitted diseases (48% vs 39%,  $p < 0.05$ ). Communicable diseases which were reported significantly higher in those with a history of drug use were lymphogranuloma venereum (LV), hepatitis B/C and HIV/AIDS. Conclusion: Although this study was limited by a non-random sample and mostly self-reported information, it still reflected that nearly one-quarter of all inmates have a history of chronic conditions and almost half of those with a history of drug use reported contracting sexually transmitted diseases. Early screening for communicable diseases in this group and proper planning for comprehensive care can not be overlooked.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 439 **Senior Police and their role in harm reduction in and around licensed premise**

**Author(s):** *Martin, Peter ; Davey, Jeremy ; Freeman, James ; Palk, Gavan ; Wallace, Angela*

**Abstract:** Police officers have significant scope to positively influence alcohol-related harm in and around licensed premises. One of the key drivers in this area are senior police who are pivotal in setting strategic and policy direction for police. The research discussed in this paper is unique in that it is one of the few times that published research has reported key issues in the decision making process of senior police personnel when setting the agenda and operational framework for policing activities in and around licensed premises. Significant to this research is the level of access to and involvement of the most senior levels of a state policing command. This study involved focused interviews with the key personnel in the three domains that comprised the authorising environment with respect to personnel policing licensed premises. These levels included the Senior Corporate, Regional and Districts managers within a large Australasian Police Service employing nearly 14,000 personnel. In total 10 senior police managers including the Commissioner and Deputy Commissioners were interviewed. Interviews lasted up to an hour or more and notes were undertaken during the sessions. Interviews were analysed through a qualitative thematic analysis process. The reportage in this paper identifies a range of issues that impact on policing licensed premises. These are presented in eight key themes which were derived from the interview process. • Understanding the Police Service Role • Government's expectation • Service expectation of operational officers • Knowledge skills and attitude to effect role. • Capacity of officers to impact on harm reduction • Barriers to effective harm reduction • Opportunities to impact positively upon harm reduction • Identification and impact of partners in harm reduction In conclusion this research identifies that strategically enforcing licensed premises is unlikely to occur unless clear direction is provided by senior police.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 440 Drug Treatment in Myanmar (A requirement for scaling up)

**Author(s):** *Htay, Hla ; Benton, Kim ; Kham, Nang Pann Ei ; Denham, Greg ; Moore, Shane ; Than, Myo ; Htun, Ye Min*

**Abstract:** Issue: In Myanmar, the target number of Methadone clients is 1,000 by the end of 2008. At present, the target number of registered Methadone clients will be much less than at the end of the year than expected. Besides this, there are several other pressing issues relating to the provision of methadone in Myanmar including the client drop-out rate which is about 30%. There is an urgent need to increase the coverage and compliance rates of Methadone clients. Setting: Drug use has significantly impacted on the Myanmar community. Official figures, based on compulsory registration of drug users, documented between 63,000 and 66,000 registered drug users in 2003. There are an estimated 60,000 to 90,000 injecting drug users in the country according to the National AIDS program in 2006. The HIV prevalence among injecting drug users is 42.5% in 2006 according to the same source. Process: Methadone Maintenance Therapy (MMT) in Myanmar was started in 2004 under the responsibility of the Public Drug Treatment Centers with support from WHO. Under the selection criteria, MMT programs were piloted in March, 2006 in 4 pilot project sites; Yangon, Mandalay, Lashio and Myitkyina with expansion to 3 new sites shortly after (Bamaw, Moekaung and Yangon). Outcomes: Access to MMT is still a big challenge in Myanmar and there is a need to establish methadone centers that are integrated into existing health centers and lengthen opening hours. Social and psychological supports such as MMT counseling, self-help groups etc are also needed. Revising the criteria to include both injecting and non-injecting users, and hospital access during induction phases is essential. MMT programs should also be available in closed settings such as prisons and detoxification centers. For MMT service providers, comprehensive training needs to be tailored to meet specific needs.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 441 Over the counter, down the hatch: nonprescription analgesic misuse

**Author(s):** *Frei, Matthew Yorke ; Neilsen, Suzi ; Dobbin, Malcolm ; Tobin, Claire*

**Abstract:** Various opioid-containing painkillers are available in Australia without doctor's prescription. Misuse of over-the-counter (OTC) drugs is associated with harms, including opioid dependence and toxicity related to other agents in these medications. To our knowledge, little research has looked at chronic high dose use of OTC analgesics, particularly the use of codeine/ibuprofen preparations. We present a case series of 25 individuals referred to specialist hospital based alcohol and drug services, with backgrounds of long term use of above recommended doses of OTC codeine/ibuprofen preparations. As well as opioid dependence, complications observed in this case series included gastrointestinal, metabolic and renal disorders. This group had specific characteristics that distinguished them from other opioid users presenting for treatment, with many having had little past substance use history or contact with treatment services. We discuss the clinical outcomes in this group, including the role of opioid pharmacotherapy, and explore some possible measures to reduce harms from OTC analgesic misuse.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 442 **Compulsory drug treatment experiences among a community based sample of injection drug users in Bangkok, Thailand**

**Author(s):** *Kaplan, Karyn ; Fairbairn, Nadia ; Hayashi, Kanna ; Wimolchaiporn, Chuchai ; Zhang, Ruth ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Background: Despite amendments to Thailand's drug laws in 2002, when drug users were reclassified as "patients" deserving care and not "criminals," the Thai government has continued to over rely on punitive responses to drug use. Given the continued emphasis on "boot camp" style treatment centers in Thailand, we sought to assess the experiences of compulsory drug treatment among Thai people who inject drugs (IDU). Methods: We examined the prevalence of compulsory treatment experience among 252 IDU participating in the Mit Sampan Community Research Project. Multivariate logistic regression was used to identify factors associated with reporting a history of compulsory treatment experience. We also examined the impact of forced treatment on post-treatment drug use. Results: 252 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 80 (31.7%) participants reported a history of compulsory treatment. In multivariate analyses, compulsory treatment experience was positively associated with spending >300 Thai baht on drugs per day (Adjusted Odds Ratio [AOR] = 1.78; 95% Confidence Interval [CI]: 1.07 – 3.22) and reporting drug planting by police (AOR = 1.81; 95%CI: 1.04 – 3.14). Compulsory treatment experience was not associated with current level of drug use ( $p > 0.05$ ). Among those with compulsory treatment experience, 11 (13%) reported that they never ceased drug use, and another 45 (56%) resumed drug use within one month of leaving treatment. Conclusion: Thailand's conflicting drug control and public health laws undermine efforts to protect the human rights of people who use drugs, particularly the right to health. Harsh criminal sanctions remain the principle tool of prevention and control, exposing drug users to exploitation and sub-standard treatment. Until the penal approach is reconciled with an evidence-based approach, compulsory "treatment" centers will continue to fail to fulfill drug users' health needs.

**Session:** M6: Evidence in Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 443 **Addressing alcohol related harms in conflict affected populations**

**Author(s):** *Burton, Ann ; Schilperoord, Marian*

**Abstract:** Background Little attention has been given to the magnitude and consequences of excess alcohol consumption in conflict-affected populations though it is recognized as a significant problem. Rapid assessments were conducted among refugee and internally displaced populations (IDPs) in Kenya, Liberia, Uganda, Thailand, Pakistan and Iran in 2006 and 2007. The aims were to describe the magnitude and nature of substance use and related harms and to identify interventions that could be implemented to minimize harms related to substance use. Methods A rapid assessment and response methodology was used. Primary data were collected using qualitative methods including direct observation, mapping, key informant interviews and focus groups. Results High levels of substance use were identified. Though the preferred substance varied alcohol use was identified as a major problem among the African countries studied and in Thailand. Reasons given for alcohol use included: loss of family members, friends and country; unemployment, boredom and loss of traditional male roles; depression and anxiety; easy availability; and lack of knowledge about the consequences. Consequences were severe and included increased gender-based violence; interpersonal violence; risk-taking behaviour, including unsafe sex; household impoverishment and associated malnutrition; and serious health problems from both alcohol itself and the use of adulterants. Interventions to address these were not prioritized in these populations. Conclusions Greater attention needs to be given to the harmful consequences of alcohol consumption in conflict-affected populations. Comprehensive multi-sectoral and integrated approaches at the individual, community and policy levels are recommended. These include expanding psychological "first aid" in the emergency response; promoting and facilitating community action; training health and community workers in the identification of hazardous use and provision of brief interventions; alternative income generation for women brewers; teaching safe distillation methods in informally produced alcohol and provision of condoms and HIV information in sites where alcohol is consumed.

**Session:** C20: Harm Reduction in Conflict and Disaster Zones

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 447 **Comprehensive approach for injecting drug users: Malaysian experience**

**Author(s):** *Parasuraman, Guganesan ; Hasim, Abdullah Khalid*

**Abstract:** Pahang has the third highest cases of new HIV infections in Malaysia. 549 new HIV infections and 70 AIDS cases were identified in the state in the year 2006. 84.5% of the recorded infections were amongst IDUs. Drug Intervention Community Pahang (DIC Pahang) was formed in 2000 by a small group of ex-IDUs who wanted to contribute to their community. The initiative was based on meeting the needs of IDUs by providing IDUs with services for a comprehensive and continuous care. Needle and Syringe Exchange Program via outreach workers and fixed site allows IDUs to access many services offered by DIC Pahang. The drop-in-centre provides day shelter, sterile needle/syringes, meals, basic healthcare, and education. Furthermore, referrals to VCT, Opiate Substitution Treatment, rehabilitation and medical treatment are made available. The Support Services team provides home based care for those in needs and educate the family and community on HIV prevention and care issues. Weekly hospital visits by PLHIV Support Group provides education and moral support for HIV positive patients and their family. DIC Pahang also assists in burials involving HIV positive IDU clients. 24 hour helpline provides information and assistance related to drug use and HIV/AIDS. Casa Villa, DIC Pahang's private drug treatment facility can accommodate 35 clients and has a separate detoxification room. Clients join the program voluntarily for six months and move on to the "re-entry program" where they're reintegrated into the society by providing job placement and continuous support. Growing need for treatment, rehabilitation and shelter poses a challenge for DIC Pahang. Inadequate funding and trainings also hinders the growth of services. Challenges aside, the comprehensive service for IDUs by DIC Pahang provides a positive change in the lives of IDUs who are marginalised and should be replicated elsewhere.

**Session:** C16: Integrated Services for People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 448 **Qualities of an effective Outreach Worker**

**Author(s):** *Parasuraman, Guganesan ; Ismail, Amran ; Colok, Zul*

**Abstract:** Strict drug laws and enforcement forces drug users to stay away from accessing prevention, medical and social services in Malaysia. Introduction of NSEP and Outreach Workers (ORW) reached out to the IDUs to meet their needs. ORWs who are peers educators can be the key to ensure successful implementation of HIV prevention efforts for IDUs. Peer educators in this context refers to ex-drug users or clients on are currently on Opiate Substitution Therapy (OST) who understand the IDUs' needs. A non user may be seen as an outsider who doesn't understand and may have face adverse reaction from clients. Drug Intervention Community Pahang (DIC Pahang), implementers of NSEP in Kuantan made sure that all their ORWs are ex-users who are familiar to the local drug use scene. Involvement of peers made it easier to identify IDUs, conduct mapping exercise and the implementation of NSEP in Kuantan. Initial challenge of convincing the IDUs that the government is not trying to eliminate them by providing "poisoned" needles was successful with the involvement of peers who are known to the IDUs. NSEP clients readily accepted information and education provided as they were comfortable with the ORWs who are also their peers. Involvement of peers also increased the number of clients accessing the drop-in-centre where basic healthcare, meals, sterile needle/syringes and referrals to medical and social services were made available. Update in medical services such as VCT and TB treatment and Hepatitis C was a direct effect of peer involvement. The main challenge faced by DIC Pahang with peer involvement is relapse and high turnover of staff. There is a need to implement good relapse prevention and management at NSEP NGOs.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 449 **Working hand in hand: Law enforcement and Needle Syringe Program: An Experience from Malaysia**

**Author(s):** *Parasuraman, Guqanesan ; Ismail, Amran*

**Abstract:** Strict drug laws and enforcement by various agencies drives the IDUs away from accessing much needed prevention, medical and welfare services. Malaysian law enforcement agencies such as the Police and Anti Drug Agency were "forced" to accept the Ministry of Health's harm reduction approach in 2006. However, acceptance at the top level doesn't guarantee acceptance and cooperation at ground level. DIC Pahang, an NSEP organisation lobbied support from these agencies prior to the commencement of NSEP in Kuantan. Rapport building meetings and visits were held with Police at State and District level especially with the Narcotics Division and Crime Division produced positive support when the program kicked off on June 2007. Initially, monthly meetings with enforcement agencies were held to provide updates and this created a working relationship where NSEP clients were not subjected to strict enforcement that enabled them to access various services such needle exchange, basic medical care and referrals. DIC Pahang also took initiative to invite law enforcement agencies to their monthly informal social gatherings apart from inviting them to visit the NSEP drop-in-centre for informal interaction with NSEP clients Ministry of Health and the State Health Department also played a crucial part in getting the support from law enforcement agencies. A state level stakeholder meeting was held prior to the commencement to provide information on Harm Reduction and ways these enforcement agencies can support NSEP. Standard Operating Procedure for Police which was endorsed by the Inspector General of Police made it easier to convince the Police to use their discretion in dealing with IDUs. Challenges faced by DIC Pahang are frequent change of law enforcement personnel, lack of supportive legislation for harm reduction and lack of coordination between NGOs and government agencies which are essential to ensure long term success of harm reduction efforts in Malaysia.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 451 **Peer driven intervention pilot project in Kyrgyzstan**

**Author(s):** *Mukanbetov, Aibek ; Altybaeva, Altynai ; Ismoilova, Muborak*

**Abstract:** Central Asia Regional HIV/AIDS Programme funded by DFID and implemented by GRM has recently piloted the peer driven intervention project (PDI) at harm reduction service organization "Socium" in Kyrgyzstan in the framework of its operational research. The pilot project has started in August 2008. Objectives: • To pilot and adopt the outreach model based on peer to peer principle in the specifics of Kyrgyzstan. • To evaluate the effectiveness and costing of two outreach models: traditional outreach and peer to peer based model in terms of coverage and behavior change of the PDI target group. • To provide recommendations for implementation of the PDI model for other HR programmes. Methodology: The model is fully relying on IDUs who are educating other IDUs in the community and attracting them to the project to provide information on HIV/AIDS prevention and harm reduction. All recruited IDUs can become the recruiters also and educate other IDUs on HIV prevention. As motivation for IDUs to recruit other IDUs, they get incentives as food packages. Current results of PDI projects: Current coverage is 120 female IDUs and 87 youth IDUs (male) by November 10, 2008. In comparison to previous quarter, the coverage of female and youth IDUs has increased to 42 % and they were not covered by any HR projects in KG before. Conclusion: Based on current results the PDI project has shown the high effectiveness of achieving the hidden groups as female IDUs and youth IDUs. CARHAP team considers to further use the PDI innovative model for closed population of IDUs not only in Kyrgyzstan but in the whole Central Asia.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 453 **Mobile needle exchange points in Tajikistan**

**Author(s):** *Ismoilova, Muborak ; Altybaeva, Altynai*

**Abstract:** Reaching high-risk injecting drug users (IDUs) is one of the most important challenges for contemporary needle and syringe programs (NSPs). Mobile Needle exchange points are making services more accessible to the target group and in particular to the harder-to-reach and higher-risk groups of IDU for to these groups. In 2007, Central Asia Regional HIV/AIDS Programme funded by DFID and implemented by GRM, has started the implementation of the mobile NSP. To date there are 4 mobile NSP in remote oblasts of Tajikistan and they are offering following HR services: NSP, condom distribution, IEC, counseling, safe injection and sex. Each mobile NSP is covering the most intensive gathering areas of IDUs which is defined through peer to peer research. Coverage of 4 mobile NSP is 1500 IDUs, the average of monthly new clients is 50-60 IDUs (in comparison to previous quarter the number of female and youth was increased to 34 % and those covered IDUs by mobile NSP were encouraged to visit other HR services as drop in centers, NE trust points, VCT and referral to medical services. The NSP is a fundamental component of HR that supports access to sterile injecting equipment for IDUs and discourages sharing of used injecting equipment. Preventive measures through NSP will remain the most effective tool available to reduce the spread of HIV among and IDUs until an effective and widely deployed vaccine is available. During the implementation of the mobile NSP, it was persuasive evidence that different approaches of NSP can attract hidden groups as female and youth. This modality can successfully address concerns about temporal and spatial accessibility and overall acceptability of NSP. They also may enhance NSP provision through providing anonymous and confidential access to sterile injecting equipment for hidden and high-risk groups of IDU.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 455 **The effectiveness of anti-drug PSAs: A systematic review and meta-analysis**

**Author(s):** *Werb, Dan ; Mills, Edward J. ; DeBeck, Kora ; Kerr, Thomas ; Montaner, Julio S.G. ; Wood, Evan*

**Abstract:** Background: Public service announcements (PSAs) to combat illicit drug use among youth have become a cornerstone of illicit drug policy in the United States and are increasingly popular in other jurisdictions. However, studies of the effectiveness of these interventions in modifying intentions to use illicit drugs and reducing levels of illicit drug use have not been subjected to a systematic evaluation or meta-analysis of their quality and effectiveness. Methods: We searched 10 electronic databases from inception until July 29, 2008 for all English-language articles and abstracts that evaluated the effectiveness of anti-illicit drug PSAs. We systematically evaluated all studies which assessed intention to use illicit drugs and/or levels of illicit drug use after exposure to anti-illicit drug PSAs. Outcomes were analyzed using a random effects weighted means difference meta-analysis model and were reported as overall effect sizes with 95% CIs. Results: We identified 7 randomized controlled trials (n = 5,428) of which 1 showed a statistically significant benefit of the PSA on intention to use illicit drugs and 1 found evidence that the PSA increased intention to use drugs. No RCT demonstrated reduced levels of actual illicit drug use. A meta-analysis of the eligible RCTs demonstrated no significant effect: 0.15 (95% CI: -0.19, 0.49 [p = 0.382]). Observational studies showed both beneficial and harmful effects. Interpretation: Existing evidence suggests that the dissemination of anti-illicit drug PSAs does not demonstrate significant, positive impacts on attitudes towards drugs, self-confidence in dealing with situations involving drug use, and actual subsequent patterns of drug use among youth. The lack of proven benefits should raise questions about the increasingly prominent role these interventions play in the drug control strategies of a number of countries and should encourage debate regarding the quality of current interventions aimed at reducing or preventing illicit drug use.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 456 **Rapid assessment of substance use and HIV vulnerability among Afghan refugees in Tehran, Iran**

**Author(s):** Sarkarati, Abandokht

**Abstract:** Background Iran is host to over 920,248 registered Afghan refugees one of the largest refugee populations in the world. Though Iran is experiencing concentrated HIV epidemic in injecting drug users, little was known about substance use amongst refugees and their related vulnerability to HIV. A rapid assessment and response was conducted in 2008 amongst refugees in Tehran to assess the extent of substance use, access to available services and to develop appropriate responses. Methodology A standardized tool for assessing substance use in conflict-affected populations consisting of qualitative methods, review of secondary data and a review of literature Main findings Amongst Afghan refugees, substance misuse has been spreading from older to younger and from males to females. Opium was the most prevalent substance used, which mostly consumed orally or inhaled. While injecting was rare substance use led to other risky behaviors, such as unprotected sex and was strongly linked to sexual and gender-based violence and household impoverishment. Despite an extensive network of services to address substance use the uptake by Afghans was reportedly low; reasons included lack of knowledge of available services and substance use in general, stigma, cost, fear of being reported to the authorities, and concerns about confidentiality. Conclusion: Though registered refugees are theoretically included in the national response to substance use, to date, there has been limited development of culturally relevant and context appropriate prevention and treatment programs for refugees. To be effective host country services need to be adapted to the particular needs of Afghans. Recommendations include: training and recruiting Afghan service providers ; raising awareness among Afghan community volunteers; encouraging existing services to reach out to refugees; increasing the number of drop-in centers in Afghan populated areas; development of communication materials adapted to the needs of Afghans and the diversity within the Afghan community and training and support of Afghan peer educators.

**Session:** C20: Harm Reduction in Conflict and Disaster Zones

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 457 **Fostering dialogue between NGO and government: Partnership for change in Kyrgyzstan**

**Author(s):** Maatkerimova, Chinara Nursaparovna

**Abstract:** Central Asia Regional HIV/AIDS Programme is funded by Department for International Development (DFID) and implemented by GRM International (London) in partnership with National Implementing Partners in Kyrgyzstan, Tajikistan and Uzbekistan. The term of the programme is from 2005 till 2009 with the total budget of £5, 161 million. In a Region which has seen an increasingly restrictive operating environment for NGOs, CARHAP's approach has provided for innovation by developing a wide spectrum approach securing a link between microlevel activities in the field and transferring lessons learned not only back into implementation but also into policy and legislation recommendations. This has enabled CARHAP to influence national decision makers and state institutions. This relationship with state institutions has been formally regulated by MoUs but daily managed through intensive collaboration and CARHAP team presence in the field and within working groups organised with partners and stakeholders. CARHAP has introduced NGOs and client groups into dialogue with the Governments. This has created support and trust for the Programme and NGOs, and has opened opportunities for the increased role of NGOs in advocating policy and law reform. This has allowed National Harm Reduction Standards to be included in National Health policies in the three Republics with direct involvement of NGO service providers transferring first-hand relevant experience into national policy. It has also directly led to a reform in the Kyrgyz Criminal and Administrative codes including the Law on Drug Possession where previous draconian measures ensured IDUs were locked up in prison swelling prison population numbers and exacerbating their health plight. The law reform now allows for more successful operation of needle and syringe exchange programmes and an appropriate and sustainable response to social health issues.

**Session:** C9: Harm Reduction Advocacy and Emerging Issues

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 458 **Technical Assistance and Small grants – effective tool in addressing NGO needs in Kyrgyzstan.**

**Author(s):** Maatkerimova, Chinara Nursaparovna ; Lebusov, Ibragim Lemzarovich

**Abstract:** GRM International UK is implementing a four-year DFID-funded Central Asia Regional HIV/AIDS Programme (CARHAP) to contribute to averting a generalized HIV/AIDS epidemic in Central Asia. CARHAP is developing effective harm reduction services for high-risk populations and implements a cohesive programme of 41 grants reaching more than 21,762 clients, including around 12,000 intravenous drug users (IDUs) and 600 prisoners. In 2006 CARHAP in Kyrgyzstan has established a grant fund to provide Technical Assistance (TA) and Small Grants for harm reduction service providers (HRSOs). Within TA grants HRSOs provide technical assistance (capacity building activities) for other HRSOs, governmental agencies and other partners. Small grants are called to be additional funding for existing harm reduction activities. Since 2006 CARHAP disbursed 13 Small grants and 2 TA grants. HRSOs claim these kinds of grants to be very useful and efficient since they are being disbursed after HRSOs start implementing big grants. Public Foundation Legal Clinic "Adilet" ("justice" – kyrgyz) received big grant from CARHAP in 2007 for "Increasing of advocacy and legal culture of IDUs". Within this project "Adilet" provided legal assistance for IDUs and SWs, helped them in getting documents, and represented their rights in the court. In 2008 Legal Clinic "Adilet" applied for TA grant for "Increase of awareness and capacity of medical and social workers of governmental and non-governmental organizations working in the field of HIV/AIDS prevention". Within this project "Adilet" provided numerous trainings in the HRSOs on legal awareness. After those trainings social workers of HRSOs were able to conduct legal counseling to project clients. Thus, TA and Small grants provided by CARHAP to its sub-grantees proved to be very efficient tool in addressing of increasing needs of HRSOs and covering gaps in harm reduction service providing.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 459 **The role of co-dependants and families in harm reduction activities among IDUs and alcohol addicted.**

**Author(s):** Maatkerimova, Chinara Nursaparovna

**Abstract:** While the problem of drug use and alcohol addiction still remains to be the issue of the day, the role of co-dependants and families who build close surrounding of drug users and alcohol addicted people is increasing. First of all relatives and families have to understand themselves that drug use and alcohol addition is a disease but not a vice. They have to treat IDUs and alcohol addicted not as criminals but as simply sick people. Secondly, they have to help to a client to admit that drug/alcohol addition is a disease that has to be treated in a right way whether by attending self-help groups or rehabilitation center. Another aspect where the role of close surrounding is crucial is advocating for drug/alcohol addicted people's rights and interests. In Former Soviet Union countries the policy and decision makers are not longer listening to drug users and alcohol addicted when they speak out their problems and issues. However their families still can be heard when their relatives' problems have to be considered on the level of policy changes. Taking this fact into account harm reduction service providers include activities with co-dependants into their project proposals. They conduct sessions with families and close surroundings knowing that thus they become one step closer to their clients.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 460 **In-house trainings as capacity building tool for providing qualitative harm reduction services in Kyrgyzstan**

**Author(s):** Maatkerimova, Chinara Nursaparovna

**Abstract:** After almost 3 years of work in Central Asia Central Asia Regional HIV/AIDS Programme (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. Another 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. Together with service grants CARHAP project provides capacity building activities to harm reduction service organizations. Without capacity building support from CARHAP, the sub-grantees would find it nearly impossible to develop and sustain their activities. Establishing a single, model needle exchange in a given country is a considerable achievement but it will not have lasting impact on the HIV epidemic. Real success in decreasing the rate of HIV infection will only occur when harm reduction projects are replicated and implemented on a wider scale and harm reduction advocates successfully promote institutional and policy changes. Many harm reduction projects in Central Asian countries face significant challenges such as inefficient management due to inexperience, political antagonism toward harm reduction, and lack of resources. One component of CARHAP’s efforts to strengthen local capacity has been the use of Technical Assistance from CARHAP Pool of Consultants. Consultants are to identify local priorities and develop strategies for effectively responding to HIV/AIDS prevention needs. Last year CARHAP is providing more of in-house trainings held by Consultants in the NGOs focused on their specific needs. Usually in-house trainings are attended by the whole NGO staff since they meet their specific needs and requirements, and found to be very useful and effective.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 461 **Creating innovative services for women who use drugs in Ukraine**

**Author(s):** Pinkham, Sophie

**Abstract:** Despite rapid expansion of harm reduction and ART in Ukraine, women who use drugs continue to face gender-specific obstacles to service access. Social stigma and pressure from sexual partners make it difficult for women to visit harm reduction sites, which offer few gender-specific services. Most women drug users must seek reproductive health services from providers without the skills or willingness to work with drug users. Because of policies regulating methadone or buprenorphine, clients generally cannot receive their medication while in maternity hospital. Recent research shows that in Ukraine, pregnant women with a history of IDU are 50% less likely than non-IDU women to receive ARV for prevention of mother-to-child transmission. Many women who seek drug treatment or are arrested for drug possession lose child custody. While Ukraine’s drug policies are gender-neutral on paper, failure to integrate the needs of women drug users into reproductive health care and HIV/AIDS programming puts women drug users at a disadvantage. In response, IHRD supported four innovative programs: -Social and medical assistance to pregnant women drug users in Kyiv; -Development of gender-specific outreach and services to attract more female clients to a harm reduction project in Kyiv; -Bridging harm reduction, ARV treatment, drug treatment, and reproductive healthcare services in Mykolaiv; -Creation of a safe space for women drug users in Dnepropetrovsk to help women connect to harm reduction, ARV and drug treatment, and social services. Early results show great enthusiasm among clients. This suggests that small, inexpensive interventions can have a significant impact on women drug users’ access to services, and should be integrated into national funding plans. Programs also report a need for advocacy to address barriers created by drug policy and by discrimination and corruption among healthcare providers. Detailed results will be available in March 2009 and included in the conference presentation.

**Session:** M12: Drug Policy, Gender Roles and Women Who Use Drugs

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 463 **Injecting drug user is a potential threat for rapid transmission of HIV in Bangladesh.**

**Author(s):** *Bosu, Anup Kumar ; Ahmed, Dr. Nizam Uddin ; Ali, Dr. Kazi Belayet*

**Abstract:** Issue: HIV prevalence among IDUs is gradually increasing in Bangladesh which is comparable to some other South Asian countries. Effective programs with coverage and quality can only avert this situation in Bangladesh. Settings: The 7th round national sero-surveillance data shows 7% HIV prevalence among the IDUs in Dhaka which was 4.9% in the earlier year. Although it is less than 1% among the other most at risk group but the current status of IDUs says that there is every possibility to turn it to the general population. The study also shows that the HCV prevalence is 56.4% in Dhaka which ultimately indicates the consequence of high level of sharing of injecting equipments among the IDUs. The last round behavioral survey data revealed that sharing needles among IDUs is 55.2% in Dhaka, 66.4% of IDUs had sex with female sex workers in the last year in Dhaka and of them only 44.1% used condoms. Project: Bangladesh has 2 grants on HIV/AIDS from GFATM; Round 2 from 2004-2009 and Round 6 from 2007-2012. Save the Children USA is the Management Agency for effective management and implementation of these grants. One of the major focuses of Round 6 project is to conduct harm reduction program through increasing coverage, quality and comprehensiveness of interventions among injecting drug users. The project has targeted 10,000 un-served IDUs to provide essential harm reduction services in Bangladesh (2007-2012). Outcomes/Lessons learned: Based on mapping report, the project has established 34 DICs with reaching 8,000 IDUs as per phase-I target (2007-2009). According to program report syringe/needle exchange rate is around 75%, around 50% IDUs are reached 15 times of a month through syringe/needle services. Project has developed minimum standard guidelines as part of quality programming. Effective coverage with ensuring quality of services among the IDUs can play pivotal role to control HIV situation in Bangladesh.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 465 **Advocate and organize slum areas to support injecting drug users (idus) in applying harm reduction and home base care for aids patients.**

**Author(s):** *Pham, Van Thanh*

**Abstract:** Issue With the quick economic development, Vietnam society is faced many issues related to HIV/AIDS and drug problem. The government is applying a very strict abstinence model towards IDUs. Therefore, Vietnamese IDUs face many negative impacts of the law, stigma and discrimination, especially the regulation of compulsory detention which drive them to addiction and HIV/AIDS transmission. Settings Seven slum communities in Ho Chi Minh City are organized and trained to respond to the issue and to mutual support from poor IDUs, their neighbor, their family members and community people. Project Respond to the issue, AIDS program is innovative to apply these below methods which are very appropriate to the situation of urban poor communities like Ho Chi Minh City. - Establish groups of women, youth and family members who are trained on addiction knowledge, harm reduction and supporting methods for IDUs. - Outreach and organize group meeting with IDUs to help them not feeling complex and participate in supporting activities. - Support home detoxification in requested. - Inform and supply clean needles and syringes as well as condoms for IDUs. - Counsel for IDUs and their family. - Apply peer education approach to help IDUs. Outcomes After three years working in 7 slum areas, AIDS program supported 300 IDUs who are living with HIV. 5 groups of IDUs peer educators was established which helped 50 IDUs in detoxification. With these harm reduction activities, gradually the HIV prevention in slum areas was improved, stigma and discrimination was reduced and the participation of IDUs was more active. The model of community harm reduction was a lesson learnt to share with 150 other IDU peer educators in the provinces of Vietnam.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 467 **Social marketing and alcohol harm reduction**

**Author(s):** Thomson, Rod ; Hughes, Karen ; Bellis, Mark ; Morleo, Michela ; Canning, Ian ; McVeigh, Jim

**Abstract:** Introduction: As part of a Harm Reduction Campaign in Merseyside England, NHS Sefton piloted an alcohol information campaign targeting several localities where the levels of harmful and hazardous drinking were higher than average for the region. The campaign consisted of direct mailing to all the homes within two electoral wards within the borough with alcohol related harm reduction health promotion material. Two follow up independent evaluations were carried out to assess the effectiveness of the campaign. Presentation: The presentation will describe the campaign and the health promotion material used. Details of the two evaluation programmes and their findings will also be presented along with information regarding the plans for follow up campaigns with other sections of the population. Findings: The independent evaluations have shown that the alcohol related harm reduction campaign was well received by the population (Approximately 50,000 people) within the target areas. High numbers reported seeing and reading the information sent to them. The majority of respondents rated the quality of this information as high. Many respondents also reported positively about how they had used the health promotion material to change their patterns of alcohol use. These changes included a reduction in the number of units of alcohol drunk each week; a reduction in the number of episodes of binge drink and a reduction in the number of harm related episodes due to alcohol use.

**Session:** C15: Alcohol Policies and Social Marketing: Changing Drinking Cultures

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 473 **Knowledge, Attitude and Behaviour of Drug Users in India: A countrywide, community-based study**

**Author(s):** Tripathi, B.M. ; Ambekar, Atul ; Kumar, Rajesh

**Abstract:** Drug users' vulnerability to HIV and other blood-borne viral infections is further enhanced by inadequate knowledge and risky behaviours. We studied knowledge, attitude and behaviour of drug users as part of a peer led intervention in India. The data was collected from 12,580 drug users at 263 sites spread throughout the country. At each site, trained recovering drug users (peer educators), identified and recruited current drug users using ethnographic techniques, who were then administered a semi-structured questionnaire after obtaining the informed consent. Most of the drug users were young (31.6 ±9.27 years) males (94%). More than half were married (57%) and employed (55%). Prevalence of current use of various substances was: Alcohol – 64%, Heroin – 28%, pharmaceutical preparations – 25%, Cannabis products – 15%, and opium – 9%. Overall 5,603 respondents (45%) were injecting drug users (IDUs). More than half (59%) of the IDUs reported sharing injection equipments 'ever', among whom, about 77% shared on the last occasion of injecting. About 37% of the total sample reported having sex with multiple partners in the preceding one-year. Only a small minority (13%) reported consistent condom use whereas more than a third (about 35%) of respondents had never used condom. About 17% of the sexually experienced respondents have had anal sex. About 31% of the sexually experienced respondents reported experiencing at least one STD symptom during the preceding year. Only 73% were aware that HIV could be transmitted through sharing contaminated injection equipment. The findings have revealed that a sizable proportion of drug users engage in high-risk behaviours. Thus, the HIV prevention programmes for drug users should focus on reducing both injecting as well as sexual high-risk behaviours.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 474 **Size estimation of injecting drug users at multiple sites in India using nomination technique**

**Author(s):** *Kumar, Rajesh ; Ambekar, Atul ; Tripathi, B.M.*

**Abstract:** For a long time now, IDU has been regarded as a problem confined only to certain parts of India, viz. a few north eastern states and certain large cities. This study was conducted to estimate the size of population of IDUs at multiple, selected sites (i.e. specific areas of the selected cities and towns) spread across almost every state of the country. The objective of the study was to locate sites where IDUs are present in sizable numbers. Using ethnographic techniques, all the participating sites were extensively mapped and 'IDU spots' (i.e. locations where IDUs could be contacted) were identified by outreach workers who were familiar with the terrain. At each of the spots, two current IDUs were chosen and were asked to provide names of the IDUs from that area whom they personally knew. Counting all the names and canceling out the common names provided the minimum number of IDUs present in that particular area of the city/town. Data was also collected from the Key Informants about availability of HIV prevention services for IDUs. The findings suggested that, besides north east and metro cities, there are many town / cities in the country where IDUs are present in sizable number. Overall, we could obtain names of 10,405 IDUs, spread across 143 sites using this technique. Thirty-seven sites were identified where number of IDUs was in three digits and which should receive priority for extending the Harm-reduction interventions. Additionally, it was revealed that most of these IDUs are not covered by any HIV prevention intervention. There is a need to conduct more vigorous mapping and size estimation studies for IDU population in India. Additionally, widening the coverage of HIV prevention interventions is urgently warranted.

**Session:** C11: Methods of Harm Reduction Research

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 476 **The institutionalisation of harm reduction in France**

**Author(s):** *Stambul, Beatrice ; Rogissart, Valere*

**Abstract:** First HR projects take place in France with some delay compared to neighbouring countries and despite the seriousness of the epidemics of HIV/AIDS. From 1989 on, small associations as well as large NGOs (such as MDM or AIDES) implement a variety of programs funded mostly by MOH and local communities, such as cities or regions. The actions remain precarious, each year the budgets are uncertain and unsustainable. Positive results of this Association activity, evidence-based successes, HR activist's involvement lead 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). 4 years later, we can assess the current state of this new policy: victory or loss of soul? what about our independence? what about innovation? What have we lost and what have we gained? what consequences on the future of HR in France? What lessons learnt for other experiences and other countries? beatrice STAMBUL, president of AFR (French HR network) valere ROGISSART, vice president of AFR

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 481 **Knowledge, Attitude and practices (KAP) and burden of husband's drug use on wives of Injecting Drug Users in India**

**Author(s):** *Ambekar, Atul ; Tripathi, B.M. ; Dzuwichu, Bernice ; Kumar, Rajesh ; Vinayakan, E.*

**Abstract:** IDUs are at risk of acquiring and transmitting HIV and other infections not only among themselves but also to their spouses. Many IDUs in India are married and living with their spouses. We conducted this study in July – September 2008 among female spouses of male IDUs at five sites in India - two sites (Imphal and Kohima) were in Northeast India (where IDU epidemic is well established), while three were in the Northwest (Jammu, Chandigarh and Patiala). After taking informed consent, quantitative and qualitative data was collected from 150 spouses of 'current' IDUs. The median age of the spouses was 28 years, while median duration for which they were married was 8 to 10 years. Proportion of illiterate wives ranged from 5% in Northeastern sites to 15% in the Northwestern sites. A large majority had two or more living children, while about a third was not using any contraception. A larger proportion from the Northeast (37%) reported using condoms as compared to the Northwest (20%). About 20% of wives in the Northeast and 28% in the Northwest reported experiencing symptom(s) suggestive of sexually transmitted infection in the preceding year. Awareness of the modes of transmission of HIV was poorer in the Northwest (41 to 66%) as compared to the Northeast (81-98%). Marital discord, Violence, Poor Mental and Physical Health, Economic hardship, Adverse impact on children and Stigma and Discrimination were the consequences of husband's drug use described by a majority of the wives. The findings reveal that spouses of IDUs are at risk on account of behavior of their husbands as well as due to inadequate knowledge and awareness. The intervention programmes for IDUs should reach out to the wives of IDUs too, to reduce their vulnerabilities as well as to provide them necessary psychosocial support.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 482 **A qualitative inquiry into methadone maintenance treatment for drug-using prisoners in Tehran**

**Author(s):** *Zamani, Saman ; Mostashari, Gelareh ; Farnia, Marziyeh ; Setayesh, Hamidreza*

**Abstract:** Objectives: This study, as a part of a combined qualitative-quantitative project, aimed to investigate the context in which methadone maintenance treatment (MMT) is provided for drug using prisoners, and to identify barriers against further scale-up of MMT in Ghezel Hesar prison in Tehran. Methods: This phase of the project had a cross-sectional qualitative design using field observations, focus group discussions, and individual interviews. In total, 30 prisoners and 15 prison staff and health policy makers participated in this study in November 2006. Results: The rate of drug injecting in the prison unit was unanimously reported to have decreased drastically since introducing the MMT program. In addition to the health benefits to MMT recipients, interview data indicates that MMT has had positive effects on socio-economic status of prisoners' families. Nevertheless, several impediments exist to the provision of MMT and its further scale-up, including staff shortages, diversion of methadone, prevalent concerns over the possible side effects of methadone, and the stigma of being treated with methadone. Conclusions: MMT constitutes one of the main components of the Iran Prison Organization's comprehensive HIV prevention package and is becoming increasingly accessible to drug-using prisoners in Iran. Our findings indicate that the MMT program in Ghezel Hesar prison has been helpful for many drug-using prisoners to reduce their risk of drug-related harm and to ease social and financial burden over their families. Meanwhile, existing barriers against provision of MMT should be properly addressed before further scale up of the program.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 483 **PSI Mumbai's Harm Reduction intervention adopts a holistic approach and establishes a drop-in centre for drug users**

**Author(s):** *Manihani, Maninder Kaur ; S, Sunder ; Merchant, Shilpa Firdous*

**Abstract:** Issue: The majority of drug users in Mumbai are street based and have no access to basic amenities. They are shunned by the general community because of their unkempt and unhygienic appearance. They face a lot of stigma and discrimination at the health care settings. Thus there was a need to create a safe space where drug users could avail of all services in a supportive and non discriminatory environment. Setting: A drop-in centre was established in a location which is easily accessible to drug users frequenting the various hot spots in the red light area of Mumbai. The target group for this service are mainly brown sugar ( an adulterated form of Heroin) users who may be snorting, inhaling or injecting the drug. Project: A holistic approach is adopted in providing a variety of services. Basic amenities like a safe space to rest in, free bathing facility, food and entertainment are provided. Counseling services are offered through a peer and a trained Counselor. The centre functions as a depot for needle and syringe exchange and free condom distribution. Behaviour change communication, in one to one and small group, sessions are conducted at the centre. Basic medical facilities offering first aid and wound management and escorted referrals to detoxification centres, for diagnosis and treatment of Tuberculosis, to tertiary care hospitals and terminal care centres are also provided. Outcomes: The drop-in centre creates an environment conducive to behavior change. Once the drug users are bathed, rested and have had their food they are far more open to interpersonal communication. They feel motivated to change their life styles, reduce their drug use and gradually become drug free. Over 10,000 walk-in visits have been recorded so far at the centre. On an average 200 clients visit the centre in a month- 40% reporting to be drug free.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 484 **Human rights for drugs users to reduce HIV epidemics**

**Author(s):** *Wahyunda, I Gusti Ngurah*

**Abstract:** Issue: Indonesia has one of the leading HIV epidemics among injecting drug users (IDUs) in Asia with 52.6% of new AIDS cases from IDUs. It also has one of the strictest drug laws that totally criminalize drug users. This situation is making life of a drug user there a discriminated one. Result, most are not accessing health care as other Balinese and are constantly living in fear of being arrested by police officers. The Balinese drug user is left with no civil rights. What they needed was a society that promotes respect for individuals who use drugs and are affected by drug. Setting In 2006, some drug users organized themselves to establish a network that would serve as the voice of Balinese drug users and fighting for its rights as human being with name IKON Bali (Balinese Association of People Affected by drugs) Process IKON is a network of drug users in Bali that will advocate for the civil rights of drug users. Some activity is: v Capacity building about law and Human Right v Human Right Violence Documentations v Advocacy v Public Awareness v IDUs Awareness v Networking Implement programs that enable drug users to actively engage in the promotion of their own health and social issues without risking exposure and punishment. The network engages Legal Aid to support them with legal problems and when having to deal with the judiciary system. Outcomes IKON was doing individual approach to change IDUs paradigm to can "speak up" about their rights and many campaigns about "Drugs Users is Victim not Criminal" and doing few peace demonstrations asking rehabilitation punishment to the court and parliament. IKON already making data about human right violation and will be publish to society as soon as possible. The success is "Rehabilitation not Prison" is became National issue.

**Session:** C31: Drug User Organising in Asia

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 488 **Towards resuming Harm reduction activities with the IDUs through focused Advocacy with the armed forces and the Police.**

**Author(s):** *Rashid, Md.Harun-Or- ; Rahman, Md.Shafiqur*

**Abstract:** Issue: Since January'07 due to political turmoil, Bangladesh is experiencing martial law administration and to streamline the law and order situation, the armed forces took measures against all corruption, demolish drug users spot, arrested sex workers, raid hotels which creates a panic among the vulnerable population resulting HIV prevention and harm reduction activities seriously hampered. Setting: In Light House working area like Bogra, Noagon, Joypurhat and Noagon district town, we are working with 1396 IDUs and 1357 Heroin Smoker, 790 female sex worker and 1200 MSM & TG. Most of these high risk populations are chased and harassed by the law enforcing agencies during first six months of martial law administration which ultimately compel them to be more hidden and thus STI/HIV services could not be ensured to them. Process: To resume HIV prevention and harm reduction activities, we analysis the problems and identified key stakeholder to do advocacy, prepared advocacy plan and organize resources from VSO Bangladesh. Communicate district chief of Police and armed forces to participate in advocacy meeting. We have shared the HIV situation in Bangladesh context and its current vulnerability in the meeting, we also offered questions from audience and satisfied them through appropriate answer with statistics. Having cordial discussion they agreed to continue our activities despite some social and legal barriers. Outcomes: Four Advocacy meeting were completed successfully in four district head quarter where 120 officials from armed forces and Police were participated and sensitized on HIV and harm reduction activities. Field activities resumed normal and continue successfully without any hassle from law enforcement agencies. Later a national level dissemination workshop was organized in Dhaka and share this success among the other NGO activist and donor representatives.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 489 **Expanding the Reach of Harm Reduction in Thailand: Experiences with a Drug User-run Drop-in Center**

**Author(s):** *Suwannawong, Paisan ; Hayashi, Kanna ; Fairbairn, Nadia ; Kaplan, Karyn ; Zhang, Ruth ; Kerr, Thomas*

**Abstract:** Background: Despite an ongoing epidemic of HIV infection among Thai people who inject drugs (IDU), Thailand has been slow to implement to essential harm reduction programs. In response, a drug user-led harm reduction centre opened in 2008 in effort to expand the reach and scope of harm reduction programming in Thailand. Methods: We examined experiences with the Mit Sampan Harm Reduction Centre (MSHRC) among 252 IDU participating in the Mit Sampan Community Research Project, Bangkok. Multivariate logistic regression was used to identify factors associated with MSHRC use, and also examined MSHRC service use experiences and barriers to MSHRC use. Results: 252 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 74 (29.3%) participants reported having accessed the MSHRC. In multivariate analyses, MSHRC was positively associated with difficulty accessing syringes (Adjusted Odds Ratio [AOR] = 4.29; 95% Confidence Interval [CI]: 1.73 – 10.63), midazolam injection (AOR = 3.78; 95%CI: 1.75 – 8.16), having greater than primary school education (AOR = 2.28; 95%CI: 1.17 – 4.45), and was negatively associated with female gender (AOR = 0.21; 95%CI: 0.08 – 0.52). Forms of support most commonly accessed included: food and a place to rest (24.6%), HIV education (22.2%), safer injecting education (19.4), and information about safer drug use (18.3%). The primary reason given for not previously accessing the MSHRC was “didn’t know it existed.” Conclusion: The MSHRC is expanding the reach and scope of harm reduction programming in Thailand by reaching IDU, including those who report difficulty accessing sterile syringes, and by providing various forms of harm reduction education. In order to maximize the benefits of the MSHRC, efforts should be made to increase awareness of the centre, in particular, among women who inject drugs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 491 **Barriers to accessing and utilising Needle Syringe Exchange Programs (NSEP) in Imphal, India**

**Author(s):** *Chakrapani, Venkatesan ; Kamei, Ram ; Kipgen, Hoineilam ; Babu Nukella, Phanindra ; Verghese, Mary*

**Abstract:** Background: Injecting drug use is a key driver of HIV epidemic in Imphal city, Manipur, Northeast India. Despite implementation of needle syringe exchange programmes (NSEP) since 1998 in Imphal, HIV seroprevalence among IDUs remain about 20%. We explored the various barriers faced by IDUs in Imphal in accessing and utilising NSEP to identify ways to increase coverage and effectiveness of NSEP. Methods: Seven focus groups (n=46 participants) and 16 in-depth interviews and 7 key informant interviews - with IDUs, care-givers, healthcare providers and community leaders were audio-taped and transcribed. Translated data were analyzed using framework analysis to identify categories and derive themes. Results: Barriers were identified at various levels. Policy and social barriers include: fear of arrest/harassment by police and harassment by anti-drug organisations if found with syringes; and risk of societal discrimination due to disclosure of their drug use status if they attend drop-in centres (DICs). Programmatic barriers include: some NSEP sites being far away from the hotspots frequented by IDUs; lack of availability of appropriate quantity of syringes for high frequency injectors; and lack of appropriate size of syringes/needles for 'spasmoproxyvan' ('SP') users (who require smaller needle size and larger syringe compared to heroin injectors); and inadequate linkages with opioid substitution treatment (OST) and rehabilitation programs. Individual level barriers include: precedence to drugs; reluctance in visiting DICs on a daily basis to pick up syringes; and low self-esteem and fatalism. Conclusions: Barriers to accessing and using NSEP in Imphal can be removed by: sensitizing police to avoid interfering with NSEP; ensuring proper matching of the location of DICs and hotspots used by IDUs; providing adequate number of syringes for high frequency users; providing appropriate type of needles/syringes for 'SP' users; and better linkages of NSEP with OST and drug dependence treatment and rehabilitation programs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 492 **Lower dosage of Methadone and other Narcotics consumption after taking Methadone Substitution Therapy for IDU's Community in Surabaya, East Java, Indonesia.**

**Author(s):** *Maryono, Eko*

**Abstract:** Surabaya is the city in Indonesia with quite large population of IDU's. In 2006, BINA HATI Foundation assists IDU's Community in Surabaya and Sidoarjo areas. From 1244 IDU's, 276 IDU's has access Methadone Substitution Therapy available at Dr. SOETOMO Hospital of Surabaya. BINA HATI Foundation was established in May 2006 as one of Self-Supported Community Institutions/Non-Governmental Organizations (NGO) in Surabaya that performs Harm Reduction Program. It has assisted 1,244 IDU's in those aforementioned areas. The program carried out by BINA HATI Foundation is HIV/AIDS Prevention and Treatment Program for IDU's community through Harm Reduction of IDU's approach. It is a health pragmatic approach in order to respond such a rapid growth rate of HIV/AIDS virus, especially among the community of IDU's. There are 12 preventive components, one of which is Methadone Substitution Therapy. There are several issues at Methadone Therapy Rehabilitation Centre (PRTM) in Surabaya. The dosage given to the patient is very low that is 35 mg. It is very difficult to increase the dosage although both the officer and doctor have provided counseling. Consequently, there are many patients who are being withdrawn and take or consume psychotropic drugs, such as depressan to cover it. We even found the oral consumption of BUPRENORPHINE. There is also a case of immediate injection of heroine after taking methadone since the officer gives a very low dosage of methadone. There are two of our patients who pass away due to an accidental action of taking methadone with depressan.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 493 **Need for harm reduction services within prisons in Imphal, Manipur, India**

**Author(s):** *Chakrapani, Venkatesan ; Kamei, Ram ; Kipgen, Hoineilam ; Kumar Kh., Jayanta*

**Abstract:** Background: Prisons pose a risk environment for HIV transmission and acquisition due to injection drug use. We explored drug use-related risk behaviours and availability of harm reduction services within prisons in Imphal, India, as part of a larger study that assessed influence of laws/policies on HIV risk among injecting drug users (IDUs). Methods: Four focus groups (n=33; 23 males; 10 females) that included former prison inmates, and four key-informant interviews were conducted, audiotaped, transcribed, and translated. Data were analyzed using a narrative thematic approach with grounded theory techniques. Results: Drugs (injectable/oral) such as heroin, spasmoproxyvon, marijuana, alprazolam and alcohol are available in prisons. Inmates get drugs and syringes through contact persons inside the prison, as well as in the dust bin in prison sick rooms. A single sterile syringe can cost Rs. 100 to 200 (2.5 to 4.5 USD) in prison. Scarcity of needles/syringes and high costs compel inmates to reuse needles/syringes and share a single syringe with as many as 20-30 inmates in a week. Needles are sharpened and syringe parts are replaced when they become old. Inmates use water, detergents, saliva and urine to clean syringes. Syringes are hidden in toilets and buried in small pits. There is no availability of needle syringe exchange program, detoxification (treatment of withdrawal symptoms), or opioid substitution treatment in prisons. Limited or no outside referrals are made to provide access to drug-related or infection-related services. Even after release from prisons, IDUs are not connected to prevention/treatment services. Conclusions: There is an urgent need to introduce harm reduction services such as needle syringe exchange programs, opioid substitution treatment and detoxification in prison settings. Prevention education on HIV/HBV/HCV and linkages with treatment for these infections are crucial. Proper linkages with prevention/treatment services need to be ensured after IDUs are released from prisons.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 494 **Priority and target setting for supporting the countries of the Middle East and North Africa region in harm reduction activities**

**Author(s):** *Rahimi-Movaghar, Afarin ; Razaghi, Emran M. ; Aaraj, Elie ; Abou Shroush, Micheline ; Assouab, Fatima ; Hermèz, Joumana ; Klaus, Karen ; Lagrich, Ilham ; Mohsenifar, Setareh ; Stimson, Gerry ; Verster, Annette*

**Abstract:** Issue: Although in many countries of the MENA region, injecting drug use is contributing significantly to HIV/AIDS epidemic, in most countries harm reduction policies have not been adopted officially and the interventions are not widely practiced. Setting: "Strengthening civil society's role in delivering harm reduction services (MENAHRRA)" is a five-year project started since 2007 and entails networking, capacity building, technical and financial support to initiate harm reduction and developing model programmes in the Middle East and North Africa. At the beginning stage of the project, an assessment of situation and response to drug use and its harms in the region was carried out and used as a basis for setting priorities for the region and defining mid- and long-term targets and decision-making for annual planning. Project: The first steps undertaken for the purpose were determining and defining main indicators necessary for target setting and setting criteria and formulas for ranking the countries according to each indicator. Two sets of indicators on importance of IDU problem and level of preparedness of the countries were used in this regard. This process was followed by preparation of datasheets for the indicators, extensive search for documents and data, extensive review of the documents, data extraction, critical analysis and data entrance. Then, the countries were ranked using the formulas and the data. Five main axes for harm reduction promotion at country level were adopted and 3 and 5-year targets for MENAHRRA project were recommended, according to the current situation, level of priority of the countries and the potentials. Conclusion: The practice shed a new light on the long and complex path the MENAHRRA was facing for promoting harm reduction in the region.

**Session:** C9: Harm Reduction Advocacy and Emerging Issues

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 495 **Cutting down your drug consumption is possible: New treatment approach for drug addicts in low threshold facilities in Frankfurt, Germany (the KISS Programme)**

**Author(s):** Becker, Gabi

**Abstract:** The NGO Integrative Drogenhilfe (IDH) is delivering services for drug addicts in the field of harm reduction for 23 years. The spectrum of low threshold services encompasses needle exchange programmes, safe injection rooms, overnightstay for homeless drug addicts, crisis centers, MMT, vocational training and other facilities. In 2006 a period of organisational development of the IDH began with the aim of motivating and enabling drug addicts to give their lives a new perspective. All 150 employees have been trained in motivational interviewing (MI; Miller & Rollnick, 2002). Meanwhile MI has been implemented in the daily work of all services. As a result of this process it became evident that many clients (5000 per year) have a great motivation to change substance use. Therefore the staff felt the need to offer new treatment approaches for those clients who are not able or willing to live abstinent and who already have undertaken several abstinence oriented treatments. The IDH looked for suitable alternatives and came up with KISS (Körkel, 2005), a behavioural self control training that aims at empowering drug addicts to reduce their drug intake. KISS contains of 1-2 preassessment sessions and 12 weekly structured group sessions. The IDH started to implement this group programme in November 2006 in 3 of its facilities. The City of Frankfurt supports this new approach and financed a randomized controlled trial to test its efficacy. Programme evaluation shows that KISS is very well accepted by the clients and that participants reduce their drug consumption and addictive behaviour significantly. Treatment providers are very satisfied with KISS because they can offer a programme that fits to clients needs and abilities.. This presentation demonstrates the necessity and chances to implement self-control programmes. The KISS programme is presented as well as the implementation process in a medium sized NGO.

**Session:** C30: Psychosocial Services for HIV Prevention and Harm Reduction

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 502 **Natural history of injecting drug use: A longitudinal study of survival and long term injecting cessation**

**Author(s):** Kimber, Jo ; Copeland, Lorraine ; Hickman, Matthew ; Macleod, John ; McKenzie, James ; De Angelis, Daniela ; Robertson, James Roy

**Abstract:** Background: This study describes survival and long term injecting cessation in an open cohort of injecting drug users (IDUs) in Edinburgh, Scotland. Methods: Participants were 794 injecting drug users recruited in a primary care setting to the Edinburgh Addiction Cohort (EAC) study between 1980 and 2007. Follow up data were gathered by interview using the life grid method, review of primary care case notes, and linkage to the national mortality register. Long term injecting cessation was defined as  $\geq 5$  years without injecting. Data were analysed using Kaplan Meier survival functions and Cox proportional hazard regression models Findings: More than a quarter (n=228) of EAC participants had died by the end of the study. Most deaths were as a result of HIV infection (44%) or drug overdose (26%). Those who were HIV seropositive had a significantly shorter median survival time of 18 years since their first injection compared with 32 years for those who were not infected (p

**Session:** C5: Monitoring Drug-Related Harms

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 503 The USA's 'drug war' and its effects on women

**Author(s):** *Small, Deborah*

**Abstract:** Issue—In the United States, harsh sentencing laws and punitive drug policies have destructive consequences for women, and disproportionately affect the lives of low-income and minority women and their children. In the last 20 years, the rate of incarceration of women has grown staggeringly, and 85.1% of female inmates now behind bars are there for nonviolent offenses. Key Arguments—Drug policies in the U.S. do not curb supply and demand but instead incarcerate increasing numbers of women. While women are minimally involved in the drug trade, mandatory sentencing laws extend criminal liability to partners, family members and friends, often punishing mothers, sisters and wives with equal or harsher sentences than the principal actors. Incarceration affects women in different ways than men; 65% of women prisoners in the U.S. were primary caretakers of their children prior to incarceration. Most women's prisons are located in remote rural areas many miles away from family and community, making visits difficult and expensive. Economic dependence, domestic violence, or citizenship status may influence women's relationships to the drug trade and their willingness to cooperate with police. Numerous studies have shown that incarcerated women have experienced sexual violence, physical and/or psychological abuse; such trauma impacts women's drug use and access to treatment. Despite documented correlations between women's experiences of violence and social and economic pressures, and their drug use or involvement in the trade, criminal justice interventions often fail to provide gender-appropriate treatment options and the economic and social support that would enable women to rebuild their lives and reclaim their families. Implications—Policymakers and advocates must shift the dialogue from the criminalization of women involved with drugs to the development of viable and effective treatment options and social and economic supports that address root causes for women's drug use or involvement with the trade.

**Session:** M12: Drug Policy, Gender Roles and Women Who Use Drugs

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 504 Methamphetamine Use & Precursor (Urea-Ammonia producing Carbamide) Supply on the rise in the Border of India – Myanmar

**Author(s):** *Waikhom, Ronny ; Namaram, Kishalaya ; Oinam, Openkumar*

**Abstract:** 1. Issue In Manipur and neighbouring states, a new trend of drug use is about to take over the prevailing Dextropropoxyphene (Spasmo Proxyvon, SP) and Heroin use, which have already caused a substantial damage in the societal fabric of the region. 2. Key Arguments The already proven harm causing illicit Methamphetamine drug, also locally known as WY or Yama or Horse, has become a new drug of choice in the border town called Moreh in Manipur. The India-Myanmar border is porous and that one can infiltrate easily without much of a problem. This has led to increase in trafficking of methamphetamine pills and precursor producing fertilizer called Urea/Carbamide—Co(NH<sub>2</sub>)<sub>2</sub>. The Methamphetamine is believed to be manufactured in Myanmar and its precursors are smuggled in from India. So far the mode of intake is smoking and vapourization, no injectable form is available. The joints for smoking WY are also open in various hotspots of the said town. Majority of the WY smokers belong to Myanmar, but many Indians, mostly porters/carriers are also hooked to this new drug. When enquired, they said it gives extra power to carry heavy loads overhead and that they could work for more hours, without sleeping and eating. The stricter measures taken up by various social organizations and law enforcement agencies caused scarcity on Heroin and SP supply, which ultimately may lead to increase in sell of Methamphetamine pills that are smaller and easier to carry. 3. Implications Methamphetamine might replace the prevailing drugs in this region and there is possibility that all existing harm reduction options like oral substitution therapy and needle-syringe exchange might be of no use. And that if indeed the injectable methamphetamine comes then the risk of HIV transmission will be doubled, as it is found that methamphetamine can sexually stimulate unlike other drugs.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 505 **Operational and socio-cultural barriers to the pilot implementation of prison needle exchange programmes in Canadian incarceration settings**

**Author(s):** Bath, Misty

**Abstract:** Operational and Socio-cultural Barriers to the Pilot Implementation of Prison Needle Exchange Programs in Canadian Incarceration Settings. M. Bath, October 1st, 2008 - Vancouver, British Columbia Background:A substantial body of research attests to the on-going transmission of blood borne viruses (BBVs) in Canadian incarceration settings related to the exchange of injection equipment and injection drug use among prison inmates. I explored operational and socio-cultural barriers to the implementation of prison needle exchange programs (PNEPs) in Canadian incarceration settings, which have long been recommended by respected Canadian institutions, researchers and prison health advocates and have also been successfully piloted in numerous international settings in order to control BBV transmission among inmates. Methods:A literature review was combined with qualitative, semi-structured interviews consisting of study participants who have extensive experience providing front-line services, conducting research or advising policy related to inmate populations. Results:Qualitative analysis revealed multiple operational and socio-cultural barriers to the pilot implementation of PNEPs in Canadian incarceration settings, which include; prison staff safety concerns, conflicting values between correctional and public health officials, strong opposition to harm reduction programming from the Union of Canadian Correctional Officers, private contracting of prison health care services, limited professional contact time between correctional staff and community staff who provide front-line services to inmates and finally the overarching conservative ideology within the Federal Government and Canadian Corrections administration which stalls political commitment and action for this much needed public health measure. Conclusions:An awareness of these barriers is essential in order for various stakeholders to push the issue of effective harm reduction programming for the control of blood borne viruses within prison settings higher on the political agenda.

**Session:** C17: Prisons and Closed Settings

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 506 **Cruel and inhuman treatment: Suffering drug withdrawal and rights violations in detention and compulsory treatment centers**

**Author(s):** Bradford, Holly

**Abstract:** Issue – While some attention has been given to prisons as incubators for blood borne illnesses and rights violations, detention centers and “social rehabilitation” centers also deserve scrutiny. Police in Cambodia routinely roundup drug users, sex workers, street children, the elderly, the mentally ill and others to “beautify” cities before public holidays. In response to a U.S.-backed Law on the Suppression of Human Trafficking and Sexual Exploitation, the Cambodian National Police and Ministry of the Interior have stepped up these round-ups. Hundreds of drug users have been sent to detention centers in former Khmer Rouge death camps. Conditions in these centers violate numerous international human rights, and have disrupted and undermined public health and harm reduction efforts. Key arguments – Drug users and others are involuntarily detained in Koh Kor, a former Khmer Rouge execution camp situated on an island, and other centers. Detainees have no due process or legal recourse. Conditions in Koh Kor are crowded and unsanitary – with inadequate nutrition, sewage facilities, and provision of hygiene supplies. In addition, there is no basic healthcare or trained medical personnel. Medication is unavailable– there are no antiretrovirals or medications for tuberculosis or other opportunistic infections. Methadone, buprenorphine, and other medications to prevent painful drug withdrawal, are not provided. Detainees have reported beatings and at least two known drug users have died during escape attempts; others have died in the center. Children and adults are detained together in the same facilities, as are women and men. Implications – Due to fear of round-ups, drug users are pushed further underground, limiting their ability to access harm reduction services, and increasing the risk for diseases such as HIV and hepatitis C. Drug users face further health risks inside the centers.

**Session:** C3: Policing, Treatment and Rights

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 507 **Detention as drug treatment: The Cambodian experience**

**Author(s):** *Bradford, Holly R ; Mao, Srey ; Somath, Sok*

**Abstract:** Issue – Drug dependence treatment in Cambodia often consists of unproven methods that are not only ineffective, but may also violate human rights. Drug users are regularly rounded up, particularly before public holidays, and sent to compulsory drug treatment centers, which, in reality, offer nothing in the way of treatment. The speaker will describe her firsthand experiences in drug treatment. Key arguments – Drug treatment centers in Cambodia are run by police and administrative officers, rather than by doctors or other health professionals. No distinction is made between occasional users and drug-dependent individuals, and there are no clear criteria to determine length of treatment. Treatment consists of unmedicated withdrawal and isolation. Antiretrovirals and medications for opportunistic infections are generally not available. Internees are kept in locked cells with no toilets or beds, with only short periods of release to use the toilet or bathe. Food provided is inadequate and some internees eat grass and leaves to stave their hunger. In addition, drinking water is generally not available in the cells where drug users are locked, and people are compelled to drink shower water or water in animal troughs. Aside from unsanitary conditions and medical neglect, internees face other abuses, including sexual abuse by guards and being beaten with sticks and boards as a way to learn “not to use drugs and that being a drug user is disgusting and bad.” People are sometimes beaten so severely that guards remove them from the center and leave them on the side of the road, so that they will not die in the center. Implications – Drug users face the constant threat of arbitrary detention without legal recourse. Inside detention centers, drug users face violations of their right to health, right to freedom from torture and other cruel, inhuman, and degrading treatment, and even their right to life.

**Session:** M2: Compulsory Drug Dependence Treatment Centres: Costs, Rights and Evidence

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 508 **Manipur Drug users taking drastic steps despite availability of various Harm Reduction (HR) Options**

**Author(s):** *Waikhom, Ronny ; Namaram, Kishalaya ; Oinam, Openkumar*

**Abstract:** 1. Issue A new trend of using drug users by some armed groups in Manipur has become a serious concern for everyone, particularly among those advocating HR and also those implementing preventive interventions amongst injecting drug users. 2. Key Arguments Manipur, despite being one of the HR pioneers and with all the available HR options, such as needle-syringe exchange program, oral substitution therapy, etc., it is still plagued by myriad of problems, like HIV-Hepatitis C co-infection, adverse health complications due to unsafe/unhygienic injecting practices, overdose deaths due to unavailability of antidotes, etc. The latest and most serious problem is the nexus between some of the drug users and armed groups. Extortions are carried out by drug users, carrying arms, especially hand guns and grenades, at the behest of these armed groups. Such drastic step taken up by drug users might shatter the entire HR strategy, which has already achieved a substantial degree in bringing down the HIV prevalence in this region. Some of the major factors behind such nexus are: that drug users get major share for every extortion; they are provided with their drug of choice; they also enjoy the new status/power that they get with guns and money; many of them became well acquainted with these armed groups when they were in the prison and that they were also helped in getting out of the prison. 3. Implications Unless the government comes out with clear cut policy on drugs and drug use with endorsement of harm reduction as the major strategy in addressing drug use issues and thereby scaling up the proven options such as oral substitution therapy and needle-syringe exchange program, such serious problems would continue to aggravate, resulting to a serious repercussions towards universal access and overall goal of halting and reversing the epidemic by 2010.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 509 **Incarceration experiences among a community based sample of injection drug users in Bangkok, Thailand**

**Author(s):** *Hayashi, Kanna ; Fairbairn, Nadia ; Kaplan, Karyn ; Ruttanussion, Nawarit ; Lai, Calvin ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Background: In Thailand the dominant response to drug-related harm has been enforcement and incarceration. Previous studies have indicated that incarceration is associated with various harms among Thai injection drug users (IDU), including HIV infection. To further elucidate the risk environment of Thai IDU, we sought to describe the prevalence and correlates of incarceration among a community-based sample of Thai IDU. Methods: We examined the prevalence of incarceration among 252 IDU participating in a community-based research study conducted through the Mit Sampan Harm Reduction Center, Bangkok. Univariate statistics and multivariate logistic regression were used to identify factors associated with reporting a history of incarceration. We also examined the prevalence of injection drug use and syringe sharing within prisons. Results: 252 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 197 (78.2%) participants reported a history of incarceration. In multivariate analyses, reporting a history of incarceration was independently and positively associated with forced drug treatment experience (Adjusted Odds Ratio [AOR] = 4.93; 95% Confidence Interval [CI]: 1.95 – 12.48), non-fatal overdose (AOR = 3.69; 95%CI: 1.45 – 9.39), syringe sharing (AOR = 2.20; 95%CI: 1.12 – 4.32), and was negatively associated with female gender (AOR = 0.41; 95%CI: 0.20 – 0.82). Among those who reported a history of incarceration, 59 (29.9%) reported injection drug use in prison, and 48 (81.4%) of these individuals reported sharing syringes in prison. Conclusion: Over three-quarters of the community-recruited IDU participating in this study reported a history of incarceration, and 30% of these individuals reported injection drug use within prison. Further, an alarmingly high rate of syringe sharing within prison was reported among those previously incarcerated. These findings provide further evidence of the urgent need for harm reduction measures, including syringe exchange, in Thai prisons.

**Session:** C17: Prisons and Closed Settings

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 510 **“Break You Down to Build You Up”: The Malaysian experience**

**Author(s):** *bin Ali Umar, Shaharudin*

**Abstract:** Issue – Illicit drug use is considered “enemy number one” in the Malaysia. Most of the country’s drug treatment centers use severe and unproven methods, designed to break down drug users then build them back up. These methods are clearly not effective—rates of return to drug use are 75 – 90%—and they also violate participants’ human rights. Key arguments – Drug treatment in Malaysia generally consists of “cold turkey” detoxification; methadone to relieve opiate withdrawal is unavailable at most centers. “Treatment” involves of long days of military-style discipline and abuse. Residents are kicked, punched, made to crawl through animal excrement, to “act like a whale” by drinking and spitting out dirty water, and abused and caned by a religious leader. While first-time offenders are interned in treatment centers for two years, longer sentences are imposed upon repeat offenders. “Hard-core drug users” are currently jailed for five to seven years, but an amendment to the law would extend the sentence to 13 years. The longer sentence was proposed in an attempt to address high recidivism rates. Former inmates must report to the nearest police station and to the anti-drug agency on a regular basis for two years. No information about harm reduction services is provided. Implications – Harm reduction is like a “sandcastle” built up by community organizations, and then torn down by police activities. Rather than accessing services in the community, drug users are brought to treatment centers that are sites of humiliation rather than treatment. Reform is needed.

**Session:** M2: Compulsory Drug Dependence Treatment Centres: Costs, Rights and Evidence

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 511 30 years of Methadone Therapy in Serbia

**Author(s):** *Kovacevic, Mira ; Fridman, Vesna*

**Abstract:** In Belgrade, capital of Serbia, first opiate users have sought medical help some 30 years ago, in late '70s. Very few doctors, most of them psychiatrists, responded to their needs. Among other methods some psychiatrists started to use methadone as a new and efficient medicine for opioid dependency treatment. Reactions of a society wasn't always good, some doctors underwent very unpleasant moments in their lives and professional careers. But methadone treatment stayed and in decades slowly spreaded in other cities in Serbia and other countries in region, mostly because of devoted work of doctors who believed in its efficiency. Epidemic of HIV infection certainly contributed to an establishment of methadone as a treatment of first choice for many opiate users. Significance of methadone treatment in opiate users with HIV infection is tremendous. As complex and long-term treatment of HIV/AIDS is always and for many patients too expensive, especially in less wealthy societies, every help is of a great benefit. Global Fund for AIDS, TB and Malaria (GFATM) is helping people all around the World to get help they need. GFATM is supporting many Harm Reduction programs in Serbia for almost 3 years and contributes enormously in capacity building, networking and collaboration development of governmental and nongovernmental organizations. In this presentation methadone treatment network and some other programs donated by GFATM in Serbia are introduced, as well as their great impact on HIV incidence reduction and treatment availability enhancement

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 515 A peer-based approach to working with street youth living with HIV and/or hepatitis C

**Author(s):** *Boulet, Renaud*

**Abstract:** Issue Youth and injection drug users are often the target of harm reduction campaigns. Many organizations attempt to provide services for them but very few actually try to cooperate with or encourage youth to find and develop their own response to the issues they are facing. The young population is, moreover, particularly difficult to reach and engage. Setting Vancouver has a large homeless population. A large percentage of this population is under 29 and most of them engage regularly in risky behavior such as sex work and injection drug use. An alarming number of them are living with HIV and/or Hepatitis C. Project YouthCO AIDS Society is Canada's first youth-driven organization, leading the HIV and Hepatitis C movement through peer education, support and shared leadership. Through its work, YouthCO AIDS Society encourages youth to become actors of the harm reduction message rather than only being its beneficiaries. The youth-driven support program at YouthCO takes a new, non-conventional, and non-judgmental approach, allowing the team to maintain contact and good relations with street youth living with HIV and/or Hepatitis C in the Vancouver area. The program focuses particularly on street-entrenched youth and drug users – the daily drop-in and street outreach tours meet the basic needs of those who are at greatest risk. Outcome and lessons learned Through its peer-based approach, YouthCO not only provides support to hundreds of youth throughout the year but also allows the prevention message to be heard in a more efficient manner and brings youth together to work toward structural change.

**Session:** C18: Young People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

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**ID/Title:** 516 **Collective Empowerment while Creating Knowledge: A Case Study of Community-Based Participatory Research with Injection Drug Users in Bangkok, Thailand**

**Author(s):** Hayashi, Kanna ; Fairbairn, Nadia ; Kaplan, Karyn ; Sripramong, Jirasak ; Wimolchaiporn, Chuchai ; Kiatying-Angsulee, Niyada ; Kerr, Thomas

**Abstract:** Issue: Thailand's drug policy prioritizes the criminalization and imprisonment of injection drug users (IDU). Consequently, IDU have faced widespread human rights abuses and are often difficult to reach through conventional care systems. Further, due to the extreme marginalization experienced by IDU, conducting high quality research with the population can be extremely challenging. Setting: In August 2008 researchers at British Columbia Centre for Excellence in HIV/AIDS undertook a community-based participatory research (CBPR) project involving IDU in Bangkok, Thailand, in collaboration with Mit Sampan Harm Reduction Center (MSHRC) and Chulalongkorn University. MSHRC is a drug-user led drop-in Centre serving local IDU. In addition to various research-related goals, the project sought to connect local IDU with the MSHRC. Project: A cross-sectional survey was conducted to gather a range of information about drug use patterns, health behaviours and risk environment issues among a community-recruited sample of IDU in Bangkok. Twelve current/former drug users recruited from MSHRC were trained as peer-researchers. The peer research team assisted with survey development, outreach, recruitment, data collection and analysis. Outcomes: Peer involvement enabled researchers to quickly access the local IDU population in Bangkok. Of the 252 IDU respondents, 178 (71%) were new to MSHRC. Following the CBPR project, there has been a continuous increase in the number of MSHRC participants from 330 in July to 506 in August, 430 in September and 483 in October. The CBPR approach was instrumental in building capacity and increasing motivation to take actions to improve the health and well-being of IDU in the community. Our experience showed that CBPR can promote community empowerment and access to services while obtaining valuable epidemiologic data. Due to the increased financial and time investment necessary for CBPR, development of sustainable funding opportunities for CBPR and training opportunities in CBPR methodology for research personnel is needed.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 518 **What reduced the attractiveness of heroin use in Switzerland? Focus on shifting individual and cultural significance**

**Author(s):** Von Aarburg, Hans-Peter ; Stohler, Rudolf ; Hämmig, Robert

**Abstract:** Facts: The number of new dependent heroin users in Switzerland has been declining since 1990. The average age of those in substitution treatment programmes is currently rising by nine months every year. Intriguingly, heroin incidence started declining shortly after the heroin price on the black market had fallen sharply. This downward trend in incidence has been persisting throughout economically harsh and booming years. Questions: Why did heroin use lose much of its former attractiveness? Have social backgrounds and expectations of present-day groups of young people changed significantly from former ones? Are there pharmacological effects of other substances more appealing to younger generations? Might the changed setting of drug use – nowadays largely socio-medically supervised – have compromised heroin use as a once rebellious model of deviant behaviour? Approach: We correlate the factors that might shape the cultural – and individual –significance of heroin use – the «image of heroin» – at given moments in time. More specifically we consider the intensity of law enforcement and socio-medical interventions, price & availability of the drug, the general economic situation & job opportunities, awareness of the untoward effects of regular use, and changes in consumption rituals of user groups. We assess the respective importance of the above factors by combining both the societal and the individual level. General statistical data are linked with individual quantitative and qualitative data sets, generated by questionnaires and narrative interviews. Aim: Based on the Swiss experience we aim to contribute to the methodology of a Cultural Epidemiology in the sense of Mitchell G. Weiss. The value of this approach lies in combining socio-demographic data with findings obtained from studying individual and cultural significance.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 525 **A community-based intervention focussed on spoon sharing to increase HCV awareness among people who inject drugs in France.**

**Author(s):** *Cazaly, Véronique ; Bousslat, Saïd ; Bricaud, Carine ; Defroment, Christine ; Evanno, Jérôme ; Fiorindo, Omry ; Franques, Laetitia ; Gelas, Fabienne ; Kacher, Jamel ; Murat, Jérôme ; Perrin, Nicolas ; Urdiales, Carmen ; Derras, Sad Eddine ; Lefevre, Isabel Ann*

**Abstract:** Background: Despite harm reduction implementation in France, HCV prevalence remains unyieldingly high in people who inject drugs (IDUs). In the InVS-ANRS-Coquelicot study (2004), 59.8% of over 1400 respondents were HCV-positive; nearly a third of them mistakenly believed themselves HCV-negative and 35% were unaware of the risks of sharing paraphernalia. In the community-based harm reduction programmes run by AIDES, 18% of drug users who took part in the 2005 "AIDES et toi" survey were unaware of their HCV status. This intervention aims to encourage discussions on the risks of sharing paraphernalia, by identifying spoon sharing habits with IDUs. Methods: The intervention was conducted over 3 weeks in 2007, on AIDES premises or mobile units in 4 French cities. IDUs were presented with the following statement: "To get my fix, I once had to use a container (a spoon, a stericup or a tin can), which had already been used by another IDU. What did I do?" A single choice was then offered amongst a list of possible answers. Results: Out of 155 IDUs, 150 (97%) agreed to answer (78% were over 25, 78% were men): 31% said they had never used an old container, whereas 103 (69%) recalled having done so and took part in the survey. Among these 103 people (almost half of whom declared themselves HCV-positive), 32% said they had used the spoon as it was, 24% had washed it with water or saliva, 10% with bleach, 28% with alcohol, boiling water, or one or several disinfectants; 6% had washed it in another way. Conclusions: The present data confirm that containers used for injection are shared at least occasionally, and highlight common practices of unequal efficacy in reducing viral infection risk. This intervention provides a tool for discussion towards strengthening harm reduction strategies with people who inject drugs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 527 **Medically Assisted Treatments in the Republic of Macedonia**

**Author(s):** *Ignjatova, Lijana Aleksandar*

**Abstract:** The treatment of opiate dependent users in Republic of Macedonia dates back to the late 1970-ties with the introduction of substitution treatment (methadone). After 30 years, stigma and discrimination among general population, particularly among medical personnel towards patients, substitution therapy and staff working with substitution therapy is too big so this therapy actually covers only 5-10% of estimated number of the problematic opiate users in the country. In the capital city Skopje there is only one specialized centre with big and long waiting list for entrance to program. Substitution therapy is not available to everyone who needs it. Methadone is the only substitution therapy available in the country. There is not more and different treatment options and medications, as well as specific programs for women, young's and ethnic groups. Reducing stigma and discrimination, improving treatment options through advocating for opening treatment centres, and advocacy for registration and application of medications supported by evidence based medicine are imperatives in this moment.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 529 **A community-based approach to explore water sharing habits and associated beliefs among people who inject drugs in France, aiming to increase HCV awareness.**

**Author(s):** *Perrin, Nicolas ; Bricaud, Carine ; Cazaly, Véronique ; Defroment, Christine ; Fiorindo, Omry ; Gelas, Fabienne ; Haddou, Mustapha ; Lapeyre, Yannick ; Murat, Jérôme ; Samson, Yohann ; Urdiales, Carmen ; Vitagliano, Joseph ; Derras, Sad Eddine ; Lefevre, Isabel Ann*

**Abstract:** Background: In France, high HCV prevalence and low HCV risk awareness remain major issues in people who inject drugs (IDUs). In the InVS-ANRS-Coquelicot study (2004), 35% of IDUs were uninformed of the risks of sharing drug paraphernalia. In the community-based harm reduction programmes run by AIDES, 18% of IDUs who took part in the 2005 "AIDES et toi" survey were unaware of their HCV status. This intervention uses a simple demonstration to provide IDUs a better understanding of the risks of water sharing, and to identify beliefs associated with potentially unsafe practices. Methods: The intervention was conducted over 3 weeks in 2008, on AIDES premises or mobile units in 4 French cities. The demonstration used methylene blue, drawn into a syringe and rinsed several times in a glass of water, to illustrate viral contamination of shared water. 112 IDUs were asked to answer a series of questions on their beliefs and habits in the last 6 months; 13 (12%) did not wish to participate. Results: Among 99 IDUs (79% were over 25, 79% were men), 27% declared themselves HCV-positive, and 13% were unaware of their HCV status. Nearly a third of these IDUs had shared water, more than 4 times for almost half of them, in the last 6 months. 21% considered sharing water a low or negligible risk. A majority did not believe that using cocaine (67%), heroin (71%) or injecting with another person or in a group (71%) could influence the way they rinsed syringes. Conclusions: The present data confirm that water used for injection is shared at least occasionally, and show that understanding of situations that have been shown to be associated with increased risk of viral infection remains limited. The tool provided encourages discussions towards strengthening harm reduction strategies with people who inject drugs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 533 **GloballyAwareArt Advocates Community Voices for Self Determination, Social Justice and Equity in the transmission of Ideas**

**Author(s):** *Davis, Kim*

**Abstract:** GloballyAwareArt AAAA comprises of a collection of Paintings created by Injecting Drug User community, People living with HIV/AIDS, Street-Kids, Outreach-Workers and Health Professionals under the direction and collaboration of myself Visual Artist Kim Davis. The exhibition I wish to bring to IHRA's 20th Conference features 5 major Artworks from around the world that express unvetted concerns through Art as a language of exchange. They address Human Rights, Harm Reduction, Gender, Violence, HIV/AIDS, Hepatitis C, Affected Families, Children, Nutrition, Education/Training, Social Inclusion, Policy, Access to and quality of Health Systems and Incarceration. The Artworks are a tool for education and sharing information and create significant engagement with an individual's ideas and values, asking us to share-learn-question. The process builds connections, communicates a shared vision and brings benefits to participants, partners and audience. These Artworks are powerful, truthful and address the real issues and concerns that people have to deal with each day. The Paintings create open dialogue, deliver advocacy messages, raise awareness of reducing harm and human rights and validate the voices of the Artists and community by enabling them express their concerns and advocate to influence their regions policies and programmes through art as a language of expression. As well as exhibiting these 5 major Artworks I request the opportunity to create a IHRA's Harm Reduction and Human Rights painting with the conference delegates in Bangkok. Each painting is 4-5mt long x 1-2mt wide. Art-production is a powerful medium for change.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 534 **Advocating for human rights and harm reduction in Rosario City, Argentina: modifying social constructions about citizenship.**

**Author(s):** Inchaurraga, Silvia

**Abstract:** Issue; The Drug Abuse Center of National University of Rosario began with the Harm Reduction (HR) Programme by the middle 90's. Currently it is focused on disadvantaged population on poor areas where more cheap and toxic drugs are used and combination of drugs. Outreach work involves injection equipment and sniff kits distribution. A harmful social construct of drug users as criminals is casting them out of the health system. A human rights approach has been playing a key role on HR. Programme; The main goal of reducing the harms of violations of human rights to 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. The team involves a human right perspective on training on community and health areas. The action-plan develop social messages to modify the idea of drug users as criminal or dangerous. A HR and 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; "Ni faloperos ni drogadicctos,Ciudadanos" 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 and human rights organizations must be involved in HR programmes. Interventions must be driven from the main idea of citizenship.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 536 **Opening a can of worms: Service providers and policy makers view needle and syringe programme legislation in Australia**

**Author(s):** Wallace, Jack ; Pitts, Marian ; McNally, Stephen

**Abstract:** Legislation permitting needle and syringe distribution in Australia was first adopted almost 20 years ago with an amendment to the Drugs Misuse and Trafficking Act 1985 in New South Wales. Other states and territories followed with the review and amendment of legislation. At the time, the laws were innovative with little historical precedence for their development. The laws continue to operate within a context where the self administration of drugs is unlawful, as is the possession of drugs. Each of the eight Australian jurisdictions have an average of 10 pieces of legislation relating directly to hepatitis C prevention through needle and syringe programs and all jurisdictions have developed strategic and policy initiatives aiming to reduce hepatitis C transmission. This study maps the needle and syringe program regulatory and strategic frameworks within Australia and investigates how legislation is interpreted and implemented by bureaucrats and service providers. An analysis of a series of focused in-depth interviews with 30 bureaucrats directly concerned with implementing hepatitis C policy initiatives suggests that - conflict exists between the aims and operations of needle and syringe programs and the regulatory framework permitting the distribution of needles and syringes - confusion exists in each jurisdiction about the regulations that apply to needle and syringe programs - there is reluctance and caution to examine closely how the regulations affect policy and practice - no discernable link exists between the development of policy, the implementation of practice and the regulatory framework in which they operate Needle and syringe program policy and practice are often driven by pragmatic service provision, often with fear of the consequences of explicitly utilising the regulatory framework. Limits to this pragmatism are identified, particularly when it moves into the realm of criminal activity.

**Session:** C32: Needle and Syringe Exchange Programmes (Part Two)

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 539 'Less Alcohol, Less Risks': A harm reduction campaign in Ushuaia City, Argentina

**Author(s):** Ponce, Liliana ; Inchaurraga, Silvia

**Abstract:** Issue The provincial government that assumed power in December 2007 in The Province of Tierra del Fuego, Antarctica, and Islands of the South Atlantic has a commitment with a more pragmatical and human drug policy. Today the province has the second highest amount of cocaine, marijuana, and alcohol use. Ushuaia the capital city has 59.000 inhabitants. Alcohol as well as other legal drugs is a social problem related to a high social tolerance. Programme The Mental Health and Addiction Directorate has identified necessities of the community, Primary Care Centers and Community Promotion Directorate, and is developing the harm reduction campaign "Less Alcohol, Less Risk" . The Campaign involves media massive spots, leadflets, harm reduction training for health care providers, street work with young people and consolidation of a network. Results The programme began with open debates with the community that got the involvement of different areas and social actors. Main harm reduction issues as alcohol use and driving, alcohol use and safe sex, risks of combinations of alcohol beverages and alcohol and other drugs were involved in the training. The message "Less alcohol less risks" shows a high impact in general population with the issue of minimizing quantity of alcohol, showing the importance of message -especially with young population- involving what to do when minimizing quantity is not possible and an abusive used is done and a pragmatical message about what to do when too much alcohol is present. Conclusions After a long tradition of abstinence-based approaches, a different discourse began in Ushuaia with harm reduction and health initiatives. Even difficulties of acceptance of a non abstinence model, the impact of first stages of the Campaign shows that a change is possible when a health policy wants it and the key impact of a network involving different Ministries concerned.

**Session:** C15: Alcohol Policies and Social Marketing: Changing Drinking Cultures

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 541 Interagency co-location approach to alcohol harm reduction in rural New Zealand

**Author(s):** Hardie, Amanda Maree ; Wright, Graeme ; Antrobus, Wendy

**Abstract:** Issue: The Far North was reporting astounding alcohol-related harm figures: - Highest proportion of alcohol-related crashes in New Zealand in 2004. 24% of casualty crashes involved alcohol, compared to 13% nationally. - In 2005, a minor (under 18 years) was able to purchase alcohol from 34 of 53 off-licensed premises tested - a 64% sale rate. - 33% of offenders arrested after drinking in a licensed premise were extremely intoxicated, compared to 18% nationally. SETTING: Far North, Northland, New Zealand. Population of 56,000, 320 licensed premises covering 732,385 hectares. Diverse geographical spread with minimal public transport, isolation and poverty. PROJECT: A ground breaking co-location project was established, uniting three agencies in one location for a two year pilot period. Police, Public Health, District Council strategically supported by the Alcohol Advisory Council all working collaboratively. INTERVENTIONS: Covert Police and Public Health food and intoxication audits Industry training, media awareness of alcohol harms Community engagement National and local Alcohol Harm Reduction expert policy advice Increased targeted monitoring of problem geographical areas Noise complaint monitoring of licensed and private locations OUTCOMES: Food and intoxication audits revealed: 50% of premises failed to provide food when serving alcohol 16% exhibited patrons with extreme intoxication Warnings and compliance specified and all premises notified of increased monitoring. Interagency intelligence and enforcement has impacted on: -Smokefree legislation and district licensing prosecutions actioned. -Sales to minor audits revealed a steady decline from 64% to 24% in 2008. -Alcohol was a factor in 22% of injury crashes in 2007, a large decline from the 28% in 2006. - Extreme intoxication after drinking in licensed premises reduced to 16% in 2008. Summary: Strong, honest working relationships encourage the team to challenge conventional practises which impact positively on a unique rural environment where alcohol is a way of life.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 542 **Strengthening access to harm reduction services for Afghan injecting drug users in Pakistan**

**Author(s):** *Burton, Ann Josephine ; Aberra, Abebe ; Oppenheimer, Edna ; Mwaura, Stephen Njoroge*

**Abstract:** Background Pakistan is hosting approximately 2.4 million Afghan refugees. Substance use was noted to be problematic amongst Afghans residing in Pakistan but little was known about the relationship between substance use and HIV risk. In 2007 a rapid assessment was conducted to determine the magnitude and nature of substance use and related HIV risk behaviors amongst refugees and to identify appropriate responses. Methodology Data were collected using a rapid assessment and response methodology consisting of qualitative methods and review of secondary data. A standardized tool for assessing substance use in conflict-affected populations was used. Main findings There is a high prevalence of substance use among Afghans; the major drugs being opium, hashish and psychotropics. The commonest route of administration was oral; a history of injecting was reported by 5% of Afghan drug users in treatment. Afghans were more likely than Pakistanis to have injected, to share needles (71% versus 51%) and their knowledge of HIV was very poor. Retention in services by Afghans is much less than Pakistanis; the exchange rate for needles and syringes was 72% in Pakistanis versus 6% in Afghans. Factors associated with poor retention include stigma, poverty, lack of awareness, harassment, fear of arrest and an absence of specific measures to ensure that Afghans were being reached. Conclusion: National HIV and substance use strategies and policies need to be inclusive and meet the needs of diverse populations within a country's borders. Refugees have particular needs that need to be addressed to ensure uptake of, and retention in, harm reduction services. These include training of same language/ethnicity peer educators, extending services to areas where Afghans congregate and inject, developing audience appropriate IEC materials and promoting refugee rights with law enforcement agencies. Disaggregation of service use data by country of origin will improve monitoring and evaluation.

**Session:** C20: Harm Reduction in Conflict and Disaster Zones

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 544 **Youth and 'Ya Ba' use in Chiang Mai, Northern Thailand**

**Author(s):** *Cohen, Anjalee Phyllis*

**Abstract:** Background: From the mid 1990s until the war on drugs campaign in 2003, Thailand became the largest per capita consumer of methamphetamine (ya ba – “crazy drug”) worldwide. Ya ba continues to be Thailand's leading drug of concern, particularly among secondary school students. Young people and their use of this drug have been depicted as uncontrollable and as a significant threat to Thailand's social order. This moral panic is reflected in Thailand's anti-drug campaigns and the Thai “war on drugs” policy. Objectives/Methods: Based on ethnographic fieldwork research in Chiang Mai, northern Thailand, this paper examines ya ba use among Thai youth and possible explanations for the widespread appeal among this group. It focuses on the social and cultural context of use and its implications for harm reduction. Study Results: This study found that many Thai youth perceive ya ba as a modern, 'cool' and multi-purpose drug. These positive images contrasts markedly with the negative images of ya ba portrayed in the Thai media. Despite the view that young people's use of this drug is uncontrollable and excessive, this paper suggests that young Thai are able to regulate ya ba consumption depending on the environment in which the drug is used. Conclusion: The findings of this study demonstrate that a “culture of sharing” and the social use of ya ba helps to moderate consumption and minimise harm, whilst the solitary use of ya ba is more likely to lead to harm and problematic behaviour.

**Session:** C27: Qualitative Studies and Harm Reduction Contexts

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 545 **Alcohol and Simultaneous Poly-Substance Use: Patterns and Psychosocial Determinants**

**Author(s):** Michelow, Warren

**Abstract:** OBJECTIVES: The use of two or more psychoactive substances at the same time is referred to as simultaneous poly-substance use (PSU) and is the norm among drug users. In Canada most research to date has not distinguished between PSU or concurrent reports of use over a time period, e.g. over last 30 days. This study aimed to explore patterns and psychosocial determinants of the most recent episode of PSU that ended within the previous 24 hours. Specific attention was paid to the use of alcohol and cannabis in this context. METHODS: A self-report questionnaire was administered to a convenience sample of attendees at a multi-day music festival. Inclusion criteria were capacity to provide informed consent, age 19 year or older, and simultaneous use of two or more drugs (including alcohol or cannabis) ending within the past 24 hours. RESULTS: The sample size was 73, with 28.8% reporting using two drugs, 49.3% using 3 or 4 drugs, and 21.9% using 5 or more drugs at the same time. In the sample, 60.3% reported using alcohol, 69.9% reported marijuana use and 65.8% reported ecstasy use in combination with other drugs. Combinations including ketamine or LSD were reported by 35.6% each. 84.9% consciously chose PSU on their own with 20.5% reporting that they did not get high enough on just one drug. Of alcohol users, 75.0% also used marijuana, 61.4% used ecstasy, 38.6% used ketamine and 36.4% used LSD. CONCLUSIONS: These findings demonstrate very high levels of PSU with almost three-quarters of the sample reporting use of 3 or more drugs simultaneously, suggesting harm reduction education and interventions need to take into account the potential for drug-drug interactions. The very high proportion reporting simultaneous use of alcohol with multiple other drugs suggests the importance of specific alcohol-related harm reduction in PSU.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 547 **Challenging discrimination in China: A former drug user's battle**

**Author(s):** Gao, Qiang

**Abstract:** Summary: In China, individuals still faces many difficulties after quitting drugs, and the discrimination and exclusion that they face come not only from society at large, but also from flawed legislation. After much work in this field we have discovered that while drugs are indeed terrible, the difficulties that must be faced after quitting drugs are far more horrific than the drugs themselves. Besides economic difficulties, the new public security apparatus's adoption of an online Early Warning Registration System adds to the difficulties of drug recovery by imposing addition pressures on registered drug users. The author's presentation will focus on his own efforts to fight against the continuing discrimination of people with drug use history in China. He will draw on examples of successful advocacy in his hometown that resulted in a change in a chance in local police protocol and the more humane treatment of drug users in his city. He will also discuss his experience of a recent trip to Beijing, where he was roughly treated and handcuffed in his hotel room before being brought to a local police station for a urine test. The presentation will discuss his own courageous efforts to fight his mistreatment by suing the district's police for using excessive force and coercion to implement compulsory urine testing. This work is conducted in the hope that that drug user voices can help to hasten humane amendments to the current legislation.

**Session:** C31: Drug User Organising in Asia

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 549 First HIV legal precedent in Kyrgyzstan: breach of medical privacy

**Author(s):** *Iriskulbekov, Erik*

**Abstract:** The Bureau on the rights protection of people, living with HIV/AIDS (PLWHA) and vulnerable group of population (VGP) of PF "Legal Clinic «Adilet» carries out representation and protection of beneficiaries' interests in law enforcement and judicial organs of the Kyrgyz Republic. Our legal services are free and include legal support in criminal, administrative and civil cases. Currently, the situation is aggravated by the social-economic problems in the country, lack of proper prevention of negative processes, the continuing focus of law enforcement agencies on the use of excessive punitive measures against HIV VGP (injection drug users, LGBT groups, prisoners and others). In this situation it is essential to ensure practical implementation and realization of generally accepted democratic legal principles. There is a need to create specific cases of successful protection of the rights and interests of PLWHA and VGP in all areas of their lives. Our clinic has already had the experience, and was the first and only legal precedent of taking the medical head to court for public disclosure of information about the status of HIV-positive patients in the region of Central Asia. In addition, nowadays our lawyer is being involved in a criminal case of the mass infection of children in one of the regions of the country. The focus of the work to the epidemic is on a massive complex preventive work. The main guide in this must surely become a concept designed to respect and protect human rights and development of prevention programs. The full realization of potential to reduce harm from the epidemic is possible due to appropriate institutional support, adequate legal framework, reliable and adequate information coverage.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 550 Adverse role of community people at periphery to harm reduction program

**Author(s):** *Islam, SM Mobasharul*

**Abstract:** Issue: Community people of periphery do not support the harm reduction program for injecting drug users (IDUs). They are belief that syringe needle exchange is really encouraging to the drug users for taking drug frequently. The environment is not support to the outreach workers for performing their activities as required. Setting: Padakhep Consortium has been working with IDUs for last 4years at Khulna and Barisal division as a lead NGO for preventing HIV and AIDS. The major services of the project are syringe and needle exchange, condom promotion, awareness building on HIV and AIDS, STI management, abscess management, drug counseling, drug treatment, advocacy, family and sensitization meeting with local people. The services had been provided through drop in center (DIC) and outreach level. A small place Noapara under Jessore district had established a DIC. The syringe/needle exchange program was resisted by community people because of their lack of knowledge on harm reduction program. Local people did not have enough education and knowledge on drug, HIV and AIDS. They did not accept in mind the harm reduction program might be helping the drug user's life. Project: The program had designed to sit with local people through sensitization meeting for creating enabling environment. The meeting with local elite, GO/NGO officials and religious leaders were also helpful to build knowledge on harm reduction program. The sensitization and family meeting with local people was a good strategic approach to reaching harm reduction program at periphery level. Frequent family and sensitization meeting had built awareness and commitment to harm reduction program. Outcomes: According to the project monthly report, harassment is reduced 500 to 44 by community people. Community people help to our outreach workers find out spot and un-served drug users. They had given place for organizing community based detoxification camp with free of cost.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 552 **Role Model Approach to Harm Reduction**

**Author(s):** *Gurung, Dilip ; Gurung, Lal Bahadur ; Gurung, Bindu*

**Abstract:** Objectives: - Surveying, providing basic information for IDUs and DUs on HIV/AIDS and drug related harm, encouraging them with hope and courage and providing free and affordable treatment. Methods: - Generally we took out a time phrase of 1 month and visit 1 place at a day. We planned to reach out to all the IDUs, DUs and PLHA .We went to the spots of the high risk day by day met them shared our experienced, oriented them about the high risk behaviors of HIV/AIDS and drug related harm and also disclose ourselves to them as a former drug use and PLHA and courage them to recover them selves and contribute for the community on HIV/AIDS. Results: - The positive outcome was that we reached to about 650 target group in which 70% were IDUs, 20 % were DUs and 10 % were Poly users .Age group from 17-26 were found 80%, 20 % from 27-45 ages .Among these 30% of them were found to be PLHA .15% of them were referred for free and affordable treatment to different Drug Rehabilitation Center. Conclusions: - our later survey showed that the drug and HIV/ AIDS being the most sensitive issue still the target group hasn't been able to comfortably disclose themselves and get the accessible service .

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 553 **The outcome analysis of IDU (injecting drug user) patient with dual diagnosis TB and HIV In-patient hospitalization in East Java, Indonesia**

**Author(s):** *Hartati, Hendri*

**Abstract:** Introduction It has been found that there were a significantly high number of dual diagnosed among IDU patients with HIV. One of the dual diagnoses among TB patient is TB-HIV diagnosis. The objective of this study is to measure the magnitude of the relationship between the TB and HIV diagnosis with the discharge status in 89 people from total 298 IDU patients with HIV who were hospitalized in East Java in the last one year. Method The study used the secondary data from the HIV and its opportunistic treatment unit in one hospital. The components of the data from medical record tracking are age, sex, residence, and referral, length of hospitalization, diagnosis, medicine, payer, and discharge status. The study included TB and HIV diagnosis in 89 people from total 298 IDU patients with HIV who were hospitalized in East Java in the last one year (September 2007-August 2008). The significant of correlation was measured based on chi-square. Findings The percentage of dual diagnosis (TB and HIV) in this study is 39% from all of HIV-IDU patient who hospitalized. From those entire patient, the chi square test show that there was no significant correlation between the TB-HIV diagnosis and the outcome hospitalization of IDU patient (p=0.3). However, the dual diagnose TB-HIV patient who died was one-fourth of total who hospitalized. Conclusion Although the chi-square test showed no significant correlation, there is a sign that the TB-HIV dual diagnosis may become serious in the future. The serious of the diagnosis can be reflected from the percentage of those who died. This will increase the hospital cost and finally national cost for inpatient treatment. Actually, the spread of infection can be avoided by prevention program such as harm reduction. Therefore, a prevention program such as harm reduction program is strongly recommended.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 554 **VCT services at the door step of Injecting Drug Users - A successful collaboration with Local Government in Bangladesh.**

**Author(s):** *Hossain, Md. Tahazzad*

**Abstract:** Issue: Since starting of Harm Reduction program, CARE-B has been facing challenges in providing Voluntary Counseling & Testing services in the door-step of street based Drug Users due to limited resource of the service facilities. That's why CARE-B has been exploring sustainable alternatives to overcome challenges related to VCT and initiated collaborative service delivery with the Local Government. Setting: CARE-B has been implementing HIV/AIDS Prevention Project for Injecting Drug Users since 1998 with a standard harm reduction framework. It has been doing needle exchange, condom distribution, VCT referral services as a part of program. In Bangladesh there are very limited VCT options exist for general population. From existing setting it is very difficult to ensure VCT services for street base DUs as they do not have enough capacity to access the services due to lack of money. More over, most of the VCT centres are not properly sensitized about DUs and maintaining confidentiality of clients. To address this critical issue CARE-B initiated door step VCT services at Government setting. Project: HIV and AIDS Targeted Intervention of CARE-B established VCT services at the Government setting for DUs. The project organized sensitization and advocacy with Dhaka Mohanagar General Hospital, (Dhaka City Corporation) authority to overcome the crucial challenges. Finally CARE-B and Dhaka Mohanagar General Hospital have jointly lunched door step VCT services for street based DUs since 17 July, 2008. Outcome: Since starting, total 289 DUs received VCT services, 08 were identified HIV positive. Positive DUs are getting psychosocial counseling, OIs treatment services from this center. 05 HIV positive DUs became member of Mukto Akash Bangladesh (a SHG for positive people) and getting positive care and support services. This initiative in Government setting made it possible to get sustainable easy access to VCT services by the most marginalized population of the society.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 555 **USE OF DRUGS AND CONSUMPTION VIAS. IMPLEMENTATION SNIFF-KITS**

**Author(s):** *Celentano, Andrea Patricia ; Inchaurreaga, Silvia Susana*

**Abstract:** Introduction: As part of project funded by the Global Fund, a survey was conducted about consumption patterns and risk drug users who use the modality of aspiration and / or inhalation among other tracks. Based on the indicators obtained in the field work with drug users was considered particularly important to study specific features and frequency of consumption of cocaine and other substances aspiration and the sharing of material used and perceived risks associated with HIV / AIDS and Hepatitis in particular. Methods: A questionnaire was applied with closed and open questions which included: gender, age, level of education, data related to drug use (type of drugs consumed, via consumption, use of a canuto sterile (sniff kit), causes . Etc. was provided to drug users contacted by promoters community in four areas of the city of Rosario. Results: The majority (94%) consume cocaine alone or combined with other drugs, 32% only aspire, 24% combined with ingestion given combining cocaine, mushrooms and psychotropics. The 85% shared canuto ever, these him. 43% share currently ongoing. The 89% would use canuto sterile if available, of these, approximately 41% share the canuto. This means that the harm reduction policies are answered, namely that have impact on the drug user population. Conclusions: The sniff kit contains a sterile tube (canuto), a condom and informational material. It is an innovative material that for the first time included in the framework of harm reduction work in Argentina and is in line with the injection kits from the 90's, another pioneer experience. It is also a material restricted use and distribution absolutely targeted to specific populations according to their consumption. This material evidence needed for the study population because of the low perception of risk (38%) and high frequency sharing material used

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 557 Integrating HIV prevention work with IDUs in Local AIDS policy in the Philippines

**Author(s):** Salas, Vicente ; Agbulos, Rodelin ; Lim, Ma. Lourdes

**Abstract:** Issue: Zamboanga city, in southern Philippines, has an emerging IDU population. Though the city has been known for its outstanding policies on HIV prevention and care, it did not explicitly cover the concerns of the drug using population (there were an estimated 1000 IDUs in the city in 2006-07) and many local leaders continued to deny the problem. There were a few small scale initiatives led by one NGO who worked very closely with the city's health department. Project: A pilot project on behavior change and reducing drug related harm was implemented in two villages in the city, from February to October 2008. 235 IDUs were reached through the project and local stakeholders were involved in its design and implementation. Process: Through advocacy meetings with the local multi-sectoral AIDS council, a review of the city's AIDS prevention ordinance was done, and a strategic plan for the prevention and control of AIDS in the city was developed, for 2008-2012. A key influence on this was the conduct of a study visit to Indonesia in late 2007 and a pilot project on harm reduction, supported by the ADB, and a USAID-funded project on Health Governance. Outcome: The multi-sectoral AIDS council drafted a five year strategic plan that explicitly states key activities with people using drugs - such as the establishment of outreach posts in pilot areas, the conduct of support groups, IEC materials and condom distribution, demonstration of clean injecting practice, and STI and hepatitis education. Despite the lack of explicit support for clean needles provision, this strategic plan enabled the NGO and the peer educators to carry out their work in the local community and has opened the way to dialogue for including other interventions.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 558 Harm reduction services in a closed setting

**Author(s):** Naing, Aung Yu ; Mya, Naing Sein ; Sein, Ohn ; Oo, Myint ; Shwe, Mg

**Abstract:** Issue: One of the major challenges in harm reduction services are police crack-downs. It affects the continuation of outreach and treatment once clients are arrested. Setting: Laukkai is situated in Myanmar at the Chinese border; the indigenous Kokang authorities provide all basic amenities and infrastructure. Previously known for poppy cultivation and currently for cross-border to its casinos and massage parlours. ATS is quite prevalent. Twice a year, drug users are arrested and used as agricultural labour for harvesting. 80% of the prison population is there for drug offences. Project: AHRN set up a DIC in 2007 with a project team well versed with the local ethnic peculiarities. Outreach work covers villages, traditional opium dens and brothels. After each crackdown this frontline team struggles to trace back their contacts. Some can be tracked down but many are arrested. AHRN team discussed this issue in full length and decided to meet with the Kokang authorities with a list of lost clients that were in TB treatment and other health interventions. Ultimately the authorities agreed to allow the team to follow up the clients in the prison. As such, most of the clients on TB treatment are traced back. Since female prisoners are not segregated, they are also part of the programme. Outcomes: AHRN team now has access to Kokang prison. It gives health education on TB, TB-HIV, STIs, overdose and other drug issues. In addition a medical team (doctor and nurse) is allowed to provide consultations to the inmates with primary health care interventions. TB treatment is continued and, on occasion, prisoners with TB get early release on condition of treatment adherence. Prisoners having treatment contact with AHRN are advised by authorities to continue visiting the DIC on their release. A, information package, including relapse prevention, will be issued to inmates on release.

**Session:** C17: Prisons and Closed Settings

**Time:** 2009-04-21, 14:00 - 15:30

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**ID/Title:** 560 **Injecting drug users and family support groups: Innovations to prevention work in the Philippines**

**Author(s):** *Salas, Vicente ; Sescon, Jose ; Lim, Ma. Lourdes ; Saniel, Ofelia ; Malayang, Gladys*

**Abstract:** Issue: Zamboanga city, in southern Philippines, has an emerging problem with injecting drug use, with an estimated 1000 injectors and low levels of knowledge and practice of HIV prevention measures among IDUs. There were no mechanisms of supporting risk reduction at the community level. A pilot project, supported through the ADB, supplemented existing peer education efforts with the establishment of outreach posts, organisation of several support groups for IDUs. Setting: Two villages were selected as pilot sites for the establishment of Outreach Posts/drop in centers in Zamboanga city, staffed by trained peer educators. IDU support groups and Family support groups were organized, and training activities were implemented. Project: A participatory planning process was instituted for the design of the pilot project and collaboration sought from other local stakeholders. A study visit to Indonesia was organised. Technical support to the project was provided by several local and international consultants. The IDU support groups as well as the family support groups served to bring people together and share problems and resources for coping. Outcome: Though the pilot project was implemented for a mere seven months, it reached 235 IDUs, and four IDU support groups were organized. The preliminary results of an end of project evaluation cite the interventions provided as being instrumental to supporting drug use reduction and decreasing stigma in the village sites. Family support groups also report better and more open communication, as well as a decrease in domestic violence. Local leaders state that there have been less conflicts brought before the village chief for resolution, and that illicit drug distribution and pushing have decreased since the project started. Some of the former IDUs have started to return to school or have found employment. Local authorities are finding practical ways to continue support for the project after it ends.

**Session:** C34: Children and Families Affected by Drug Use

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 562 **The impact on opiate use through Symptomatic Drug Treatment using analgesics (Tramadol) in a resource poor setting**

**Author(s):** *De Maere, Willy ; Tun, Thinzar ; Thaug, Dr. Yin Min ; Singh, Siddharth*

**Abstract:** Issue: Substitution Treatment (i.e. Methadone...) has a proven impact on controlling opiate dependency. Unfortunately this treatment is not available in constrained and resource poor settings like Myanmar. The only alternative is then Symptomatic Drug Treatment (SDT) with the use of analgesics. Although deemed less effective, SDT can have a positive impact on drug use and related risk behaviours. Setting: Myanmar has a relatively large group of opiate users. Although Methadone treatment programmes have started recently; they are small with limited geographical coverage. The majority of opiate users are excluded from these programmes and SDT with analgesics is the only option. Project: AHRN has established programmes in Myanmar with service provisions including SDT using Tramadol. A Treatment Outcome Sheet was developed in mid 2008 including an Initial Assessment and measuring the Treatment Outcomes on drug use; health, economic and social issues. It also makes a distinction between opium smokers and heroin injectors. Outcomes: Based on the analysis of the first 60 drug users under the new Treatment Outcome Sheet, the following outcomes can be observed: among 30 heroin injectors on the quantity of drugs used as well as the money spend on drugs when down significantly, sharing of equipment went down with 53% while the same % got more involved with family. For 30 opium smokers the impact of SDT on drug use is even more significant: over 63% stopped using drugs; all others had lower frequency and less money spend; 60% had less social problems. No impact is seen in either group on illegal behaviour or job situation. The first analysis indicates clearly that SDT has a positive impact on drug use, risk behaviour and economic status (less money spend on drugs). The use of SDT as alternative for non-existing substitution programmes can, as such, be recommended as good practice.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 564 Outreach in an ATS-Sex driven population in a Myanmar-China border

**Author(s):** *Shwe, Mg ; Sein, Ohn ; Oo, Myint ; Lin, A*

**Abstract:** Issue: High incidence of ATS use among cross border casino attendees and locals is noticed in Laukkai, a Myanmar town surrounded by traditional opium using villages at the Chinese border. An estimated 37 brothels and massage parlours, with over 200 girls in total, are operational in the casino surroundings, creating a potentially high-risk environment for sexual, ATS driven, behaviour. Setting: A joint team of AHRN (targeting drug users) & AZG (targeting sex workers) approached brothel owners in order to get approval to meet girls involved in sex-trade and supply health information. A time-slot was granted; in order to adjust to the hours of the girls outreach agreed to work evening hours. Project: AHRN set up a community based drop-in-centre for (injecting) drug users in Laukkai in 2007. The only service provision for drug users in the area has attracted many in need of services. Outreach and drop-in-centre based activities have put a face on the previously "unknown notion" of drug treatment. Based on the confrontation with the endemic ATS use in the area, a team of outreach workers explored the hitherto hidden world of ATS and its serious links with "over enhanced" sexual behaviour among people visiting brothels. Outcomes: In a 3-month period AHRN managed to get accepted by brothel owners and sex workers. Regular contacts with over 50 drug using sex workers are established through outreach. The use of extra strong condoms with gel has become standard safety practice, especially with ATS clients/sex workers. The previously existing hidden aspect and denial of ATS use within the sex workers community has been overcome. 18 sex workers have become regular clients at the drop-in-centre, accessing health and other services; a number that is expected to grow with the extra recruitment of a female doctor and the adjustment of the opening hours.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 566 MDMA versus Cannabis Users: Offending Profiles and Implications for Policing MDMA Users

**Author(s):** *Hughes, Caitlin Elizabeth ; Ritter, Alison ; Christian, Fiona*

**Abstract:** Background: MDMA, or ecstasy, is a drug receiving increasing police attention in Australia, as evidenced through the use of crackdowns, sniffer dogs and roadside testing for illicit drugs. Arrests have escalated, e.g. between 1998 and 2004 arrests for MDMA use/possession increased by almost 900% in NSW. Yet while "tough on drugs" approaches are politically popular, many of the strategies have been found to increase the risks of MDMA use. There are many alternate policing interventions that could be adopted, including diversion strategies or multi-agency supply or harm reduction partnerships. But the push to adopt or even consider such responses is stifled by the absence of evidence on the frequency and pattern of offending conducted by MDMA users. This project provides a first step towards an evidence-base on which to inform and influence policing decisions. Methodology: This paper provides an overview of offending profiles of MDMA offenders detected in NSW, Australia in 2006 and a comparative group of cannabis offenders. It examines their ages, sex, dates and locations of offending and their criminal histories over the period 1997-2007. Study Results: We hypothesise that compared to cannabis use/possess offenders, MDMA use/possess offenders will be more likely to be detected in entertainment venues, on weekends and in summer. Moreover, we hypothesise they will have lower levels of criminal offending (in both frequency and length of offending) and will be involved in less serious forms of offending. Conclusions: This paper concludes by exploring the policy implications, firstly whether there are systematic differences in the rates and patterns of offending by MDMA versus cannabis users and secondly the implications for the types of policing interventions that should be adopted. If our hypotheses are supported our results would suggest a less intensive form of policing, for example the use of cautions, is warranted.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 567 **Community Based Harm Reduction Projects: An approach by and for people using drugs**

**Author(s):** *Limbu, Prem Kumar ; Gurung, Prashant ; Gurung, Nikhil ; Pun, Tul Prasad*

**Abstract:** Background: According to the National Centre for STD and AIDS Prevention there are approximately 40,000–50,000 drug users in Nepal from a total population of 20.9 million people. 60% of them are injecting drug users. The HIV prevalence rate among the injecting users in average across the country is 40 % and HCV prevalence is estimated to be 70%. Process: Considering the potential inaccuracy on size estimation of people using drugs and the current service gap of 70% (UNGASS 2007) Recovering Nepal, a network of people who use drugs in Nepal, identified an urgent need to scale up harm reduction services. It initiated (with the help of UNDP/PMU) a unique project called "Partnership Support Fund" (PSF). With more than 107 partner organizations affiliated in the network, Recovering Nepal made a call for proposals from these partner organizations which are mainly run by and for people who use or are ex drugs users. After a careful review of more than 60 proposals submitted, 40 organizations were selected to conduct community based needle syringe exchange programs. Small grants up to US\$ 3000 were provided to run the first 6 months pilot phase. Outcomes: 1) Implementation of peer to peer service module conducted by and for users proved successful in reaching out hard to reach clients. 2) Identification of capable and dedicated organizations to scale up harm reduction services and address the current service gap. 3) Community based organizations gained knowledge about harm reduction strategies 3) The involvement of 40 organizations run by ex or current users in the PSF has become an effective after care package. 4) Small grants to CBO's can be more effective in delivering HR service than investing big grants on few large NGO's. 5) The PSF model was effective at gaining more allies for harm reduction advocacy and policy change.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 568 **Pushing the Harm Reduction Envelope in the United States: Towards a Supervised Injection Facility in San Francisco**

**Author(s):** *Thomas. MPH. MPP, Laura ; Abrahamson. JD, Dan*

**Abstract:** Injection drug use continues to cause individual and community harms in San Francisco, California, US. Despite legal and political barriers to opening a supervised injection facility (SIF), a coalition of harm reduction advocates, drug users, and service providers joined together to create the Alliance for Saving Lives (ASL) and build support for opening one in San Francisco. ASL's advocacy is aimed at local stakeholders: elected officials, law enforcement, neighborhood groups, drug users, business owners, and the health department. Although San Francisco has implemented interventions such as syringe exchange and overdose prevention training, injection drug use continues to lead to overdoses, transmission of HIV and hepatitis, and soft tissue infections. Public drug use and discarded needles are topics of concern in the media and neighborhoods, and law enforcement expends resources on low-level drug use. ASL was created by activists who understood that a SIF could help reduce the harms caused by street injection of drugs. Our work has been informed by the Vancouver experience. ASL has work groups focused on outreach, research, and writing the proposal. Lawyers have assessed the legal options. ASL has educated stakeholders on the evidence for a SIF; sponsored a symposium with the health department; addressed community concerns; and developed a proposal. The symposium attracted media coverage, which increased community dialogue and also brought negative political attention. The main barriers are politicians reluctant to take a stand on something they perceive to be controversial and federal laws known as "crack-house statutes." ASL is continuing to build political and legal support in San Francisco for a SIF, pushing the envelope for harm reduction in the US. The ASL experience will serve as a blueprint for other communities trying to overcome political and legal barriers to opening a SIF in the US.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 569 **Prioritising TB, TB-drug use and TB-HIV co-infection among drug users in Myanmar**

**Author(s):** *Aung, Mya Thida ; Naing, Dr. Khin Pa Pa ; Lynn, Htun Htun ; Singh, Siddharth*

**Abstract:** Issue: TB is one of three priority diseases in Myanmar with a nation-wide response. Drug users are nevertheless often excluded because of doubts in treatment adherence/family support. The innovative nature of this project was to put TB and TB-HIV co-infection among drug users on the agenda on national as well as field level through capacity building and tools development in order to enhance screening and treatment to drug users. Setting: Financially supported by the 3D Fund in Myanmar, a project named “a 17 sites Capacity Building, Training, IEC Materials and Support to Treatment” provided an opportunity to undertake training workshops, development of IEC and tailored-made training modules on TB, TB-Drug Use and TB-HIV co-infection among (injecting) drug users. The project ran for 1 year, from September 2007 to August 2008. Project: AHRN was commissioned to deliver capacity building activities and IEC development on TB, TB-drug use and TB/HIV co-infection to staff of drug services and DOTS services. Development of an inter-agency referral protocol supporting a collaborative response to TB and HIV among drug users and a survey to determine knowledge and awareness on TB and drug use related risks were also part of the activities. All these activities were in line with the National Strategic/Operational Plan for TB. Outcomes: In the span of seven months 10 trainings were conducted in five major Myanmar townships reaching a multi-disciplinary staff of 225 from drug services and 102 from DOTS services. A module for TB health educations was developed, field tested and implemented at field level. A national level process is underway to support a collaborative approach and response to TB, TB-Drug Use and TB-HIV among drug users based on a referral protocol developed by AHRN. It also generated funds for AHRN to include TB screening, treatment and DOTS supervision in their DIC.

**Session:** M1: Collaborative TB and HIV Services for Drug Users

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 570 **Screening and brief interventions for drinkers: A role for community pharmacists?**

**Author(s):** *Sheridan, Janie ; Smart, Ros*

**Abstract:** Excessive drinking impacts on the health of individuals and can also have negative outcomes for an individual's social and psychological wellbeing. Whilst there have been moves to engage GPs in screening and brief interventions (SBI) for drinkers, there is potentially a role for other primary health professionals. The community pharmacists is the most accessible of these health professionals, with pharmacies open long hours and pharmacists available without an appointment. Recently there has been a heightened interest in a role for community in SBI for problem drinkers. This presentation will summarise the available evidence from international feasibility studies, and will focus on preliminary data from a study of alcohol consumption amongst community pharmacy customers in New Zealand, and the customer views of an SBI in this setting. In this study, 43 pharmacies randomly selected from all pharmacies in New Zealand, distributed self-completion questionnaires to their customers on a single day with customers being allowed to enter a prize draw for participating. 2398 completed questionnaires were obtained. Preliminary results indicate that 83% drank alcohol 'ever', and of these 15% drank 4 or more times a week, 18% drank 5 or more 'standard drinks' (SD) on typical day when drinking and 11% drank 6 or more SDs on one occasion weekly or more frequently. When asked about their views on SBIs by pharmacists, of those who answered, almost three quarters agreed that they “would be comfortable if a pharmacist asked me about my alcohol drinking”, and a similar proportion agreed that they “would be comfortable for a pharmacist to offer advice if they thought that I was drinking in a harmful way”. These preliminary and early findings indicate a potential and acceptable role for community pharmacists, providing more evidence for this additional role for these health professionals.

**Session:** C10: Alcohol Issues and Interventions

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 574 **Standardising quality in methadone maintenance treatment: The development of a standards framework for clinics in Yunnan province, China**

**Author(s):** *Berends, Lynda ; Smith, Brian M ; Hayter, Jo ; Ruimin, Z ; Jianhua, L*

**Abstract:** Issue: Since 2003, methadone maintenance treatment (MMT) has expanded rapidly throughout China; constituting an important intervention to reduce the harmful personal and social costs of opiate dependence among the estimated 1.2 million drug users in the population. The development of a standards framework for MMT clinics is an important resource to support sector advancement. Setting: This project focused on Yunnan province, in south-west China. Yunnan has almost 70 MMT clinics, more than any other province in the country. These clinics are located in a range of geographic settings. Project: A capacity building approach was used, involving Yunnan Institute for Drug Abuse and Turning Point Alcohol & Drug Centre, to explore the essential elements of a standards framework for MMT and the factors needing considering in the implementation of this framework. A sample of best practice guidelines on pharmacotherapy from around the world was reviewed. Qualitative interviews with key informants from China and Australia focused on existing standards and related documents, adaptation to account for cultural and organisational context, important elements and features of the standards framework, and implementation. MMT clinic managers in Yunnan Province were asked to complete a survey on the relevance of a draft set of standards and issues for implementation. Workshops in Yunnan targeted service clients and service managers, to discuss and refine the draft standards and inform a process by which implementation may occur. Outcomes: The development of a standards framework for MMT clinics requires attention to cultural and geographic dimensions of the service environment as well as the level of organisational development. It is important that resources needed to enable adoption of the standards framework are available to the clinics. A phased approach toward implementation will support the scope for uptake of the standards framework at service and policy levels.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 576 **High rates of syringe sharing among a community based sample of injection drug users in Bangkok, Thailand**

**Author(s):** *Kerr, Thomas ; Fairbairn, Nadia ; Hayashi, Kanna ; Suwannawong, Paisan ; Kaplan, Karyn ; Zhang, Ruth ; Wood, Evan*

**Abstract:** Background: Thailand has experienced a longstanding HIV epidemic among injection drug users (IDU). This has been attributed, in part, to the Thai government's failure to implement evidence-based HIV prevention interventions, including needle exchange programs. Although it is known that syringe sharing is widespread within Thai prisons, little is known about syringe sharing within community settings. We therefore sought to examine syringe borrowing among a community-recruited sample of Thai IDU. Methods: We examined the prevalence of syringe borrowing among 238 IDU participating in the Mit Sampan Harm Community Research Project, Bangkok. Multivariate logistic regression was used to identify factors associated with the borrowing of used syringes in the past six months. Results: 238 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 72 (30.3%) participants reported borrowing a used syringe in the past six months. While 25 (34.7%) individuals reporting borrowing only once during the past six months, 47 (65.3%) individuals reporting multiple borrowing events during the same period. In multivariate analyses, after extensive covariate adjustment, syringe borrowing was positively associated with difficulty accessing syringes (Adjusted Odds Ratio [AOR] = 2.46; 95% Confidence Interval [CI]: 1.08 – 5.60), and injecting with other people on a frequent basis (AOR = 3.17; 95%CI: 1.73 – 5.83). Primary reasons offered for experiencing difficulty accessing syringes included being too far from syringe outlets (34.1%), pharmacies being closed (13.6%), and being refused syringes at pharmacies (9.1%). Conclusion: We observed an alarmingly high rate of syringe borrowing among a community-recruited cohort of Thai IDU. Various lines of evidence indicate that poor access to sterile syringes is driving the high rate of syringe borrowing observed in this study. Immediate action should be taken to dramatically increase access to sterile syringes among Thai IDU.

**Session:** C13: Harm Reduction in Thailand

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 577 **Evaluation of a peer outreach programme to reduce HIV risks among injecting drug users in Bangkok, Thailand**

**Author(s):** *Yongvanitjit, Kovit ; Visavakum, Prin ; Manopaiboon, Chomnad ; Chuaymuang, Kanda ; Techasopon, Saitip ; Suksabsin, Kessara ; Mock, Philip ; Pattanasin, Sarika ; Prybylski, Dimitri*

**Abstract:** Background: HIV prevalence among IDU in Thailand is estimated to be 29% in 2007. To reduce HIV risk behaviors among IDU, the Bangkok Metropolitan Administration, with support from the Thailand MOPH-U.S. CDC Collaboration, has implemented a peer outreach intervention (POI) program since December 2004 that provides risk reduction information, bleach, condoms, and service referrals. In this paper, we assess the effect of repeated POI contacts on HIV injecting and sexual risk behaviors among IDU in Bangkok. Methods: After each POI contact, peer outreach workers recorded service sociodemographic, service delivery, and behavioral information from IDU clients on a standardized routine service delivery form. Generalized Estimating Equations logistic regression analysis was used to assess longitudinal behavior change as a function of the number of POI contacts among IDU who were exposed to POI at least once in the 12-month follow-up period. Results: A total of 538 IDU received  $\geq 1$  POI contact (median=6) and were enrolled before September 2007. At enrollment, the median age was 33 years, 90% were males, and 97% injected multiple drugs (e.g. heroin, midazolam, methamphetamine, methadone) in the past month. Significant decreases in drug use and increases in cleaning of injection equipment were observed over time (P

**Session:** C7: The Effectiveness of Peer Driven Approaches

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 580 **Dampier Peninsula Prevention Project**

**Author(s):** *Lee, Lorraine Dorothy ; Malone, Sally*

**Abstract:** Dampier Peninsula Prevention Project is a community development project seeking to prevent the uptake of harmful drinking and drug practices in four remote Aboriginal communities on the Dampier Peninsula in North West Australia. The primary project objectives are to: Prepare and provide prevention programs to address drug and alcohol misuse in accordance with the National Drug Strategic Framework. Develop, establish and co-ordinate networks across the service sectors to consolidate gains and ensure consistency of approach. Raise awareness of the negative consequences of alcohol and drug use. Utilise existing resources. Develop community based resources and strategies for addressing harms. Successful intervention and prevention programs are based on models that are community driven, community specific and culturally relevant. The project has seen the development and delivery of activities in conjunction with the Kimberley Community Drug Service Team, service providers and the communities to educate at-risk groups about the harms associated with drinking and drug use. Larger initiatives such as the formation of a Local Drug Action Group, the sourcing of an Events Trailer to support alcohol and drug free events, employment of a Sport Recreation Officer to co-ordinate ongoing sporting events and assisting communities to source funding for development projects has enabled communities to work toward change and improve the quality of life for their children. The project also developed a website to enable improved communication between communities and service providers. Obstacles included lead time for funding of small projects, lack of communication/co-operation between government departments and funerals 'Sorry Time' impacted on planning and implementation. Highlights included participation of communities to improve quality of life, increased communication between government, service agencies and communities and people expressing a more positive view of the future of the region.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 581 **Needle and syringe sharing practices among injecting drug users in Tehran: A comparison of two neighbourhoods (one with and one without a needle and syringe programme)**

**Author(s):** *Zamani, Saman ; Vazirian, Mohsen ; Nassirimanesh, Bijan ; Kihara, Masahiro*

**Abstract:** Background: Iran has faced a growing HIV epidemic among its large population of injecting drug users (IDUs). To date, shared drug injection has been the primary manner of HIV transmission in Iran. Although research indicates that many IDUs in Tehran may have contracted HIV through shared drug injection in prison, concerns have been raised over the possibility of HIV transmission from ex-prisoner IDUs to community-based drug injecting and sexual networks in Tehran. Methods: This study was conducted to compare needle and syringe sharing practices among IDUs in two neighborhoods, one with and one without a needle and syringe program (NSP). In 2005, 419 street-based IDUs were interviewed at specific locations in two neighborhoods where IDUs are known to congregate. We compared self-reported needle and syringe access and use between IDUs from a neighborhood with an active NSP to IDUs from a neighborhood without such an intervention. Results: Compared to IDUs from the non-intervention zone, IDUs from the intervention zone were older, were less likely to be of Fars ethnicity and were more likely to be homeless. However, IDUs from both neighborhoods were similar in terms of educational level and marital status. Noticeably, a significantly smaller proportion of IDUs from the intervention zone reported having used a shared needle/syringe over a one-month period (21.0%) compared to IDUs from the other neighborhood (39.9%; adjusted odds ratio, 0.24; 95% confidence interval, 0.13-0.45). Conclusions: This study is among the first in Iran that have examined the impact of NSP on drug-related risk behaviors in community-based IDUs. The findings indicate that access to an NSP may reduce sharing practices among IDUs in Tehran. Because the HIV epidemic is currently expanding among this population, it is essential that comprehensive prevention measures, including NSPs, are made available to both incarcerated IDUs and those in the community.

**Session:** C32: Needle and Syringe Exchange Programmes (Part Two)

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 582 **Title: Towards targeting a challenging task of operating a detoxification camp for female drug users in an urban setting**

**Author(s):** *Tareque, Golam ; Akhter, Shamima ; Bari, Abdul*

**Abstract:** Issue: The female drug users are more hidden due to high stigma and discrimination and therefore the two fold vulnerability effect of female DUs such as biological and social make them more marginalized comparing to male drug users in transmitting STI/HIV/AIDS. Setting: Through a Rapid Situation Assessment (RSA) in a small town name Natore located in the northern Bangladesh, we have identified 70 female Drug Users and out of these 80% of them are taking Cannabis, 10% are inhaling heroin and the rest are taking home made alcohols. Out of 70 DUs, 35 females are also sex workers. The mean age is 28 and 95% are ever married and 65% are day laborers. Project aims to deliver them comprehensive STI/HIV/AIDS services through Drop In Centre (DIC) and peer outreach. Project: During RSA, some female drug users expressed interest to get out of drugs and later project staff members conducted one to one session resulting positive response from around 16 DUs. Following this, a detoxification camp was inaugurated by the local govt. stakeholders at DIC where 14 Cannabis and 2 heroin smokers admitted for a month long course. Out of this, 10 are sexworkers and 6 are day laborers. 4 DUs came with their small children Outcome: First two days the heroin smokers have had withdrawal symptoms, but the rest do not have that much difficult which is handled by our experienced female paramedic and counselors. Along with Narcotics anonymous treatment, most of the time we kept them busy in watching TV, documentary films on HIV/AIDS, playing indoor games, cultural functions, education on STI/HIV/AIDS etc. Drug users enjoyed staying at camp. As the one month course is just over, a follow up mechanism is designed to assess the relapse cases and the next detox camp will start soon with new DUs.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 583 **Reducing harm or producing harm?: Public health implications of prosecuting HIV-positive people**

**Author(s):** *Michelow, Warren*

**Abstract:** **ISSUE** Over the past two decades there have been numerous prosecutions of HIV+ people in connection with their positive status in the US, Canada, UK, New Zealand and elsewhere. Criminal charges have covered a variety of offences including (aggravated) assault, (aggravated) sexual assault, and most recently in Canada, first degree murder. Alleged offences have ranged from simple failure to disclose HIV status to unprotected intercourse leading to death of sexual partners from HIV/AIDS. In a few cases malicious intent has been a key factor although this is not universal or even common. **KEY ARGUMENTS** A disproportionate burden of responsibility has been placed on HIV+ people. HIV+ and HIV- persons considered "at risk" struggle to determine how to negotiate sex or drug sharing in this evolving legal climate. Those who work with HIV+ people may have an obligation to "turn in" their HIV+ positive clients, impacting accessibility of critical services. Failure to provide adequate harm reduction resources might be consequential for service providers. Prosecution of HIV+ people increases marginalization and stigmatization and threatens to roll back hard won gains. For many, successful treatments have changed the course of HIV disease from a fatal diagnosis to a chronic manageable illness although the law does not seem to have acknowledged this. This is particularly timely given the recent Swiss recommendation that HIV+ people on successful treatment might, under certain conditions, be regarded as effectively non-infectious. **IMPLICATIONS** The risk of criminal sanctions on people relating to their HIV status raises many concerns for public health and those working with vulnerable populations. It is imperative that harm reduction advocates grapple with these issues and carefully consider their responsibilities and obligations as well as the potentially serious impact of the increasingly chilly legal environment. What might appropriate harm reduction look like under these conditions?

**Session:** C22: Meeting the Needs of Drug Users Living with HIV

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 584 **Cost effectiveness of harm reduction interventions aimed at preventing HIV transmission between injecting drug users in Vietnam**

**Author(s):** *Keating, Catherine ; Crofts, John Nicholas ; Baldwin, Simon ; Stephens, David ; Pezzullo, Lynne ; Yates, Katie*

**Abstract:** **Objective:** to estimate the cost-effectiveness of alternative harm reduction interventions aimed at preventing HIV transmission between IDUs in Vietnam between 2009-2012. **Research design and methods:** The analysis compares the costs and benefits of seven alternative harm reduction programs targeting IDUs in Vietnam relative to no intervention. Each intervention focuses on the distribution of sterile needles and syringes except tow which are methadone programs. Interventions differ in relation to their costs, feasibility and additional benefits. A societal perspective and a 3.5% discount rate are used in the main analysis. Costs include the four year intervention costs and lifetime costs savings associated with preventing cases of HIV. Interventiomn costs include capital, personnel, consumables and costs incurred by IDSUS. Lifetime cost savings associated with preventing HIV include direct healthcare costs, productivity losses and burden of disease. A mathematical model is used to translate evidence of reduced risk behaviour under harm reduction programs (needle sharing) from the published literature into an estimate of the number of HIV infections the intervention averted (taking into account contributing factors such as HIV prevalence and drug using behaviours in Vietnam). The cost per case of HIV prevented is calculated for each intervention. Profiles of IDU sub-populations based on epidemiological/demographic characteristics are defined, and the most cost-effective mix of interventions is recommended for each. Analysis also explores the impact of removing key assumptions on the mix of feasible interventions and associated cost-effectiveness. Scenario analysis includes adjusting the perspective (to include provider costs and direct healthcare saving only) and discount rates. Sensitivity analysis includes adjusting all costs and effectiveness parameters within likely ranges. **Results:** Analysis is underway and results will be presented at the conference.

**Session:** C11: Methods of Harm Reduction Research

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 585 Human rights violations perpetrated against injection drug users by police in Tijuana, Mexico

**Author(s):** *Pollini, Robin ; Alvelais, Jorge ; Gallardo, Manuel ; Vera, Alicia ; Mantsios, Andrea ; Lozada, Remedios ; Strathdee, Steffanie A.*

**Abstract:** Background: Injection drug users (IDUs) in Tijuana, Mexico, are subjected to human rights violations at the hands of local police. We examined the nature and extent of police interactions with Tijuana IDUs using quantitative and qualitative methods. Methods: Beginning in April 2006, IDUs were recruited using respondent driven sampling and underwent interviewer administered surveys and testing for HIV, TB and syphilis. Descriptive statistics were used to characterize interactions with police during the past 6 months. Two focus groups were conducted in 2006 and 2007 to provide context on IDU-police interactions. Results: Of 1,056 IDUs, 45% were arrested for having track marks in the past 6 months (median 10 arrests past 6 months). More than one-third (35%) were beaten by police. Nineteen (2%) were sexually assaulted by police, of whom 84% were women. Thirty-six (4%) were asked for sexual favors (89% women); of these, 67% said this was in exchange for not arresting them. Police forced IDUs from where they live (14%) and/or burned their belongings (12%). IDUs also reported that police forcibly took their money (55%), often (78%) in exchange for not arresting them. One quarter (28%) were arrested for possessing sterile syringes (median 4 arrests), although such possession is legal in Mexico. Eight percent said police took their syringes; of these, 49% said this was in exchange for not arresting them. Focus groups provided further details on the impact of police on the daily lives of IDUs in Tijuana, whose safety, mobility and ability to adopt safer injection behaviors were significantly adversely affected. Conclusions: Tijuana's IDUs are subjected to physical and sexual violence, unjustified arrest and extortion at the hands of local police. Interventions with police are urgently needed but are hampered by high turnover, corruption and the current focus on violence against police by Mexican drug trafficking organizations.

**Session:** C3: Policing, Treatment and Rights

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 586 Explore Drug Dependency of Most- At- Risk Injecting Drug Users: A Challenge of Harm Reduction Approach in Bangladesh

**Author(s):** *Islam, Khandaker Aminul*

**Abstract:** Background CARE-Bangladesh in a Consortium approach has been addressing drug user's vulnerabilities to HIV since 2000. Currently it is implementing HIV & AIDS Targeted Intervention in order to reduce the risk of HIV transmission among the drug users. The objective of the study was to explore the drug dependency of most-at risk injecting drug users in Bangladesh Methodology A questionnaire survey was conducted under the supervision of Monitoring & Evaluation Unit. Through this survey, a master data base of 21321 drug users was established. To conduct an empirical analysis, a stratified random sampling was applied to have a representative sample size. A total 1489 sample (male 1203 and female 286) were drawn to do this empirical study. Results 1. In line with operational definition, 70 % of the injecting drug user is Most at Risk and the majority of the MAR IDU is male (88%). Interestingly there is no difference in terms of the proportionate distribution of MAR IDUs (70%) and non-MAR IDUs (30%) by sex. 2. It emerged only 2.8 % of the MAR IDUs injected drug on an average 3-5 times in a month. But two-third of the MAR IDUs injected drug between 21 and 65 times. One fifth took drug more than 65 times. 3. 27.3% of the female MAR IDUs inject drug from 56-60 times in a month that explains female injecting drug users' more vulnerability alongside the male MAR IDUs. 4. Sex of drug user is correlated with the type of drug use and it is significant at the 0.01 level ( $p=.129$ ). Conclusion High dependency on drug & sex-work (59%), along high illiteracy (57%), female drug users are the most vulnerable group to HIV. HR approach should focus targeting the male & female MAR IDUs for drug treatment, counseling, BCC education to avoid risk of HIV transmission.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 591 Risk reduction sites as an effective approach of community-based HIV risk reduction among injection drug users

**Author(s):** *Nguyen, Phong Tuan ; Nguyen, Nhu To ; Ha, Dong Viet ; Mulvey, Kevin P. ; Vu, Bao Ngoc ; Nguyen, Tung Duy ; Mills, Stephen J.*

**Abstract:** a. Issue Many Vietnamese IDUs still cannot access clean needles and syringes (N&S) through outreach activities, limiting the program in enabling IDUs to practice safe injecting behavior. b. Setting A new intervention was implemented in Can Tho, a South Western city of Vietnam, where there are around 1,800 IDUs. c. Project Eleven risk reduction (RR) sites were established to improve access of IDUs to RR messages and injection equipment in Can Tho. Project staff conducted advocacy to gain support from local authorities for establishment of RR sites. At these sites, boxes of N&S were monitored by collaborators who are managers of street tea shops, guest houses, or street food stalls. Needles and syringes were provided by local Provincial AIDS Center. Project staff instructed collaborators on how to provide RR messages to IDUs. Collaborators were responsible to ensure the security of the boxes and the availability of N&S continuously from morning to late at night; to prevent one IDU from collecting excessive N&S; to provide RR messages to IDUs and refer them to the Drop In Center if needed. Through these sites, IDUs have access to N&S at almost any time they need rather than depending only on the working time of peer educators. This helped to expand the reach of HIV prevention intervention to the IDU population. c. Outcomes Many more IDUs had access to N&S and RR messages. This is reflected by the fact that the number of clean N&S collected each month by IDUs increased significantly from the onset of implementation (from 759 in June to 7,100 in September 2008). After four months of implementation, the total N&S taken by IDUs from these sites was 21,719 compared to 43,515 from peer outreach. Risk reduction sites are an effective intervention that complements, but does not replace peer outreach activities.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 593 Individual Reflection and Learning Approach is the 'Key to Succeed' the challenges of Harm Reduction Approach

**Author(s):** *Islam, Khandaker Aminul*

**Abstract:** Issue: Learning and Reflection has been an integral part of the current development arena. To attain sustainable impact on reducing the risk of HIV transmission among the most at risk population, CARE Bangladesh has been working with the street based drug user. The problems of the street-based drug users are multidimensional that refers to their economic, social, psycho-social, physical marginalization that push them falling into downward spiraling of drug vicious circle. Viewing the drug use problem from the multidimensional point of view, multi-dimensional approach is needed to gain the sustainable outcome of the harm reduction approach. Setting: In every quarter and every six month, staff working at outreach and DIC level and project level were asked to write their best learning based on the empirical evidence. A very brief outline (Title, Background, Implications and Conclusion) was shared with all staff so that they could document their best learning. This exercise was recently conducted in project half-yearly mid term review workshop. Project: CARE Bangladesh in Consortium approach is implementing the HIV & AIDS Targeted Intervention (IDU package) in 20 districts of Bangladesh with an aim to reducing the risk of HIV transmission among drug users. Harm reduction approach is the path way to address the vulnerabilities of the drug user. Outcome: The learning exercise at individual level made a positive shift of attitudes towards writing the field experiences. DIC based staff (Outreach worker, DIC In Charge, Counselor, Medical Officer/Medical Assistant) and Project Staff (Field Trainer, Project Officer) had submitted a number of learning notes for sharing with others. A synthesis document was produced highlighting the learning key notes and interpretation were produced and shared with others. under different themes (Female drug user, Rights of ILWHA, Self-Help groups, Outreach Interventions, Detoxification and Relapse, STI, Supply Chain)

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 594 Peer support for former drug users as part of relapse prevention in FHI-supported interventions in Vietnam

**Author(s):** *Hoang, Nam Thai ; Pham, Huy Minh ; Le, Ban ; Nguyen, To Nhu*

**Abstract:** Background It is necessary to provide relapse prevention (RP) therapy to people recovering from drug dependence because of high relapse rate in Vietnam. Such therapy includes individual counseling and peer support. Setting Six provinces with the highest HIV prevalence, numbers of injecting drug users (IDUs) and HIV-infected IDUs were supported in responding to both drug use and HIV infection. As one component of a comprehensive system of care, recovering drug users were encouraged to receive RP counseling and to participate in peer support groups. Project Since 2006, RP counseling has been provided to help clients understand relapse models; cope with risky situations and craving; and balance lifestyles individually. Clients are more confident and motivated to stay clean when they are in group. They join groups voluntarily; work together on principles and meeting agendas. Groups decide meeting topics with counselors' support. Group should be split when the size more than 15. Meeting topics included relapse prevention skills and techniques, and alcohol issues. Other topics included seeking job, belief and support; and supporting members in difficulty or relapsed. Outcomes As of September 2008, a total of 35 groups have been formed with almost 500 members, 385 members have stayed clean so far. On average, each member joined recovery groups for one year. Groups made 300 visits to members' families. Job, micro credit services and meeting venues were supported by local government. Group activities were appreciated by local leaders, families and community. Group members found benefits from experience sharing. Challenges to group activities are transportation means, poor group facilitation skills, and limited job services. It was determined that groups should be set up voluntarily, principles should come from group members, and families should be part of group strategies. Acknowledging group's success, fueling with social support and job promotion is extremely important.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 595 oral presentation

**Author(s):** *Hodson, Jo-Anne Lynn ; Reid, Fiona*

**Abstract:** One of the key reasons why children are removed from the care of their parents by child protection authorities in many Western countries is ostensibly because of parental AOD use. As workers in a family focussed AOD service we frequently witness our clients struggling to traverse the badly strung tightrope between services such as ours and the statutory bodies they must satisfy to remain or be put back together as a family. We frequently find ourselves working alongside of beliefs and ideas from these systems about drug using parents that we deeply disagree with. Even the so called "new" approaches in child protection often seem to retain many of the "old" ideas about drug use and drug users -ideas that can cause great harm to the parents and children we work with. Is it possible for those of us in the AOD field to stay true to good practice and work justly for our clients and their families? What is the evidence that supports a view that drug users are a danger to their children and clean urines signal greater child safety? Is it the place of AOD services like ours to advocate for a more rigorous and thoughtful analysis of drug use and child protection issues? After 10 years in a family based AOD service we still wrestle with such questions almost every day. Nevertheless from these discussions, consultations with our clients including the children, a few sleepless nights and shared care experiences with the dedicated front line workers in child protection we believe we have developed some better practice approaches we would like to discuss. In turn we are sure we will hear some ideas that are well worth stealing.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 596 **Drug addiction treatment counseling capacity building in Vietnam: implementation and challenges**

**Author(s):** *Hoang, Nam Thai ; Nguyen, To Nhu*

**Abstract:** Background The high relapse rate among drug users after drug treatment created a need for drug addiction counseling as part of drug treatment services. Setting Responding to challenges in drug treatment services, since 2006, FHI-Vietnam has supported six provinces having highest HIV prevalence to provide drug addiction counseling services to drug users and those in recovery. Process In 2006, FHI with PEPFAR support developed a comprehensive drug addiction counseling training curriculum for drug counselors. The training included three courses: basic, advanced and supplemental. There were periods of time in between courses for practicing. Trained counselors provided drug addiction counseling services to active and recovering drug users. The counseling service included a package of information on drug use and consequences, the basis of addiction, motivational interviewing and relapse prevention therapy. Counselors needed special counseling skills and techniques to empower clients. Many of the techniques applied to clients aimed at preventing relapse including time and emotion management, coping with craving, avoid high-risk situations, and refusal skills. Outcomes As of September 2008, 70 trained counselors have provided over 10,800 counseling sessions to over 2,250 clients. Of these 1,860 were people in recovery while others were active drug users. The initial intervention was not well received by clients because they did not understand the service and its benefits. Gradually, more clients came actively to counselors but created a burden for less experienced counselors. Initially, the important role of drug addiction treatment counseling was not recognized by programmers in some project sites but they later changed their attitudes. The service became part of the new methadone maintenance treatment package. The small number of counselors limited the number of clients who could be served in comparison with the real need. Inexperienced counselors needed refresh trainings, mentoring from experts and regular supervision.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 597 **Human rights and harm reduction: The role of drug user organisations in protecting the rights of injecting drug users**

**Author(s):** *Kelsall, Jenny ; May, Jim ; Brogan, Damon*

**Abstract:** Little has been written about drug use in relation to human rights. In many countries, drug policy is rarely informed by international human rights obligations and drug use issues seldom enter the discourse about human rights. Prohibitionist policies, guided by international drug control conventions, drive Australia's approach to drugs. These policies are typically justified on moral grounds, which serve to entrench discrimination against drug users and to fuel human rights violations. The harm reduction movement has been a conduit for positive social change and for protecting the health and safety of IDUs. Australia was successful in preventing an HIV epidemic among IDUs as a result of early implementation of a range of harm reduction strategies, including Drug User Organisations (DUOs). However, the harm reduction sector has been quiet on the issue of drug law reform . . . . . until recently. Although many looked to the DUOs to organise opposition to increasingly harsh drug laws and penalties, government funding effectively constrained our ability to agitate against the laws of the land. Recently, the adoption of a human rights approach has been of key importance as it has provided a platform for action. If demands for drug law reform were considered 'subversive', our human rights are 'inalienable' – even drug users, it seems, have human rights. The paper explores the role of the human rights perspective in driving the drug law reform agenda in Australia. It cites a number of unlikely allies, including law enforcement personnel, who have criticized Australia's drug laws under the heading of human rights. The paper draws from the literature to argue that protection of human rights is basic to protecting the health and well-being of drug users. Finally, the paper investigates the role of DUOs in promoting a human rights approach to further drug law reform.

**Session:** C25: Human Rights and Drug Law Reform

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 599 **Does strong support from authorities attract IDUs?**

**Author(s):** *Mahmud, Khairuddin*

**Abstract:** Drug abuse has been in Malaysia for many years and created grave dilemma to the community, youth, education, economy, health and the safety of the country. The government of Malaysia regard drug abuse as a threat to the country and drug dependence are provided free rehabilitation and treatment program at 27 centres nationwide. The number of drug users detected in 2007 is 14,489 and 62.56% are opiate users (Source: National Drug Agency Malaysia). The earliest detection of HIV case was diagnosed in 1986 and since then the total number of cumulative HIV infection from 1986 to 2007 is 80,938 (Source: AIDS/STI Unit, Ministry of Health Malaysia). It was in 2005, the Cabinet Ministry on HIV/AIDS approved The Methadone Replacement Therapy at 58 locations across the country. Ultimately in early 2006 three sites has been chosen in piloting the Needle And Syringe Exchange Programme in Malaysia. Currently NSEP is been implemented in six states of Malaysia. Ikhlas Dop-In Centre, an organisation under PT Foundation, situated in black areas of Kuala Lumpur, was founded to address the pressing needs of the street based drug user community. Two models (DIC and Outreach) are being used to reach the targeted intravenous drug user population. Clients usually feel accepted and welcome at DIC, however outreach services is an effective strategy to reach, engage and enable injecting drug users to reduce HIV risk, develop trust , address immediate need and link users to services and reintegrate them to the community. Some challenges include constant police raids and harassment are a barrier either getting clients to the centre or reaching them at the outreach ports. A close relationship and understanding should be enforced in achieving the effectiveness of the programme, reaching the targeted population and eventually preventing the transmission of HIV among IVDU's in Malaysia.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 600 **Can I have a ten pack please? Exploring the Barriers and Incentives for the Gay, Lesbian, Bisexual and Transgender community accessing Needle and Syringe Programs.**

**Author(s):** *Liddy, Jayne ; Matheson, Angela*

**Abstract:** The poster will detail important issues that need to be considered when developing and delivering Needle and Syringe Program (NSP) services for the gay, lesbian, bisexual and transgender (GLBT) community. Delegates will be provided with research data about GLBT injecting drug use in Australia, and information on how service provision to GLBT clients can be improved. Injecting drug use is a highly stigmatised behaviour. GLBT people's experiences of homophobic intolerance, and the added stigma of injecting drug use, can increase shame and isolation. In addition, GLBT people who inject drugs can feel ostracized within their own community. The success of NSPs in reducing the harms around injecting drug use is well documented and ACON seeks to make ongoing improvements to service accessibility for GLBT injectors. The poster will review research which indicates that rates of licit and illicit drug use and injecting are higher among GLBT communities than their heterosexual counterparts, and that non-NSP attendees are more likely to experience injection-related health problems. The ACON NSP has addressed some of the barriers by creating a supported self service/open plan model with discreet access and a private space. Peer educators provide health promotion advice on a volunteer basis and encourage clients to stop and engage with staff and the service. This new approach promotes privacy and self efficacy for GLBT clients as well as making the service community friendly The ACON NSP has increased its GLBT client base as well as the number of brief interventions for injecting drug users. We continue to advocate for GLBT data to be gathered to better inform future service provision and design.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 601 **Condom use and Injecting Drug Use among Female Sex Workers in Six Locations in Vietnam: findings from a survey carried out using a Respondent Driven Sampling (RDS) methodology**

**Author(s):** *Khahn, Vu Ngoc ; Madan, Yasmin ; Mundy, Gary*

**Abstract:** In October 2008, Population Services International (PSI) is conducting research among with female sex workers (FSW), including FSWs who are injecting drug users, in 6 provinces in Vietnam (Hanoi, Hai Phong Can Tho, Quang Ninh, Ho Ch Minh City, and An Giang). The study will use a structured questionnaire and includes a sample of 740 SWs and 230 self-identified injecting drug users (IDUs). Data is being gathered through a structured questionnaire. The study has four key objectives: i) to establish the extent and patterns of condom use and injecting drug use among FSW; ii) to better understand patterns of needle-sharing activity among sex workers who are IDUs; iii) to explore the determinants of consistent condom use among female sex workers; and iv) to provide an evidence base to inform and guide PSI's HIV prevention interventions targeting FSWs in high HIV prevalence provinces Respondent Driven Sampling (RDS) methodology is used as it offers the best opportunity of gaining access to, and collecting data from, this hard to reach group. Findings from the study will be available in December 2008. The research follows PSI's intensive qualitative research with sex workers who are IDUs conducted in March 2008. Findings from the qualitative research will, where appropriate, be drawn upon. The paper will: • present key findings from the study, with particular focus on where the study is adding substantially to the evidence base around sex workers and IDU sex workers in Vietnam; • where appropriate, draw upon findings from intensive qualitative research carried out with female sex workers; • give an overview of the issues that are presented by using RDS to access these groups; • give a concise overview of PSI's current and planned work with sex workers and IDU sex workers in Vietnam; and • discuss the program implications of the key study findings.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 606 **HIV Prevention among sex workers and their clients in China-Mongolia Border**

**Author(s):** *Ahmed, Sultan ; Alimaa, Nyamdorj ; Liman, Hai*

**Abstract:** Issue: By the end of October 2007, the cumulative number of people reported to be living with HIV in China was 223,501. Most-at-risk groups were highly represented in the newly reported cases. Mongolia is considered to be one of the most vulnerable countries for its proximity to higher HIV prevalence countries, i.e. China and Russia. Sex work has become common not only in Ulaan Baator, but also in the border areas to the two neighbouring countries. STIs prevalence rate among most-at-risk populations is an increasing phenomenon. Setting: Cross-border mobility due to formal and informal trading has become a fuelling factor for the spread of HIV virus among sex-worker and their clients. This project was implemented in the border areas: Inner Mongolia (China) and Dornogobi Aimag (Mongolia). Project: The Red Cross Society of China and the Red Cross Society of Mongolia have jointly implemented the `Cross-border Mobility and HIV` Project since 2007. The project included a set of activities including training of sex workers, 100 % condom promotion, production of IEC materials in local languages and promotion of VCCT services as means to reduce HIV infection among the sex worker and their clients. Outcomes: Targeted prevention activities in the project areas provided excellent opportunities to equip the sex worker and their clients with the accurate knowledge on HIV/STIs and encouraged their behavioural change. The project trained a group of sex workers as peer educators on HIV/STIs. A communication module to train sex workers was developed as an outcome of this project. The sex workers group was actively involved in different stages of project implementation. The project established VCCT centre in a hospital near the border area. Overall, the project created an enabling environment in the border areas to work with sex workers and HIV issue.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 608 Sex Workers - 'Partners in achieving healthy justice'

**Author(s):** O'Reilly, Sharon

**Abstract:**

Oral Presentation Street prostitution is illegal in Victoria, Australia with street sex workers (SSW) and their clients facing heavy penalties under the Prostitution Control Act 1994. Many SSW are repeatedly charged with loiter offences, fail to attend court resulting in 'Fail to Appear' charges, ending in imprisonment. In the absence of meaningful legislative change regarding prostitution, this project was developed by Resourcing health and education in the sex industry (RhED) with an aim to reduce the harms associated with street sex work. The Sex Worker Arrest Referral Initiative (SWARI) was established in St Kilda, the location of the 'red light' district in Melbourne in 2004. There are an estimated 400 SSW in this area, a mix of male, female and transgender workers. Project: This innovative diversion project aims to intervene to minimize contact with the criminal justice system and to maximize access to sex worker support services, health and community services including drug treatment programs. This is achieved by the establishment of a special court session where RhED, local health and welfare agencies legal representatives are present in the court; defendants with prostitution related offences are 'diverted' to suitable health and welfare services by the magistrate. Opportunities for SSW The project developed partnerships with SSW, health services, St Kilda Police, local government and the Magistrates Court. The presentation will detail the evaluation findings of SWARI, which used diverse data sets to measure outcomes against project objectives, and highlights intended and unintended outcomes of SWARI. The presentation will identify health and social benefits for SSW involved in diversion, in addition to positive working relationships developed between project partners, in particular police. The presentation will outline concepts of therapeutic jurisprudence application as a harm reduction tool. This model can be implemented in other jurisdictions.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 609 Drug use, HIV and Tuberculosis(TB)

**Author(s):** Zamri, Zulkiflee

**Abstract:**

Issue: Malaysia has a HIV epidemic affecting injecting drug users IDUs, proportionally IDUs represent 80% of all HIV notifications. Among that especially tuberculosis (TB) is viewed by government and NGOs with grave concern. HIV and TB infection in IDUs is an urban health problem with high prevalence of infectious carriers in most IDU populations. These statistics clearly indicate that these populations are involved in high risk behavior practices which has made community more vulnerable and demanding for immediate response. Setting: Since March 2006 Needles and Syringes Exchanged Program has been instrumental in Malaysia and a purposive sampling plan implemented with the assistance of Ikhlas Drug User Program (NGO) base in Chow Kit Kuala Lumpur was used to identify target groups like injecting drug users, family, religious leaders and school(teachers and students) with objective of reducing the spread of HIV and TB. Project: Ikhlas actively participated from planning to implementing of broad ranging Harm Reduction in collaboration with Ministry of Health. As a part of their involvement, members of Ikhlas recruitment IDUs as a Staffs establishing their HIV/TB risk factors through health education, discussion with target groups and providing information and materials, developing system of referrals to specialized medical service to clients. Outcomes: Creating their own resource empowers IDUs and target groups to lobby for better lifestyle and working environments where they can protect themselves and their clients from HIV and TB. This recognition brought a significant change in regaining self esteem, dignity which inspired them positively participate and contribute in such development activities.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 611 **Barriers to HIV testing among injecting drug users (IDUs) in Chennai, India**

**Author(s):** *Shanmugam, Murali ; Chakrapani, Venkatesan ; Michael, Sandy ; Newman, Peter A*

**Abstract:** Background: To develop strategies to promote voluntary HIV testing among marginalized populations, it is crucial to understand the various barriers to HIV testing from their perspectives. We conducted a study among injecting drug users (IDUs) in Chennai, India, to explore and understand barriers and facilitators to knowing one's HIV status - including utilization of government HIV counselling and testing centres. Methods: Three focus groups (n=18 participants) and 3 key informant interviews were conducted, audiotaped and transcribed. Narrative thematic analysis and a constant comparative method were used to identify themes. Results: Barriers were identified at multiple levels. At the individual level, the primary barriers were: fear of adverse consequences if diagnosed as HIV-positive; fear of inability to cope with a positive HIV test result; precedence given to drug use over HIV infection; not being convinced of the benefits of knowing one's HIV status; and low HIV risk perception. At the health care system level, discrimination from providers, long waiting times in clinics/hospitals, lack of non-blood based HIV tests, and the need to return to collect test results served as deterrents to HIV testing. Program, policy and legal barriers include: criminal laws against drug use; inability to follow up with clients because of lack of effective coordination among voluntary organizations; and inadequate and inconsistent funding support for HIV prevention programs for IDUs. Conclusions: Barriers to HIV testing among IDUs can be addressed by: educating IDUs about various benefits of knowing one's HIV status; addressing psychological barriers to HIV testing in outreach education & counselling; enrolling IDUs in drug dependence treatment programs and harm reduction programs that also provide linkages to voluntary HIV counselling and testing; providing a range of HIV testing options (including urine-/saliva-based) with same-day test results; and addressing legal barriers.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 613 **Establishment, development and support of Central Asian Harm Reduction Training & Information Center (CAHRC)**

**Author(s):** *Sadykov, Ilimbek ; Iriskulbekov, Erik ; Tokubaev, Ruslan*

**Abstract:** Establishment, development and support of Central Asian Harm Reduction Training & Information Center (CAHRC) Background of CAHRC: CAHRC as Association of legal entities was officially established in 2008 (Bishkek, Kyrgyzstan) by HIV and harm reduction (HR) specialized governmental and nongovernmental organizations from Kyrgyzstan, Uzbekistan, Tajikistan and Kazakhstan. Establishment and activity of CAHRC was supported by Central Asian AIDS Control Project financed by World Bank and DFID. CAHRC is the only pilot HR regional Center providing wide range of services for governmental and nongovernmental organizations working in HIV-prevention and drug HR spheres . CAHRC Mission: Capacity and collaboration strengthening of interested governmental, nongovernmental, international organizations and individuals in the field of HR via training and information support at the regional and national levels Main challenges/problems of HR programs in Central Asia (CA): Lack of unified information field and communicative area; Best practices aren't systematized; Training materials are not analyzed, deficiency of methodology; Lack of unified database on trainers/materials; Surveys results aren't accumulated; Organization capacity lack; Poor coordination of international programs; Non-sustainability of HR programs (institutionalization); Key activities: Organization and conducting of training courses; Provision of experts, consultative and technical support; Collection, adaptation and dissemination of methodical guidelines and manuals; Management of information recourses and network management; Research and analytical activity. Anticipated results of CAHRC activity: Creation of the database of prepared HR trainers and experts in CA level; Availability of information exchange and communication field; Best practice are analyzed and systematized; Organizations capacity improvement. Completeness of the information on organizations and spectrum of HR services in CA. Status of CAHRC as regional Center has been defined as well as priorities have been determined: Effective use of countries recourses; Use of positive experience; Combination of four countries experts efforts; Partnership of the governments with NGO; Center is interesting for all countries.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 614 Behavior Changes Among IDU and Their Current Environment After NSEP

**Author(s):** Othman, Mohd Yusoff B

**Abstract:** Issue : HIV intervention goes rapidly among IDU (Injecting Drug User) because of their high risk lifestyle and lack of knowledge about HIV/AIDS infection. Setting : NSEP (Needles and Syringes Exchange Program) was implemented in Kota Bharu, Kelantan since 2007. The main focus of this beneficial program is on vulnerable group of people such as DU(Drug User), IDU, PLHIV (People Living with HIV/AIDS), their couples and current environment. From January 2008 till July 2008, there are 434 drug addicts detected, 267 new drug addicts and 167 repeated drug addicts in Kota Bharu, Kelantan. (Resources : Laporan Dadah-Drug Report 2008,AADK) Project : The main objectives of NSEP is to help PLHIV and people who get effected with HIV/AIDS to reach their better life without stigma and discrimination. Besides that, it also help to prevent spreading of HIV/AIDS. The implementation of this program is through outreach visits and DIC(Drop In Center) service. They can get several services such as sterile needles and syringes, safe sex education, basic health care education and treatment, peer and support group and food and drink. Sometimes, NSEP clients will refer to hospital for their health treatment. Outcomes : Since NSEP was operated, there was 1200 registered clients and in average 400 clients got NSEP services monthly. The main barrier of this program is lack of awareness among community and high stigma and discrimination. The positives effect from this program is their confidently increase to access basic health care service. Their lifestyle also change to low risk lifestyle and they was educate about safe sex technique. Their family also accept them back and the increasing of their quality of life. The community also can accept IDU and start to give their support although there are some differences idea and way of thinking about this program.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 616 An evidence-base for peer education in hepatitis C prevention

**Author(s):** Treloar, Carla J ; Crawford, Sione ; McGuckin, Susan ; Shying, Kerri

**Abstract:** There is little literature directly relevant to the development of peer education models in hepatitis C prevention. This project used previous research as an evidence-base to inform peer education in networks of injecting drug users in New South Wales, Australia. Previous phases of this research involved focus groups with 17 people who inject drugs. Participants were asked to develop peer education messages and strategies to trial with their networks. Subsequent focus groups recorded how well these messages and strategies worked, modifications made to these for various audiences and also the limitations and boundaries to peer education in this area. Participants in three areas (inner city Sydney, outer metropolitan Sydney and a regional NSW city) attended three focus groups over a 3 to 6week period. Central issues from these focus groups included boundary setting (knowing who was "reachable" with peer education); understanding the effects of the drug using context on possibilities for and strategies to use in peer education and particular strategies that participants found useful such as modeling behavior (without verbal interaction), use of local contexts and stories to enhance peer education messages, acknowledgement of the standing of individuals within their own networks and the importance of preparation (that is, peer education is somewhat of an artificial interaction for some). The messages and strategies developed by the participants were used in a series of workshops with the NSW Users and AIDS Association to elaborate a model of peer education for people who inject drugs focusing on hepatitis C prevention. Importantly, a framework for evaluating peer education work was also developed. This is considered important in funding environments which may devalue or make invisible the intangible but central processes and outputs of peer education such as boundary setting and strategic development of message, audience and timing.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 617 **Establishment, development and support of Central Asian Harm Reduction Training & Information Center (CAHRC)**

**Author(s):** *Sadykov, Ilimbek ; Iriskulbekov, Erik ; Tokubae, Ruslan*

**Abstract:** Background of CAHRC: CAHRC as Association of legal entities was officially established in 2008 (Bishkek, Kyrgyzstan) by HIV and harm reduction (HR) specialized governmental and nongovernmental organizations from Kyrgyzstan, Uzbekistan, Tajikistan and Kazakhstan. Establishment and activity of CAHRC was supported by Central Asian AIDS Control Project financed by World Bank and DFID. CAHRC is the only pilot HR regional Center providing wide range of services for governmental and nongovernmental organizations working in HIV-prevention and drug HR spheres . CAHRC Mission: Capacity and collaboration strengthening of interested governmental, nongovernmental, international organizations and individuals in the field of HR via training and information support at the regional and national levels Main challenges/problems of HR programs in Central Asia (CA): Lack of unified information field and communicative area; Best practices aren't systematized; Training materials are not analyzed, deficiency of methodology; Lack of unified database on trainers/materials; Surveys results aren't accumulated; Organization capacity lack; Poor coordination of international programs; Non-sustainability of HR programs (institutionalization); Key activities: Organization and conducting of training courses; Provision of experts, consultative and technical support; Collection, adaptation and dissemination of methodical guidelines and manuals; Management of information recourses and network management; Research and analytical activity. Anticipated results of CAHRC activity: Creation of the database of prepared HR trainers and experts in CA level; Availability of information exchange and communication field; Best practice are analyzed and systematized; Organizations capacity improvement; Completeness of the information on organizations and spectrum of HR services in CA. Status of CAHRC as regional Center has been defined as well as priorities have been determined: Effective use of countries recourses; Use of positive experience; Combination of four countries experts efforts; Partnership of the governments with NGO; Center is interesting for all countries.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 618 **Correlates of hepatitis C infection among male injecting drug users in Dhaka, Bangladesh**

**Author(s):** *Chowdhury, Ezazul Islam ; Reza, Md. Masud ; Hasan, Md. Jafrul ; Ahmed, Munir ; Alam, Shakawat ; Roy, Chandra Nath ; Azim, Tasnim*

**Abstract:** Background: Hepatitis C infection is common among injecting drug users (IDUs) in Bangladesh. In Dhaka, the capital city, 56.4% of IDUs had antibodies to hepatitis C virus (HCV) during the national HIV surveillance of 2006 and the behavioural surveillance survey of 2006-2007 showed that 61.7% shared (borrowed/lent) needles/syringes during the last injection and 69.2% shared injection paraphernalia (other than needles/syringes) in the last two months prior to the survey. Method: Male IDUs (N=561) attending a needle/syringe program (NSP) in two neighbourhoods of Dhaka city (area A and B) were enrolled into a longitudinal cohort study in 2002. Risk behaviour questionnaires were administered and blood tested for antibodies to HCV every six months. Bivariate and multivariate analyses were conducted to determine factors associated with HCV infection one year after enrolment. Study Results: The median age of the IDUs was 35 years, 50% were currently married, 95% had injected in the last six months and 71.9% were HCV positive. In the last week, 31.6% reported borrowing needles/syringes and 78.8% shared other injection paraphernalia. The backward stepwise logistic regression revealed that IDUs who lived in area A, borrowed needles/syringes in the last week, had been taking drugs for 11-20 years, had been injecting for more than five years and who had started injecting between 16-19 years of age were at greater risk of being HCV infected. Conclusions: Other than early initiation into injections and risky injection practices, living in neighbourhood A was associated with being infected with HCV.

**Session:** C1: Hepatitis C Risk and Prevention

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 619 Preventing HIV transmission among Tajik and Kyrgyz labour migrants and their families

**Author(s):** *Alymkulova, Anara Saparovna*

**Abstract:** The HIV-epidemic in Central Asia has until recently been limited to concentrated risk groups, mainly IDUs. WHO estimates the HIV prevalence in Kyrgyzstan to be 0.2 % and Anti Retroviral (ARV) therapy coverage to be 15 % (2008), and correspondingly for Tajikistan (0.3 % and 6 %). The numbers might seem insignificant comparing with statistics in Sub-Saharan Africa and Eastern Europe, but it is a window of opportunity for preventing spread of HIV in the region. One serious transmission route is through labour migrants, who become infected with the virus while working in Russia and carry it back to their families in Central Asia. Geographical location: Tajikistan, Kyrgyzstan and Russia (S. Petersburg). Target groups: • Labour migrants from Kyrgyzstan and Tajikistan and the migrants' wives and children, and other members of the communities in Southern parts of Tajikistan and Kyrgyzstan. • Medical staff and officials working with labour migrants and their families in the target areas. Project interventions: • Training, information access, testing, distribution of preventive measures. • National Round Tables in Kyrgyzstan and Tajikistan which aim to bring stakeholders together to discuss stigmatization of labour migrants and HIV positive people. The project uses innovative approaches for targeting the links between migration and spread of HIV and aims to address a regional problem, namely HIV spread by Central Asian migrants returning from Russia, with a regional approach involving stakeholders from different sectors of society. The project's coverage: • At least 5,000 Tajik and Kyrgyz labour migrants, mainly men, in Russia; • At least 10,000 community/family members, mainly women, in Southern parts of Tajikistan and Kyrgyzstan. Barriers: o Social and cultural norms hamper the efforts to raise awareness and empower wives of the migrants. o HIV/Aids remain a taboo amongst the stakeholders and target groups.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 620 Peer Involvement and Advocacy

**Author(s):** *Hashim, Elias Bin Hj.*

**Abstract:** Issue: Harm Reduction was introduced as a pilot project in Malaysia on December 2005. And three states were specifically selected for this project, namely Kuala Lumpur, Johor Bahru and Penang. Local NGOs were chosen to implement the project with the cooperation from various government agencies such as police, Agency Anti Dadah Kebangsaan (AADK) and Ministry of Health. Setting: In Johor, ex-users were employed as outreach workers. Their experience and understanding of drug users are important for outreach work as they are more familiar with the problems faced by the drug users. Better communication between outreach and clients. Project: Training are provided for them (outreach workers) before they are assigned to groundwork. Adherence to SOP (Standard Operation Procedures) at all times during outreach. Basic knowledge of HIV/AIDS, T.B., HCB, HCV and other infectious diseases are essential including basic first line treatment for clients. Outcome: During the three years when Harm Reduction was introduced, many problems and difficulties were faced when implementing mapping and daily work are concerned. For example, conflicts between clients and territorial fights among drug pushers. Planning and extra precautions are taken into consideration before entering sites to avoid unnecessary incidences. But much have changed since its implementation, among them, positive behaviour changes, the consequences of needles sharing, information on HIV/AIDS and awareness of Harm Reduction among community.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 622 **PSI Mumbai's harm reduction programme promotes voluntary counseling and testing services among drug users**

**Author(s):** S, Sundar ; Manihani, Maninder Kaur ; Merchant, Shilpa Firdous

**Abstract:** Issue: Drug users in Mumbai are a highly underserved population at high risk for HIV infection. As per the NACO BSS, 2006 around 12% of injecting drug users are HIV positive while only 35% have tested for HIV. The IDUs are reluctant to avail of the voluntary Counseling and Testing (VCT) facilities in the government set up due to stigma associated with drug use. Setting: PSI Mumbai established the Green Dot Program- a comprehensive Harm Reduction Program for drug users in the heart of the Red light area in Mumbai. This includes a Needle and Syringe Exchange Program (NSEP), streamlined sensitized outreach, Behavior Change communication, a drop-in centre and an efficient referral system. Promoting VCT services was adopted as a part of the overall harm reduction strategy. The VCT centre is strategically located near the green Dot Drop-in Centre and easily accessible to the drug users frequenting the area. Project: Outreach workers and peer educators use interpersonal communication, innovative IEC material and motivational interviews to promote safe injecting practices and safer sexual behaviors among the drug users. They also create a demand for the VCT services. Due to cognitive issues related to drug use the VCT counselors were intensively trained on Harm reduction and sensitized to the needs of the Drug users. Outreach camps are conducted for drug users at sites which are distant from the VCT centre. Outcome: A total of 723 drug users availed of the VCT facilities between February, 2007 and September, 2008. Nearly 17% tested positive for HIV. The HIV positive clients follow up at the Drop-in centre and from there they are linked to ART centres, Care and support facilities and support group networks. The holistic approach adopted by PSI has resulted in behavior change among drug users -40% of those visiting the drop-in centre reporting to be drug free.

**Session:** C16: Integrated Services for People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 623 **'Tramadol' as a newly scheduled controlled drug in Ukraine: Further criminalisation of drug users or an opportunity to soften national drug policy?**

**Author(s):** Skala, Pavlo

**Abstract:** Issue: After decade use of Tramadol without even medical prescription it has become # 1 alternative drug for addicted people while on abstinence. Its placement at the list of controlled drugs will cause negative effect on HIV- epidemics among IDUs in Ukraine. At the same time this would soften legal system of circulation of narcotic drugs for medical purposes. Setting: Tramadol is a synthetic opioid analgesic, in 90thXX was authorized for use in Ukraine in therapeutic/surgical practice. It has been used up to 2008 in hospitals for removing abstinence when drug addiction. Process: On June 2008, T was officially declared as a narcotic drug such as morphine and methadone, therefore became liable to more strict control. At once, law-enforcement institutions planned to identify the relevant legal "threshold", namely the amount of T would be considered as a criminal offence. Following risks were identified: Criminalization of tramadol users Dozens of thousand T-users would shift to injecting especially hard narcotic drugs Followed by irrevocable increase of HIV/AIDS spread rate among the IDU On June 26, 2008 chairpersons of 39 organizations working in HIV- prevention/treatment, providing assistance to drug users, advocacy and protecting human rights, signed a petition addressed to the Ukrainian Government in order to prevent unjustified criminalization of tramadol users and demanding to set up an adequate legal "thresholds". Outcomes: In October 2008 the "thresholds" for T were officially/legally set up. The opinion of civil society was taken into consideration. Previously proposed amount of T required for criminal prosecution were finally raised from 0,15 to 0,5 gram (from 3 to 10 average tablets). Since T is the most commonly used opioid analgesic in Ukraine this situation would soften legal system of circulation of narcotic drugs for medical purposes, including for the needs of medical assisted treatment for drug users.

**Session:** C4: Drug Law Reform: Challenges and Implications

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 625 Harm Reduction China-Burma Cross-Border Practice

**Author(s):** Wang, Ying

**Abstract:** ISSUES: The China (Yunnan Province)-Burma (Kachin State) border has developed into a major heroin trafficking route along which injection drug use and HIV have spread. There is substantial cross-border movement for drug purchase, sale, and consumption, and rapidly rising HIV prevalence rates due to sharing of needles. According to a 2006 survey, there is about 57.1% HIV prevalence among IDUs and 62.62 % of HCV (hepatitis C virus) in the targeted area. SETTING: Developing and implementing appropriate behavior change intervention strategies to reduce the harms associated with injecting drug use and sexual contact among the drug users, sex workers, long-distance truck drivers and seasonal migrant workers. PROCESS: The project creates a supportive environment for harm reduction on the both sides of the Kachin-Yunnan border. It mobilizes and coordinates the relevant Government Departments to participate in the control and prevention of HIV/AIDS through lobbying and advocating the policy makers, military officers (in Kachin) and law enforcement both in Kachin State of Burma and Yingjiang County (Yunnan Province) in China. OUTCOMES: This is the first harm reduction intervention focusing on the cross-border IDUs and sex workers on both sides of the border. Over 3 years, in terms of the follow-up survey, we were able to stabilize the HIV prevalence among IDUs (55.5%), and the HCV prevalence has been reduced to 15.9% which has shown with significant behavior change.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 628 Stigma-related problems related to returning to society faced by those with drug use history

**Author(s):** Xue, Li

**Abstract:** The new drug regulations put into place in June 2008 marks a shift from the government seeing drug use as solely an administrative legal violation to its current status as both an administrative legal violation and a disease. This shift offers an important opportunity for people with drug use history. However, despite the progressive progress of the laws hold on the books, there are problems about imperfect implementation. This presentation, written from the perspective of a drug user who has been abstinent for four years, highlights lingering problems in four areas: 1) Conflicts in the current national laws and regulations means that drug users lack a supportive policy environment to look for jobs 2) Widespread lack of job skills also contributes to the unemployment problem, in part as a result of long periods of incarceration in labor camp and compulsory detoxification 3) The national methadone maintenance program's failure to adjust to the needs of patients, including limited hours of operation are limited, strict entry criteria and limited coverage of clinics, means that the treatment is not maximizing drug users' return to society. 4) Complementary recovery services, including mental counseling, drug detoxification, and halfway houses supervision, are still lacking. The speaker offers recommendations for each identified problem in the hopes of improving the process of returning to society.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 631 **Psycho-social services are an essential component in methadone out-patient clinics in Viet Nam**

**Author(s):** *Nguyen, Nhu To ; Pham, Minh Huy ; Hoang, Thai Nam ; Ha, Dong Viet ; Nguyen, Huynh Thi ; Nguyen, Ngoc Thi Minh ; Burdon, Rachel*

**Abstract:** Issues: MMT is new to Vietnam and initially there was little understanding of the role of psycho-social support in MMT programming. Setting: The Vietnam Ministry of Health (MoH) wished to develop a holistic Methadone program for drug users where addiction counseling and comprehensive social support is provided alongside MMT. Process: Prior to the MMT pilot, FHI had developed a cadre of well trained drug addiction counselors serving returnees from rehabilitation centers in Ho Chi Minh City. Using this experience FHI worked with the MoH to provide technical assistance in training, coaching, and mentoring new methadone counselors so that they could provide psychosocial support for those on MMT in addition to drug addiction counseling. FHI also supported the MoH to develop minimum standards for MMT clinics including guidance for clinic layout and staffing norms, counseling intake and monitoring assessment forms, guidelines and standard operating procedures Outcomes: A national training curriculum, intake and ongoing assessment forms and SOPs have been developed for use by drug counselors in both outreach settings and MMT clinics. A total of 40 addiction counselors have been trained and mentored with FHI support including twelve drug counselors at six pilot MMT clinics. Drug addiction counselors are playing an extremely valuable role in both outreach work and the MMT clinics. Specifically in the MMT clinics the counselors are carrying out the following functions: • Assessing the treatment motivation and psycho-social suitability of individuals for MMT in collaboration with clinical staff • Providing group education and individual counseling sessions prior to starting MMT. • Providing ongoing individual and group counseling on drug relapse prevention including skills and techniques to empower the client to live a heroin free life. • Facilitating monthly family member meetings to enhance treatment adherence and family trust. • Providing patient's psychosocial aspect to the case conferences.

**Session:** C30: Psychosocial Services for HIV Prevention and Harm Reduction

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 634 **Legal aid as an essential part of harm reduction: Ukrainian experience.**

**Author(s):** *Kucheruk, Olena*

**Abstract:** Issue: In Ukraine, severe human rights abuses have long been reported by people who use drugs, commercial sex-workers and people living with HIV/AIDS (PLHA) as well as by national and international researchers (including "Human Rights Watch"). Existing practice of human rights violations (first of all from the side of law enforcement and medical doctors) towards people who use drugs, significantly influence their ability to receive harm reduction or other essential services. People who use drugs cannot gain maximum benefit from harm reduction services unless these services are coupled with legal support to address discrimination, police violence, and other human rights violations. Setting: Since 2003 in Ukraine IHRD and LAHI (OSI) have been supporting harm reduction service providers in delivering legal services for people who use drugs and PLHAs. Project: 5 NGOs have succeeded in integrating different forms and methods of legal services into harm reduction projects. Among legal problems which are addressed by legal aid services are following: abuses by police, denial of proper medical treatment and care, apartment seizure and sale, child custody problems, discrimination and violations of medical privacy, drug users registries, identity documents, employment, etc. These projects provide wide range of services: consultations, educating people about their rights, drafting and securing documents, appeals, obtaining duplicates of lost documents, representation of the interests at state institutions, training in self-advocacy, legal representation before a court, strategic litigations and advocacy. Trainings for judges and prosecutors about the effect of incarceration also constitute essential part of some projects. Outcomes: People who use drugs and PLHA reported that legal services have helped them defend themselves against human rights abuses, better protect their health and improve their overall quality of life. Ukrainian experience has shown that access to legal services and legal advocacy are critical for advancing public health and protecting human rights.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 635 Reaching Female, Sex Workers and IDUs in Kedah, Malaysia

**Author(s):** Ahmad, Anuar Bin

**Abstract:** Persatuan Cahaya Harapan Negeri Kedah is implementing Needle and Syringe Exchange Program in Kedah. A northern state of Malaysia bordering to Thailand; Kedah is a transit point of drug supply to the country. Many drug busts by the Police recorded in the last 5 years. Currently, Malaysian government estimate of the number of IDU is compiled from prison and government rehab centers that conduct mandatory drug testing, until now there has been no effort to survey and mapped the injecting drug users within the female and transsexual sex workers group. The ratio of male to female IDUs according to the government statistics is at 95%: 5% respectively. In Kedah, the numbers of hidden IDU, mainly women, sex workers and transsexuals do not compliment the government estimates. Initial mapping suggests almost 99% IDUs are male. The hunt for female, sex workers and transsexual injecting drug users began. When advocacy heightened and the program received support from all levels, more and more women are brave enough to come out. Outreach to the 'red districts' by a transsexual outreach worker has proven a success in reaching female and transsexual sex workers IDUs. In a transsexual lane, a comparison between clients of transsexual to female sex worker is 10 – 14: 3 – 6 clients per night. Exchange of needles on one-on-one basis preferred to protect their habit. Unlike their counterparts, female and transsexual sex workers prefer not to receive their needles in the open. Strategies to reach hidden group of IDU needs creativity. Cahaya Harapan is taking steps into working with at risk group that may one day see a positive change in reversing the habit among the injecting drug users.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 637 Conducting Peer-led Harm Reduction in Chinese Compulsory Detoxification Centers

**Author(s):** Sheng, Ye

**Abstract:** Issue: Harm reduction services and education were mostly non-existent as recently as 2003 in China's compulsory detoxification centers. These centers are operated by China's main law enforcement agency, the Public Security Bureau (PSB). The centers can hold 10,000 inmates and drug users are detained up to two years at a time without parole. The supervising police lack capacity and understanding of the harms facing injecting drug users (IDUs) and how best to address them. IDUs are not adequately prepared for reintegration into the community, many are therefore forcibly returned to the detox centers, perpetuating a harmful cycle. Setting: Yunnan Province has the highest HIV prevalence rate in the country with an estimated 80,000-110,000 people living with HIV/AIDS. Injecting drug use remains one of the main modes of HIV transmission, comprising 42 percent of Yunnan's HIV cases in 2007. Project: PSI/China has been implementing a harm reduction-focused peer education training program in the detoxification centers in Yunnan since 2004. Through a Training-of-Trainers model, PSI-trained peer educators relate harm reduction and HIV prevention knowledge and skills to fellow inmates. PSI also provides trainings to the police officers to sensitize them to the harms facing IDUs. Between October 2007-2008, PSI trained over 400 peer educators and reached 27,000 individuals in detox centers. Actively engaging the police and establishing a solid relationship with the PSB were paramount to effectively accessing the vulnerable population. Outcomes: According to a behavioral survey conducted among drug users in detox centers in 2004 and 2006, the PSI program resulted in an increase of consistent condom use with regular partners from 12 to 21 percent. PSI implements harm reduction peer education programs in 27 detox sites. This presentation will be of interest to implementers seeking models of successful harm reduction education in closed settings.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 638 **Ten year long harm reduction programme contributed to control the HIV epidemic in Bangladesh**

**Author(s):** Taher, Abu ; Ferdous, Dr. Selina

**Abstract:** Issue: HIV prevention among injecting/drug users following harm reduction framework by HIV Program of CARE Bangladesh Setting: In 1998 CARE Bangladesh started targeted intervention with injecting/drug users at two divisional areas to prevent and control the HIV epidemic in Bangladesh. The prevalence remained well under

**Session:** C19: Harm Reduction in Asia

**Time:** 2009-04-21, 16:00 - 17:30

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**ID/Title:** 641 **VOICES- ADVOCATING FOR A CHANGE**

**Author(s):** Malandkar, Sourabh

**Abstract:** 'Harm reduction and human rights', is what, experts advocate for. However, political and religious factors often hinder the acceptance and development of preventive strategies such as harm reduction worldwide. Malaysia, a cosmopolitan country comprising of various ethnicities has seen rapid escalation of HIV, with drug use being a major contributor to the increasing prevalence of infection. Bordered by the Golden Triangle, changing drug trends have been seen for decades here. Malaysia's inability to achieve the MDG prompted the government to adopt harm reduction programs in 2006. By 2010, Malaysia targets to reach 25000 IDU's through NSEP and 15000 IDU's through MMT programs. Regular advocacy and sensitization workshops for relevant stakeholders hope to achieve significant policy amendments. However, political and religious issues threaten the outcomes of harm reduction and human rights here. A recent advocacy conference organized by the Open Society Institute, had the voice of an ex-IDU, now reformed speaking of his experience and difficulties encountered during the nearly two decades of drug addiction, relapse, arrest and harassment. This experience sharing session though unpleasant for some had an effective impact on the minds of many policy makers and enforcement officials present at the conference. Though documented evidence has not been recorded, it was heard following the conference, that the judgment passed by a magistrate present at the workshop was an outcome of the experience sharing session during the conference. Here the sentence awarded to a convict was reduced allowing him to reform. Such experience sharing sessions are beneficial as they provide firm support to achieve positive changes in health policies and human rights. Harm reduction should strongly advocate incorporating the voices of the community it serves. Every Human has a voice- Every human must be heard.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 642 **Good Practice Abstracts \_ Peer Involvement and Advocacy with the funding of the Lonely Planet Wheeler through the Burnet Instituted in Australia.**

**Author(s):** *Van, Pham Thi Hanh ; Khoat, Dang Van ; Hai, Nguyen Thi*

**Abstract:** Issue: Vietnamese HIV Law was issued since 1.1.2007 and Decree No 108 of Priminister is also launched right after in which Harm reduction programs have mention as main content that makes a better environment for HIV/AIDS prevention activities. But IDU peer educators still get difficulties to implement N&S activities. Setting: Located along one of the nation highways, near the interprovincial station and still in the progress of urbanization, Thanh Xuan district, a young districts of Ha Noi is emerging as a hot pot. There is a PLWH self help group named Dove club that most members are IDUs'wives, almost have HIV and some IDUs, former IDUs. Project: Found that the IDUs'wives can access IDUs also easy as IDUs them self and have better awareness and knowledge to implement BCC. We support them to implement N&S exchange and province IEC, referral and ARV adherence support activities by capacity build, technical support and advocate creating condition for their activities. Outcomes: Until 30/9/2008, 5488 times of IDUs, 457 times of PLWHs (279 female and 178 male) received project services include: 14349 clean needles and syringes, 410 condoms, 779 communication materials, counseling on nutritious, child care, psychological....and reference services for treating opportunistic diseases or receiving ART. 44 new male IDUs received VCT and reference to ARV treatment. 9829 used syringes and needles are recuperated. Most difficul is: for developing the Law on Drug control, the public security accelerates the obligatory drug treatment mostly in centre so IDUOWs are at risk of being arrested as. Solution for difficult: Outreach workers from PLWH accelerate their support to the IDU peer education team in distributing syringes and needles; Intergrate N&S activites to others HIV prevetion sevices; strengthen the collaboration between the project members with police at grassroots levels to get support for N&S step by step.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 644 **Integrating peer delivered qualitative research into a safer sex and safer injecting practices programme: A case study of female sex workers who are injecting drug users in Hai Phong province, Viet Nam**

**Author(s):** *Smith, Reid ; Khanh, Vu Ngoc ; Madan, Yasmin ; Mundy, Gary*

**Abstract:** There is a strong association between levels of injecting drug use and HIV prevalence among female sex workers (FSWs) in Vietnam. One of the reasons for this is the relatively high prevalence of needle sharing behavior among FSWs. Research has indicated that, among FSWs in Hanoi, some 30% report sharing needles in the past 6 months. In April 2008, Population Services International (PSI) conducted a peer-based formative study among FSWs who are IDUs in 2 provinces (Hai Phong and Ho Chi Minh City). The objective of the study was to gain an in-depth understanding of current injecting practices and condom use among FSWS with different partner types (clients, casual & regular partners). The study aimed to understand factors that led to initiation of injecting drug use among FSWs. PSI used peer-based research, training existing and former FSWs who had exposure to drug use as community based researchers. PSI utilizes this approach both to gain access to hard to reach groups, and because it has been shown to be an effective way of delivering high quality actionable insights into behavior which attracts a high level of social stigma. The paper will present findings from the study, demonstrating how they are being used to directly inform PSI's behavior change program among IDU FSW communities in Vietnam. The findings will be organized under the following headings • Target group archetypes • Beliefs to reinforce, beliefs to change and strategies to behave • Opportunities to process • Ability to process • Motivations to process The paper and presentation will demonstrate how PSI Vietnam organizes qualitative research findings so that they are directly relevant to its behavior change activities, and maximize the relationship between insightful qualitative research and health focused behavior change programs.

**Session:** C24: Sex Work and Substance Use

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 645 **Capacity building as a response to co-occurring substance use and mental health issues in the GLBT Community**

**Author(s):** *Thompson, Nicole ; Matheson, Angela*

**Abstract:** This presentation will explore the need to improve our responses to mental health and substance use problems. There is growing evidence that mental health and substance use problems occur at proportionately higher rates for gay, lesbian, bisexual and transgender (GLBT) people than for the general community. People with mental health issues who also have problematic alcohol and other drug (AOD) use have difficulty accessing appropriate services. Whilst there has been improvement in the recognition of comorbidity and the development of programs to address these problems in Australia, some barriers for GLBT people accessing services still remain. ACON is a community-based non-government organisation promoting the health and wellbeing of a diverse gay, lesbian, bisexual and transgender community, and a leading agency in HIV/AIDS policy development and program delivery. ACON has recognised the need to assess, evaluate and improve its capacity to respond to GLBT community members experiencing AOD and mental health comorbidity. ACON recently received a capacity building grant from the Commonwealth Government, to assist the organisation to better identify and effectively treat people with coinciding mental illness and substance abuse in the GLBT community. ACON has evaluated its policies and procedures in relation to this client group and conducted an agency wide training needs analysis. This has led to the implementation of relevant screening and assessment tools and the development of an internal training resource, which will be used throughout the organisation. These developments will help to build ACON's capacity to provide effective and sustained responses to GLBT people experiencing mental health and substance use issues. This presentation will assist delegates to gain a greater understanding of current issues relating to substance use and mental health issues in the GLBT community and inform them of interventions and responses currently being implemented and evaluated by ACON.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 648 **Working with the clients you don't have: Harm reduction and lesbian and gay populations in prison settings in NSW**

**Author(s):** *Matheson, Angela*

**Abstract:** Issue: Prisoners are internationally recognised as one of the most marginalised and disadvantaged groups in the community. For people who identify as lesbian or gay or who are HIV positive, this marginalisation is compounded. ACON recently undertook a review of the unique needs of members of the lesbian and gay communities incarcerated in New South Wales, Australia, the outcomes of which will be reported in this presentation. Key Arguments: Lesbian and gay and same sex attracted prisoners have a range of unique concerns that are not always addressed effectively or appropriately in the prison environment. Gay males are at high risk of assault as a direct result of disclosing their sexuality. Issues around safety, identity and disclosure for all lesbian and gay and same sex attracted prisoners are complicated by the fact of relatively high prevalence of same sex sexual activity in prison life. Along with the broader Australian prison population, lesbian and gay and same sex attracted prisoners, and those who are sexually active in prison, face inequitable difficulties accessing relevant professional care to manage a range of health needs which may include unaddressed AOD issues, sexual health, hepatitis C and HIV health maintenance needs. Implications: Delegates will gain an understanding of drug use trends and health and welfare needs of Australian lesbian and gay populations in and outside of prison settings, as well as an opportunity to reflect on the needs of drug users across a range of diverse communities who cannot or do not access harm reduction services. Attendees will be invited to consider how harm reduction services can work to ensure that the human rights of prisoners are upheld, in light of the fact that people in prison are by definition denied many of the freedoms afforded to the general community.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 649 **The need for coordinated responses to drug problems in India: Is 'Three-ones' the answer?**

**Author(s):** *Rao, Ravindra ; Ambekar, Atul*

**Abstract:** In India, the response to drug abuse and related problems is being handled by three distinct Government bodies: Ministry of Social Justice and Empowerment provides – largely abstinence-oriented – treatment services through NGOs; National AIDS Control Organisation limits itself to providing 'harm-reduction' services to IDUs and Ministry of Health and Family Welfare provides treatment through state run de-addiction centres. Other government agencies deal with 'supply-reduction' aspects. However, lack of co-ordination among these agencies – both at central and field levels – remains a major cause of concern. Very often, these departments work in isolation resulting in drug users failing to receive comprehensive services. There is also a lack of national drug policy, as well as no information sharing among these various agencies. This results in major programmatic cracks through which many intended programme beneficiaries fall out. The 'three ones' principles, advocated by the UNAIDS for coordinating the national HIV/AIDS response could guide us to address drug-response as well. The three one principles include – one national coordinating authority, one monitoring and evaluation system and one agreed action framework. Adoption of these principles has resulted in a co-ordinated effort to deal with HIV/AIDS in many countries including India. Like HIV/AIDS, there is a need to have a single stated national policy along with a single government body to coordinate the entire gamut of responses to drug problems – from supply control to prevention; from treatment and rehabilitation to 'harm reduction'. Additionally, there should be a single monitoring and evaluation system. All this needs to be carried out with a single national action framework, where all the stakeholders are involved in decision making. This would enable the country to respond to drug-problems in an effective and efficient manner and ultimately benefit the end users – the substance users themselves.

**Session:** C16: Integrated Services for People Who Use Drugs

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 651 **Extent of, and factors associated with, deprivation among persons diagnosed with hepatitis C in Scotland**

**Author(s):** *McLeod, Allan ; Hutchinson, Sharon June ; Goldberg, David Julian*

**Abstract:** Background: It is estimated that 50,000 individuals in Scotland, accounting for 1% of the population, are infected with the Hepatitis C Virus (HCV), of whom 35-40% have been diagnosed. Approximately 90% of those diagnosed acquired their infection through injecting drug use. The association between deprivation and health has been well documented; despite this, literature examining HCV related to deprivation is lacking. Aims: (a) to determine whether an association exists between deprivation and HCV in Scotland; (b) to examine the association between deprivation and risk factors for acquiring HCV; and (c) to compare HCV and leading causes of morbidity/mortality in Scotland with regard to deprivation. Methods: Deprivation among the HCV diagnosed population was examined through electronic data-linkage of the Scottish National HCV Diagnoses database (as at June 2008) and the Community Health Index. Deprivation was measured using Scottish Index of Multiple Deprivation (SIMD) population quintiles. Results: (a) Of the 18,124 HCV diagnosed individuals, 53.5% reside in the most deprived quintile of Scotland. (b) 60% of those known to have injected drugs and 72.4% of those living in Glasgow reside in the most deprived quintile. Adjusted odds of residing in the most deprived quintile was highest among those living in Glasgow (3.46, 95% CI 3.20-3.74) and lowest among those reporting a risk factor other than injecting drug use (0.48, 95% CI 0.42-0.54). (c) The proportion of HCV diagnoses residing in the most deprived quintile was found to be higher than those of premature stroke or coronary heart disease deaths (33% and 33.9%, respectively), suicides (33.5%) and lung cancer registrations (30.1%). Conclusions: This study is the first of its kind to examine HCV and deprivation at population level and provides convincing evidence of an association.

**Session:** C1: Hepatitis C Risk and Prevention

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 655 Harm reduction interventions for adult children of alcoholics: Reality or myth?

**Author(s):** *Ibanez-de-Benito, Stephane*

**Abstract:** An Adult Children of Alcoholic (ACOAs) is defined as fully grown who had been reared by a problem drinking mother, father or both mother and father. It has been reported that children of alcoholics are a special population at risk for medical, psychological, and social problems and should be treated with careful, individualised assessment of the family (Wallace, 1987). Perhaps the most vulnerable population to alcohol use disorders and alcoholism are children of alcoholics. In the UK, between 780,000 and 1.3m children are affected by parental alcohol problems (AHRSE, 2004). Despite these figures, harm reduction strategy have been focusing on harm to health, harm to public order, and harms to productivity. The harm to families, and more particularly to children of alcoholics, despite having been identified as a key harm from alcohol use, remains untouchable and avoidable. ACOAs are four to six times more likely to develop a drinking problem than normal individuals. Adolescent children of alcoholics are more likely to drink at a higher quantity and frequency than normal adolescents. This vulnerable population should therefore be a specific target for prevention initiatives. The harm reduction movement must assume its responsibility, not only to provide support and advocacy for the user, but also to help to prevent ulterior harm that impacts in society through children or adult children of users. Few programmes that can be considered "evidenced-based" have been evaluated, and there are relatively few programmes that target children of alcoholics or ACOAs rather than the general youth population or children determined to be at risk. Are we facing another hidden harm that the harm reduction movement forgotten? This presentation will be able to highlight the issue of ACOAs and lack of harm reduction interventions specifically targeted to this group and its implications.

**Session:** C34: Children and Families Affected by Drug Use

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 656 Evaluating the use of polycarbonate (plastic) glass in pubs and clubs in preventing serious harm caused through injury and violence

**Author(s):** *Anderson, Zara Ann ; Whelan, Gayle ; Hughes, Karen ; Bellis, Mark A*

**Abstract:** Background Throughout the UK, there is growing interest in the use of polycarbonate glassware in licensed premises to prevent serious injuries caused by the use of glass as a weapon. Glass-related injuries have a serious impact on victims, nightlife and local agencies. This paper discusses an evaluation of the use of polycarbonate glasses to prevent serious harm in licensed premises in Lancashire, UK (2008). Methods Eleven licensed premises were selected to change to polycarbonate and matched control venues were recruited, which continued use of standard glassware. Evaluation includes pre- and post-intervention examination of: health and crime data; public and bar staff perceptions of the impact of polycarbonate glassware (questionnaire and interviews); and environmental and venue factors (venue observations). Results Baseline data show that over a fifth of nightlife patrons and bar staff thought assaults involving a glass were a problem in licensed premises. Broken glassware and staff injuries were also highlighted as problems. Over half of customers (62%) and bar staff (51%) thought that venues should change from using standard to polycarbonate glassware. Yet over a third stated they would prefer to drink an alcoholic drink out of a standard glass. Preliminary findings indicate that the use of polycarbonate glassware is acceptable amongst nightlife patrons, with case venues continuing to use the glasses post intervention. Data collected pre- and post-intervention, including health, crime and venue productivity data, will be presented to assess the impact of the project. Conclusion Within licensed premises, glass-related injuries pose significant harms to nightlife patrons and staff. Huge impacts are also placed on nightlife economies and public services. Polycarbonate drinking vessels are made from extremely strong plastic that is virtually unbreakable making it unlikely to cause serious harm through its use as a weapon. Use of such glasses is acceptable amongst nightlife patrons and venue owners.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 658 **Partying, playing and harm reduction: A video interview**

**Author(s):** *Schema, Lance*

**Abstract:** Coming out as a gay man the early 90's in the United States I quickly found my self living the life a true 'Circuit Boy' which then morphed into living life as what is now called a 'Sex Pig'. Wikipedia.org defines the circuit party as: "a mega dance event...(sometimes in my case lasting for 3 days or more with no sleep). Gay men who are regular attendees at multiple circuit parties are sometimes referred to as Circuit Boys. Circuit parties are not without controversy, usually because of the amount of promiscuous sex and drug use (in my case huge amounts of both) that is often perceived to be associated with the events. A small body of empirical research ...raises questions about an association between drug use and risky sex practices among gay and bisexual men." Funnily enough there is no set definition anywhere I could find of what a Sex Pig is. Good thing too, because I found it meant many different things to many different people. It is my intention to share my thoughts on what I believe it is and how I ended up being identified as a Sex Pig. I lived the 'Circuit Boy'/'Sex Pig' life for over 10 years. I intend to share my personal stories of the things I saw and sometimes did in relation to any harm reduction or lack there of that existed for me and many of the men I met. I will also aim to explain how my personal journey took me from identifying as Circuit Boy whose purpose was to do drugs for fun, dancing and socialising, to what was later called a Sex Pig, whose purpose was to do drugs and 'party' at home with the focus being on lots of sex with lots of partners.

**Session:** C29: Illicit Drug Use, Intensive Sex Partying and Risk

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 659 **Making a difference in rural areas – Support Services in Jengka, Malaysia**

**Author(s):** *Parasuraman, Guganesan ; Abu Bakar, Nor Raihan*

**Abstract:** Jengka district which covers a very large geographical area has one of the highest drug abuse cases in Pahang. The large area poses a huge challenge for the local community to access information, knowledge and support on drugs and HIV/AIDS. DIC Pahang, an organisation formed to support drug users, initiated the Support Service Team (SST) for Jengka district in 2007 with intention of reaching out to the community and IDUs. Most of the staffs are locals and they are trained on outreach, basic HIV/AIDS, hospital support and home based care. SST started off by building relationship with local stakeholders such as Hospitals in the area, Anti Drugs Agency, Welfare Department and Village Council which made it easier to refer clients to access medical and welfare services. The home visits play crucial role in disseminating information and convincing clients to access medical services as most IDUs here have misconception that hospitals will poison them. Referrals to Casa Villa (Rehabilitation facility), Welcome Community Home (hospice) in Kuala Lumpur are made whenever clients need attention and care. Weekly hospital visits by PLHIV Support Group provides education and moral support for HIV positive patients and their family. The SST provides home based care for those in needs and educates the family and community on HIV prevention and care issues apart from assisting with burials involving HIV positive IDU clients. Awareness program at schools and community help reduce stigma/discrimination against IDUs and increase knowledge on drugs and HIV/AIDS. Commitment and dedication of the staffs made it possible to create trust where many families and local agencies refer clients to SST. Challenges for SST include inadequate trainings, lack of support from villagers, lack of staff to provide comprehensive services to large geographical area and strict law enforcement which further pushes IDUs from accessing much needed services.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 661 **Implication of Condom use among Injecting Drug Users in relation to their HIV Serostatus in Eastern Nepal**

**Author(s):** Aryal, Arjun ; Shrestha, Ava ; Pokharel, Paras K. ; Baral, Dharani D. ; Singh, Girish K.

**Abstract:** Background/Objectives: Injecting drug users (IDUs) are at increased risk of acquiring and transmitting HIV infection primarily because of unsafe injection practices and high-risk sex behaviours. Nepal's main focus is basically on reducing unsafe injection practices that seems to underestimate the role of condom use for preventing HIV. The objective of this research is to explore the condom using practice of IDUs in relation to their HIV serostatus and suggest its implication for preventing HIV. Methods Used/Approach Taken: Cross-sectional study design was applied based on interview using a semi-structured questionnaire with a random sample of 100 Injecting drug users (35 HIV positive and 65 HIV negative) selected from recorded 1000 IDUs of Dharan, an urban municipality of eastern Nepal. Data were analyzed by using univariate and multivariate analysis applying logistic regression and Cox proportional hazard model through SPSS 11.0 and Stata 9.0. Study Results: Out of total, 46 HIV negative IDUs and 32 HIV positive IDUs had sexual contact within the previous week. Of these, 56.5 percent HIV negative IDUs and 9.4 percent HIV positive IDUs had used condom. Though injection sharing was independently associated with overall risk of HIV, only the use of condom during the most recent sexual intercourse had significant protective association (Adjusted Odds Ratio = 0.070, 95% CI = 0.006 to 0.837, P=0.036) while controlling the effect of age, marital status and experience of sexual contact. Similarly, use of condom during the most recent sexual intercourse was the single significant univariate protective predictor of instantaneous risk of HIV (Hazard Ratio = 0.221, P=0.014, 95% CI=0.066 to 0.738) out of sexual practices, but no instantaneous association was observed with injection sharing. Conclusions: Policy and programs should focus on promotion of condom use among Injecting Drug Users for preventing HIV transmission effectively among and through them.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 665 **Risky business down under: Working with sexually adventurous subcultures in Sydney**

**Author(s):** Matheson, Angela

**Abstract:** The relationship between drug use and sexual risk taking among gay men has been the subject of considerable investigation. Some studies undertaken internationally have found an association between drug use and sexual risk taking within certain gay subcultures. Most of these studies indicate the two practices are not linked in a simplistic causal sense, but that the relationship between drug use and sexual risk practices is complex, and may be reflective of normative behaviours within particular highly sexually active subcultures. There is a need for health organisations that work with gay men to continue to develop innovative ways to engage with men who use drugs in sexual contexts, to assist them to reduce harms such as HIV and STI transmissions. ACON undertakes a range of education and harm education work in New South Wales targeting sexually adventurous subcultures in relation to sexual health, alcohol and other drugs and related issues. This work is achieved through partnerships involving research organisations, clinicians, local services and key community groups and individuals. This presentation will outline a range of programs that ACON has implemented in addressing the information needs of gay men who use drugs in sexual contexts. While much has been done in NSW to develop effective responses to gay men's drug use and sexual risk behaviours, these approaches have not been without contention or significant public attention. This paper will present an overview of the challenges that have faced ACON in responding to this issue, and outline the frustrations in mounting an evidence based public health response. While ACON has put programs in place, a lot more needs to be done. Using emerging research, ACON will further refine an approach that assists gay men manage their use of illicit drugs and sexual behaviours, and ways of moving forward will be presented.

**Session:** C29: Illicit Drug Use, Intensive Sex Partying and Risk

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 666 **Out reach and needle exchange effectively intervention**

**Author(s):** *Darmawati, Very*

**Abstract:** Issues : In accordance estimated, there are 3000 people injecting drug user (IDU) in Bali. They are hidden population. They have not been site location for squatting. It's why our outreach worker very difficult to reach them. There are 100 client on 2005 and only 20 new client we found by out reach worker. It's very lower target. Setting : Our project scaling up started on October 2005 till December, 2009. we working in Bali Indonesia, especially in Denpasar, Negara and Badung regency area. We had platform to find 20% from the total community on last December 2009. Project : To do mobile out reach. Many client always mobile on street and they don't have location squatting. we very difficult to meet them in group. To realize home visit. Some of client just stay in home. They are risky community. they always using together 2 till 3 person and do the sharing needle. To do training the Key person and do the intervention partner injection. Many IDU uncover but we believe, they had been connect and be partner with our old client. When we have get the list of the uncover client, we must follow up them by out reach worker. To do net working with public health center, methadone maintenance, and prison, act. Outcome : We have been support and reaching many client IDU. Till October 2007 we have 600 client on intensive support. And total cumulative the reaching of the IDU 1500 (50%) from the total estimated. There are 90% of them never sharing needle and they very active to find the new needle and condom by out reach worker or our harm reduction outlet. Our barrier, how to lengthen of the program when the fund can't support us on future.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 667 **A tale of two cities: Working with LGBT drug users in Sydney and Auckland (part of a broader ACON session)**

**Author(s):** *Matheson, Angela ; Rands, Diana*

**Abstract:** Based in Sydney, New South Wales (NSW), ACON is a community-based non-government organisation promoting the health and wellbeing of a diverse lesbian, gay, bisexual and transgender (LGBT) community, and a leading agency in HIV/AIDS policy development and program delivery. CADS (Community Alcohol and Drug Services) is an Auckland-based counselling service, whose community-specific services include counselling for and by members of the gay and lesbian community. It is recognised that, compared to the general community, GLBT people have higher rates of illicit drug use. In addition, new trends in illicit drug use tend to first emerge within the LGBT community, after which some of these patterns of use then cross over into the mainstream. For this reason, organisations such as ACON and CADS in their gay and lesbian services have been uniquely positioned to respond to changes in alcohol and other drug use in innovative ways. This presentation will explore the approaches of both organisations to AOD issues within their respective LGBT communities through a number of successful projects that were developed in response to changing needs among LGBT drug users and their service providers. CADS' workforce development training tools for clinicians in the AOD field include an audit tool that mainstream services can use to measure how LGBT friendly they are, and a video exploring strategies around asking clients about sexual orientation. ACON has developed a number of innovative campaigns in response to the rise in GHB use in NSW. The Rover Project was established in 2003 in response to the emergence in GHB-related overdoses at community parties. The Partying at Home Project and a print media and poster campaign were launched in 2007 in response to a recent trend towards the use of GHB and other drugs in private locations such as houses.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 669 **Costing Study: Methadone Maintenance Program (MMT) at Hospitals in 3 Cities in Indonesia**

**Author(s):** *Sucahya, Purwa K ; Soeharno, Rosmawati ; Soewondo, Prastuti*

**Abstract:** Introduction. MMT has been being implemented at hospitals and health centers in Indonesia Indonesia for 3 years. MMT implemented at hospital is not supported by special outreach workers but passively wait for client referrals from NGOs or initiated by clients themselves. This implementation gives consequence to hospital costs. This study is part of Costing Study of Harm reduction (HR) Program in 4 big cities in Indonesia. This abstract s focusing on Methadone Maintenance Program (MMT) activities implemented at 3 hospitals in Jakarta, Bandung, and Makassar. Objective. To get the total cost and unit cost and its cost composition of MMT program at hospital level. Method. Cross sectional approach was used to collect cost data and program outputs. Data collection method and instrument followed "PANSEA" project's that has also been replicated for study in Guangxi, China. Data was collected by interviewing competent stakeholders using structured instrument and tracing related documents. Result. Unit cost of MMT program at hospital is around \$54. The total cost in Denpasar is 3 times higher than that in Jakarta. But, the lower unit cost in Denpasar is due to the higher number of clients accessing MMT in Denpasar (1350 vs 160). In average, more than half of total cost is allocated for recurring goods, particularly in Denpasar. Whilst in Jakarta and Bandung, cost proportion for personnel is higher than for recurring goods. This cost composition is due to the low output (client) so that fixed cost became higher. Conclusion. Unit cost in Jakarta & Bandung is less efficient compared to the one in Denpasar since the output is still low. It is recommended that hospitals need to provide specific outreach workers to increase output.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 671 **Improving access to health care services for people who use drugs in Thailand by mobilising community based pharmacies**

**Author(s):** *Gray, Robert ; Jittakoat, Yaowalak ; Duke, Alex*

**Abstract:** Issue: People who use drugs in Thailand have limited access to health care through the public and private sector, including access to injecting equipment. Access to health care for all Thai people is a fundamental right recognized by the Thai government. Yet perceived and real stigmatization and discrimination against drug users, as well as periodic anti-drug campaigns that drive drug users underground, have kept many drug users from accessing these health services and products. Only a small number of informal/underground Needle and Syringe Programs (NSPs) exist to provide drug users with a viable alternative to access urgently needed health products and services. Project: To address these gaps, Thailand will launch a nationwide, Global Fund-supported Harm Reduction program in June 2009, which will include a new nationwide network of NSPs and improved services for drug users in health care facilities. Importantly, however, the project will also include a strong Public-Private Partnership component, under which over 150 private sector, community-based pharmacies will be mobilized to provide Thai drug users friendly health care advice as well as free access to sterile injecting equipment and condoms, to protect them from HIV, Hepatitis, and other harms associated with injecting drug use. This private sector pharmacy component of Thailand's new national project for IDUs will help to ensure that Thai people who use drugs have convenient access to health care products and services where and when they need them. Implications: This presentation by PSI, the Principal Recipient for the IDU component of the new Global Fund project in Thailand, will outline how Thailand's pharmacies will be mobilized to provide products and services to Thai drug users. The presentation will interest those looking for new and innovative ways to rapidly scale-up and sustain Harm Reduction services for people who use drugs in Thailand, Asia, and beyond.

**Session:** C13: Harm Reduction in Thailand

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 672 **Inequalities of health care services for drug users in Lower Southern Thailand**

**Author(s):** *Apakupakul, Nualta ; Thaicharoen, Nimanong ; Apakupakul, Rangson ; Nunumwong, komson*

**Abstract:** Background: In Thailand there were 3 schemes of health benefit. A universal coverage (UC) is one of schemes for general population, and they can access to care with free of charge. Most of drug users used multiple substances and they also got psychosis. Objectives : To setup care service of universal coverage program in Community hospital and Drug Dependency Center in Lower southern ,Thailand Methods used : This program started by Rapid Situation Assessment(RSA) ,The 30 resource persons were police officers, physicians ,nurses, drug users, health policy officers, villagers. The 156 documents of treatments and drug policies in Thailand were reviewed. Study results were: 1) Thirty-three hospitals in lower southern had a Methadone clinic, The MMT was not include in UC. Most of IDUs have to pay for methadone treatment. 2) Less than 5 percent of the hospital coverage VCT, screening test for HIV infection and TB. 3) Some of IDUs and Dus who got HIV infection could not access to antiretroviral treatment and other services, 4) there were stigmatized in this group. 5) the health team ignore a human right in health and quality of life of IDUs and Dus. 6) there was a bad relation between health teams and some of IDUs /Dus, 5) MMT in Thailand is not standardized. Most of nurses who was handle the MMT never received training, conclusion: The extended program to the others community hospital. Health provider who take response caring in IDUs and Dus group should opened their mind to IDUs and Dus. In addition health teams needs 1)Training programme : VCT , human right, coverage, and ART 2) workshop for good clinical guideline for MMT and multiple substance treatment.3) Setup drop in center in hospital 4)Push up health policies to including MMT in UC and other scheme of health welfare

**Session:** C13: Harm Reduction in Thailand

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 673 **'Is this normal?': Challenges to harm reduction for families affected by parental substance misuse**

**Author(s):** *Bernays, Sarah ; Houmøller, Kathrin ; Rhodes, Tim ; Wilson, Sarah*

**Abstract:** Background: The needs of young people affected by parental substance misuse are often identified at a late stage. Improving the early identification of families in need, in order to reduce the harm associated with parental substance misuse, is a priority. Few qualitative studies explore young people's experiences of family life affected by parental substance misuse and the barriers to early disclosure. Method: We draw on the findings of qualitative in-depth interviews with a target of 40 young people aged 10-18 affected by parental substance misuse. The interviews were conducted in three sites in the UK during 2008-2009, and included young people currently living with a substance misusing parent as well as those in alternative care settings. Results: The young peoples' accounts emphasised a tension between societal norms of family life and the experiential norms of their own family. What counts as 'normal' family life is thus continuously and contextually evaluated by the young people, guiding them in their actions in relation to their parents' substance misuse. A significant investment is placed in maintaining the external impression of normalcy (appearance of home, body, behaviour) as a coping strategy for young people and parents alike, with a primacy on the visual (seeing the substance misuse) as a route to certainty about substance misuse within the family. The young people's accounts demonstrate how space within the home is used strategically by young people and parents to either conceal (by parents) or reveal (by young people) knowledge about the substance misuse. This ambiguous knowledge contributes to raising the threshold for disclosure and action. Conclusions: The strategies employed to maintain 'normalcy' through external appearances may be contributing to the invisibility of the problem. Harm reduction approaches require sensitive understanding of the obstacles young people face in early disclosure.

**Session:** C34: Children and Families Affected by Drug Use

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 678 The pilot project preventing overdoses «Saving lives». April - September 2008 results.

**Author(s):** *Islamov, Timur Rifgatovich*

**Abstract:**

The population of Naberezhnye Chelny - 580 000. According to official figures, in Naberezhnye Chelny, at the end of 2007, registered at a Narcological Clinic is 3747 people. Number of drug users per 100 000 population is growing (in 2003 - 125, at 2004-364, at 2006-422) The main cause of death of IDUs in Naberezhnye Chelny - overdose. According to official statistics, in the city there is a trend towards an increase in deaths from drug overdoses (2005-35 persons, 2006 - 76, 2007 - 36 9 months). It's no secret that official statistics on deaths from overdoses is not true, because often confronted with the deaths from overdoses, doctors at the request of relatives or for other reasons, its findings suggest causes of death among heart failure, etc. Draft prevent overdoses started in April 2008 with the support of IHRD / NP VSSV. The project conducted outreach work, individual counseling, training, production of a booklet on first aid, providing Naloxon. The three main activities of the project : - Provide information on how to prevent overdosing. - Providing information and training in first aid. - Providing Naloxon (drug antagonist opiates) For six months we have covered 174drug users (403 contacts). Distributed 2000 vials Naloxon. There were 37 cases of use of Naloxon and save lives (oral interview) Distributed 140 leaflets. 7 trainings on first aid. We plan to continue this activity, as well as an extensive study that provide a scientific evidence of the effectiveness of our methods.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 682 Drug user narratives on staying hepatitis C free

**Author(s):** *Higgs, Peter ; Winter, Rebecca ; Aitken, Campbell ; Hellard, Margaret ; Maher, Lisa*

**Abstract:**

Across most western countries, controlling the spread of hepatitis C virus (HCV) is dependent on preventing transmission within IDUs. In Australia, about 90% of the estimated 9,700 new cases annually are attributable to injecting drug use and up to 80% of longer term injectors (>5yrs) have biological markers of HCV infection. Both prevalence and incidence of HCV remain high among IDU despite the implementation of widespread harm reduction initiatives. So what are the specific injecting risk behaviours that markedly increase or decrease an injectors' risk of HCV exposure and infection? To help answer this question we conducted a study to investigate the factors that affect HCV transmission using a prospective cohort study of IDUs across Melbourne. In this cohort (established in July 2005) we have 116 participants who are both HCV antibody and PCR negative. About half of these negative participants had been injecting for more than five years and ordinarily most be expected to have been exposed to HCV in this time. Data from in-depth interviews with a sub-set of 30 HCV negative participants reveals a range of specific features of their own behaviour which they believe helps them remain 'HCV free'. These include: issues to do with being 'very careful' and not sharing anything with anyone and reducing the frequency of injecting by starting substitution therapy. Interviews also uncovered a number of environmental factors that may facilitate hepatitis C exposure or, alternatively, enable people to avoid HCV including heavy policing and employment opportunities which change drug use patterns. Narratives from participants show that they have clear ideas about the ways they have managed to avoid HCV infection and that HCV is not an inevitable consequence of injecting drug use. We believe our study data may have significant implications for the development of hepatitis C prevention messages.

**Session:** C1: Hepatitis C Risk and Prevention

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 689 Preventing depression among opiate users

**Author(s):** Hoogenboezem, Geeske ; de Gee, Anouk ; van der Veen, Clary

**Abstract:** Issue In the Netherlands, as well as in other countries, many opiate users suffer from additional psychiatric problems. Dutch research shows that one third of methadone clients have a current depression. This already alarming number may be aggravated because more and more opiate users start hepatitis C treatment. One of the side effects of this treatment is depression. Project We investigated interventions aiming at preventing depression, early identification of depression and suitable interventions for opiate users described in the international peer reviewed literature. Based on the results of this search, we identified several favourable interventions. Then we assessed the feasibility of these interventions in the Netherlands. Outcomes The feasible interventions will be implemented through low threshold addiction care in the Netherlands and will reach about 25.000 opiate users. They will explicitly be targeted on opiate users in hepatitis C treatment programmes. We will discuss the selected interventions with the delegates and distribute formats for implementation.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 692 Addressing TB/ HIV services for IDUs in Bangladesh: Issues and Concern

**Author(s):** Banu, Rupali Sisir ; Basu, Anup Kumar ; Salehin, Md. Moshfaqus ; Farid, Mohammad Shahrear ; Laizu, Fatema

**Abstract:** Issues: Drug users have most problematic patterns of use and have greatest risk of HIV and TB, especially who inject drugs. Drug users tend to be marginalized group with complex needs and have poorer access to life-saving interventions. Although data show, by now, low TB/HIV co-infection burden in Bangladesh, TB prevalence in PLHIV is high. In other way, though HIV prevalence is still low in Bangladesh, in one risk group, among the IDUs it is 7% is an alarming threat for Bangladesh. Considering HIV/AIDS vulnerabilities and Bangladesh as sixth high burden TB countries called for a rational of TB/HIV Collaboration Program and according with the WHO guidelines and Bangladesh country profile, Bangladesh is classified in category - 2 in TB/HIV Programme collaboration. Key arguments: Country has a coverage of 100% DOTS. CARE Bangladesh is operating 17 DICs for Harm reduction services for IDUs with support from Save the Children, USA funded by Global fund. Services are syringe/needle exchange, condom distribution, STI and awareness but distribution of VCT and DIC across the country is not proportionate with DOTS. We have challenges of delivering comprehensive TB and HIV prevention, treatment and care services to drug users but assessment of TB-HIV burden among IDUs is now very critical programmatic concern. As Bangladesh is passing concentrated HIV epidemic for IDUs, delivery of TB/HIV services within the context of Harm Reduction programme need to design for evidence based health care delivery models either through setting of DOTS at DIC corner or by effective referral network with existing DOTS center. Implications: All services dealing with drug users will be linked with TB and HIV testing, counseling and appropriate treatment and care as well as drug treatment in a holistic person-centred way that maximizes access and adherence: in one setting, if possible.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 693 The lesson learn from “Baan-Oun-I-rak” : drop in center, 2008

**Author(s):** *Veerachai, Dr.Viroje ; Boonchaipanitwattana, Dr.Sarayuth ; Panchabuse, Chaweevan ; Nakayothinsakul, Yaowarej*

**Abstract:** Summary “Baan-Oun-I-rak” : Lovely warming house, the project launched from 1 November 2007 to 20 September 2008. The objective of this drop in center were to provide knowledge, attitude and skill to protect and to reduce harm in drug users, promote and support for living with their families and society with happiness, to push them on treatment by the fundamental of seven stepladder rule. The results were : At first, “Baan-Oun-I-rak” open once a week on Saturday, 8.00 a.m. to 3.00 p.m. The target group were drug users in community. Nowadays the service has been added to every Thursday from 4 p.m. – 8.00 p.m. in order to provided the service for all Thanyarak’s inpatients, who have risk behavior from HIV infection especially chronic injecting drug users. “Baan-Oun-I-rak” open for members 53 times in total. Community members of 108 persons are 45 injecting drug users (41.67 %) and other drug users 63 persons (58.34%). The most members were work-force age and range of age were 26-35 years (46.30%) and members use more than one drug. Inpatient members of 116 persons are 22 injecting drug users (18.97%) and other drug users 94 persons (81.04%). The most members were studying age and range of age were 16-25 years (56.03%) All members received knowledge, exercise, shared experience with other, information of HIV protection among drug users. Some members can reduce drug use, some members can drop drug particularly on Saturday when they come at “Baan-Oun-I-rak”. A few member can stop use the drug till today. The careers of most members were short-term job. However, family participation, remaining in the system and members’ network increasing were too less. Therefore, the service should increase more choice of service in order to construct more motivations for patient and family.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 695 **Engaging local influential with specific roles and responsibilities could make the outcome of Harm Reduction services sustainable in Bangladesh - lessons learned from CARE Bangladesh.**

**Author(s):** *Afrin, Sonia Afrin*

**Abstract:** Issue: The participation of the community leaders will be effective way to sustainable Harm Reduction Approach in resource poor country like Bangladesh. CARE made a break through to change the negative attitude of the community people towards IDUs through Harm Reduction Approach into a positive perception by involving the local influential forming the DIC Advisory Committee (DAC) since 2005. Setting: CARE Bangladesh is implementing Harm Reduction program with the IDUs since 1998. Since beginning CARE has been running advocacy with different stakeholders even though there is no legal policy on Harm Reduction. DAC members active participation in local level trouble shootings like harassment of OWs and IDUs by local goons in DICs and in surrounding areas contribute to creating enabling environment. Empowering DAC members with specific roles would help harm reduction intervention to be more sustainable. Project: The concept of DAC was initiated as a strategy to involve local communities especially local influential with the program and to create supportive environment around DIC areas. Though initially it was planned that these DAC members would help our program creating enabling environment as well reducing stigma, discrimination and harassment of the IDUs and outreach workers but they engaging themselves expanded their role in achieving greater program needs.. Outcomes: The active participation of the DAC members help reduce harassment and relapse of the IDUs. Some DAC members visited DICs and outreach spots, and motivated recurrent IDUs to lead drug-free lives. They often sought involvement and support from family members of IDUs to encourage them to live longer, healthier drug free lives. Some DAC members spoke in favour of harm reduction programs with donors and international visitors. The role of the DAC members need to be specific and recognized as it is entirely voluntary.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 697 **Scotland's Hepatitis C Action Plan: Preventing infection and Hepatitis C-related disease among injecting drug users**

**Author(s):** *Palmateer, Norah ; Brown, Gareth ; Hutchinson, Sharon ; Dillon, John ; Taylor, Avril ; Howie, George ; Ahmed, Syed ; Roy, Kirsty ; King, Miriam ; Goldberg, David*

**Abstract:** Issue: In 2004, the Scottish Government recognised that "Hepatitis C is one of the most serious and significant public health risks of our generation". By December 2006, Health Protection Scotland (HPS) estimated that 50,000 persons in Scotland had been infected with the Hepatitis C virus (HCV); approximately 90% of those infected acquired the virus through injecting drug use behaviour. Approach: In 2006, the Health Minister and Chief Medical Officer launched Scotland's Hepatitis C Action Plan. Its aims are to: prevent the spread of HCV, particularly among injecting drug users; diagnose HCV-infected people; and ensure that those infected receive optimal treatment, care and support. The Plan is two-phased: Phase I (September 2006 - March 2008) involved generating evidence and translating this into proposed actions to improve services during Phase II. An Action Plan Coordinating Group (APCG) oversaw the implementation of the plan, and was supported by Working Groups corresponding to the areas of (i) Prevention, (ii) Testing, treatment Care and Support and (iii) Education, Training and Awareness-Raising. Implications/Results: Phase I of the plan has been completed: each of the three working groups generated evidence, which they translated into proposed key issues and actions. Initial proposals were shared with the APCG, NHS Board HCV Executive Leads, and nearly 200 stakeholders. Actions were modified in accordance with the findings of the consultation and were approved by the APCG by early 2008. Approval by the Minister for Public Health was given for Phase II to be launched on May 19, 2008. Phase II will be coordinated by HPS on behalf of the Scottish Government. £43.2 million has been allocated to the Plan over three years. The approach taken by Scotland to tackling HCV – holistic, multi-disciplinary, involving cooperation between government and key agencies, and supported by substantial funding – could be a model for other countries.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 698 **Increased stimulant use in Ukraine: focus-groups results.**

**Author(s):** *Shulga, Liudmyla ; Smyrnov, Pavlo*

**Abstract:** Background: Recent researches showed that traditionally used home-made opiates are now substituted by stimulant drugs produced from easily accessible pharmacy drugs. Many former opiate users switch to stimulants. Such drug scene change created challenges to harm reduction programme initially designed for opiate users. Methods: Focus-groups were conducted in June 2008 in four sites to identify risks related to stimulants manufacturing, their use and effect of various types of stimulant drugs. All participants had experience in using stimulants and some in drug production. Focus-groups addressed the following questions: What are specific characteristics of behaviour of stimulant users? Where does information on usage and preparation of drugs come from? What characteristics are specific for production and use of stimulants? Why do drug users switch to stimulants? Results: It was found that stimulants are cheaper compared to opiates and accessible throughout a year. Majority of IDUs have some knowledge on components and some have personal experience in producing drugs. Two types of stimulants are common: combinations of pseudo/ephedrine, iodine, red phosphorus; and phenylpropanolamine, manganese, vinegar. (So-called, "vint", "boltushka"). Drugs are used in small groups of 4-6 persons. Increased sexual activity is reported. Communities of opiate and stimulant users intersect rarely. Conclusions: 1. Behaviour characteristics of stimulant users increase risk of sharing injecting equipment and higher risk of sexual transmission of HIV. The definitions given by stimulant users to identify drugs (and their components) vary in different regions. 2. It is crucial to understand chemical ingredients used for drugs manufacturing to identify the exact type of drugs used and design harm reduction services accordingly; as well as side effects of additional chemicals used in drug production to minimise health risks. 3. Organizations working in harm reduction exclusively for opiate users should develop separate programs for stimulant users.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 699 **The 'O-Zone Project': A project run by and for people who use drugs in Thailand**

**Author(s):** *Duke, Alexander ; Gray, Robert ; Nakapiew, Piyabutr*

**Abstract:** Issue: People who use drugs in Thailand have been driven underground by various Drug War policies. Drug users are often refused health and social services, receive discriminatory treatment, and have become untrusting of these services. This gap between drug users and health services increases their risk of HIV, Hepatitis, overdose, and other harms associated with drug use. Setting: To address this problem, in 2005 Population Services International (PSI) launched the Ozone Drop-in Center (DIC) and outreach program in Bangkok, managed and operated by current and former Thai people who use drugs. The Ozone DIC is a Bangkok district with a high concentration of IDUs and supports IDUs in 10 surrounding districts. Project: The Ozone program is run with a high level of drug user involvement to more effectively reach the hidden population of people who use drugs in Bangkok. It offers a welcoming environment where drug users can access information, products, and services to help protect their health, including referral and escorting to government health services. By employing people who use drugs and working through their networks with peer educators, the project reaches a large number of IDUs that otherwise would not receive services. The project employs a wide range of Behavior Change Communications (BCC) techniques to reduce needle sharing and increase condom use among IDUs. Outcomes O-zone provides regular service to approximately 1,500 IDUs. Lack of political commitment has constrained the ability to launch a full Needle and Syringe Program (NSP). Yet the program's BCC approaches have significantly improved HIV risk behaviors. Data from behavioral surveys shows that IDUs with high exposure to O-zone shared needles at last injection approximately 2 times less often than IDUs at baseline. The program has shown the effectiveness of a community based program operated by and for people who use drugs.

**Session:** C7: The Effectiveness of Peer Driven Approaches

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 703 **Action; From Poor to Poor for supporting access to treatment and care for PLHIV IDU,s in Jakarta.**

**Author(s):** *Manggala, Yudi*

**Abstract:** Issue: Although there is more than 20 referrals hospital provided by the government for HIV care and treatment including ARV availability for free in Jakarta but for diagnostic test pre ARV therapy and HIV care and treatment such as Opportunistic infections medications and inpatient cost still unreachable for most PLHIV IDU's in Jakarta. Even though there was health insurance provided by the government for the poor but the procedures so complicated and took times. Project description: To support PLHIV IDU's in Jakarta to access health services especially ARV also treatment and care for HIV we did fund raising activity by collecting used clothes and books and then sold it by garage sale with cheapest price into homeless, poor and slum community nearby our office in central Jakarta. The moneys we gain used for costing PLHIV IDU's diagnostic test for pre ARV, Supplements support such as vitamin and nutrition's HIV & Co-infections treatment and care. Result: From this effort we gain more than IDR 5.000.000,- that can support more than 20 PLHIV IDU's costs to access HIV & Co-infections care and treatment, ARV, diagnostic test, inpatients and supplement support from whole Jakarta Province. Conclusion: Support needed by PLHIV IDU,s community not just information's and educations related their addictions and related disease but they need financial support because of no specific attention and responsibility from local government for PLHIV IDU's in providing adequate health services. To anticipate this we only need little creativity to use resource around us to support community like we did.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 704 Intervention for Injecting Drug Users by National AIDS Control Programme in India – Progress made so far...

**Author(s):** *Khumukcham, Sophia ; Rao, Ravindra*

**Abstract:** As a response to prevent HIV / AIDS among Injecting Drug Users (IDU) in India, the national agency mandated to prevent HIV, National AIDS Control organisation (NACO) has adopted harm reduction approach and been implementing programmes for IDUs through NGOs since the National AIDS Control Programme II (NACP II) (1999-2006). Mainly syringe exchange with behaviour change communication and referrals were provided. NACP III was launched in 2007 and will continue till 2012. IDUs were reached out through 90 interventions under NACP II concentrating only in the North eastern parts. In the NACP II more than 95,000 IDUs are covered through 187 IDU interventions across 27 states in the country. Continuous support is given to these sites through capacity building programme and close monitoring and evaluation through the respective state AIDS Control Societies (SACS). A mapping exercise is being carried out to plan new sites to achieve 100% coverage. Oral Substitution Therapy (OST) which was not included in the harm reduction package under NACP II has been approved by the Government of India, and currently 6000 IDUs are covered by Buprenorphine in 60 sites. 20% of the IDUs would be covered with OST in a graded manner. These sites will also be accredited to ensure quality interventions. A practice guideline for medical staff has been developed for effective OST intervention. Efforts are also on to introduce Methadone in the country through pilot projects. Other areas hitherto not covered are being addressed – including addressing female IDUs and female partners of IDUs, developing specific IEC materials on harm reduction at national level, and integrating the harm reduction services with other treatment options for IDUs. This will ensure halting and reversing the HIV epidemic among IDUs.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 706 Treatment preparedness for injecting drugs users living with HIV in Jakarta, Indonesia

**Author(s):** *Manggala, Yudi*

**Abstract:** Introduction: Numbers of HIV case among IDU's in Indonesia increasing high since years of 2000 most of the new case of HIV in Jakarta Indonesia come from IDU's (more than 40%). This situation inspiring us how to provide treatment preparedness support and care for PLHIV IDU's in Jakarta Indonesia for tackling the stigma and discrimination from healthcare provider on lack of adherence among injecting drugs users. Description: The project program are to prepare PLHIV starting ARV treatment Such as Treatment preparedness trainings, home care training, technical assistance access treatment, financial support for PLHIV and also support group provide updating information about HIV treatment. Financial support for PLHIV who need to start therapy or inpatient by fund raising activity (garage sale) cause of even ARV provides free but diagnostic test for ARV treatment still expensive. To access HIV services and social security network for the poor's in government referral hospital we had complicated procedures so we provide technical assistance for them. Lessons Learned: From the treatment preparedness trainings for PLHIV we trained 70 PLHIV and 30 affected people for home care trainings, encourage 15 PLHIV to start ARV treatment, maintain 30 PLHIV Adherence with support and monitoring from peer educator, 20 peer educators in 20 support groups. And 15-20 PLHIV get financial support to access treatment. In Monitoring of the trainings implementation we establish Buddies working group comes from volunteers and affected people. And visiting support group to assess what they work after the training. For PLHIV from low economic level we design fund raising activity to support them financially to access treatment even though it's not covered all they needs. Recommendations: Drugs users it's possible to increase their adherence awareness in access ARV treatment and health services needed with friendly personal approach to clients to assess their needs and challenges'.

**Session:** C22: Meeting the Needs of Drug Users Living with HIV

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 707 **Overcoming barriers limiting access to antiretroviral treatment and voluntary counselling and testing for Thai people who use drugs**

**Author(s):** *Duke, Alexander ; Gray, Robert ; Thathong, Prasert*

**Abstract:** Issue People who use drugs in northern Thailand face hostility when using public health services, including access to ARVs and VCT. Few Thai drug users are utilizing available VCT services and only a small number of those already HIV positive are receiving ART. Through a Soros-funded project serving drug users in Chiang Rai Province, Population Services International (PSI) sought to understand reasons why Thai drug users are unable to realize their basic human right to health care, and identify strategies to overcome the barriers. Process Through a collaborative process involving drug users and key stakeholders in the province, PSI sought to identify the barriers in the public health structure preventing people who use drugs from accessing services. A series of workshops were held to investigate this issue. Subsequently, through one-on-one and group sessions, PSI staff built up service providers' awareness in providing services friendly to drug users and drug users' awareness of their entitlement to health services, services available (particularly regarding VCT and ART), and how to access them. Outcomes The project revealed that Thai health structures are poorly suited to drug users' needs. PSI pushed for a review of health service provision practices, including greater attention to appropriate pre- and post-test counseling processes, along with shortening the time for receiving results. (Only about 50% of people who received initial testing for HIV returned for their results.) Current health services provide insufficient information on living with HIV, and the role of ARVs in that process. The project also uncovered significant misunderstanding of appropriate health needs, including service providers' undue focus on withdrawal rather than on provision of methadone maintenance. The presentation will be of interest to implementers and government and non-government service providers, in provision of essential health and social services, especially ARV and VCT, for people who use drugs.

**Session:** C22: Meeting the Needs of Drug Users Living with HIV

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 710 **Does contact tracing & management is challenging for STI syndromic management of drug users?**

**Author(s):** *Farid, Mohammad Shahrear ; Banu, Rupali Sisir ; Basu, Anup Kumar ; Rashid, Harun-Or ; Sultana, Sakina*

**Abstract:** Issues: Though contact tracing & partner management is integral part of STI syndromic management, is very difficult to accomplish due to social & knowledge barrier. Strengthening effort is necessary for optimum contact tracing & management. Description: Since June 2008, CARE Bangladesh, with its partners has been implementing NSEP in 10 districts of Bangladesh as implementing partner of National AIDS/STD Program & Save the Children, USA to provide essential services to Injecting drug users through harm reduction strategies. As STI management is important component of harm reduction intervention, CARE is doing symptomatic management of STI to drug users free of cost following national guideline. Clients are given drug for treatment while Clients and Outreach workers (OWs) are provided medicine for management of partners. Lesson Learned: In spite of provision of medicine for partner and intensive follow up by OWs, partner notification and management cannot be performed for all STI cases. Due to social stigma, some drug users refuse to expose as STI patient to their family and hence their partner remain untreated. Another difficulty is to identify a fixed partner as involvement with multiple partners. 83.4 % of IDUs are involved in sex with commercial sex-partners and 52.39% complains of self reported STI. Since inception of project 511 STI cases have been managed through 17 DICs among them only 31 partners have been managed. Partner management varies according to educational and socio-demographic context. DICs with female staffs perform more in comparison with DICs without female OWs in this regards. Another threat is attempt to sell medicine, which was given to him for his partners. Conclusion: Comprehensive & rigorous initiative is important for proper partner management. Effective STI counseling, strengthen awareness effort, involvement of female OWs & most importantly multi-sectoral collaboration might be vital initiative for partner management.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 711 Strategic litigation and drugs: A harm reduction tool for change

**Author(s):** *Eastwood, Niamh*

**Abstract:** Issue— Legal interventions, although often underplayed, have a critical role in harm reduction. Drug users can be subject to laws and decisions which contravene their fundamental human rights and further marginalize them as a group. Strategic litigation, or test case strategy, is the process of deliberately and proactively taking cases to court to establish a point of law which will have a positive outcome not only for the party bringing the case but for others too. Setting— England and Wales – Release has developed a proactive approach in identifying cases where strategic litigation can be undertaken. Project—Lawyers from Release attend treatment centres throughout London, as well as providing advice through the national helpline. Those accessing the services will have a range of issues, engaging several areas of law including criminal; housing; social welfare and access to healthcare. The legal team assist in identifying cases where there may be potential for challenge by way of judicial review. Examples of cases include a successful challenge of the definition of 'priority need' in homeless cases to include risk of relapse and, cases where clients are excluded from treatment contrary to guidelines. Future areas for challenge include: access to treatment for all those with Hepatitis C; infringements of civil liberties including the use of unregulated detection methods; the restrictive nature of the current paraphernalia laws preventing the development of harm reduction practices. Outcome – Successful challenges have led to positive legal outcomes for clients and have established points of law which can be relied upon in future proceedings. Based on the experiences of our clients and practitioners it is intended that greater reliance will be placed on in house expertise with a focus on developing our role as third party interveners in cases where issues of drug policy are central.

**Session:** M7: The Good, the Bad and the Ugly: Employing Drug Users in Harm Reduction

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 713 Lessons learnt from piloting Methadone Maintenance Therapy in Myanmar

**Author(s):** *Myint, Soe ; Thaw, Aung ; Lwin, Aye Moe Moe ; Barreneche, Oscar Martin*

**Abstract:** Background: HIV is one of priority diseases of the Ministry of Health. Based on AIDS case reporting at least one third of infections had occur through injecting drug use. In February 2006 the Ministry of Health introduced methadone maintenance therapy (MMT) in six priority townships with high prevalence of injecting drug use as a way of reducing illicit -opioid- drug use and the associated risk of HIV transmission. Methods: A survey among MMT patients was conducted in order to assess the progress made by the programme since its inception. Patients were interviewed at MMT dispensing sites and data was collected regarding socio-economic characteristics, history of drug use and treatment history as well as outcomes and impact of the programme among patients. Results: Since February 2006 over 700 patients have started MMT of which only 4 were women. 40% have dropped out of treatment. Most patients are in 30 years or older and have over 5 years of history of injection of opiates. 74% reported injecting more than 3 times per day. Patients present high variability on level of education and income with higher levels observed in dispensing sites in main urban centres. Since the beginning of treatment all patients report substantial reduction of use of illicit drugs as well as reduction on HIV risk behaviour linked to HIV. Additionally among HIV positive patients it was observed a higher prevalence of access to HAART (over 30%) compared with national coverage data (15%). Conclusions: MMT has had a significant positive impact among patients in reducing opioid misuse, HIV injection related risk behaviours and improving quality of life and seems to increase chances to access to HAART. However the level of enrolment remains low and the proportion of drop out is high due to difficulties in access for potential patients to the programme.

**Session:** C12: Evaluations of Opiate Substitution Treatment

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 714 HIV Control Programmes in I. R. of Iran: A transitional period

**Author(s):** *Taj, Mahshid ; Feizzadeh, Ali ; Mostashari, Gelareh*

**Abstract:** HIV Control Programmes in I. R. of Iran: A transitional period Issue Since 1997, Iran has faced a concentrated HIV epidemic among Injecting Drug Users (IDUs) that is more than five percent prevalence of HIV in this group, which caused serious concerns for policy makers. Effective HIV control measures have been taken accordingly but as the universal evidence has demonstrated, without a rapid expansion of the programme the epidemic will go its own way. Description Starting of the Methadone Maintenance Treatment, and after a short while Needle and Syringe Programme, in 2002 were the first steps in establishment of a HIV prevention programme among IDUs. The programme expanded rapidly during five years in the properly developed legal and political ground, financial support of the government and with active participation of NGOs. Services were implemented in community and in prisons for both men and women but practically male clients have been their main users. Implications In Iran, the HIV control programme among IDUs started in response to the rapid growing concentrated epidemic but achieving an appropriate legal and political environment was made possible just after extensive advocacy, especially at high levels, in parallel with scaling up process. Programme scale up should be accompanied with the quality improvement and the organizing role of a harmonized M&E system. Bureaucratic processes might hinder scaling up if not addressed properly. Even after dealing with all the mentioned barriers, negligence of some other vulnerable populations such as female IDUs could fuel the epidemic. Implementation of a harmonized M&E system; quality ensurance with providing and maintaining adequate training including stigma issues and providing a comprehensive HIV prevention package; facilitating the bureaucratic processes and finally including specific measures for other less addressed IDUs namely women are next step towards a more effective HIV control programme.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 715 Use of methamphetamine among patients of Buprenorphine maintenance program.

**Author(s):** *Vlasenko, Leonid*

**Abstract:** Substitution treatment of opiate addiction syndrome was introduced in Dnepropetrovsk (Ukraine) since November 2005. There are 52 patients on buprenorphine in Dnepropetrovsk. One of the most important indicator of treatment effectiveness is frequency of illicit drug use in the program. We conducted the study of illicit drug use among those treated by buprenorphine. The main tools of estimation were urinalysis and standard interview. The study's results demonstrated that level of illicit opiate use was dramatically decreased during first three months of treatment but use of methamphetamine was slowly increased and then stabilized by the end of third month. Those using methamphetamine often missed visits to clinic, showed pure collaboration with doctors and social workers, suffered from psychotic disorders. It was no correlation between buprenorphine dose prescribed by a doctor and level of methamphetamine use. Antidepressants were not prescribed despite of signs of depression in some cases Summary Part of the buprenorphine patients continue use or even start to use of methamphetamine. This phenomenon is hard to treat only by adjusting dose of substitutive medicine. Special strategy of consultation, harm reduction measures, and medical assisted treatment of depressive disorders should be developed

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 716 Preventing Dependence : Investing in Skills

**Author(s):** Dada, Mehboob

**Abstract:** Education offers a protective environment against drug misuse reducing vulnerability by providing the information and skills needed to make informed decisions. However this approach in isolation fails to meet the needs of those already using drugs or who are at different stages of treatment and rehabilitation. In other words, prevention, in itself, will not necessarily tackle the underlying social and economic factors which create and sustain vulnerability to drugs. Failing to address the structural drivers and social determinants that influence behaviours and vulnerabilities may limit the impact of our global and comprehensive responses. Access to Education for All is at the heart of UNESCO's mission, with an approach to education based on the four pillars of education: "learning to know", "learning to do", "learning to live together", and "learning to be". Through a holistic approach each component is geared towards tapping into an individual's skills assets, involving vocational training and basic education, with individuals engaging in a therapeutic process. These various components of education programmes deliberate on marginalised populations and allow for their personal and livelihood development, so as to offer them coping strategies. Globally we are experiencing a recession and at this time, its people who contribute to change and development. Investing in skills development for all is a critical mechanism contributing significantly to development and growth. This paper seeks to provide some lessons learned through programmes implemented in South Asia, the Caribbean and Latin America focusing on drugs education and harm reduction. Cooperation with Governments in these regions is currently being undertaken through research to further influence policy that seeks to build on human capital in support of social cohesion and citizenship, respecting the rights of drug users.

**Session:** W6: Preventing Dependence: Investing in Skills

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 717 Violence increases risk behavior and endanger health

**Author(s):** Singh, Konjengbam Birjit

**Abstract:** Summary: Injecting drug users account largest HIV infection rates in Manipur. Harm Reduction measures such as access to clean needles; condoms and buprenorphine substitution have been proven to reduce HIV risk behaviors. Yet law enforcement, anti drug organizations harass or arrest drug users for possessing syringes, condom and drugs. Issue: • Stigmatized and violence goes underground • Unable to reach out • Reduced program attendance and limited expansion of services • Driving away from services • Fear of arrest for carrying syringes, seeking medical assistance during overdose • Creating hazardous environment by discarding and hiding of used syringes in bushes, river bank, public toilet, isolated places. • Detaining and confiscated of syringes, condoms from field staff by police Setting: Imphal east district has different ethnic community and one of the major drug peddling, selling sites in Manipur. General community still believes that NSEP, drug substitution will promote drug use. Manipur has different tribes speaking 32 dialects so it needs specialized targeted approach according to religion, creed, caste etc. Project: SASO implementing IDUs program supported by Gates Foundation in two wards and one constituency in Imphal East. Total registered 538 IDUs and 106 sexual partners. Activity: NSEP, Condom, Health services( including STI, Abscess,OIs treatment), BCC, referral, advocacy, community mobilization Outcomes: • Foster partnership between police, anti drug organization and service providers can work together to save lives • Drug treatment and HR services should be integrated in prison • Training on HR for police and pressure groups • Development of referrals mechanism • Importance of community involvement to recognize the drug use & HIV/AIDS issues • Meaningful involvement of community in other social issues to get support or recognition though participation is possible. .

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 719 **Integrating harm reduction into abstinence based organisation – An experience from Malaysia**

**Author(s):** *Hasim, Khalid Abdullah ; Parasuraman, Guganesan*

**Abstract:** Abstinence Based Organisations (ABO) has been serving the drug users for many years before the emergence of HIV. Many of the ABO strongly believes that harm reduction will only increase drug use and this has led to initial rejection and strong sentiment against organisations implementing harm reduction efforts in Malaysia. One of the ABO which rejected the Needle and Syringe Exchange Program (NSEP) in Malaysia was Drug Intervention Community Pahang (DICP) which has a rehabilitation centre, support services which focus on home visits and hospital visits and also job placement. Being products of ABO, they weren't ready to accept such "radical" approach three years ago. However, DICP decided to adopt NSEP after considering the immediate needs of IDUs and rapid increase of HIV infection in the state. The management and staff were exposed to trainings and study visits before the commencement of the project. With much doubt and concern, NSEP via outreach and drop-in-centre was launched in June 2007. Within a month, they had 462 (more than 900 clients till date) clients. DICP also noticed that NSEP is an entry point for the IDUs to access many preventive, medical and welfare services which wasn't available prior to NSEP. Demand for rehabilitation, VCT, Opiate Substitution Therapy and shelter also increased tremendously. Casa Villa, DICP's rehabilitation centre had to be expanded due to increasing demand. After 16 months of accepting harm reduction into their abstinence based organisation, many positive changes can be seen within DICP and also their clients. Client retention rates increased and a number of them are now employed either by DICP or local entrepreneurs. DICP now realises that harm reduction actually compliments rather than conflicting the principles of ABOs. Now the services offered by DICP forms a continuum which focuses on providing comprehensive care for IDUs

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 720 **Participation of Local Elite and Outreach Workers in Opinion Survey: A viable mechanism to strengthen Harm Reduction Approach**

**Author(s):** *Islam, Khandaker Aminul ; Ferdous, Dr. Selina ; Jubayer, Shiekh Hasan Ahmed*

**Abstract:** Background: Outreach Social Gathering is one of the events of HIV & AIDS Targeted Intervention Project. This event allows all DIC level staffs, members of DIC Advisory Committees and Project Staff to share their feelings and learning. Besides that it creates huge opportunity to minimize gaps and understanding among different level and place of staff. Outreach workers are backbone of the harm reduction approach. Getting their views is a strong mechanism to keep up the spirit of harm reduction approach. Methodology: An open ended questionnaire was developed and it was focused on what an individual participant consider most important to improve the lives and livelihoods of the drug users. A total 181 participants (DIC staff, DAC members) attended in the opinion survey. There had multiple responses and were coded considering the uniqueness of the meaning. Results: 1. 47 % of the participants suggested taking initiative of IGA for the drug users 2. The second highest response was on the improving social position of the drug users. 40% of the participants had emphasis on changing family attitude and improving the social acceptability of the drug users 3. 29% of the participants had suggested creating enough opportunity of drug treatments. 4. Promoting religious values was recognized by 17% 5. Conduction of advocacy meeting was recommend by 6% participants 6. A very few response came from the participants on the need of OST ( 1 ), discouraging needle syringe sharing, (1), long term program (2) and shelter and food (8) Conclusion: It clearly reveals that creating income generation opportunities and improving family and social environment, the lives of the drug users could be changed and be a part of the greater society. Enough drug treatment facility should also be a part of the comprehensive HR approach.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 721 **Harm Reduction Program with IDUs in Urban Vs Rural settings: learning, innovation and constraints**

**Author(s):** *Kabir, Md. Jahangir ; Banu, Rupali Sisir ; Basu, Anup Kumar ; Salehin, Md. Moshfaqus ; Mondal, Abdul Gaffer*

**Abstract:** Issue: Approaches and strategy for needle exchange program is different in different setting like rural & urban area. Methodology for IDU reach is different in both places mainly due to socio demographic and cultural factors. Setting: CARE-Bangladesh has been working on harm Reduction program with IDUs since 1998 in rural & peri urban settings of Bangladesh. CARE scale up another Harm Reduction program with support from Save the Children, USA funded by Global Fund in 10 districts and most of the DICs are in rural settings. Description: Through 17 Drop-In-Center (DICs), IDUs are serving NSEP with other outreach & DIC basad services. Working with IDUs in rural setting adds new aspect regarding programming and also reach out of IDUs. Sometime it seems interesting and challenging as well like need additional effort, time & money. Unlike urban setting, most of IDUs are home-based and scattered hence difficulty to reach. Most of IDUs are involved with different profession and mobility is less than urban setting. IDUs are less interested to spend time at DICs in rurals. Outcome: During implementing of program activities in the remote areas; some new initiative, innovation, dimension and approach had to be acclimatizing which are very much unlike than urban setting areas. Rather conventional, activities are customized based on the local custom and practice to ensure comprehensive NSEP. Most community prone activity, outreach time and approach are changed for this hard to reach people. Eventually community and family mobilized due to repeated effort of sensitization and advocacy. Involvement of Community people as DIC management committee play a crucial role. Regardless of difficult setting & budget implication, in HIV prevention point of view challenges are taken by CARE to install and operationalize harm reduction program to check local spread and epidemic also.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 726 **Diminishing Human Rights Violation Against People Who Use Drugs Through Harm Reduction Policy**

**Author(s):** *Sibuea, Yvonne Aileen*

**Abstract:** Issue: Central Java Province had enacted a strict policy in investigating, prosecuting and incarcerating Drug Offenders, refers to The Narcotic Law no 22/1997 and The Psychotropic Law no 5/1997. During the implementation, violence widely used as a method developed by Law Enforcement to collect as much as information they could to prosecute more Drug Offenders. PERFORMA as a Network of People Who Use Drugs in Central Java Province strives against these inhumane ways in handling Drug Use Problem through promoting Harm Reduction Policy. Setting: Semarang City listed as 10th city with highest number of drug related case (National Narcotics Board, 2007). As stated in Indonesian Harm Reduction Network (JANGKAR) Report 2008 on Human Rights Violations among IDUs in 12 Cities in Indonesia: 61.9 % had experienced physical abuse, 51.1 % had experienced mental abuse, and 36.7 % had been robbed by the state officers. PERFORMA had started the advocacy efforts targeting People Who Use Drugs, Civil Society, Journalist, Law Enforcement, College Students, Academic, and Religious Leaders. Process: PERFORMA had been initiating Discussions, Trainings, Workshops, Seminars, Public Debates, Media Campaigns, and Audiences, to collect responses. PERFORMA also involved in formulating HIV/AIDS Provincial Act to push for drug policy changing. Rejection and Acceptance rises during the process while people learned how Prohibition Policy harmed the society. Outcomes: The end of September 2008, Central Java Province finally launched the first Methadone Clinic in the province, located in Semarang City. The draft of Provincial Act on HIV/AIDS had mentioned Harm Reduction Policy as the effective way to prevent HIV/AIDS transmission among People Who Use Injecting Drugs. It also highlighted the urgency of providing Psychosocial & Medical Drug Treatment for People Living with Drug Addiction in Central Java Province, that leads to reduce the incarceration rates of Drug Offenders.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 730 **From pilot to public health impact: Six arguments that made the difference for opioid substitution treatment scale-up in Ukraine**

**Author(s):** *Weiler, Gundo ; Dumchev, Konstantin ; Donoghoe, Martin ; Klepikov, Andrey ; Kurpita, Vladimir ; Zhovtyk, Vladimir ; Oliynyk, Igor ; Dvoriak, Sergey*

**Abstract:** Issue Buprenorphine based OST was introduced in 2004 in Ukraine, but coverage remained at the pilot stage for years. In early 2008, the introduction of methadone and government endorsement of a 20,000 patient target opened the door for achieving coverage levels with public health impact. A retrospective analysis of the intense scientific, policy and public debate reveals key enablers for endorsement of OST as a public health intervention. Key arguments: The advocacy strategy for OST scale-up had to counteract scientific irrationalities and overcome indifference and fear among health professional, policy makers and the public. Accordingly, two lines of arguments were instrumental for securing scientific and political support: Scientific arguments represented the backbone of the public health justification for OST scale-up: 1. Effectiveness: Evaluation of pilots in Ukraine confirm OST effectiveness as a life-saving intervention; 2. Impact: 60,000 patients need to be reached for a full public health impact full public health impact; 3. Feasibility: Scalable delivery models move beyond the "Narcology" sector. WHO played a lead role in generating, legitimizing and promoting these scientific arguments. Policy arguments were put forward to reach out to, and to overcome indifference and fears among, policy makers and the public they represent: 4. Relevance: Economic and societal costs of non-action were quantified; 5. Personalisation: Mothers of patients gave personal testimonies and appealed to other mothers; 6. Commitment: Adherence to international commitments of Ukraine was requested (in particular to GFATM grant agreements). NGOs played a lead role in bringing these issues to the public and to policy makers up to the presidential level. Implications Retrospective analysis highlights critical success factors in advocacy for OST scale-up in Ukraine. They may inform similar efforts in other countries and/or advocacy in other contentious public health areas.

**Session:** C9: Harm Reduction Advocacy and Emerging Issues

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 731 **Integrating legal aid into harm reduction: A funders' perspective**

**Author(s):** *Cohen, Jonathan ; Wolfe, Daniel*

**Abstract:** Issue—For clients of harm reduction programs, legal barriers may pose as great a health threat as lack of access to sterile injection equipment. Integrating legal services into harm reduction programs can help people who use drugs address serious health challenges such as incarceration without trial, eviction from housing, and denial of care and discrimination by mainstream health-care providers. Experience from eight countries where such services have been supported demonstrate that legal services can benefit drug users' health in the same way that traditional interventions such as needle-exchange programs can, and suggest the need for greater funding and evaluation of public health impact of human rights protections. Setting—Eight countries of Eastern Europe and Asia, where injection-driven HIV epidemics are fueled by widespread human rights violations of people who use drugs. Project—Community-based harm reduction programs were supported to hire lawyers and provide mobile and on-site legal aid to drug-using clients. Programs also undertook complementary activities such as training of judges and police officers, production of "Know Your Rights" leaflets for clients, documentation of human rights abuses, and public information and education campaigns using roundtables and the mass media. In 2009, programs will be supported to (a) identify strategic test-case litigation emerging from legal aid cases, and (b) work with researchers to evaluate the impact of legal aid on drug users' health, quality of life, and satisfaction with harm reduction services. Outcomes—Harm reduction programs in eight countries successfully integrated legal aid into their work. In Ukraine, projects were described in a high-profile publication that garnered significant attention in the local media. Promising cases for strategic litigation have been identified, and programs have been linked to strategic litigation experts to develop cases. Partnerships between researchers, harm reduction programs, and lawyers are being negotiated to evaluate the health impact of the legal-aid intervention.

**Session:** M5: Legal Interventions: Reducing Harms and Improving Rights

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 733 **Prove it: A standardised approach to evaluating opioid substitution therapy in Ukraine**

**Author(s):** *Weiler, Gundo Aurel ; Dumchev, Konstantin ; Donoghoe, Martin ; Clark, Nicolas ; Dvoryak, Sergey ; Chtenguelov, Victor ; Uchtenhagen, Ambros ; Schaub, Michael ; Grishayeva, Irina*

**Abstract:** Background Vivid public debate and scrutiny of opioid substitution therapy (OST) has persisted since the introduction of buprenorphine based OST in Ukraine in 2004 and peaked prior to introduction of methadone in 2008. The political controversy necessitated thorough documentation of OST effects for the individual and society. Approach taken An OST Evaluation Protocol was developed by the World Health Organization and Ukrainian and international experts in accordance with the Ministry of Health of Ukraine, in order to generate standardized valid data on the process and the outcomes of OST programmes. The evaluation is designed as a non-randomized, non-controlled cohort study. Standardized data collection included initial and 6- and 12-month re-assessments of dependency, social functioning and health status (Addiction Severity Index, ASI, 5th edition), risk behaviours (BBV-TRAQ), OST medication, concomitant care (incl. social and medical/psychiatric), and blood borne infections. Study results Three standardised evaluations of buprenorphine based OST occurred since 2005, a fourth one on methadone based OST is ongoing. The last complete evaluation cycle ended in 2008 and included 151 patients across 6 treatment sites. Evaluations consistently demonstrated high efficiency of OST in reducing illicit drug use (ASI at baseline 0,26 -> at 12 months: 0,05), associated HIV risk behaviours (BBV injecting skin score: 12,4 -> 2.4), improving general health (ASI score medical: 0.29 -> 0.16), reducing criminal behaviours (ASI legal score: 0.16 -> 0.05), and in supporting social integration (ASI score family 0.22 -> 0.11). Conclusions Positive evaluation results consistently confirm those from other countries. The generation of Ukraine specific data has been invaluable for informing the public and policy debate around OST. Repeat application of a standardised protocol helps to assess differences in effectiveness over time, across sites and between different treatment modalities. The OST monitoring protocol may be adapted by OST implementers in other countries.

**Session:** C12: Evaluations of Opiate Substitution Treatment

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 737 **National Consultations on Education for Drug Demand and Harm Reduction**

**Author(s):** *Dada, Mehboob ; Reid, Gary ; Cano, Carolina ; Kitsiona, Mariana*

**Abstract:** A series of country-based consultations leading to a national meeting have been planned and undertaken to review the status of drug demand and harm reduction strategies, with a view to strengthen the educational dimension and responsiveness to drug misuse. Research in partnership with Government and civil society has been commissioned in Barbados, Trinidad, Tobago, Dominican Republic, Colombia, Brazil, Cambodia and India. The focus of the research has been to audit work undertaken, review of policies, and examination of the relationship between policy and practice, as well as recommendations emanating from the consultation process. The results demonstrate the specific role that education plays within the context of vulnerability to drugs, as well as the identification of gaps between policy and practice. Access to education in these countries remains an issue, particularly among those most impacted by poverty. Providing people with prevention information about drugs and HIV is not necessarily difficult to achieve. What is significantly harder is to reduce the harm associated with drugs in contexts where poverty, discrimination, human rights violations, conflict, unemployment and crime are pervasive; where social and economic opportunities are virtually non-existent and where communities are fragmented and fragile. Findings also indicate the lack of joined up thinking, planning and operational partnerships. While there is clearly sufficient evidence in these 8 countries to influence responsiveness to the rights of drug users, policy and practice are clearly influenced by moral or ethical concerns that impact judgments. This paper seeks provide a review of outcomes of the research undertaken in three regions highlighting the necessity for promoting the rights of drug users and advocating for greater political will to influence change in meeting the needs of drug users.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 738 **IMPACT-Bandung: a Learning Organization to build HIV, addiction and harm reduction capacity in Indonesia.**

**Author(s):** *Pinxten, W.J. Lucas ; Hinduan, Zahrotur hinduan ; Aninsya Tasya, Irma ; Vancrevel, Reinout ; Alisjahbana, Bachtir ; DeJong, Cor*

**Abstract:** Indonesia has a fast growing, IDU-driven HIV epidemic and will face in 2015, under baseline-scenario (no additional drastic and effective actions taken) over 1 million HIV patients of which about 15% needs ARV treatment and will cover around 11% of the national bed capacity. Indonesia lacks the HIV preventive and curative human resources to deal and counter the epidemic. IMPACT program a Bandung (West Java, Indonesia)-based 5 year EU funded and Cordaid contracted, HIV Prevention, Control and Treatment project started January 2007 and is implemented by a consortium of collaborating universities: University of Padjadjaran in Bandung (UNPAD), two Dutch Universities: Radboud University at Nijmegen, Maastricht University and the University of Antwerp in Belgium, aims to build this crucial human resources for HIV. Building on existing systems, health services and academic structures, guided by local needs and using comparative advantage of European program partners, IMPACT facilitates individual and collective learning/research in biomedical, social-behavioral and public health aspects of the epidemic in order to develop, pilot and implement appropriate local evidence-based and sustainable approaches to prevention, standards-based control and treatment in West Java (population 40 Million). Embedded in a favourable learning environment and driven by a team of 60 eager young multi-disciplinary professionals, IMPACT is gradually developing a learning organization model to develop relevant skills, to create, organize and transfer knowledge and to contribute to organizational change needed in individual professionals, systems and organizations dealing with the progressing epidemic. The IMPACT program will lead to the establishment of a Bandung/West Java Centre of Excellence with national relevance. IMPACT is the only program in Indonesia integrating prevention treatment and harm reduction activities in hospital, community, schools and prison. Besides an overview and presentations of first results of this promising model challenges and lessons learned will be presented and discussed.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 742 **With Meaningful Involvement and Empowerment of IDUs, the Preventive Intervention Programs becomes more Sustainable.**

**Author(s):** *Chiru, D.C. Rimunchung*

**Abstract:** Issue: Although harm reduction approach in Manipur has tremendously scaled up, there is still lack of meaningful involvement of drug users in the overall program planning and implementation, often leading to serious gaps in the intervention. Setting: Care Foundation, an ex-drug user organization, has been implementing harm reduction preventive interventions amongst IDUs (injecting drug users) in the district of Bishnupur since 2004, with the funding from Bill & Melinda Gates Foundation, through Emmanuel Hospital Association. Project: The main project activities include needle-syringe exchange program, outreach, peer education, counseling, STI treatment, abscess & overdose management, capacity building, enabling environment, condom promotion, sensitization, community mobilization and general community advocacy. IDUs are mobilized to instill sense of ownership and to improve sustainability. 825 are currently availing the above mentioned services. 70 % of the staffs are drawn from IDU beneficiaries and from ex drug user community. Outcome: Through effective community mobilization and their meaningful involvement following are achieved: there is increase in number of IDUs turning up and accessing services from the drop in centers (DIC); monthly drop in rate was increased from 20% to 57%; 10% of IDUs were involved voluntarily in various program activities in addition to peer education, such as forming of committees for clinic and DIC management; advocacy activities and while monitoring and evaluation of the program. This has considerably enhanced quality of service. More IDUs become willing to undergo various testing, such as HIV, STI, Hepatitis C and Hepatitis B. The meaningful involvement of the community has also enabled the program implementer in effectively scaling up the service coverage. Allowing IDUs to raise and discuss on practicable safer practices lead to better sustainability of the program, as IDUs prefer to take their own decision rather than following the project staffs advises/diktats.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 744 **Multi prong approach is effective for reducing Drug use & Drug user's Issues.**

**Author(s):** *Hossain, Furkan ; Rabbani, Shamim ; Ahammed, Iqbal ; Islam, Mirza Moinul ; Begum, Sajeda*

**Abstract:** Issue: According to the official estimates 4.7 million drug users in Bangladesh, currently there are around 5000 drug users have opportunity to receive drug detoxification/treatment or rehabilitation scope in every year. Different assessment report showed that around 80% drug users demands for drug treatment. There is absence of integrated approach in Bangladesh. Setting: Jessore and Satkhira districts are located in the southeast part of Bangladesh adjacent to Indian border. The listed injecting drug users 530 and Heroin smokers 3070 in those geographical areas. Padakhep a national NGO is working across the country. Presently running 50 projects supported by either Government or other International donors. Project: Padakhep have been running Harm Reduction Program (Supported by UNICEF & NASP), Demand reduction Program (Supported by FHI) and Microfinance program (Supported by PKSF). Two Drop-in-centres have been running Under HIV/AIDS targeted intervention and two drug treatment centres supported by Family health International. A collaborative initiative was taken between three projects of Padakhep. It was decided that project participants under Harm reduction project will be referred to FHI supported centre for drug treatment and rehabilitation. The participants will be referred to vocational training for their capacity building just after getting drug treatment. Outcomes: 321 received 14 days drug detoxification and treatment services, 48 received ninety days drug treatment and rehabilitation. 55 participants received VCT services since January'06 to September'08. At present 105 participants are off from drugs, among them 19 participants received job placement support and involved with IGA. It is also significant that 31 participants came from Prison as post release referral. Many of them got financial support from Padakhep microfinance program. It is observed that, the multi prong approach is effective than the single approach. Need to work joint hand in hand to address the perceived need of the drug dependent populations.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 747 **Situation analysis of basic education, vocational education and development of sustainable livelihoods in drug treatment and rehabilitation centres of India**

**Author(s):** *Reid, Gary ; Tellis, Eldred ; Kumar, Suresh*

**Abstract:** Background Education is a key to development goals, especially in the contexts of those affected by drug use. Research of basic education, vocational education and sustainable livelihoods, within drug treatment facilities of India, with drug and HIV awareness running as transversal themes was undertaken. Improving our understanding of the holistic needs of drug users within a broad ranging education framework was the aim. Methods Key informant interviews and focus group discussions with drug users. Questionnaire mostly completed electronically. To improve response rate 500 telephone calls and 400 emails sent to drug treatment facilities mostly linked to Government and NGO sector. Results Total of 119 responses from 25 States and one Union Territory of India. Most (61%) did not provide basic education for drug users despite a third of clients identified as illiterate or primary school only. Providing HIV and drug education was widespread (96%). Unemployment or no fixed job and irregular income identified as 32% and 57% respectively. Most facilities (61%) did not provide vocational education and livelihood skills. Providing regular referrals or linkages with other organisations to assist with basic education, vocational education and livelihood skills was not common (64%). Most facilities (74%) had not formulated any partnership with an outside agency to assist towards broad ranging education and skill development of drug users. Discussion India has adopted the 'whole person recovery' model and acknowledges the need to integrate vocational training within the rehabilitation process. Yet substantial gaps in basic education, vocational education and development of livelihood skills of drug users exist. Social and economic re-integration of drug users requires innovation, commitment, and evidence based practical responses. There is a need for a cohesive, coordinated multi-sectoral effort to support and promote broad based education interventions as a pathway to social inclusion of drug users.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 749 **Global update of opioid dependence: Treatment gaps and priorities for international collaboration**

**Author(s):** *Clark, Nicolas ; Fuhr, Daniela ; Poznyak, Vladimir ; Verster, Annette ; Ali, Robert ; Mathers, Bradley ; Jacka, David ; Zullino, Daneile*

**Abstract:** In excess of 10 million people are thought to be dependent on opioids, with opioid injection epidemics in Eastern Europe and Asia contributing to a significant proportion of new HIV cases. Despite the fact that effective treatments and HIV prevention measures exist, less than 10% of people suffering from opioid dependence are thought to be able to access these treatments and HIV prevention measures. Despite recent efforts in this area, the extent to which lack of access to treatment and HIV prevention measures has not been accurately measured. The aim of this project is to measure the global treatment gap for opioid dependence and propose solutions. WHO has conducted a survey of focal points in its 193 member states, the ATLAS substance abuse project. Combined with data from other intergovernmental agencies, NGOs and published material, a global update of the need for further expansion of opioid dependence treatment is presented, including an assessment of barriers to further expansion of opioid dependence treatment and priorities for international collaboration.

**Session:** C6: Opiate Dependence Treatment

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 754 **Engaging parliaments and their members in the response to drug use and AIDS**

**Author(s):** *Jürgens, Ralf ; Bauerle, Cheryl ; Timberlake, Susan ; N'Daw, Bechir*

**Abstract:** Issue: HIV is one of the most serious threats facing the world, and in many countries injecting drug use is a growing problem, accounting for one-third of new HIV infections outside sub-Saharan Africa. Parliamentarians have a crucial role to play in addressing the HIV and drug use epidemics. But parliamentary leadership and action in this area remain rare. To support parliamentary engagement, UNAIDS, UNDP and the Inter-Parliamentary Union established an advisory group and developed a handbook for parliamentarians on taking action against HIV. One of its sections focuses on the leadership parliamentarians can provide in the area of drug use and HIV. Key arguments: Punitive approaches to drug use add to the stigma already experienced by people who use drugs, pushing them away from services aimed at preventing, treating, and mitigating the impact of, HIV. At the same time, resources devoted to HIV prevention, treatment and care for people who use drugs are disproportionately low, which threatens both effective responses to HIV and the human rights of people who use drugs. Leadership and action by members of parliament on drug use and HIV are sorely needed. Implications: Many parliamentarians promote harsh drug-control laws and policies as opposed to rights-based responses that deal with drug dependence and harm reduction as primarily health issues. They also fail to engage with people who use drugs to ascertain their needs and experiences. There is need to promote ways to support the participation of people who use drugs in parliamentary consideration of issues that relate to them and to support advocacy and action by parliamentarians for policies and laws that protect the human rights of people who use drugs. In particular, parliamentarians can remove barriers to prevention and care, such as laws that prevent provision of sterile injecting equipment or access to opioid substitution therapy.

**Session:** C25: Human Rights and Drug Law Reform

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 755 **Silk Roadblock: Obstacles to HIV prevention for women at risk in Central Asia and measures to address them.**

**Author(s):** *Smelyanskaya, Marina ; Thomas, Rachel*

**Abstract:** In recent years the role of women in Central Asian societies has been undermined. Strict social norms often obstruct women from accessing opportunities, including harm reduction and other services which cater predominantly to men. Particularly vulnerable are female sex workers who use drugs; their needs are almost entirely ignored. Research suggests that there are as many as 40,000 sex workers in Uzbekistan, 30,000 in Kazakhstan, and 10,000-15,000 in Kyrgyzstan and Tajikistan combined. Estimates of the number of female sex workers injecting drugs range between 10% and 30%, depending on the country. Official statistics confirm drug use among women in the region is on the rise. In addition, all Central Asian countries report an increase in HIV cases among women and some attribute this larger proportion of cases to injection. With HIV prevalence estimates among IDUs and sex workers in some urban areas close to 30%, risk of HIV-infection among drug using women who are also involved in sex work is high. The region's attempt of return to traditional values is partly to blame for women's increased vulnerability and the barriers they face in accessing services. Fearful of stigma and abuse from their families and communities, as well as from law enforcement and medical professionals, women who use drugs in Central Asia are unlikely to seek help. Despite large donor investments and recent prevention scale-up efforts, few resources are reaching women. Yet, successful projects do exist which are trying to meet these needs through reducing police harassment of sex workers and drug users, linking women to harm reduction and basic medical care, and providing peer support. If replicated on a broader scale, these models have the potential to dramatically increase provision of harm reduction services to Central Asian women.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 761 **Training frontline staff in psychosocial approaches to harm reduction**

**Author(s):** *Ryan, Frank*

**Abstract:** Worldwide, it is estimated that about 16 million people inject drugs. Hazardous practices such as sharing injecting equipment can lead to rapid transmission of blood borne infections with rates of HIV prevalence in excess of 40% among injecting drug users (IDUs) in several countries. Engaging IDUs into harm reduction programmes is thus a priority in developing or transitional countries where most IDUs live. In order to achieve this, frontline staff in key agencies in these countries need to be trained in psychosocial interventions such as motivational interviewing and cognitive behaviour therapy. This presentation describes an innovative training project sponsored by the United Nations Office on Drugs and Crime aimed at sharing these evidence based practice skills. This pilot project, which took place in November 2006, involved collaboration between specialist service providers of substance misuse services in the United Kingdom and in the Republic of Mauritius. A customised training curriculum was developed and delivered to 35 health and social care professionals working in substance misuse services, allied social care and criminal justice agencies. The curriculum, drawing on motivational interviewing and cognitive behaviour therapy techniques, emphasised both generic counselling skills such as expressing empathy and more focused techniques aimed at teaching impulse control strategies to treatment seeking IDUs. Training was subject to continual evaluation by the participants. Feedback indicated a high degree of satisfaction with the Course, in excess of 90%, and enthusiasm for learning more. Overall, the Project showed that advanced psychological approaches can be successfully introduced to a workforce dedicated to responding to IDUs in countries where health and social services are still developing. Looking forward, further diffusion of evidence based practice skills will require a strategic approach based on partnership between international development organisations, government agencies and local service providers.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 762 **Evaluation of outcomes for the first 500 patients treated with methadone in Viet Nam**

**Author(s):** *Huynh, Nguyen Thi ; Long, Nguyen Thanh ; Tuan, Nguyen Minh ; Thu, Nguyen Thi Minh ; Nga, Nguyen Thien ; Nhu, Nguyen To ; Fujita, Masami ; Burdon, Rachel ; Jacka, David*

**Abstract:** This paper describes the long process of development of the national pilot methadone programme in Hai Phong and Ho Chi Minh, and results of the evaluation of almost the first year of treatment. Before 2008, mental health specialists in Viet Nam had only very short experience of methadone treatment for opioid dependence in a small number of patients. WHO, Family Health International and other International NGOs have provided direct and indirect technical assistance to the pilot programme including development of the guidelines, the proposal for the pilot programme and the design and execution of the training curriculum. Since April 2008, the first cohort of heroin dependent patients experienced effective drug treatment with methadone to international standards in three sites in each of the two cities. Conservative starting and rapid stabilisation doses have provided average maintenance doses in excess of 85mg, with many patients on concomitant ARV therapy receiving maintenance daily methadone doses in excess of 150mg. The treatment has been dramatically successful at achieving heroin abstinence and stabilized patient lifestyles and the pilot has already been extended to sites in the capital city, Ha Noi. The mechanism of dose adjustment and relatively high doses applied will be discussed, in addition to description of the pattern of side effects and the very small number of serious adverse outcomes. The methadone pilot programme has quickly achieved consensus support in Viet Nam, and plans and issues for its further expansion will be discussed.

**Session:** C12: Evaluations of Opiate Substitution Treatment

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 765 **Harm Reduction Initiative for Roma Injecting Drug Users**

**Author(s):** *Ursan, Marian ; Bocai, Alina ; Iliuta, Catalina ; Corciova, Mihai*

**Abstract:** The Roma injecting drug users face discrimination, stigma, social exclusion and marginalization in Romania. The access to services for this group is limited due to poverty and lack of information, identification documents, medical insurance and education. The Roma civil society blames the Roma drug users for exposing the whole community to discrimination and feels shame and uncomfortable to speak up. Meaninglessness, the traditional leaders consider drug users as being no more Roma because of their addictive behaviors. One of the most affected areas in the capital city is Ferentari, with a huge underground illicit drug market. Here lives a very poor community comprising a large number of Roma injecting drug users. In order to develop a comprehensive response to the needs of this community, UNODC Romania has initiated consultation and advocacy meetings with the main national stakeholders: the National Agency for Roma, National Anti-drug Agency and civil society organizations (including Roma). UNODC also facilitated field visits for high level decision makers in the most affected neighborhoods of Ferentari. As a follow up, the National Agency for Roma and Roma civil society committed to overcome the taboos and have supported the development and implementation of harm reduction services for Roma injecting drug users. UNODC has provided technical assistance and support on the development of a tailored and culturally adapted HIV prevention service for Roma ethnics, by integrating HIV prevention, risk reduction, social assistance and medical services in one low threshold center. Through this center it is estimated that more than 600 Roma ethnics and other people from Ferentari community will have access to HIV prevention commodities, social assistance, primary medical care and referrals to other specialized services. This center can become a best practice model for other countries in the South Eastern Europe that are facing similar challenges with Roma community.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 767 **The Role of Methadone Treatment in Improving The Life Quality of People Who Use Drugs**

**Author(s):** *Arieffianto, Joko*

**Abstract:** Issues The impact of heroin use among drug user in Semarang City, Central Java had reached a critical level. The rates of incarceration skyrocketed since the Law Enforcement increased the efforts to trap Drug Offenders into prosecution. These facts had been a major motivation for drug user to switch into government provided drug treatment. PERFORMA as a Network of People Who Use Drugs in Central Java had been involved in initiatives of Launching the First Methadone Clinic in the province. Setting Semarang City is listed as 10th city with highest number of Drug Related Cases in Indonesia. September 2008, Methadone Clinic launched in Semarang City after 1.5 years of Advocacy Efforts made by PERFORMA. As a brand new service, it still needs input and improvement in providing the treatment. Dr. Kariadi Hospital should have welcome client in having suggestion related to service improvement. Project PERFORMA took role as information provider among Heroin User that needs pre-counseling and advise before decided to access the Methadone Service. The peer educator referred Heroin Users to Methadone Clinic to have pre-test and counseling in order to access the treatment. PERFORMA also facilitates a Methadone Clients Support Group twice a month, to create spaces for Methadone Clients sharing their experiences among others. To anticipate discontinuity of Methadone Treatment, the service providers should adjust the proper dose rapidly for each client. Since, the delayed adjustment of proper dose tends to make Methadone Clients left the service. Outcomes The rejection to adjust to the proper dose of each client had made several clients quit accessing the treatment. In the other hand, Methadone benefits much for the Client that had the proper dose. It minimize the harm of incarceration, increase the health quality and enable User to have normal social life.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 770 **“To survey and convey harm reduction strategies” – An action research on examining the injection-related risk behaviors among street IDUs and how they response to risk in Macao, China.**

**Author(s):** *HO, Wing-yin ; Rogerio Andre, Souza ; Luis Nascimento, Agostinho*

**Abstract:** The application of action research methods in Chinese injecting drug users is still very rare. Many survey and research findings are only reviewed by policy makers or some related professionals, but not directly contribute back to the researched community to make an immediate change in their risky behaviour. This research recruited and trained up three ex-drug users to be a research assistant. During the researching period, they need to cooperate with some trained social work research assistants to reach out different streets IDUs in Macao and use their social network to recruit the participants to do a face-to-face interview on about their injection-related risk behaviours and their own strategies to response to risk. After the completion of the interview with standard questionnaire, the survey team then gave the participants around 15-20minutes tailor-made harm reduction messages and collected their comments about those kinds of messages. The total no.of research participants are 50 IDUs including 39 males and 11 females. By employing the idea of “survey as a means and convey (HR messages) as a goal, we aim at: 1. examining the detailed practice of drug preparation and injection in order to identify the risk behaviours; 2. exploring participants’ health concepts like their physical and psychological health conditions and 3. Engaging the participants for a frank chat about the harm reduction messages and strategies that can help them response to the risk. The survey findings related to health condition shows that IDUs need more physical and psychological advise. Cliché health messages like “don’t share needles” are not accepted wholeheartedly by IDUs as those messages do not consider their sociocultural context of risk. Thus, to promote risk managemnet among IDUs by considering their lifestyles and daily routines is more pragmatic for them to avoid risk related to injection.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 772 **Send to Rehabilitation Not to Prison**

**Author(s):** *Adi Mantara, I Made*

**Abstract:** Issue In 2007 estimate of the drug user in Bali is around 3000 person. Since 1997 the Indonesian government was released the drugs regulation no 22, this regulation is supervise about drugs policy in Indonesia. And one of article said that the judge can send someone who already approves to be a drugs user to go to rehabilitation center. But until now there's no application to that article especially in Bali. Someone who catches by the law in drugs case included the drugs user was send to Prison. Drugs users need is decriminalization Setting Since 2002 HIV prevention in Bali, focus to drugs user as we know as Harm Reduction (HR) program. One of development program of HR is organizing drugs user in human right issue. Since 8 September 2006 was establish in Bali drugs user organization in Human Right issue. The name of the organization in Indonesian we called "Ikatan Korban Napza (IKON) Bali". Since January 2007, I was chosen to be a daily coordinator as know as vice coordinator in that organization. Process Some agenda of IKON Bali is Decriminalization, Against Torture, Against Discrimination, and Health Right. And those issue was work by fourth division: 1) Investigation division – their object were all drugs user whose have human right violation, 2) Champagne and Monitoring division – their object is public awareness, 3) Advocacy division – their object is stick holders, 4) Awareness division – their object is all drugs user and work with them to increase their knowledge and awareness on human right issue. Outcomes This is issue began to discussed in national level and the government levels, it can be approved by the result of National Harm Reduction Meeting. The government said that drugs user is a victim's not a criminal so they must send to rehabilitation

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 773 **Peer driven intervention as an effective outreach strategy to access stimulant users**

**Author(s):** *Smyrnov, Pavlo ; Shulga, Liudmyla*

**Abstract:** BACKGROUND: Overview of harm reduction programs in Ukraine showed difficulties in accessing stimulant drug users with traditional HIV prevention outreach services. Harm reduction projects have been focusing on IDUs using opiates. At the same time there is an increase of stimulant users, particularly among young people. In order to access IDUs who are not clients of the projects and haven't been accessed by traditional outreach in May 2007 five NGOs have piloted PDI and after successful completion of the pilot 15 NGOs have started PDI in May 2008. METHODS: Recruitment of IDUs is conducted though controlled chain referral accompanied by extensive peer education. Each recruited peer have an opportunity to become a recruiter and through coupons bring other peers to the project were they have in-depth structured interview, pass knowledge test and are referred to HIV prevention services. Each recruiter obtains incentives to attract specific subgroup of IDUs identified by the project. RESULTS: 2,273 IDUs were recruited in 5 sites. High percentage of recruited IDUs were using stimulants: Zaporozhye (57%), Odesa (38%), Mykolayv (26%), Bila Tserkva (36%), Kryvoy Rog (30%). In new wave of PDI 9,000 IDUs have been recruited in 15 sites by the end of October 2008. It is expected that percentage of stimulant users will be higher than in projects relying on traditional outreach. CONCLUSIONS: Preventing new cases of HIV in Ukraine requires expansion of coverage of stimulant users. PDI showed high efficacy in rapid access to stimulant users with good quality HIV prevention services. At the same time there was low return rate from this group to NGOs. In order to makes stimulant users regular clients, existing services should be redesigned to account for specifics of this group.

**Session:** C7: The Effectiveness of Peer Driven Approaches

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 774 'Kormix': A creative approach to engaging young substance users in Cambodia

**Author(s):** Zanardi, Kyla ; "Korsang", Holly ; Kong, Piseth

**Abstract:** According to the Ministry of Interior, there are currently 6500 drug users in Cambodia, many of whom are at a high risk of contracting HIV and HCV. In addition, the National Authority for Combating Drugs has stated that approximately 14 % of injecting drug users were found to be HIV positive in 2006, rising to 35.1% in 2007. Substance use is a significant and rapidly growing issue among young people in Cambodia. However more punitive and harsher drug laws have been implemented as a way of addressing the issue. These punitive drug laws have made young substance users more vulnerable to violence, poverty and further stigmatization. While punitive drug policies attempt to relegate the lives of young substance users, innovative youth approaches provide an alternative and outlet for young people using. Korsang, a network of Cambodian drug users, promotes positive self-image to Phnom Penh's at risk young people by providing an outlet to stimulate and explore their creative senses within the field of music, dance and community arts. Giving them the opportunities to build character, leadership skills and gain valuable knowledge in a safe and supportive environment. Korsang's art, dance and music programming inspires young people at risk to explore art, dance and music as a form of self expression. Once trained, the creative projects that participants develop are taken to the community providing them with free outdoor music, dance and cultural programming offering HIV prevention educational messages heard within the public at large. This presentation will provide an understanding of the ways in which alternative, creative and innovative approaches to working with young people and harm reduction, can be facilitated in a country plagued by destructive drug laws. Korsang will illustrate the benefits of arts-based approaches and its specific relation to harm reduction education and HIV advocacy.

**Session:** M4: What Are Our Rights?: Young People, Drugs and Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 775 Resistance to fully implement successful programme of distribution of drug and injection preparation equipment negatively impacts the right to health of injection drug users in Ontario, Canada

**Author(s):** Leonard, Lynne ; De Rubeis, Emily ; Germain, Andree Michelle ; Birkett, Nicholas John

**Abstract:** Background / Objective People who inject drugs (IDUs) can acquire HIV and hepatitis C (HCV) infection through sharing equipment used to prepare veins and drugs prior to injection. In Canada in 2006, the Ontario Ministry of Health and Long-Term Care provided annualized funding of one million dollars (CAD) to operate Ontario's Harm Reduction Distribution Program (OHRDP); responsibility for full implementation of the OHRDP lies with each region's Medical Officer of Health (MOH). The OHRDP provides cost-free, sterile water ampoules, new tourniquets, sterile acidifiers, sterile alcohol preparation pads, new filters and sterile cookers to the 37 needle and syringe programmes (NSPs) throughout Ontario, Canada's largest province. In this paper we examine the impact of this recent availability of additional harm reduction resources on the HIV- and HCV-related practice of the multi-person use of drug and injection preparation equipment among IDUs in 26 cities in Ontario, Canada. Methods 1,622 street-recruited active IDUs completed structured interviews between September 2006 and August 2007. IDUs were classified into two groups. The ACC group comprised those IDUs whose local NSP had implemented the program for >2 months and the NOACC group those IDUs whose local NSP had not implemented the program or had implemented it for ≤2 months at the time of interview. Chi-square tests determined differences in indirect sharing practices between the two groups. Results 26% of participants in the ACC group and 37% in the NOACC group reported sharing cookers (P

**Session:** C26: Needle and Syringe Exchange Programmes (Part One)

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 777 'Dristi Nepal': Good Practice from Kathmandu

**Author(s):** *Limbu, Parina*

**Abstract:** Issue There is an existing gap for programs related to the needs of female drug users in Nepal. This increases their risk for HIV transmission from needle exchange, and risky behaviours unsafe sex. "Dristi Nepal" is an organization led by former female drug users with the major goal of bringing out more female drug users into recovery and fight against drug led HIV/AIDS. Setting The project is located in Kathmandu valley targeting female drug users in Nepal. A new regional office has been set up in the Eastern region, which is one of the worst hit areas but with no services for FDU's and commercial sex workers. Regardless of confirmed data, it is estimated that there are more than 15000 across the country. Project In 2006, Dristi Nepal started with a drop in centre and an outreach program to reach the target group to find the needs and service gaps for FDU's. This has been coupled with 4 regional consultations meetings, 15 group discussions, and 5 capacity building trainings. The aim of intervention is to collect data on female drug users which can be used as a tool for advocating their rights. The organization is collaborating with organizations working for sex workers, WLHA in delivering services. Outcomes We have reached 161 female drug users through outreach, regional consultations, drop in centre and Treatment and Care Home. They are hidden and fail to access the existing services due to stigma and discrimination thus making themselves vulnerable to HIV/AIDS. The limited funds have rendered us helpless to support the target group. We need to be more rigorous in taking our issues forward otherwise we will continue to remain in shadows, many will engage in commercial sex work and become more vulnerable to HIV and AIDS.

**Session:** C28: Harm Reduction Services for Women

**Time:** 2009-04-22, 14:00 - 15:30

**ID/Title:** 778 Abuse liability of IV buprenorphine versus buprenorphine-naloxone in buprenorphine-dependent individuals

**Author(s):** *Comer, Sandra D ; Sullivan, Maria A ; Vosburg, Suzanne K ; Manubay, Jeanne ; Cooper, Ziva D*

**Abstract:** Background: Sublingual buprenorphine (Subutex) significantly mitigates the harms associated with opioid dependence. However, misuse of buprenorphine by the intravenous (IV) route occurs. To decrease misuse of buprenorphine, a buprenorphine-naloxone formulation (Suboxone) was developed. Whether IV buprenorphine-naloxone has low abuse potential in buprenorphine-dependent individuals is unclear. The purpose of this study was to assess the abuse potential of IV buprenorphine compared with IV buprenorphine-naloxone in buprenorphine-maintained participants. Methods: Heroin-dependent volunteers who were willing to self-administer IV buprenorphine during a qualification phase were eligible to participate in this randomized, placebo-controlled, double-blind study. Participants (N=12) were maintained on 2, 8, and 24 mg sublingual buprenorphine for two consecutive weeks at each dose. During a morning sample session, participants received \$20 and an IV dose of the test drug (placebo, naloxone, heroin, low-dose buprenorphine, high-dose buprenorphine, low-dose buprenorphine-naloxone, or high-dose buprenorphine-naloxone). During an afternoon choice session, participants were given the opportunity to work for a fraction of the test drug and/or money that they sampled during the morning session. Each participant received all of the buprenorphine maintenance doses and all of the IV test doses. Results: The buprenorphine-naloxone combination was self-administered less than buprenorphine or heroin (all P=0.0001). Subjective ratings of "drug liking" and "desire to take drug again" were lower for buprenorphine-naloxone than for buprenorphine (P=0.002 and P=0.0001, respectively). Participants also reported that they would pay significantly less for buprenorphine-naloxone than for heroin or buprenorphine alone. Specifically, participants reported that they would pay \$1.72 and \$5.81, for low- and high-dose buprenorphine-naloxone, respectively, versus \$8.50, \$5.97, and \$8.36 for heroin and low- and high-dose buprenorphine, respectively. Conclusion: When administered intravenously, the buprenorphine-naloxone combination was not as well liked and was self-administered less than buprenorphine alone. These data support reduced abuse liability of the buprenorphine-naloxone combination compared to buprenorphine alone and heroin.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 779 **Background noise?: Drugs, poverty and inequalities**

**Author(s):** *Egan, James Anthony ; Stevens, Alex*

**Abstract:** About this proposal Traditionally, harm reduction debates have been dominated by two competing frameworks – health versus criminal justice. However, other important social and economic factors, such as the role played by poverty and inequalities in the creation/maintenance of damaging drug use, are often sidelined. To address the imbalance within these debates, the Scottish Drugs Forum (SDF), a national drug policy NGO, produced a comprehensive literature review examining the links between drugs and poverty. This literature review would be the cornerstone of this presentation. Key arguments This presentation will highlight important social and economic areas explored within the SDF drugs and poverty literature review and develop other wider inequality themes. For example, defining and measuring the extent of poverty and the importance of understanding the impact of income inequality. Other important areas within the literature review will be considered such as communities and social capital; crime and social exclusion; the welfare-to-work agenda; and, gender. Lesson for delegates Although effective government drug policies can make an impact in reducing levels of drug-related harms, a recent comprehensive UK report has shown that there is little global evidence that drug policy influences the number of drug dependent users. The report noted that other factors, such as cultural and social, are more important. Therefore, against the backdrop of a severe global economic downturn, it is important that these wider social and economic factors need to be brought to the forefront of current international harm reduction debates. Finally, encouraging greater accountability and involvement among those responsible for important mainstream policies aimed at reducing inequalities of income, employment, housing and social support may significantly contribute to preventing and reducing high levels of damage among disadvantaged drug users.

**Session:** C14: Poverty, Marginalisation and Drug Use

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 780 **Prevention services for minors in prisons**

**Author(s):** *Broasca, Iulia-Veronica*

**Abstract:** Issue: Up to 10% of all new HIV infections worldwide are attributed to injecting drug use and many of them are young people under 24. More than half of the injecting drug users that ARAS – Romanian Association Against AIDS has been working with in the last years are under the age of 24. Young people who use drugs and who end up being involved in sex work are the most marginalized, stigmatized and even criminalized persons in the society. In 2005 the estimated number of injecting drug users in Bucharest was 24,000 (1% of the general population). More than half of them are youth under 24 years old. Setting: ARAS has been implementing harm reduction activities since 1999 (outreach, drop-in, methadone). In Round 6 of the Global Fund, ARAS started implementing a prevention project in 15 penitentiaries in Romania. Project: Increasing the access of the convicts in 15 penitentiaries (2 penitentiaries for minors – approximately 300 young convicts) to blood and sexually transmitted infections services through informative sessions, training peer educators, broadcasting visual materials, fliers, distribution of condoms and lubricants – the project will end up in June 2009. Outcomes: Although at the beginning of the project the intervention was not making any differences between the youth convicts and the adults, after the implementation of the activities, the project proved that youth targeted interventions are needed, that the interventions should not be limited only to prevention but should also develop to needles exchange programs supported by the National Administration of Penitentiaries, condoms and lubricants distribution (which were not allowed inside the minors penitentiaries), that young convicts have other needs and expectations than the adults.

**Session:** M4: What Are Our Rights?: Young People, Drugs and Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 781 Human rights violations among injecting drug users

**Author(s):** Triwahyuono, Agus

**Abstract:** Background: The incident of human rights violation has often happened but in the field was no documenting this incident. Another purpose of this activity is being a master plan of advocacy to government. Process: To carry out a national survey to determine the extent of IDU Human Rights Violations and prepare a report on the findings. Two representatives from NGOs in each city were invited to a workshop. The participants also learned about the basics of human rights, the basics of data collection etc The cities are Medan, Palembang, Jakarta, Bandung, Semarang, Yogyakarta, Surabaya, Makassar, Manado, Denpasar, Kupang and Ambon The Questionnaire: 1. A Demographics part 2. A Police Violations part, and 3. A Health Services Violations part. Result TOTAL respondents are 1,109 On this abstract, we are focusing on Police as the actor 1. Physical Abuse Yes 668 No 411 Total 1,079 2. Mental Abuse Yes 552 No 527 Total 1,079 Some example of in-depth interview: "I was going home on my motor bike after having just used with a bunch of friends, when I felt that I was being followed. At a red light a man in plain clothes grabbed my arm and said that he was a policeman. I was frisked but he found nothing. Then he took my wallet containing Rp 200,000, my watch and my hand phone. Then, they forced me to go to the ATM and withdraw Rp 2,000,000" Recommendation To Indonesian Police Department That the Indonesian Police pay more attention in the execution of arrest, detention, rummage, confiscation of evidence and goods, inspection of the accused and eyewitness and others that all the activities be in accordance with established rules and regulations as already established by the Indonesian Police.

**Session:** C35: Human Rights Violations in the War on Drugs: Linking Documentation to Advocacy

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 782 'Street Lawyering': Integrating legal assistance in a harm reduction initiative

**Author(s):** Gottfredsen, Nanna

**Abstract:** Issue - As in many other countries the Danish society does offer public funded legal aid, but in general people who use drugs and other vulnerable groups do not use these institutions. Turning to them requires amongst other things that you are sufficiently aware of your legal rights to know when your rights (might) have been violated. Norwegian research has documented, that disadvantaged groups have a large need for legal assistance and support. But when you don't know your legal rights, you are not capable of defining a legal violation, nor the need for legal assistance. Consequently legal assistance and support to disadvantaged and vulnerable groups must be offered on their premises in places where they are at. Setting – Gadejuristen (The Street Lawyer) is an organization which provides legal assistance and support to drug users and other vulnerable groups. This is facilitated by engaging with drug users through various locations referred to as 'rooms'. Project – Referred to as 'street lawyering', street lawyers assist people who use drugs, homeless people, outdoor sex workers etc. The creation of useful, trustworthy "rooms" is decisive as a precondition for the provision of legal assistance. Advice and support is provided in relation to health issues, treatment, discrimination and criminal law. In this presentation such "rooms" (e.g. a carrier-bike on the open drug scene bringing food, coffee and tea, umbrellas, injection equipment, legal advices etc.; a mothers' group; running the office as a drop in centre), and their possibilities and outcomes will be described. Outcomes - In addition to providing effective legal assistance and support on an individual level, 'street lawyering' experiences and interventions also brings unique opportunities for advocating for and change in national law and/or policies. The presentation will give such examples.

**Session:** M5: Legal Interventions: Reducing Harms and Improving Rights

**Time:** 2009-04-22, 09:00 - 10:30

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**ID/Title:** 783 **Scaling up access to needle and syringe programmes and methadone maintenance treatment in prisons in Moldova: Successes and challenges**

**Author(s):** *Jürgens, Ralf ; Hoover, Jeff ; Pintilei, Larisa ; Toncoglaz, Veaceslav ; Trofim, Vladimir*

**Abstract:** Background: Studies report high levels of injecting drug use in prisons and HIV transmission has been documented. Nevertheless, Moldova is one of the few countries that has introduced comprehensive, evidence-based HIV prevention programs in prisons. Ten years after these programs were introduced, they were reviewed to assess their effectiveness and to identify ways to further scale up their reach. Methods used: In 2007 and 2008, two outside experts reviewed all existing data about the programs; visited prisons and pre-trial detention centres; interviewed prisoners, service providers, funders, and high-level officials; and prepared a report with the findings. Study results: NSPs were first introduced in one prison in Moldova in 1999. Since then, they were scaled up and now reach 75 percent of sentenced prisoners. The method of distribution was changed to increase access to injecting equipment. In 2005, MMT became available in some prisons, and eligibility criteria have recently been relaxed to increase access. Provision of harm reduction measures has been accompanied by education for prisoners and staff, and was made possible thanks to the leadership of the prison department and the work of an NGO that has worked closely with the department. Results have been overwhelmingly positive: new documented cases of HIV and HCV in prisons have declined, and no negative consequences have been reported. Conclusions: NSPs and MMT can be successfully introduced and scaled up in prisons, including in resource-poor countries. Some important challenges remain, including: expanding education and harm reduction services to pre-trial detention centres; vastly scaling up access to MMT and ensuring continuity of treatment; securing additional financial resources to allow for ongoing provision of essential services that have recently been discontinued, including education for staff and provision of razors to prisoners.

**Session:** C17: Prisons and Closed Settings

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 785 **Sterifilt® as an additional harm reduction tool for injection drug users (IDUs): fewer particles for less complication**

**Author(s):** *Perrine, Roux ; Elliot, Imbert ; M.Patrizia, Carrieri*

**Abstract:** Background: In France, the consequences of easy access to buprenorphine have been a reduction in HIV prevalence among IDUs and in deaths from drug overdose. Conversely, this large-scale diffusion has been associated with an increased risk of buprenorphine diversion by injection while it is sublingual formulation tablet. Such practice may have health-threatening consequences for drug users including local or general complications due to the introduction of insoluble particles into the vascular circulation. This risk is potentially higher with generic buprenorphine due to the presence of talc among the excipients. To reduce these harmful consequences, drug users have been encouraged to use filters, commonly a piece of cigarette filter or a piece of cotton wool. Sterifilt® has been invented to substitute these makeshift filters which may be unsafe and it may constitute one additional tool for harm reduction paraphernalia including HCV risk reduction. Objective: To assess the effectiveness of Sterifilt® (filter with pore size of 10µm) versus makeshift filter in terms of particle reduction of dissolved generic buprenorphine tablet. Methods: This experimental study used a sample of buprenorphine solution after dilution of an 8mg tablet of generic buprenorphine in 1ml of sterile water. A particle counter was used to count and size the particles in samples using different filtrations: no filtration, filtration with a cotton filter and filtration with a Sterifilt®. Results: Preliminary results indicate that the filters are effective for significantly reducing amount and size of the particles that are responsible for major harms for drug users. The final results will be available for the conference. Conclusion: The use of Sterifilt® can significantly contribute to limit the complications related to buprenorphine injection. Sterifilt may be a harm reduction tool with major benefits especially in drug users, in the community and in opioid dependent inmates.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 788 **Wealth for Health: Accessing Funds for Harm Reduction**

**Author(s):** Saville, Sebastian

**Abstract:** Issue The cause of Harm Reduction can be a tough one with which to approach funders—in the popular imagination, it is often identified with notions of free drugs and civil liberties for drug users. The drug using population is a marginal one, subject to great stigma, and last on many peoples' list of good causes - particularly in the current financial climate, with the spectre of global recession looming. Setting The setting for the projects under discussion is the UK and the rest of Europe. Project Utilizing the techniques and approach to be discussed in the presentation, it has been possible to substantially increase funding for two major UK projects from a variety of sources. The first is a treatment service that is both attractive to users and delivers high-quality, evidence-based harm reduction interventions including needle-exchange and substitute prescribing. The second is a high profile NGO, which employs lawyers to protect and support the human and civil rights of drug users. Outcome The annual budget of the Junction Project, a large non-statutory street service based in North London, increased from UK £80,000 pa to over UK £1 million pa between 1993 and 1998. Providing medical, prescribing, sexual health, legal and social services, the project was described by user magazine Black Poppy as the best drugs service in London. During 2003-2008, the full-time staff team at Release increased from 3 to 12, and the service underwent a renaissance. The presence of 5 full-time lawyers now enables Release to effectively challenge infringements of the human rights of drug users in the UK. Identifying and accessing money to pay for harm reduction services requires some specific skills and lots of hard work. The objective of this presentation is to pass on knowledge and skills gained in the course of first hand experience.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 789 **Retention in opioid substitution treatment as a major predictor of long-term virological success in HIV-infected IDUs receiving antiretroviral treatment**

**Author(s):** Perrine, Roux ; Julien, Cohen ; Virginie, Villes ; Isabelle, Poizot-Martin ; Bruno, Spire ; Isabelle, Ravaux ; M.Patrizia, Carrieri

**Abstract:** Objectives: The positive impact of opioid substitution treatment (OST) in HIV-infected opioid dependent individuals is well documented, especially on adherence to HAART. We used 5-year longitudinal data from the MANIF 2000 cohort of individuals HIV-infected through drug use and receiving HAART and OST, to investigate the predictors of long-term virological success. Design: Data were collected every six months in outpatient hospital services delivering HIV care in France. We selected all patients receiving HAART for at least 3 months (baseline visit) and receiving OST (either methadone or buprenorphine) at least once during HAART follow-up (N=113 patients, 562 visits). Methods: A mixed logistic model was used to identify predictors of long term virological success, defined as achieving an undetectable HIV viral load after at least 3 months of treatment. Results: At baseline, 53 patients were receiving buprenorphine, 28 methadone and 32 were not on OST. Median retention in OST was 25[3-42] months. In the multivariate analysis, after adjustment for significant predictors of long-term virological success such as adherence to HAART and early virological response, retention in OST was associated with long-term virological success (OR[95%CI]=1.20[1.09-1.32] per 6 months increase). Conclusions: Sustained care for opioid dependence during HAART delivered in a comprehensive model of care can assure long-term virological response. As variation in viral load during HAART strongly depend on delay in access to HAART that is in turn related to opioid dependence stabilization, the earlier OST initiation in HIV-infected IDUs the higher the probability of sustained adherence and long term virological response to HAART.

**Session:** C6: Opiate Dependence Treatment

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 792 **Initiation the intervention with treatment, care and support through SGH with ILWHAs in Bangladesh – Challenges and lesson learns.**

**Author(s):** *Mukti, Ms ; Matabber, Saidur Rahman ; Hossain, Md. Tahazzad ; Kamal, Md. Mostafa*

**Abstract:** Issues: Within the harm reduction program it is the burning need to address the treatment, care and support for identified Injectors Living with HIV and AIDS. Setting: Mukto Akash Bangladesh (MAB) is a non government community-based Positive Self-help registered organization working since 1st March 2003 to ensure Treatment, care, support, empowerment and greater involvement through health care for people infected with and affected by HIV/AIDS in Bangladesh. Scaling up the program MAB initiated the treatment, care and support intervention with Injectors Living with HIV and AIDS in Bangladesh since January 2007 in central Dhaka funded by government of Bangladesh. Project: MAB has 250 members and out of 250 there are 86 ILWHAs members and maximum of them are street based. It's very natural fact that to ensure the support for ILWHAs are very challenging due to their mobility. On the other hand HIV positive status added their double vulnerability. To ensure their positive living MAB is providing peer counseling, opportunities infections management and supplementary nutritional support. Day by day ensure rescue referral services are major demand of ILWHAs community in central Dhaka. Outcomes: • It's itself lesions learnt for Bangladesh that ILWHAs can get the services by taking membership of any PLHIV self-help organization. • Now MAB has 86 ILWHAs member and it was a great challenge to bring them under an umbrella through membership of SGH. • After getting membership they are being motivated to take ART for positive living but it is very challenges to make sure their ART services.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 793 **The Clean Needle Services Not Only Prevent HIV & AIDS among Injecting Drugs Users**

**Author(s):** *Anto, Afri*

**Abstract:** Serving the Injecting Drugs Users (IDUs) through clean needles services is one of the appropriate ways to compress the spread of HIV & AIDS. Unfortunately, this clean needle services is not balanced with the unsterilized needles return. The biggest possibility of the large amount unsterilized needles spread in the community is the risk where they might be used by other and also the risk where other people who are not IDUs to get in contact with the unsterilized needles. There are 8 outreach workers who work on this project from Monday to Friday, 8 hours per day. One area is visited once a week, and in this visit each IDU gets one package of 7 clean needles and 7 alcohol swab. Outreach workers provide disposal bag for unsterilized needles in each outreach area, give information and education about the aim of clean needles services and suggesting IDUs for always returning the unsterilized needles every time access the clean needle services. Outreach workers also conduct the clean up day activity every twice a week in the places of IDUs. This activity involved by the IDUs themselves. Data during the period of Dec 01 – Sep 20, 2008 at Yayasan Gerbang showed the increase returning unsterilized needles in the Central of Jakarta with average of returning 1.396 unsterilized needles/ month out of 4.519 clean needles distributed/ month. This success rate is still consider a small success and needs other kinds of methods to reach the ideal number of success. The IDUs' awareness of the risks in reusing the unsterilized needles by other and where people who are not IDUs get in contact is very small. Using community's involvement to take role of clean up day activity could be the effective effort compressing the spread of HIV & AIDS and the other risk.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 795 **History of non-fatal overdose among injection drug users in Bangkok, Thailand**

**Author(s):** *Milloy, M-J ; Fairbairn, Nadia ; Hayashi, Kanna ; Suwannawong, Paisan ; Kaplan, Karyn ; Wood, Evan ; Kerr, Thomas*

**Abstract:** INTRODUCTION: Non-fatal illicit drug overdose is a leading cause of morbidity among injection drug users (IDU). The prevalence and correlates of experiencing a non-fatal overdose are not well described outside of Western urban settings. Thus, we sought to profile reporting a history of non-fatal overdose among a community-recruited cohort of IDU in Bangkok, Thailand. METHODS: We examined self-reported overdose experiences among 252 IDU participating in the Mit Sampan Harm Community Research Project, Bangkok. The outcome of interest was reporting ever overdosing by accident. We calculated the prevalence of the outcome and, using multivariate logistic regression, estimated its relationship with individual, drug-using and social factors. RESULTS: 252 individuals were included in these analyses. Their median age was 36.5 (IQR: 29.0 - 44.0); 66 (26.2%) were female. A history of non-fatal overdose was reported by 77 (29.8%) participants. The most common drug used at the last overdose was injection heroin (93.3%) followed by injection midazolam (32.0%). Most reported they were helped by friends (73.0%) or relatives (17.5%). All individuals reporting the outcome also reported a history of heroin injection, thus that explanatory factor was removed from further analysis. In the multivariate model, reporting a non-fatal overdose was independently associated with a history of incarceration (Adjusted Odds Ratio [AOR] = 3.83, 95% Confidence Interval [95% CI]: 1.52 - 9.65, p-value < 0.004); and reporting a history of poly-drug use (AOR = 2.48, 95% CI: 1.16 - 5.33, p-value = 0.019.) CONCLUSION: More than one-quarter of cohort participants reported ever experiencing an accidental overdose. Consistent with previous findings, the risk of overdose was elevated for poly-drug users and individuals exposed to correctional environments. These findings support the provision of evidence-based responses to overdose, including safer injection education, methadone maintenance therapy, and post-prison release support programming.

**Session:** C23: Researching and Preventing Drug-Related Death

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 796 **Incarceration independently associated with an elevated risk of cutaneous injection-related infections among active injection drug users in Vancouver, Canada**

**Author(s):** *Milloy, M-J ; Lloyd-Smith, Elisa ; Wood, Evan ; Tyndall, Mark ; Montaner, Julio ; Kerr, Thomas*

**Abstract:** INTRODUCTION: Cutaneous injection-related infections (CIRI), including abscesses and cellulitis, are the cause of a substantial burden of morbidity and mortality among injection drug users (IDU). Outbreaks of bacterial infections, such as CA-MRSA, are common among imprisoned populations. We investigated the relationship between incarceration and risk of CIRI in a sample of active IDU in Vancouver, Canada. METHODS: Data for these analyses were derived from the Scientific Evaluation of Supervised Injection prospective cohort. Using unique government-issued health system identifiers, we confidentially linked participant data to administrative records at St. Paul's Hospital, a tertiary-level facility that provides emergency care to the vast majority of local IDU. The relationship between the outcome of interest, number of ER visits with ICD-10 codes for CIRI, and reporting incarceration overnight or longer was estimated using a generalised linear mixed-effects model including possible confounders. RESULTS: Between June 2004 and December 2005, 901 individuals, including 266 women (29.5%), were recruited into the cohort. Over four survey periods they contributed 2224 observations of which 290 (13.0%) included at least one ER visit for CIRI in the previous six months. Two hundred fourteen (9.6%) participants received CIRI treatment at least once; the total number of ER visits for CIRI by participants was 811. In a multivariate model adjusted for several drug-using and environmental variables previously associated with a higher risk of CIRI, recent incarceration was independently associated with the number of ER visits (Adjusted Relative Risk = 1.58, 95% Confidence Interval: 1.33 - 1.87, p < 0.0001) CONCLUSION: CIRI are common among local IDU and the proximate cause of a substantial amount of health care utilization. Exposure to correctional environments is an independent risk factor for CIRI, suggesting the urgent need for reforms to local prisons, including improvements in hygiene, reductions in overcrowding and the provision of appropriate harm reduction opportunities.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 800 Risky Behaviours and service utilisation patterns among injecting drug users: Findings from two surveillance rounds in an high prevalence area of Punjab, Pakistan

**Author(s):** Saleem, Naeem Hassan

**Abstract:** Background Recent explosion of HIV among IDUs i.e., 51.3% (CI: 46.4, 56.1%) in border district of Punjab has led to an extensive government's service delivery response with financial support of World Bank. Canada-Pakistan HIV/AIDS Surveillance Project (HASP) along with Provincial AIDS Control Programs has conducted behavioral surveillance in order to assess service quality in this high prevalence setting. Present findings are from series of 2nd and 3rd surveillance rounds leading to informed policies. Methods Two cross-sectional surveys were conducted during December 2007 followed by 3rd round during May 2008. Subjects were recruited by using time location cluster sampling. Behavioral questionnaire were administered by trained interviewers after taking informed consent. Total of 400 questionnaires during 2nd round and 403 questionnaires during 3rd round of surveillance were administered. Results Proportion of four time daily injectors has reduced from 38% to 24% during 2nd and 3rd surveillance rounds respectively. Use of "professional injectors" for injection purpose has reduced from 39% to 25% during the two surveillance rounds. Consistent new syringe users have increased from 41% to 74% between two time periods. Condom usage among IDUs during commercial sexual transactions has increased from 29% to 49%. Service utilization pattern has jumped from 12% to 69% between two surveillance rounds. Statistically significant differences were noted between all above behavioral findings. Conclusion Scale up of services has resulted in decline of risky behaviors and improvement of utilization pattern among IDUs leading to slow progression of epidemic. Surveillance information is valuable and must be used by implementers to assess the service quality.

**Session:** C19: Harm Reduction in Asia

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 801 New harm reduction approach targeting stimulant users

**Author(s):** Smyrnov, Pavlo ; Shulga, Liudmyla

**Abstract:** Background Despite recent efforts in accessing stimulant users through peer-driven intervention it was found that there is low return rate from this group to NGOs offering harm reduction and HIV prevention services. To makes stimulant users regular clients, existing services should be redesigned to account for specific characteristics of this group. Project description Project oriented on stimulant users was developed in July 2008 to prevent spread of HIV among this group. It was based upon information received from peer-driven interventions, focus-groups and individual interviews with drug users and service providers. Along with traditional harm reduction activities it uses group level approach in work with stimulant users. The main task of this approach is to formulate and provide health-related messages that would enable stimulant users to change the norms of behavior in their community. Another important component is to implement systematic individual work with stimulant users to help them in making plans for individual behavior change and ongoing appraisal of their own behavior. Project includes creative and participatory activities such as publishing magazines, organizing photo exhibitions, etc. This contributes to building trustworthy relationship between social/outreach workers and project clients. Conclusion Group level intervention allows attracting more drug users who inject stimulants and increasing the rate of regular project clients that, in its turn, increase chances of drug users to obtain and perceive health-related information that minimizes risky behavior increased by stimulant use such as frequent injecting and unprotected sex. This approach requires skills in conducting group and individual sessions and good understanding of behavior characteristics of the target group. The number of involved staff can be limited to a social and an outreach worker keeping project expenses low. Since October 2008 there are 26 projects implementing interventions for stimulant users in Ukraine. Early results will be available by March 2009.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 810 **A serious flaw in current practices of channeling funds - particularly for harm reduction interventions**

**Author(s):** *Oinam, Openkumar ; Waikhom, Ronny*

**Abstract:** Issue: The current practice of channeling funds for various programs particularly for preventive interventions is seriously hindering the overall program outcome. It is often found that only about one by tenth reaches to the intended target audience. Key Arguments: Under Bill & Melinda Gates Foundation, Manipur and Nagaland have been awarded 5 million USD for 5 years through EHA (Emmanuel Hospital Association) and AIHI (Australian International Health Institute). There are 11 implementing partners (IP) in Manipur, each IP is being awarded approximately 40,000 to 45,000 USD in a year. The fund is released from Gates to AVAHAN in India, then to EHA and AIHI at regional level. The IP then receives from EHA and AIHI through their small grant facility. EHA & AIHI has two offices, one at the regional level and the other one at state level. Each IP also has their own program management team along with atleast 10 to 14 full time staffs. Each IP sets the ratio of expenditure to 55:45, 55 on salaries/office and 45 on direct service costs. The cost per unit has been fixed to about 55 to 60 USD (ONLY) for every IDU. This include the overall costs, including salary and program, meaning only about 10 to 15 USD is actually spent on one IDU. This serious under estimation of costing and filtering of huge amount of money on the channels of funding seems to be the current best failed policy & practice. Implications: If this trend continues to follow, then keeping the promise to stop AIDS will become just a wild dream. Its time now that someone, like Copernicus to prove what we are following is seriously wrong and that we now need direct door to door service (like AMWAY), cutting down all unnecessary costs in the midway.

**Session:** C2: Harm Reduction Donors: Feedback, Opportunities and Challenges

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 812 **Methamphetamine epidemics: Harm reduction should get priority in Thailand and neighbouring countries**

**Author(s):** *Aramrattana, Apinun ; Celentano, David ; Thomson, Nicholas*

**Abstract:** Methamphetamine epidemics and its harm reduction should get priority in Thailand and neighboring countries. Apinun Aramrattana 1, David Celentano 2, Nicholas Thomson 2 1 Research Institute for Health Sciences, Chiang Mai University, Thailand. 2 Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA. Issue: In Thailand, large methamphetamine epidemics peaked in 2001 when methamphetamine became the most prevalent illicit drug. It was estimated that there were about 3.5 million lifetime methamphetamine users of aged 12-65 years and 500,000 current users. Majority of methamphetamine youths were male smokers and drank alcohol heavily. Recently, there was a new epidemic of methamphetamine crystal (Ice) on top of the prevalent methamphetamine use. In the same time, methamphetamine use in Myanmar, Laos, Cambodia and Malaysia was also increased. Key arguments: In Thailand, methamphetamine psychotic patients increased remarkably after the epidemics. High prevalence of depressive disorders were found. These users also had multiple sex partners and low condom use rates. Incarceration and penile modification were common among male users. Sexually transmitted infection prevalence was very high with poor help-seeking behavior. The anonymous HIV voluntary testing and counseling revealed only about 1% HIV prevalence. Expanded studies at border areas surrounding Thailand revealed similar patterns of methamphetamine use and its harms. The Thai "war on drug" policy in 2003 resulted in only a short decreasing trend. Outreach activities and a peer-based education aimed at modifying their risk behaviors resulted in reducing drug use and sexual risk behaviors. Reports on methamphetamine injection in Cambodia raised concerns over risk of HIV spreading. Under this circumstance, needle and syringe exchange program should be an appropriate harm reduction measure. Implications: The size and pace of methamphetamine epidemics, the pattern of use and its harms should be taken into account for prioritizing and planning harm reduction strategies in this region.

**Session:** P3: Methamphetamine

**Time:** 2009-04-23, 13:30 - 15:00

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**ID/Title:** 814 **High Rates of Midazolam Injection among a Community-Based Sample of Drug Users in Bangkok, Thailand**

**Author(s):** *Kerr, Thomas ; Kiatying-Angsule, Niyada ; Fairbairn, Nadia ; Hayashi, Kanna ; Suwannawong, Paisan ; Kaplan, Karyn ; Zhang, Ruth ; Wood, Evan*

**Abstract:** Background: Thailand, like many other countries globally, has been experiencing shifting patterns of drug supply and use. Anecdotal reports suggest a number of people who inject drugs (IDU) are now injecting midazolam, a benzodiazepine, when faced with declining availability of heroin. We therefore sought to examine the prevalence and correlates of midazolam injection among a community-recruited sample of Thai IDU. Methods: We examined the prevalence of midazolam injection among 252 IDU participating in the Mit Sampan Community Research Project, Bangkok. Multivariate logistic regression was used to identify factors associated with a history of midazolam injection. Results: 252 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 177 (70.2%) participants reported ever having injected midazolam. Of these individuals, 144 (81.4%) reported daily midazolam injection in the past six months. In multivariate analyses, after adjustment for other types of drugs used, a history of midazolam injection was positively associated with using drugs in combination (adjusted odds ratio [AOR] = 7.14; 95% confidence interval [CI]: 3.70 – 13.76), younger age (AOR = 0.49; 95%CI: 0.25 – 0.94), having a history of methadone treatment (AOR = 3.69, 95%CI: 1.87 – 7.28), and reporting drug planting by police (AOR = 2.37, 95%CI: 1.25 – 4.51). Among midazolam injectors, the drugs most commonly used in combination with midazolam were heroin (72.3%) and yaba (30.5%). Conclusion: We observed a high rate of midazolam injection among a community-recruited cohort of Thai IDU. Midazolam injection was strongly associated with polysubstance use and is used in combination with both opiates and methamphetamines. Evidence-based approaches for reducing harms associated with midazolam injection are needed.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 817 **The Dutch National Hepatitis C Information Campaign: Mainstreaming drug users as a target group in a general health campaign**

**Author(s):** *Hoogenboezem, Geeske ; de Gee, Anouk ; van der Veen, Clary ; Baas, Ineke*

**Abstract:** Issue In the Netherlands, it is estimated that 60,000 individuals are infected with HCV. The large majority is not aware of their infection or of their risk behaviour in present or past. Therefore, the national government initiated a national information campaign on hepatitis C targeting on the general public and specific target groups. The Dutch National Institute on Mental health and Addiction (The Trimbos Institute) and the Mainline Foundation were assigned the development and organization of the information campaign targeting on drug users. Setting In 2007 we carried out a pilot campaign targeting on drug users in two Dutch cities: Rotterdam and Dordrecht. The pilot campaign was implemented through methadone dispensation units and shelters for the homeless. Project We produced information materials on prevention and treatment of HCV, developed an interactive quiz for drug users and developed a training on test counseling for nurses in addiction care. Outcomes The pilot campaign generated outcomes on three different levels. First of all: We execute the drug users campaign within the context of a campaign targeting on the general public. This involves co-operation with organizations that are not familiar with drug use(rs). We will share the specific dynamics of this co-operation. Second: We carried out a pre and post intervention survey in both pilot regions. These surveys show remarkable outcomes. E.g. awareness of risk behaviour does not provide drug users with a strong motivation to get themselves tested on HCV, whereas an easy testing procedure does. This outcome has consequences for the organization and content of pre test counseling. Furthermore, the campaign proved to be cost effective. During the conference we will discuss the outcomes of the surveys in detail. Third: We tested the interventions and adjusted our materials in order to improve their effectiveness. We will share the interventions with the delegates.

**Session:** C1: Hepatitis C Risk and Prevention

**Time:** 2009-04-20, 14:00 - 15:30

**ID/Title:** 818 The East Toronto Hepatitis C Program

**Author(s):** *Hodgson, Daina Jason ; O'Reilly, Emmet ; Innis, Sarah*

**Abstract:** East Toronto Hepatitis C Program: Interdisciplinary, community-based treatment for Hepatitis C positive drug users Issue: Hepatitis C (HCV) is a medical and economic burden to Canadians. 1998 vs 2008 The number of HCV-related deaths will increase 223%, and individual decompensation up 239%. Most new infections in Canada are found in illicit drug users (IDUs) while only an estimated 10% of IDUs receives treatment. Barriers to treatment include homelessness, poverty, violence, poor mental health, and discrimination from providers. Description: The program is a collaboration of the South Riverdale, Regent Park, Sherbourne Community Health Centres, and Street Health in Toronto. The Program is a "One-Stop-Model" which maximizes the wellness of HCV-positive IDUs (particularly crack cocaine/poly-substance users) by minimizing barriers to care. Through a broad interdisciplinary approach, we address social determinates of health which hinder IDUs support and treatment. By 2009, over 75 HCV positive individuals will have completed this program - consisting of weekly groups and HCV clinics run by social service workers, case manager, psychiatrist, family physicians, nurse practitioners, nurses and an infectious disease specialist. Harm reduction and peer education are program foundations. Participants access free treatment and care coordination including supportive housing searches, counselling, legal, and outreach services. The program remunerates participants, provides healthy meals, and accepts active substance use. Program successes: Chart audits, surveys and focus groups demonstrate the program's successes in providing education, support and treatment to HCV infected IDUs. -Interdisciplinary collaboration Other health centres and policy makers look to this program as a model of care. -Decreased drug use and stabilization - Increased knowledge of HCV among members -Empowerment and increased quality of life for group members, - Peer support -Increased use of HCV viral RNA's to confirm HCV clearance. Challenges: Instability in clients' lives, higher rates of incarceration and chaotic drug use; model replication/lack of resources across regions.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 819 Sub lingual Buprenorphine although effective for Heroin Users is still a doubtful situation for Spasmo Proxyvon/S.P. (dextropropoxyphene) injectors.

**Author(s):** *Moirangthem, Joychandra*

**Abstract:** Issue: Oral substitution therapy (OST) with sub lingual buprenorphine may considerably improve quality of life amongst Heroin injectors but when it comes to Spasmo Proxyvon, it rather seems opposite. Many of the IDUs say that they get extra high when inject after consuming their daily dose of buprenorphine. Setting: CARE Foundation under DFID and National AIDS Control Organization funding has been implementing buprenorphine OST project in the two districts of Manipur, with a target IDU population of 225 IDUs. 50% to 60% of them are HIV positives, out of which 20% are on Antiretroviral therapy. 60% of them are Heroin injectors and 40% Spasmo Proxyvon (Dextropropoxyphene -Non injectable pain reliever) injectors. Project: The IDUs are given crushed sublingual Buprenorphine (0.4 & 2 mg) once a day on daily basis as directly observed therapy. A team of 6, 1 Project Coordinator, 1 doctor, 1 nurse and 2 Outreach Workers, is placed in each of the 2 DIC (drop in center) cum clinics. Counseling takes place for both the IDUs and their family. Follow ups that include home visits also forms a major component. The CLSI (community led structured intervention) is another essential component in the project where IDUs are supported and guided for more involvement and better sustenance through various capacity building programs. Outcome: We could observe maximum adherence amongst IDUs on ART and that they become more willing to undergo voluntary HIV and Hepatitis C antibody testing. 70% of them have undergone VCCTC so far. We could also observe a marked improvement in their quality of lives. But the only worrisome factor is that many of the IDUs have reported that they could still get high by injecting Spasmo Proxyvon after consuming buprenorphine, thus making the entire OST program useless for the SP injectors.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 821 Health and human rights concerns of drug users in detention in Guangxi Province, China

**Author(s):** *Amon, Joseph*

**Abstract:** Objective: Confinement in drug detoxification (detox) and re-education through labor (RTL) centers is the most common form of treatment for drug dependence in China, yet little has been published about the experience of drug users in such settings, or the impact of detaining drug users on access to HIV prevention and treatment services. Methods: In-depth and key informant interviews were conducted with 19 injection drug users (IDUs) and 20 government and nongovernmental organization officials in Nanning and Baise, Guangxi Province. Results: IDU study participants reported, on average, having used drugs for 14 y (range 8–23 y) and had been confined to detox four times (range one to eight times) and to RTL centers once (range zero to three times). IDUs expressed an intense fear of being recognized by the police and being detained, regardless of current drug use. Key informants and IDUs reported that routine HIV testing, without consent and without disclosure of the result, was the standard policy of detox and RTL center facilities, and that HIV-infected detainees were not routinely provided medical or drug dependency treatment, including antiretroviral therapy. IDUs received little or no information or means of HIV prevention, but reported numerous risk behaviors for HIV transmission while detained. Conclusions: Interviews with recently detained IDUs and key informants in Guangxi Province, China, found evidence of anti-narcotics policies and practices that violate human rights and imperil drug users' health.

**Session:** C3: Policing, Treatment and Rights

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 822 The adherence to prescription guidelines of Methadone for Opioid Dependence in British Columbia, Canada: 1996-2007

**Author(s):** *Nosyk, Bohdan ; Marsh, David C. ; Sun, Huiying ; Fischer, Benedikt ; MacNab, Ying ; Schechter, Martin T. ; Anis, Aslam H.*

**Abstract:** Background: Despite widespread acceptance of methadone maintenance therapy (MMT) as the most effective first-line pharmacotherapy for opioid dependence, evaluations of adherence to clinical treatment guidelines are rare. Our objective was to determine the extent to which MMT clinical guidelines regarding starting doses, titration, maintenance dosing and dose tapering were being adhered to at the population level in British Columbia, 1996 - 2007. Methods: MMT dispensation data from a provincial administrative database was organized into treatment episodes. Treatment episodes were divided into weekly intervals to identify and analyze the phases of treatment listed above. Multivariate logistic regression was used to identify determinants of reaching the optimal maintenance dose ( $\geq 60\text{mg}$  per day), and successful taper (final mean weekly dose  $\leq 5\text{mg}$  p.d.). Results: A total of  $n=32,656$  MMT episodes were identified in the study period, with  $n=25,545$  classified as non-censored. Guidelines on starting doses were adhered to at a maximum of 78.6% in 2003. Only 58.2% ( $n=14,869$ ) of all non-censored episodes featured at least one week of dose titration, however among episodes featuring dose titration, only 7.8% titrated at an average rate faster than recommended. The optimal daily maintenance dose was reached in only 62.8% of these episodes. The recommended rate of dose tapering was adhered to in 71.2% of all taper episodes ( $N=10,439$ ), however only 6.3% ( $n=1621$ ) of all non-censored episodes resulted in successful taper. Episodes with dose titration were over 3 times more likely to reach the optimal daily maintenance dose, while a weekly rate of dose tapering  $\leq 3.7\%$  had higher odds of treatment completion, controlling for other factors. Conclusions: This evaluation has produced evidence that prescription guidelines were not adhered to uniformly across the different phases of treatment in British Columbia. Closer adherence to prescription guidelines may result in substantial population-level improvements in treatment outcomes.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 824 Argentine Conference on Drug Policy and lobbying. A tool for advocacy work .

**Author(s):** *Cymerman, Pablo ; Touze, Graciela*

**Abstract:** Issue In Argentina the principles that have ruled the drug policies bear a clear abstentionist feature and penalize drug possession for personal use. Process In this context, Intercambios Advocacy's department develops activities to promote more appropriate and humanitarian drug policies, with these objectives: a) To obtain legislative changes oriented toward drug policy reform; b) To improve the impact of drug users rights advocates; c) To include harm reduction in local , national and Regional policies, plans and programs. Aimed by those objectives we have been working with the Ministries of Health; Internal Affairs; Justice, Security and Human Rights; Foreign Affairs; Education; the Secretariat of Drugs, as well as Legislative and Judicial system. Since 2003 Intercambios organized annually the National Drug Policy Conference in the Auditorium of the Argentina National Congress. These conferences are an opportunity to achieve support for drug policies changes and engage media in these debates. Outcomes: During 2007 Conference, the Minister of Justice declared in favour of depenalization of drug possession. In 2008, the President and six of her National Ministers supported this strategy. This debate has been installed in the public and media agenda. The Ministry of Health created a Drug Prevention and Assistance department with some harm reduction preventative materials. There are isolated harm reduction activities implemented in public events by some governmental organizations. The actual drug law is being discussed and there are legislative projects that propose depenalization. Argentina supported the initiative of Uruguay government at the CND to recommend "the proper integration of the United Nations human rights system with international drug policy control". Challenges: It is necessary to fortify work at a socio-political and legislative level in order to incline different groups of stakeholders and public opinion to favor the proposals for policy reforms.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 825 Dual Diagnosis Treatment in the UK: using policy to improve practice!

**Author(s):** *Dickson, Janice ; Ford, Chris*

**Abstract:** Over the last 20 years there has been increasing recognition of high levels of Dual Diagnosis (the coexistence of mental health and substance misuse problems) amongst service users within mental health and substance misuse treatment settings. The exact prevalence of people with dual diagnosis world-wide is difficult to determine. However, one large UK study (Weaver et al 2002) reported that 44% of people in adult mental health services had a coexisting drug or alcohol problem and 75% to 85% of people in drug and alcohol services had coexisting mental health problems. Traditionally people with a dual diagnosis have received poor care. Those presenting for help often experience being bounced between mental health and substance misuse services. As a result service users fall between gaps in these services leading to increased risk, poor treatment outcomes and service user and carer dissatisfaction. In 2002 the Department of Health in England produced a "Dual Diagnosis Good Practice Guide". This policy document stated that substance misuse in the mentally ill should be seen as usual rather than exceptional and that Mental Health Services must therefore take responsibility for ensuring that the substance misuse interventions required by this group is delivered within mental health services. Nationally, this has approach has had a variable degree of success. This paper will discuss how one Mental Health Trust in North West London has implemented this strategy. It will look at the challenges, the successes, the lessons learned, as well as the hopes for the future, so that this extremely marginalised group of people can begin to receive the care that they deserve.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 828 **Designing a Harm Reduction Website for Drug Users. The Dutch www.sickofit.nl project as a case.**

**Author(s):** *Hoogenboezem, Geeske ; de Gee, Anouk ; Grolleman, Jorne ; van der Veen, Clary*

**Abstract:** Issue In the Netherlands there used to be no website on harm reduction and infectious diseases exclusively targeting on drug users. Therefore, the Netherlands Institute on Mental Health and Addiction developed a harm reduction website for drug users: www.sickofit.nl. The objectives of the website are: • Providing information on infectious diseases. • Improving awareness of safe use and safe sex practices. • Providing low threshold interactive information about testing, prevention and treatment of infectious diseases. • Providing a forum where drug users can share experiences with (treatment of) infectious diseases and harm reduction and support each other. • Stimulating a positive attitude towards vaccinating against and testing and treatment of infectious diseases. Setting In the Netherlands, drug users have more and more access to the internet. A quick scan among hard drug users shows that half of the population has internet access. Furthermore, half of this group is online on a daily basis. Through internet we could reach about 20.000 Dutch drug users with Harm Reduction information. Project The website was supposed to match the experiences of drug users. Therefore we cooperated with a focus group of drug users. We wanted the content of the site, the texts on infectious diseases and harm reduction, to be as short and simple as possible, without doing harm to the complexity of the issue. Therefore we cooperated with the Mainline Foundation, an NGO working towards improving the health of drug users. Outcomes The website www.sickofit was launched early 2008. We will show page views of the website. We will show statistics regarding visits to the website: how many drug users visit the website and what are their reactions? We will discuss internet as a means of communicating Harm Reduction issues to drug users.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 829 **Towards a rights based approach: Young people, drugs and the 'UN Convention on the Rights of the Child'**

**Author(s):** *Padgett, Caitlin*

**Abstract:** Youth RISE, in partnership with IHRA, has recently completed a major report on young people, drugs, harm reduction, and the Convention on the Rights of the Child. The unique report is the first of its kind to address the overlapping themes of harm reduction and human rights for young people (under the age of 18) around the world. The research was conducted by 10 young Youth RISE members in the following countries: China, India, Indonesia, Romania, Rwanda, Syria, UK, Ukraine, USA and Vietnam. Though the countries vary enormously in culture, religion and political climate, there were many commonalities in the situation related to young people and drugs. The common themes explored in the report include: the fact that young people are using drugs (but little is officially reported on who these young people are and what they need); the lack of youth specific data/policies/strategies/services; the lack of youth participation in policy and program development; lack of disaggregated data on substance use, HIV prevalence etc; the criminalization of young people who use drugs. The report uses the Convention of the Rights of the Child as a legal framework to examine the rights that young people (under 18) have in the context of drug policy and it adopts a rights based framework based on the 'General Principles' of the Convention: Non-discrimination; Best interest of the Child; Life, survival and development; and Participation. The presentation will provide a broad overview, from the perspective of young people working the field of harm reduction, of the current global situation related to young people, substance use and services. It will introduce a variety of themes that must be addressed by researchers, funders and policy makers, and will outline several recommendations for further action. The report will be officially launched at the Conference.

**Session:** M4: What Are Our Rights?: Young People, Drugs and Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 830 **Mapping and web-based tools for coordinating needle recovery in Vancouver, Canada**

**Author(s):** *Young, Sara Kathryn ; Fair, Benjamin*

**Abstract:** Issue Using mapping software and web-based tools for detailed tracking of needles discarded in public spaces and for coordinating needle recovery efforts. Setting Vancouver Coastal Health's (VCH) Harm Reduction Program coordinates needle distribution and recovery in Vancouver, Canada. Over 40 sites provide needs-based needle exchange services for an estimated 12 000 injection drug users, many of whom are HIV and/or Hepatitis C positive. VCH is committed to recovering all needles distributed through the program to maintain community safety and support for needle distribution. Most needles are returned to exchange sites by clients, while many more are recovered through public needle disposal boxes, sweeps of public spaces, and a mobile response to hotline calls of needles in public spaces. Needle recovery happens through coordinated efforts of community service providers, city recreation and sanitation crews, and VCH-funded needle recovery crews. Project As they sweep community hotspot areas, crews record locations and numbers of needles found. This data is regularly compiled and reviewed by a needle recovery coordinating committee. This group proactively and rapidly responds to issues of inappropriately discarded needles in public spaces, with measures such as dispatching peer outreach, shifting sweep routes, and installing public needle disposal boxes. ArcView software turns the needle retrieval data into a geographic display with multiple data layers, such as parks and schools, along with locations of disposal boxes, sweep routes, and distribution sites. Outcomes Recently-introduced web-based data reporting enhances data quality and improves report turn-around time. Map-based reports are user-friendly and accessible for a wide range of stakeholders. Multiple sets of data combined into one visual report facilitate analysis of patterns of discarded needles. Rapid creation of reports enables rapid, informed response in needle recovery efforts to maintain community safety and support.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 832 **Gender based violence among women and children in Nigeria.**

**Author(s):** *Adedoye, Kayode Olufemi*

**Abstract:** BACKGROUND Violence towards women and children takes many forms which cut across the segment of the society- the family institution, schools, the poor and the rich. The study aims to establish forms of gender based violence among women and children, its frequency, inherent vulnerability among the populace and attendant effects on the society. DESIGN//METHODS The survey investigated the forms of gender based violence, its frequency and devastating consequences such as life long emotional distress mental health problems, poor reproductive health and SIT/STD/HIV/AIDS infections among 500 women and children victims in four locations in Nigeria -Port Harcourt, Lagos, Abuja and Kaduna within a 2 year period. For the purpose of this work, forms of gender-based violence are classified under physical, sexual, psychological, restricted freedoms, coercion and threats..... RESULTS Gender based violence was more rampant in homes, schools, tertiary institutions and the types of violence included rape, child abuse, abduction, abduction, torture, molestation, sexual harassment, sexual exploitation, dating violence, battering, verbal abuses and intimidation. The study revealed that victims experienced unfavorable psychological, emotional and physical states, results of substance abuse, anger, poverty and transferred aggression from their abusers. Gender based violence was more rampant among women than children (abusers are under heavy influence of drugs-marijuana, alcohol, etc);) 50 percent of victims were sexually abused and 10 % of sexual abuse went for STI /HIV TEST, 3 % had STI INFECTION. CONCLUSION Civil society, institutions, government should build and sustain strong multi-sectoral prevention strategies with systematic and sustained actions coordinated across the segment of the society; and urgent concrete measures (laws) to secure gender equality and protect women's human rights should be established and sustained in Nigeria, why did abusers demonstrate libidinous proclivity and unbridled bestiality, is it a function of environment? Does violent environment catalyze gender-based violence?

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 836 An overview of Thailand's compulsory drug rehabilitation system

**Author(s):** *Pearshouse, Richard ; Elliott, Richard*

**Abstract:** Issue The establishment of Thailand's compulsory drug rehabilitation system was contemporary with the 2003 "war on drugs", although it has received comparatively little attention. Prior to 2002, Thailand provided treatment and rehabilitation for people addicted to drugs under a voluntary system, with limited treatment available to those who were incarcerated for drug-related offences. In 2002, Thailand introduced the Narcotic Addicts Rehabilitation Act, which established an extensive system of compulsory drug rehabilitation and reflected government's stated policy of treating people who use drugs as 'patients' not 'criminals'. Cases of patients who have committed certain offences are referred by court for assessment by provincial sub-committees, which then determine whether rehabilitation will be custodial or non-custodial and the nature of the program. Custodial rehabilitation often involves 4-month programs in centres run by Thai military forces, the Ministry of Public Health or the Ministry of the Interior (followed by a 2-month 're-entry' period). Key Arguments Thailand's compulsory drug treatment system has become a main component of the national anti-narcotics policy. The system diverts people who use drugs from the prison system. However, research into the current system reveals that: - large numbers of people are held under assessment for extended periods of time; - rehabilitation approaches vary widely between responsible agencies and between centres; and - there is little reliable evaluation of effectiveness in reducing rates of drug use. Implications Further research designed to reduce strains on the system and to improve the quality of patient care is required. In particular, promising areas for further evaluation include: - recent 'case management' efforts to reduce assessment periods; - pilot programs of reduced 5-day rehabilitation programs; - standardisation of different approaches to rehabilitation and evaluation of approaches against accepted international scientific and human rights standards.

**Session:** M2: Compulsory Drug Dependence Treatment Centres: Costs, Rights and Evidence

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 842 Involving Families as Part of the Harm Reduction Continuum for Adolescent Drug/Alcohol Use and Risky Sexual Behaviors

**Author(s):** *Miller, Brenda A ; Byrnes, Hilary F. ; Cupp, Pamela K. ; Chookhare, Warunee ; Rosati, Michael J. ; Fongkaew, Warunee ; Chamrathirong, Aphichat ; Rhucharoenpornpanich, Orratai ; Aalborg, Annette*

**Abstract:** Families are core to all communities around the world; yet most harm reduction strategies designed to address adolescent drug/alcohol use and risky sexual behaviors are focused on individual level strategies based in schools. This paper presents a theoretical framework for including families as part of the harm reduction continuum. Family strategies that promote harm reduction for these adolescent behaviors include skills-based approaches, negotiation techniques, and environmental strategies. Practical application of these family-based strategies requires an understanding of the key barriers and motivators for involving parents and their teens. Data from 168 families in Thailand and 261 families in the United States provide insight into cross cultural barriers and motivators for engagement of families in harm reduction strategies. Data on recruitment, retention and completion of family-based programs, as well as qualitative data from parents and adolescents provides further understanding of the barriers and motivators. Across Thailand and the U.S., our findings compare similarities and differences in parental motivators and barriers for involvement. Our work presents examples of how cultural differences are important to program implementation. These findings will be discussed in the context of promoting a discussion of how families can be more instrumentally involved in harm reduction efforts and how these strategies fit the overall community approach for reducing harms related to adolescent alcohol/drug use and risky sexual behaviors.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 844 **The reality of our rights: The experience of young Thai drug users in Bangkok**

**Author(s):** *Padgett, Caitlin ; Pidsamai, Lilajan*

**Abstract:** An estimated 3 million people (about 5 percent of the population) use drugs in Thailand. The majority of drug users take methamphetamines, while an estimated 100,000 to 275,000 use heroin, 80 percent of whom inject. The drug using population in Thailand could be described as a "young" group, with many users being in their 20s or younger. The Thai government has championed drug policies and programmes that are repressive and based on a criminal approach to substance use rather than a health-based one. A direct outcome of this is that many young drug users do not receive the support, harm reduction, HIV prevention and treatment that they need. Pisamai is a young, HIV + Thai woman in her early 20s. She is a drug user activist and has been involved in the Thai Drug Users Network (TDN) since its inception in 2002. TDN was established in response to the health and human rights crisis facing drug users in Thailand, particularly injectors. TDN's mission is to promote the basic human rights of people who use drugs, in order for them to be able to live with dignity in Thai society. TDN undertakes peer-driven HIV prevention, care, and support for IDUs, has supported the Thai government National Harm Reduction Working Group's activities, and has provided technical input to United Nations Office on Drugs and Crime and World Health Organization consultations. Pisamai will present a local and regional perspective on the challenges facing young drug users Thailand, and will address the need for a rights-based approach to harm reduction and HIV prevention for young people, and young drug users in particular.

**Session:** M4: What Are Our Rights?: Young People, Drugs and Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 845 **A community-based research method for studying harm reduction across diverse settings**

**Author(s):** *Parker, Joanne K. ; Jackson, Lois A. ; Gahagan, Jacqueline ; Karabanow, Jeff ; Dykeman, Margaret*

**Abstract:** Background / Objectives Injection Drug Users (IDUs) in Communities Across Atlantic Canada (ICAC) is an interdisciplinary research team conducting community-based research (CBR) in four eastern Canadian provinces. In 2007-2008 ICAC conducted a qualitative study exploring the impact of social relationships on IDUs' practice of harm reduction. This presentation will describe a CBR methodology and share lessons that may be useful in designing studies targeting hard-to-reach populations. Methods Used ICAC's CBR model incorporates multiple strategies to enhance participation and to ground the methods and findings in the front-line experiences of harm reduction agencies. These strategies include active collaboration with a network of community agencies and a regional advisory committee. Data was collected by community-based interviewers who have direct contact with IDUs in their daily work. ICAC provided interviewer training and support for these individuals, who then recruited and interviewed participants from urban and rural communities within their respective geographic areas. In total, 140 current IDUs participated in these interviews. Methodological Findings Employing front-line workers as interviewers brought both benefits and challenges to this project. This approach was key to generating meaningful knowledge, and to accessing individuals and information which might have been difficult for university-based researchers. Particularly important was the access to IDUs in relatively isolated rural communities where drug use is often hidden. However challenges also arose, such as the amount of administrative work required to facilitate this method, and the difficulty of ensuring confidentiality in the community setting. Conclusions ICAC's CBR model produced a methodology that recognizes the value of broad participation of current IDUs and front-line workers. This process resulted in successful collection of a large amount of data from various urban and rural communities, and the ongoing development of a collaborative, participatory network dedicated to generating new knowledge and building research capacity within the region.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 847 **Social relationships and safer/unsafe practices of injection drug users in urban and rural Atlantic Canada**

**Author(s):** *Jackson, Lois A. ; Parker, Joanne K. ; Gahagan, Jacqueline ; Karabanow, Jeff ; Dykeman, Margaret*

**Abstract:** Background / Objectives Injection drug use has typically been studied as an urban issue, as the majority of visible drug-related activities take place in cities. However, illicit substance use also exists in rural communities and small towns, and there is an increasing interest in understanding drug use outside of urban areas. IDUs in Communities Across Atlantic Canada (ICAC) is an interdisciplinary research project exploring the social relationships and safer/unsafe practices of injection drug users (IDUs) in urban and rural Atlantic Canada. This presentation will focus on similarities and differences between urban and rural IDUs who participated in this study. Methods A community-based research model was employed to facilitate recruitment of 140 current IDUs in urban and rural areas of four eastern Canadian provinces. These individuals took part in in-depth interviews about their daily lives, relationships, drug use and sexual activity. Interviews were conducted by front-line harm reduction and health care workers who received training in research ethics, the research process, and interviewing skills. Study Results Many similarities were observed between urban and rural IDUs who took part in this study. In all settings, relationships with users and non-users were both seen to influence perceptions of safety and participants' ability/willingness to access harm reduction supports and to practice safer drug use. Certain issues which impact IDUs' safety and use of services seemed to be exacerbated in small or rural communities, including the lack of anonymity and prevalence of 'gossip', transportation issues, and limited availability and choice in health and social services. Conclusions This presentation will emphasize the unique circumstances facing IDUs in rural areas, and the challenges these individuals face in attempting to maintain safer drug use practices.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 849 **Treatment or torture?: Human rights and drug dependence treatment**

**Author(s):** *Elliott, Richard ; Symington, Alison ; Lines, Rick*

**Abstract:** Issue: From numerous countries come accounts of drug dependence treatment methods that induce physical and mental suffering with little or no benefit in reducing problematic drug use. When does this "treatment" amount to torture or to other cruel, inhuman or degrading treatment or punishment (CIDTP) prohibited by law? How can investigative and enforcement mechanisms under international or regional human rights treaties be used to challenge such abuses? Key Arguments: Under the UN Convention Against Torture (CAT), "torture" (1) causes severe pain or suffering, and is inflicted (2) intentionally, (3) by or with acquiescence of a public official, and (4) for purposes such as obtaining information, punishing, intimidating or coercing someone, or for any reason based on discrimination of any kind. Without an improper purpose, conduct may still be "cruel and inhuman"; conduct may be "degrading" even without causing "severe" suffering. Applying established legal standards under CAT, other UN and regional treaties, and decided case law, we conclude as follows: - Despite ostensible therapeutic objectives, physical and mental abuse as "treatment" for drug dependence constitutes torture or at least CIDTP. - Forcible detoxification without medication, and withholding medications indicated for maintenance treatment, can be similarly characterized. - Treatment that is coerced (e.g., by threat of incarceration) might arguably amount to torture or CIDTP, depending on treatment method and consequences for "failing" treatment. Implications: UN and regional human rights mechanisms have not yet been well utilized to challenge torturous, cruel or degrading drug dependence treatment practices. Formal mechanisms that can be used include reports to human rights bodies reviewing particular countries and ex officio inquiries and country visits by UN committees or the Special Rapporteur. Individual complaints before UN or regional human rights treaty bodies may be pursued after exhausting domestic remedies. Litigation before domestic courts may provide a remedy in some cases.

**Session:** C35: Human Rights Violations in the War on Drugs: Linking Documentation to Advocacy

**Time:** 2009-04-22, 16:00 - 17:30

**ID/Title:** 851 **MAMA+ for injecting drug users: A pilot programme in Ukraine**

**Author(s):** *Finnerty, Erin ; Skipalska, Halyna ; Libanov, Oleksandr ; Dekhtiarenko, Lada ; Tripathi, Vandana ; Shapoval, Anna ; Pylypchuk, Nadiya*

**Abstract:** In Kyiv, Ukraine, 30-35% of clients of the MAMA+ program (a model developed by Doctors of the World-USA (DOW) for psychosocial support to HIV-positive pregnant women) had a history of drug use. DOW has adapted the MAMA+ model, in partnership with the All-Ukrainian Network of People Living with HIV, to address the needs of women who are active injection drug users, a first in Ukraine. These women are particularly at risk of not accessing prenatal care, due to the double stigma of their HIV status and drug use, which often are negative factors in a patient-physician relationship. This model takes a comprehensive approach to clients' wellbeing, including: (1) early identification and enrollment of HIV-positive drug-using pregnant women and new mothers; (2) home visits, harm reduction, treatment counseling, social, material, psychological and legal support, and family counseling; (3) assistance in accessing health and social services; and (4) establishing a peer support group. Early results suggest that the MAMA+ for IDU pilot program has successfully reached pregnant, drug-involved, HIV-positive women with counseling, peer support, harm reduction, and tailored prenatal care. Taking a non-punitive, client-centered approach, MAMA+ staff work with clients to achieve progress in reducing risk behaviors and increasing attention to their health and pregnancy. Challenges encountered in implementation will be presented; these may include referral of clients into substitution therapy (ST), and increasing provider interest in providing ST to improve health outcomes for mother and child. Tailoring prenatal interventions to the needs of drug-involved HIV-positive women can result in increased use of prenatal care, reduction in drug use, and reduction in abandonment of infants. HIV-positive women with a history of injection drug use should be offered ST, access to harm reduction, peer support, and nonjudgmental psychosocial counseling during and after pregnancy to improve health outcomes for both mother and child.

**Session:** C28: Harm Reduction Services for Women

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 852 **Supervised Consumption – a therapeutic tool or breach of human rights?**

**Author(s):** *Ford, Christine Helen ; Sutton, Gary*

**Abstract:** World-wide there is much controversy about how, when and for how long we should use supervised consumption, that is the taking of substitute medication (usually methadone or buprenorphine) on the premises of either the pharmacy or drug services. On the one hand it is seen as a breach of human rights; on the other, it is hailed as an answer to diversion, poor compliance and methadone deaths. Supervised consumption originated in the US over 30 years ago. It was used in the original trials of methadone maintenance to help validate the results but became the only way that federal regulations would allow methadone treatment to be delivered. It was used as a method of control and is still now the way most people receive methadone treatment in the States. As methadone treatment began to be introduced in other countries supervised consumption was used addressing it as a therapeutic tool to improve care. This occurred in Australia but most people continue on supervision long-term which has debatable therapeutic value. When long-term supervision was introduced to Italy in early 1990's it was discovered that the drop-out rate from treatment increased during this period. In the UK there is a long history of providing highly individualised care to drug-users that allowed for many possible treatments and until recently avoided strict protocols. Treatment for opioid dependence far preceded the US methadone clinics and supervised consumption was only introduced in any significant way after the 1999 UK Clinical Guidelines. They advised 3 months supervision at the beginning of treatment, as an answer to diversion and methadone deaths, hence as a therapeutic tool. In this paper the authors will compare the different models of supervised consumption and argue can a tool that was developed to control drug users ever become a therapeutic tool?

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 858 **The role of Knowledge Transfer Partnerships in developing community based addiction services**

**Author(s):** *Bruce, Gillian ; Kerins, Lesley Ann*

**Abstract:** Within the UK Knowledge Transfer Partnerships (KTPs) have been established to facilitate links between academia and businesses. In a typical KTP a business identifies areas in which it would benefit from academic expertise and then works with an academic institution to construct a project and “transfer knowledge”. In general KTPs have been shown to be very beneficial to both partners, Through a KTP, a unique collaboration between the RCA Trust (a successful provider of addiction services) and the University Of The West of Scotland (UWS) has been established. The aim of this KTP was to develop addiction services by linking community fieldwork with academic analysis while also providing the opportunity for the UWS to gain direct and regular access to a large data source. Within the field of addiction, such two-way partnerships, which are of great benefit to both parties, are almost unheard of and consequently the KTP has been met with enthusiasm from both sides and from outside parties. While still at a relatively early stage, the project has already impacted on RCA in several quite different ways— treatment outcome measurements, for example, have been evaluated, which has led to the implementation of new methods of measurement. Aside from addiction treatment, RCA has benefited from the KTP—the project has, for example, been involved in developing the working environment (through methods such as updating IT systems), and in reviewing the business development plan. It is expected that that the KTP will result in further identifying evidence based outcomes which will not only influence treatment methods within RCA will be easily transferable to other community based treatment providers in the UK and further a field. Finally it is anticipated that the KTP will produce a lasting link between RCA and UWS, allowing further development and research possibilities.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 862 **Combined effects of spatial access to syringe exchange programmes and exposure to drug related arrests on injectors HIV risk behaviours and service use: A geospatial and multilevel analysis of New York City over time (1995 – 2006)**

**Author(s):** *Cooper, Hannah ; Bossak, Brian ; Tempalski, Barbara ; Des Jarlais, Don ; Friedman, Samuel R*

**Abstract:** Objectives: In this presentation, we will (1) characterize changes in exposure to drug-related arrests and in spatial access to SEPs over time (1995-2006) in NYC’s 42 health districts; and (2) describe the impact of these changing dimensions of the risk environment on changes in individual injectors’ HIV risk behaviors and SEP use. Methods: We used geospatial methods to measure drug-related arrest rates and access to SEPs for each health district and year. Data on individual injectors’ HIV risk behaviors and SEP use were drawn from a panel study of local injectors. Descriptive statistics and hierarchical linear modelling methods will be used to characterize changes in district-level drug-related arrest rates and in spatial access to SEPs over time, and to explore the impacts of these changes in the risk environment on changes in individual injectors’ risk behaviors and SEP use. Analyses are ongoing, and will be completed by the conference date. Results: The median drug-related arrest rate across the 42 districts rose 62% between 1995 and 2000 (1995 median: 8.8 arrests per 1000 residents; 2000 median: 14.2 arrests per 1000 residents), and declined slightly thereafter. Between 1995 and 2006, SEP access rose from a median of 0 SEPs per square mile to 0.23 per square mile. Additional analyses will quantify the impacts of changes in arrest rates and in SEP access (both independently and in interaction with one another) on changes in the likelihood that individual injectors report attending an SEP and borrowing used syringes. Discussion: Drug-related arrest rates and SEP access increased substantially in NYC health districts during the study period. We will discuss the impact of these changes on injectors’ HIV risk and SEP use in the context of past research on drug-related policing activity, harm reduction initiatives, and injectors’ health, and discuss implications for practice, policy, and action.

**Session:** M6: Evidence in Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 863 **Challenging Dominant Addiction Discourse: Making Harm Reduction Work for Women with Alcohol Use Problems**

**Author(s):** *Brown, Catrina G. ; Haanstra, Anna ; Petite, Kathy ; Stewart, Sherry*

**Abstract:** This multi-method study investigated the deployment of harm reduction strategies in six (6) women centered treatment programs in Canada. The object was to explore how women's addiction programming tackles dominant social ideologies about addiction in the provision of these services. This study investigated three distinct yet related issues: 1) The ideologies underlying women's beliefs about alcohol use problems and how these beliefs affect their choice of abstinence or controlled drinking in treatment, 2) How organizational ideologies and practices influence treatment options in women's alcohol treatment programs, and 3) The extent to which women's alcohol treatment programs challenge and/or reinforce dominant disease-based ideologies on alcohol addiction. Through this, we offer a profile of the landscape of women's programs for alcohol use programs in Canada, highlight gaps between federal health policy and organizational policy, and offer a critical analysis of the strengths of and constraints to harm reduction in women's treatment settings across Canada. Results show that almost all research participants - both service users and service providers strongly reflect dominant addiction discourse and the disease model of alcohol use. Although harm reduction programming theoretically offers a spectrum of treatment goals from abstinence to controlled use, service users overwhelmingly choose abstinence goals regardless of whether they are in a program which officially offers other treatment options. Those service providers who support harm reduction in either harm reduction or abstinence based programs report that they prefer to work with clients who choose abstinence based goals as they are uncertain about how to proceed with controlled drinking strategies partly because of a lack of training and knowledge. These results have implications for the development of training resources and strategies for service providers that address methods and skills required to support service users' controlled drinking goals.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 869 **harm reduction and illegals foreigners**

**Author(s):** *Safia, Soltani ; Karine, Elias*

**Abstract:** The Methadone Bus, based in Paris, France is a "step by step" substitute program created by Médecins du Monde in 1998. Since 2006, following a change in its legal status in accordance with French law, it is an independent organisation called Gaia and financed by the French government. In 2000, there were 619 regular users. There were 40, 5% foreigners, most of whom were recent arrivals, without legal residency papers. In addition to being drug users, they didn't speak French and didn't have access to health care. It was among this group that the first Chinese drug users appeared on the program. They were mostly males, who began injecting heroin in china. They were isolated and as illegal workers stray little outside of their community. In 2007, French immigration laws tightened notably as a result of the "Hortefeux law". The government decreased the drug health care centre budget by 28%. Moreover, the "AME" (State Funded Medical Care) become harder to obtain. The bus followed 676 persons, 32% of which were foreigners (42% in 2006). Asia represented the second most important geographic area of origin after the ex-USSR, most of whom are Chinese from the city of Wenzhou. In 2008, several statements emerge. The different repressive laws threaten access to medical care for undocumented immigrants in particular for drug users. Recently, we have observed that the number of foreigners involved in the program is at its lowest point since 1998. We are confronted with the distress of these patients in big precariousness who send back to us, sometimes with violence, our impotence in front of their multiple problems. We wonder what will happen to these patients in the future and what will become the harm reduction work with these new difficulties.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 871 **MMT network in Macedonia**

**Author(s):** *Gkaitatzis-Knezevik, Slavica&Branko ; Gkaitatzis, Ioannis&Eftihios ; Pacoska, Natka*

**Abstract:**

Estimated number of problematic DU in Macedonia is 6.000 – 8.000, mostly heroin IDU's. HIV prevalence among IDUs is still low, but over 70% are Hep. C positive. The methadone treatment was introduced in Macedonia in late'970, but till 2005 remained extremely centralized, with limited slots and long waiting list, covering less than 5% of target population. Previous efforts to decentralize MMT services were unsuccessful, mostly as a result of strong resistance among professionals, negative public perception and lack of support and commitment by the Governmental officials etc. Thus, although started early, Macedonia became negative example of non-pragmatic drug use treatment policy and practice. However, professionals from that Centre, in a close cooperation with several NGOs, all strongly committed to pragmatic and human harm reduction philosophy and practice, have been lobbying, advocating and seeking support for dispersion of services for MMT treatment. After decades, the results were obvious. With a strong support and direct contribution from Global fund, OSI, WHO, but first of all commitment by the Governmental officials and close cooperation between the Ministry of health and Ministry of labour and social policy, local government and NGOs, the process took place. During 2005-2007, 7 new services for drug use prevention and treatment, including MMT, in 7 cities were opened, with unique approach each one, strongly respecting local context and available resources. Further more, 2 services were established in the main prisons in Skopje, covering over 200 incarcerated IDUs. The results were obvious; the coverage increased 3 times (15% of estimated). This is not all. 4 new services are to be opened in near future, creating national network of MMT centres, with a total coverage of at least 20% of IDU's population. The positive experience will be discussed.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 872 **What works when advocating for harm reduction with police?: A law enforcement perspective**

**Author(s):** *Denham, Greg ; Crofts, John Nicholas*

**Abstract:**

Issue: Advocacy for harm reduction with law enforcement is often viewed from the needs of the health/harm reduction sector – however there has been a lack of analysis of what strategies are effective in police adopting supportive harm reduction approaches from the law enforcement perspective. How do police view harm reduction and why should they change their traditional approaches? Setting: Efforts by harm reduction agencies to effectively engage with law enforcement have aimed at short-term efforts to enlist police support for local service delivery programs. Little effort has been made to look at the more systemic issues that inhibit a more wide-spread supportive 'culture' within policing. There has been a lack of consideration of what is required to develop ongoing, sustainable approaches that focuses on addressing cultural issues surrounding the police approaches to drug law enforcement in general from the police point of view. Project: Many police agencies have adopted harm reduction approaches that help to prevent the spread of HIV e.g. setting up 'safety zones' for users around drop in centres; not seizing injecting equipment or condoms as evidence of illegal activities etc. These approaches are of direct benefit to harm reduction services and the general community. However, in order to fully understand how to gain more systemic and cultural change amongst police towards harm reduction and addressing drug issues, the police perspective needs to be articulated. Outcomes: There have been many successful attempts to engage law enforcement agencies in harm reduction approaches in recent years. These activities, whilst effective, have been seen as additional to the police role in addressing drug issues such as HIV. In order to address more systemic and cultural issues around drug use and harm reduction, the police perspective needs to be articulated.

**Session:** M11: Harm Reduction Advocacy with Law Enforcement Agencies

**Time:** 2009-04-23, 09:00 - 10:30

**ID/Title:** 873 Access to pain relief as a human rights issue: implications for people who use illicit drugs

**Author(s):** *Salmon, Amy*

**Abstract:** Background: The undertreatment of pain has increasingly been framed as a human rights issue, and international movements have been formed to challenge criminal-legal and regulatory sanctions on the distribution of opiate medications that impede efforts to provide medical relief from chronic pain. This movement would therefore appear to align with harm reduction advocacy and longstanding criticisms of international drug policies on the basis of both human rights and public health concerns. This presentation asks whether this is indeed the case. Methods and Results: This presentation begins with an analysis of influential academic and clinical literature emerging from this movement, to reveal sharp and highly problematic distinctions drawn between 'deserving pain patients' and 'undeserving addicts'. This analysis suggests that these distinctions may further marginalise and criminalise people labelled as 'addicts', thereby delegitimising claims to pain they might voice. Next, I draw on data collected by peer interviewers as part of a Participatory Action Research study of the primary health care experiences of marginalised women who use drugs in Vancouver's Downtown Eastside. This data demonstrates that practices advanced by the pain relief movement to ensure 'good patients' have access to medical management of chronic pain are resulting in outcomes that further erode the health, dignity, and rights of marginalised women who use drugs, and that expose them to increased levels of harm from criminalisation, drugs, and violence. Conclusion: While access to improved medical treatments for chronic pain remains a critical issue for harm reductionists, present efforts to secure access to pain relief as a human right are more likely to undermine than advance the rights of marginalised people who use drugs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 874 The efficacy of a network intervention to reduce HIV risk behaviours among drug users and risk partners in Chiang Mai, Thailand and Philadelphia, USA

**Author(s):** *Latkin, Carl ; Donnell, Deborah ; Metzger, David ; Sherman, Susan ; Gandham, Sharavi ; Minh Quan, Vu ; Vongchak, Tasanai ; Celentano, David*

**Abstract:** This HIV Prevention Trials Network study assessed the efficacy of a network-oriented peer education intervention promoting HIV risk reduction among injection drug users and their drug and sexual network members in Chiang Mai, Thailand and Philadelphia, USA. The study was designed to test impact on HIV infection, but the infection rate was low and study was terminated early. This paper reports efficacy on outcomes of self-reported HIV risk behaviors. We enrolled 414 networks with 1123 participants. The experimental intervention consisted of six small group peer-educator training sessions and two booster sessions delivered to the network index only. All participants in both arms received individual HIV counseling and testing. Follow-up visits occurred every six months for up to 30 months. There were 10 HIV seroconversions, 5 in each arm. The number of participants reporting injection risk behaviors dropped dramatically between baseline and follow-up in both arms at both sites. Index members in the intervention arm engaged in more conversations about HIV risk following the intervention compared to control indexes (OR = 1.42, p = 0.004). There was no evidence of change in sexual risk as a result of the intervention. Reductions in injection risk behaviors were observed: 37%, 20%, and 26% reduction in odds of sharing cottons, rinse water and cookers respectively, and 24% reduction in using a syringe after someone else. Analysis of the individual sites suggested a pattern of reductions in injection risk behaviors in the Philadelphia site. In both sites, the intervention resulted in index IDUs engaging in the community role of discussing reduction in HIV injection risk behaviors. The intervention did not result in overall reductions in self reported sexual risk behaviors, and although reductions in injection risk behaviors were observed, the overall efficacy in reducing risk was not established.

**Session:** M6: Evidence in Harm Reduction

**Time:** 2009-04-22, 09:00 - 10:30

**ID/Title:** 876 **Involvement of Religious Leaders can play vital role to resolve structural barriers to Harm Reduction program.**

**Author(s):** Hossain, Md. Tahazzad

**Abstract:** Issue: Structural barriers in harm reduction program are the common phenomenon in restricted Muslim prone country. To resolve the structural barrier and created enabling working environment involvement of Religious Leaders is very crucial for effective harm reduction programming. Setting: CARE Bangladesh has been implementing harm reduction program among the DUs at Dhaka city since 1998. It has doing needle exchange, condom promotion, sensitization and advocacy as a part of the program. Reduce social stigma, discrimination and resolve other structural barriers and creating enabling environment CARE Bangladesh has taken initiative to involve Religious Leaders with the harm reduction program. Project: DUs are treated as bad individual of the society. Stigma, discrimination and harassment by the law enforcing agency and community people are common phenomenon in the Bangladeshi perspective. Community people have always showing negative attitude towards the DUs and it leads to increased DUs mobility and sharing of needle and HIV vulnerability as well. To address these burning issues CARE Bangladesh has taken initiative to involve Religious Leaders (they also playing role as social leader) with this program through sensitization meeting and organizing orientation session about HIV/AIDS, needle exchange, condom promotion and role as a social/religious leader. Through the active involvement of Religious Leaders, program made the break-through to change their negative attitude in to a positive perception regarding the harm reduction program. Outcomes: Almost above 600 hundred Religious Leaders has been sensitized and oriented across the intervention. Now they have been working as social ambassador of harm reduction program and playing a very important role to reduce sigma, discrimination, misconception from the society, also they are contributing to create enabling environment for harm reduction program. Engaging Religious Leaders could bring a sustainable result to resolve any structural barrier in related to harm reduction program.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 877 **Drugs and development: The neglected context**

**Author(s):** Crofts, Nicholas ; Hayter, Jo

**Abstract:** Social and economic development has profound impacts on production, trafficking and use of illicit (as well as licit) drugs. Economic development especially, causing profound social dislocation, creates new underclasses, disenfranchised from participation in formal economies and engaging in informal, black market economies; and new classes of the powerless and the opeless, whose recourse to illicit drugs is as inevitable as is their lack of a future. at the other end of the scale, new wealth invites new and increased participation in global 'youth cultures', with increased participation in drug markets which are increasingly criminalised and popular. Illicit drugs have profound effects on social and economic development, with impacts on governance especially through entrenched and well-funded corruption, with provision of social weaponry for social control, and with large segments of government and national budgets unaccounted for and unaccountable. However drugs are generally not considered as development issues, but are treated separately as technical challenges - in any of the three classic perspectives, demand, supply or harm reduction; and development initiatives rarely if ever considier their impact on illicit drug markets and consumption or the impact of illicit drugs on their development processes. The authors will examine these dichotomies in some depth, argue for the need for a unified approach to bring development and drugs together integrally, and propose mechanisms by which this might be done.

**Session:** C14: Poverty, Marginalisation and Drug Use

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 878 **Perspectives on the influence of social networks among female migrant sex workers from Eastern Europe and the Former Soviet Union working in London: A qualitative study**

**Author(s):** *Platt, Lucy ; Grenfell, Pippa ; Busza, Joanna ; Rhodes, Tim*

**Abstract:** Aim: Women from Eastern Europe and the Former Soviet Union (FSU) now constitute the largest group of migrant sex workers in London, but little is known about how their migrant status affects the risks associated with sex work. This study explored the structure of social networks among this population and their influence on risk associated with sex work, focusing on arrival in the UK and entry into sex work; health service use and access. Methods: In-depth qualitative interviews were undertaken between April and July, 2008 among 20 Eastern European women currently selling sex in indoor venues in London, recruited via sex worker-specific services. Results: Social networks were diverse with clear delineation between 'work' and 'real' friends. Whilst 'work' friends provided advice on risk management and access to services, relationships among colleagues and particularly compatriots were often characterized by mistrust, for fear of their work being disclosed at home. Although 'real' friends provided emotional support, fear of disclosure remained a source of stress. Entry into sex work was often an isolating experience compounded by language barriers, homesickness and competition between colleagues. Women emphasized the importance of self-sufficiency and employing personal risk reduction strategies, including consistent condom use with clients and regular sexual health screening, as well as avoiding drug use. However, all women gave accounts of risky others who use cocaine and alcohol with clients, sell sex without condoms and do not attend sexual health clinics. Sex worker-specific services were rated highly but access to services occurred haphazardly and was restricted by fear of the police and immigration. Interviewees reported diverse motivations for entering sex work with an emphasis on financing longer term goals. Conclusions: Findings suggest the potential role of peer education among migrant women to inform recent initiates into sex work about safety strategies, as well as available services.

**Session:** C24: Sex Work and Substance Use

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 881 **Social norms, social networks, and HIV risk behavior among injection drug users: Implications for prevention**

**Author(s):** *Latkin, Carl Asher ; Kuramoto, Janet ; Davey-Rothwell, Melissa*

**Abstract:** To guide appropriate level of interventions among individuals at risk for HIV, we need to understand how social influences may vary across individuals in different HIV risk network structures. We examined the association between network composition and HIV risk norms among 818 injection drug users from Baltimore, MD. Individuals were categorized into one of the four mutually exclusive network compositions: 1) have drug users who don't share cookers or needles, 2) have cooker sharer(s) solely, 3) have one needle sharer, or 4) have multiple needle sharers. IDUs with multiple needle sharers were 30% less likely to report that their friends would disapprove them exchange sex [95%CI (0.5-1.0)], and 3.7 times more likely to report that their drug buddies would not care if they shared same needle when pressed for time [95%CI: (2.5-5.6)], compared to IDUs surrounded by non-sharing drug users. In contrast, IDUs with cooker sharer(s) alone were less likely to support this injection risk norm [AOR (95%CI): 0.6 (0.4-1.0)]. The associations also varied by gender. Investigators should view IDUs as having heterogeneous risk network, and in developing appropriate interventions network factors should be take into consideration.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 882 Harm reduction and housing: perspectives of street-involved youth

**Author(s):** *Krüsi, Andrea ; Fast, Danya ; Small, Will ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Objectives: It has been estimated that 150,000 youth are living on the street in Canada. Street involvement, homelessness, and unstable housing have been associated with various risks such as increased substance use, increased drug injection, and increased risk of blood-borne infections and sexually transmitted diseases. To better understand the housing needs of street-involved youth, we undertook a qualitative study to explore youths' perspectives regarding their housing options. Methods: We conducted 39 semi-structured interviews with street involved youth (aged 16-26) who have a history of substance use. All interviews were thematically analyzed with particular emphasis on participants' experiences and perspectives regarding their housing situation. Results: Many street-involved youth feel unsupported in their quest for housing and perceive available housing options as severely limited. For the majority of youth, abstinence-focused safe houses do not constitute a viable option and, as a result, they feel excluded from these facilities. Many youth identified the problems associated with shelters, including a lack of privacy, substandard sanitary facilities and early check out times, as outweighing the benefits of sleeping indoors. Single room occupancy hotels (SROs) often constitute the only affordable housing option, as many landlords choose not to rent to young people on welfare. Many youth resist moving to SROs as they view them as unsafe and symbolizing a self-fulfilling prophecy that would make it near impossible to reintegrate into mainstream society. Conclusions: The current study identifies the need for a harm reduction approach to housing programs for street-involved youth, which includes a continuum of housing options, ranging from low threshold housing to more structured abstinence-focused programs. The current abstinence-focused housing approach can have unintended negative effects, setting youth up for failure and resulting in the further marginalization of this population.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 883 The Vivian: Innovative Harm Reduction Housing for Sex Workers

**Author(s):** *Ridgway, Amelia Anne ; Remund, Leslie*

**Abstract:** Women with concurrent mental health, addictions who are involved in sex work face substantial systematic and individual barriers to gaining adequate housing, and health, personal and financial security. Often, there is a failure to integrate services for women with co-occurring mental health and addictions. Housing is a key determinant of health and a lack of women-specific harm reduction housing has resulted in chronic homelessness for many women in Vancouver BC Canada and increased their risk for illness, injury and death. Located in Vancouver, known for its open drug trade and sex work strolls, the impetus for this project was the serial murder and disappearance of over 60 women involved in sex work from Vancouver's Downtown Eastside. The Vivian is a 24 unit supported housing project for women involved in the sex trade, who have extensive drug using histories, lengthy periods of homelessness and who have complex health statuses: mental health, HIV+, Hepatitis C. The tenants have been deemed "hard to house" by health and housing systems because of their housing history, street involved lifestyles, untreated mental health symptomology and survival behaviours. It is an initiative to involve women in an intentional community that understands the relationship between mental illness, substance use and violence & trauma. Engagement, relationship and community building strategies are the foundation to enhancing housing stability, case management services and positive health outcomes with marginalized women. Women are supported through peer programming, fact-based education, and community health partnerships while respecting a woman's right to self-determination. Over 83% of intakes to the program have stayed and been able to maintain housing. Of those 83% we have seen an increase of 29% in access to mental health treatment, 18% increase access to substance use treatment and 31% increase in access to physical health treatment.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 884 'Big Pla Spak, Lik Lik Money': Non-commercial alcohol and HIV risk in Papua New Guinea

**Author(s):** *Fischer, Andrea ; Hughes, Chad ; Usan, Joan ; Tokeimota, Judy*

**Abstract:** Over the last 2 years, through collaboration with the 'Tingim Laip' HIV High Risk Settings Project, a series of interventions targeting alcohol and unsafe sex have been trialed across multiple sites in Papua New Guinea. Interventions focused on developing the skills of volunteers at each high-risk setting to undertake community mobilization and behavior change. Multiple workshops were held with participants across sites to increase basic knowledge about the effects of alcohol and other drugs and the application of a harm reduction approach. Workshops also identified target groups and risk behaviors which participants selected to address and also assisted sites to design appropriate interventions. Issue Through these workshops it became apparent that the consumption of home brewed alcohol and methylated spirits were the primary sources of concern across sites. The data showed that the motivation behind these consumption patterns was to get very intoxicated at minimum cost ('big pla spak, lik lik money' in Pidgin). To address these patterns of consumption and the associated harms to the consumer and the broader population, new and innovative behavior change messages were developed with target groups and integrated into existing HIV activities, such as peer education, sporting interventions and community forums. Outcomes Qualitative evaluation of these activities showed that simple key messages about harm reduction and the use of noncommercial alcohol could be developed and included into existing condom promotion activities. Activities aimed at reducing the stigma and discrimination of people living with HIV could also be used to reduce the stigma and discrimination against those who produced and drank homebrew. The reduction of stigma against people who use homebrew and their involvement in all stages of the interventions was critical to the success of the activities. This work showed the value of adapting harm reduction approaches across issues, cultures and context.

**Session:** C10: Alcohol Issues and Interventions

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 885 HCV Diagnosis and Methadone Use in British Columbia, Canada

**Author(s):** *Buxton, Jane A ; Kuo, Margot ; Yu, Amanda ; Alvarez, Maria ; Krajden, Mel*

**Abstract:** Background/Objectives: Awareness of HCV positive status has been shown to be associated with safer injection practices among older IDU. The impact of HCV diagnosis on substance use is less clear and may also depend on age and context. The purpose of this study is to compare methadone use patterns before and after HCV diagnosis. Methods: We used an administrative data linkage approach to identify subjects at the time of laboratory-identified seroconversion, (anti-HCV negative within the last 24 m followed by anti-HCV positive), and compared methadone use before and after diagnosis. Methadone visits were tracked in 3 month periods for the 2 years pre-and post-diagnosis. Paired t-tests were used to compare pre-and post-diagnosis methadone visits for each individual. Subjects were categorized as non-, low-, med-, or high- users of methadone visits. Regression analysis will be used to create an adjusted model for the effects age, sex, and year of diagnosis on methadone use. (These results will be available at the time of the conference and will further describe methadone use patterns and predictors) Results: Overall, methadone visits significantly increased over time. The most marked increase in visits occurred directly after HCV diagnosis and this increase was largely sustained over time. Paired t-tests confirmed a higher number of visits for each individual in the 2 years after HCV diagnosis as compared to the 2 years prior. Conclusions: HCV diagnosis influences methadone use and uptake. We postulate that the diagnosis of HCV may represent a period when individuals may be more receptive to change substance use behaviours or that HCV positivity leads to greater access to addiction services. While accessible and acceptable methadone treatment services should be available for persons at the time of HCV diagnosis, enhanced early access to addiction services could lead to reduced rates of HCV infections.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 886 **Income generation strategies among street-involved youth**

**Author(s):** *Krüsi, Andrea ; Fast, Danya ; Small, Will ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Objectives: Street-involved youth are widely regarded as a socially and medically vulnerable group who frequently engage in high-risk income generating strategies in order to survive. In an effort to better understand the income generating activities of street-involved youth, we undertook a qualitative study exploring street-involved youth' experiences with income generation in the context of their street life. Methods: We conducted 39 semi-structured interviews with street-involved youth (aged between 16 and 26) who have a history of substance use. All interviews were thematically analyzed with particular emphasis on participants' experiences and perspectives regarding their income generating activities. Results: Many street-involved youth expressed disillusionment with formal sector employment and considered meaningful participation out of reach due to a lack of stable housing and personal identification. Because they are largely excluded from participation in the formal economy, they engage in a flexible, often risky, and illegal set of income generating strategies. While many participants received some form of welfare support, they also engaged in panhandling, day labouring, collecting scrap metal, trading stolen goods, selling sex and dealing drugs. Many youth engage in a multitude of these strategies, depending on opportunity or situational constraints. With only a few exceptions, most participants reported engagement in some form of illegal income generating activities, which was also said to put them at risk for violence and legal sanctions. Conclusion: Street-involved youth participating in this study engage in various economic activities because of social exclusion and the limited choices available to them. Efforts to re-integrate youth into mainstream society have focused predominantly on legal sanctions and on individually-focused interventions, such as job skills programs. Interventions that address structural barriers, such as stable housing, access to substance use treatment and accessible and adequate income support are needed to allow street-involved youth to move toward more stable lives.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 888 **Hospital admission and death rates attributable to illegal drugs in British Columbia, Canada**

**Author(s):** *Buxton, Jane ; Tu, Andrew ; Tim, Stockwell*

**Abstract:** Aetiologic fraction methodology can be used to calculate number and rates of hospital admissions and deaths attributable to illegal drugs. It allows comparisons over time, between sex, age groups and geographic areas. It is one component of the British Columbia Alcohol and Other Drug Monitoring Project. Methods: Hospital separations/discharges (2002-2007) and deaths (2002-2006) for conditions completely or partially attributable to illegal drugs were obtained from the BC Ministry of Health for specific International Classification of Disease codes (version 10), by age group, sex, and health authority. Locally derived aetiologic fractions were computed using methods developed by English et al. These were combined into overall categories of hospitalizations and deaths caused by illegal drugs. Results: The estimated illegal drug caused hospitalizations in BC increased from 3,363 in 2002 to 4,864 in 2007; rate of 82 to 112 per 100,000 persons. In 2007, 56% of hospitalizations were male and considerable variations between the 16 health service delivery areas (HSDA) in BC was noted, with rates ranging from 39 to 183/100,000. The number of deaths attributable to illegal drugs increased from 335 in 2002 to 378 in 2006; rates increased from 8.1 to 8.9 per 100,000 persons in 2005 but declined to 8.6 in 2006. In 2006, 72% of deaths were male and rates ranged from 1.6 to 13/100,000 across HSDA. Areas of higher death rates were not geographically consistent with rates of hospitalizations. Almost 60% of hospitalizations were due to psychiatric disorders whereas over 80% of deaths were due to accidental poisonings or infections. Conclusion: Illegal drug related morbidity and mortality rates are rising in BC. There is considerable variation of rates between sex, age, and health authority. Understanding these differences will inform health researchers and policy makers to create and evaluate interventions and policies.

**Session:** C23: Researching and Preventing Drug-Related Death

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 889 **Amphetamine type stimulant use among young people in Laos, Cambodia and Thailand**

**Author(s):** *Fischer, Andrea ; Thomson, Nick ; Aramrattana, Apinun ; Vonthanak, Saphonn ; Santavasy, Bangone ; sychareun, vanphanom*

**Abstract:** Background There a real paucity of research into ATS among young people. This research into risk associated with young ATS users in the Asia Region, was funded by the AusAID Illicit Drugs Initiative and in collaboration of academic institutions, Government Organizations and Non Government outreach service providers in Thailand, Lao PDR and Cambodia. Methodology A behavioral survey with over 400 ATS users aged between 18-25 years old across multiple sites in Laos, Cambodia and Thailand was conducted. Urine samples were provided and tested for Gonorrhoea and Chlamydia. The main topics covered in the quantitative survey included: demographics; drug use and sexual histories; perceived psychological and physical effects of drug use; behaviours associated with drug use; and drug cessation and/or drug treatment history. Qualitative tools included focus group discussions, individual in depth & semi structured interviews with key stake holders and ethnographic activities and covered the following topics: Initiation into ATS use and the role of peers in drug use; focus group discussions about the effect of ATS on sexual risk behaviours; and discussions with community leaders and young people on potential aspects of any interventions concerning reduction in ATS use and risk behaviours associated with ATS use. The methodology was developed through a participatory research design process involving stakeholders from all three countries. Results The study is also an example of how a regional research project can be designed and implemented with the dual aims of informing the evidence-base and building local research capacity of multiple stakeholders. Preliminary results show high levels of risky behavior among ATS users across the region. Risks vary across settings, with closed-settings being a high-risk context. Our work will be valuable in informing the much needed development of interventions for young ATS users.

**Session:** M3: Methamphetamine Use in South East Asia: Implications and Responses

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 891 **Injection initiation among street-involved youth in Vancouver, Canada: Implications for efforts to prevent the uptake of injection use**

**Author(s):** *Small, Will ; Fast, Danya ; Krusi, Andrea ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Introduction: Interventions to prevent the uptake of injecting among non-injection drug users should be a public health priority. We conducted a qualitative study investigating injection initiation among drug using street-youth in Vancouver, Canada, to inform efforts to prevent the transition to injecting among young drug users. Methods: A series of 23 qualitative interviews with street-youth who inject drugs explored the transition towards injecting, first injection experiences, and uptake of injecting as a mode of consumption. Participants were aged 16 to 26, and included 10 female drug users. Interviewees were recruited from the At-Risk Youth Study (ARYS), a cohort of drug using street-involved youth. Audio recorded interviews were transcribed verbatim and a thematic analysis was conducted. Results: The narratives of youth indicate that the transition towards injecting is influenced by social interactions with drug using peers and evolving perceptions of injecting behavior. First injection episodes frequently featured another drug user who facilitated the initiation of injecting, and in most cases this facilitator was someone very close to the initiate. Among young users who did not continue with injection use, peer intervention and rejection of "junkie" identity were important social factors involved in transitioning away from injection. Notably, interview data indicates the existence of a "code" among some local injectors which discourages initiating youth into injecting. Conclusion: Given the key role other drug users play in the transition towards injecting, efforts to prevent the adoption of injection should explore the potential of social interventions. Prevention efforts should utilize peer-to-peer education and peer-driven interventions, as well as attempting to reinforce social norms that discourage injection use. The transitions away from injecting documented in this study, suggest that interventions seeking to reduce the incidence of injecting among youth should also target individuals who only recently began injecting.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 895 Nothing a little education won't fix

**Author(s):** Holden, Joanne ; Sandford, Rachel

**Abstract:** Title: Nothing a little education can't fix Issues: Significant rates of violence, homelessness and complex co morbid injecting drug use and mental health issues are experienced by the sex workers in a legal sex working area in metropolitan Sydney, Australia. In 2007-2008, The Sex Workers Outreach Project (SWOP) a community, peer based organisation in Sydney, Australia, provided weekly peer education outreach services to street based sex workers who inject drugs in this area The peer educators who provide weekly outreach to the workers were unable to provide effective safer injecting, educations and brief interventions to this group due to the sex workers volatile relationship with the Police. Instead they were providing support about safety and violence, as 25% of the sex workers requested information regarding these topics. The sex workers reported that their relationship with the local Police was problematic; they were reluctant to report safety and violence issues to the local Police. The sex workers reported an increase in drug use due to on-going safety concerns. Description: An ongoing partnership with the local Police was established to ensure sex worker and outreach worker safety. SWOP and the Police developed an on-going communication strategy, and education program for their internal workforce. The commitment and open communication between SWOP and the Police resulted in positive policing in the area. Outcomes: The communication and education strategies resulted in a Police complaints from street based sex workers decreasing by 62.5%. The outreach continues with a harm reduction focus without any current safety concerns. Recommendations: The role of Police is essential in providing harm reduction outreach services to marginalised street based sex workers who injecting drugs. Peer educators and law enforcement can work collaboratively by clearly defining roles, understanding each others specific work language and gaining commitment from senior staff.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 897 Peer education and safer injecting practices in street based sex workers

**Author(s):** Holden, Joanne ; Sandford, Rachel

**Abstract:** Title: Peer education increases safer injecting practices in street based sex workers Issues: From May – December 2007, The Sex Workers Outreach Project (SWOP) a community, peer based organization based in Sydney, Australia, established a weekly outreach service to street based sex workers who inject drugs in Western Sydney. Significant rates of violence, homelessness and complex co morbid injecting drug use and mental health issues are experienced by the sex workers. Description: SWOP provided targeted outreach to this population aimed at increasing safe injecting & safe sex practices, improve health & safety and to establish & support peer standards of safe behavior which would minimise the transmission of HIV/HEP C & STI's Of the sex workers surveyed 83% of the sex workers reported they regularly reuse and share injecting equipment due to the lack of access to Needle and Syringe Programs (NSPs). The NSPs do not provide services after 5pm when the street based sex workers need access. 66% of the sex workers also stated that they didn't access any services other than the SWOP outreach program. Outcomes: A mid project evaluation was conducted by SWOP which showed sharing of injecting equipment decreased by 63%. Outreach partners were engaged from women's and community non-government organizations which resulted in 16% increase of sex workers accessing other services in addition to the outreach program. Over a 6 month period safer injecting equipment distribution increased by 18%, and became 56% of all equipment distributed The outreach evaluations showed that the sex workers current outreach service was highly valued with 100% saying they believe the service is helpful. Recommendations: Targeted peer education and outreach services to marginalised sex workers who inject drugs can significantly reduce the injecting drug use harms of this population

**Session:** C24: Sex Work and Substance Use

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 898 **How can Harm Reduction program be efficient in motivating drug users to join medical treatments?**

**Author(s):** *Serdarević, Ilinka ; Travica, Dejan ; Lučev, Ariana*

**Abstract:** In March 2001. Association Terra has started Program of Reducing Health and Social consequences of using drugs. General aims of program are reducing health and social consequences of using drugs, and making broader community more sensitive and educated about drug related problems. At the beginning of Needle exchange program, besides increasing availability of clean equipment, needles and syringes have been used as a mean for making contact, and building trust. After 6 months of work, emerges the need for counseling of drug users, and later for their parents. We start group of users, and some of users are starting to enter individual counseling/ therapeutically processes. At the same time, we further develop needle exchange, drop in center, and start outreach program to reach as many users as possible. Base of users that has formed in drop in are being used as contacts for reaching out the users on the street. Association has provided counseling and referred to testing on HIV, hepatitis B and C for more than 350 drug users. Through three year period of work there is continuous rise in number of clients (more than 1000 since we started the program have used our services), distribution of materials and condoms. Continuous testing is showing decrease in number of those infected with hepatitis C among users of our services. Through all activities there is continuous work on building the trust, education and motivation for changes in behavior. This result in rising the knowledge and awareness of risks related to drug use, possibilities of treatment, and foster clients to join treatment of addiction.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 900 **LIKE A DRINK? “Online Intervention Programme”**

**Author(s):** *Bird, Michael*

**Abstract:** In a cultural of 'binge drinking' what happens to those whom know that whenever they pick up that first drink disaster happens? Those who never know where, with whom, or how it will end up? Those who habitually sabotage their relationships, families and work and lack the tools to change their behaviour? Particularly those aged 18 to 30. These people have been labeled many things: Hazardous drinkers, Harmful Drinkers, Binge Drinkers, Alcoholics, Drunks, Piss heads....in the end they are people for whom labels are unhelpful. These are people who have a precarious relationship with alcohol. A person for whom to drink is taking their and other lives in their hands. The Alcohol Advisory Council of New Zealand is producing a Video based Interactive Online resource set to help these people make positive changes in their lives. This presentation will showcase the lives of six very different people with one common bond – their passion for a drink at all costs! It will discuss the challenges and mechanisms to engage with an audience who while they continue to suffer indescribable pain are resistant to change. Like a Drink?

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 901 **The consumer voice: An effective way to engage with those seeking harm reduction and help**

**Author(s):** *Bird, Michael*

**Abstract:** In a novel and unique approach the Alcohol Advisory Council of New Zealand (ALAC) has used the experiences of Consumers to point those seeking help toward the service that suits their need. It had been long recognized that identification is the cornerstone of Alcohol and Drug treatment. For the past decade ALAC has utilized the real stories of consumers, gathered on film, to engage with those seeking help. This strategy involves the use of electronic advertising to lead people to the Alcohol Drug Helpline that in turn offers interventions based on need, service referral and the free availability of DVD based resources that rely on the experiences of others to help engage with the process of change. Specific resources are available for Maori, Parents of Teenagers, people in a Justice Setting and a General Audience. These resources communicate with those suffering the moderate to severe levels of harm. The latest resource, targeting a younger audience who are uncomfortable with their alcohol and drug use, but have yet to get a full understanding of their condition, has been developed as an interactive, video based online resource. The resources self evaluate and these evaluations coupled with independent evaluations highlight the efficacy and impact of this simple story telling approach. Come to this session to gain an insight, with plenty of audio and visual support, into effective mechanisms for using the Consumer voice to communicate the Harm Reduction message to those in need. Hear how one liberal and open minded quasi-Government organisation, ALAC is able to effectively and efficiently offer harm reduction modalities through the voices of consumers.

**Session:** C15: Alcohol Policies and Social Marketing: Changing Drinking Cultures

**Time:** 2009-04-21, 14:00 - 15:30

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**ID/Title:** 902 **Experiences of drug planting by police among a community based sample of injection drug users in Bangkok, Thailand**

**Author(s):** *Fairbairn, Nadia ; Hayashi, Kanna ; Kaplan, Karyn ; Ruttanussorn, Nawarit ; Lai, Calvin ; Wood, Evan ; Kerr, Thomas*

**Abstract:** Background: Thai drug policy takes an enforcement approach and two thirds of prisoners in Thailand are alleged drug offenders. Anecdotal reports from individuals arrested for drug possession indicate that many had drugs planted on them by police prior to arrest. The present study sought to describe the prevalence and correlates of drug planting by police among a community-based sample of Thai injection drug users (IDU). Methods: We examined the prevalence of drug planting by police among 252 IDU participating in a community-based research study conducted through the Mit Sampan Harm Reduction Center, Bangkok. Univariate statistics and multivariate logistic regression were used to identify factors associated with reporting drug planting by police. We also examined the prevalence of IDU who paid the police in order to avoid subsequent arrest. Results: 252 IDU participated in this study; 66 (26.2%) were female and the median age was 36.5 years. In total, 122 (48.4%) participants reported having drugs planted by police. In multivariate analyses, drug planting was independently and positively associated with being harassed by police (Adjusted Odds Ratio [AOR] = 3.19; 95% Confidence Interval [CI]: 1.18 – 8.60), overdose (AOR = 2.48; 95%CI: 1.35 – 4.56), midazolam use (AOR = 2.46; 95%CI: 1.35 – 4.48), syringe lending (AOR = 1.99; 95%CI: 1.12 – 3.52), and forced drug treatment (AOR = 1.91; 95%CI: 1.06 – 3.44). Among those who reported having drugs planted by police, 59 (48.3%) paid the police a bribe in order to avoid arrest. Conclusion: A high proportion of community-recruited IDU participating in this study reported drug planting by police. Further, drug planting was found to be associated with numerous risk factors including syringe sharing as well as participation in forced, government-run drug treatment programs. These findings point to an urgent need for increased accountability of policing practices in Thailand.

**Session:** C3: Policing, Treatment and Rights

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 903 Harm reduction and cocaine use. Sniff Kits as an answer in Rosario city, Argentina

**Author(s):** *Inchaurraga, Silvia ; Celentano, Andrea*

**Abstract:** The Drug Abuse Center (CEADS) of University of Rosario since 1994 has been playing an increasing role reducing harms related to drug use in Rosario city, the city known as "The Argentinean Chicago" because of its relationship with sex work, drug selling and drug use. Recently the increasing use of the drugs of the poor, free base and glue, the risks associated to mixing of drugs and medicines with alcohol and the patron of experimental use of non well known substances have oriented the team in developing new responses. Facing the rising problem of Hepatitis transmission on drug users and the lack of contact of cocaine users of poor neighborhoods with the health system we developed the Sniff Kit. It contains a sterile tube (locally known as "canuto"), a condom and information about the risks of sharing materials using drugs, especially Hepatitis and HIV/AIDS. It has been designed upon the results of a survey about characteristics of use and frequent risks on marginal drug users especially cocaine users. The activities have as a key message the slogan "If you take ..... better take distance" and a design of a line of cocaine that goes from a nose to a HR icon. Activities to deliver the kits are carried by trained outreach workers and sometimes involving workshops in the field. Preliminary results of the implementing activities are showing a better contact with high to reach population, drug users are contacting outreach workers and through them are arriving to counselling, HR workshops and even in cases to the Drug Abuse Service on the Rosario Mental Health Hospital. As a conclusion we can point out the importance of new and creative HR measures that need to be done in difficult contexts where no traditional measures or messages have impact.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 904 Local solutions to public injecting: the components of a comprehensive community response

**Author(s):** *Winter, Rebecca ; Liddell, Shaun ; Aitken, Campbell ; Power, Robert*

**Abstract:** Background: Public injecting is associated with numerous health and social harms for drug users and impacts on public amenity and perceptions of safety for the wider community. Australia's Victorian Premier's Drug Prevention Council commissioned research into best practice 'local responses,' aimed at minimising public injecting and decreasing associated harms. Aim: a) document existing community responses to public injecting in both rural and metropolitan locations, and b) identify examples of best practice and create a 'how to' guide aimed at local governments and community drug action teams embarking on developing a comprehensive response. Method: A comprehensive literature review synthesised the literature and explored international examples of local responses. Secondary data analysis and in-depth key expert interviews were undertaken. Three case study sites were selected for further examination to identify common factors and viable solutions acceptable to the drug user and local communities. A clarificative evaluation was held at the case study sites to ensure the accuracy of the interpreted data. Results: Comprehensive responses were underpinned by broad participation, including injecting drug users. Where a response had been sustained and the community remained proactive, characteristics included a partnership approach between local government, local police and health service providers, a dedicated local government worker, ongoing innovative community education strategies, dedicated health and welfare services for IDU. Discussion: The decrease in visible public injecting in many areas had led to a decline in activity of previously operational community drug action teams. The lack of visibility, however, was not seen as an indicator of a decline in public drug use. Rather, key experts viewed changes in the social and political environment as being responsible for moving the 'problem' out of the public eye (and thus increasing harms). Communities who had sustained a response were adapting their focus to include addressing emerging issues of public alcohol use.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 906 **Changing the drinking culture: A New Zealand experience**

**Author(s):** *Potiki, Tuari*

**Abstract:** The misuse of alcohol is a significant barrier to the wellbeing of individuals and communities. It is estimated that the misuse of alcohol costs New Zealand between \$1 billion and \$4 billion dollars annually. The Alcohol Advisory Council is a Crown Entity charged by legislation with reducing alcohol-related harm. Our single focus, reducing the harms from alcohol misuse, and our structure, being part of the state sector yet having autonomy, makes us unique. Our vision is achieving a New Zealand drinking culture that supports the moderate use of alcohol so that whānau and communities enjoy life, free from alcohol harms. We support the development of a drinking culture where people who drink do so within safe limits; where bingeing and drunken behaviour are seen as unacceptable; and where people with alcohol problems have access at an early stage to the appropriate support and treatment for themselves, their families and communities. Our work draws on social marketing approaches to achieve social and cultural change. The social change programme is expressed by a broad range of interrelated and mutually reinforcing work in the areas of early intervention, community-based initiatives, better enforcement of the supply and provision regulations, a well grounded media campaign which includes print and television advertisements and a focus on groups who experience more harm. This presentation will set the scene for the whole session by showcasing in particular the overarching public communications programme. It will present the research and thinking behind the whole programme, the actual executions as the campaign has been implemented and the impact the initiative has had on attitudes to drinking, public perceptions and on behaviour itself. The presentation will then segue to the other harm reduction aspects of the overall strategy.

**Session:** C15: Alcohol Policies and Social Marketing: Changing Drinking Cultures

**Time:** 2009-04-21, 14:00 - 15:30

**ID/Title:** 907 **"Networks to reduce the damage of alcoholism among the poorest youth of Buenos Aires, Argentina"**

**Author(s):** *Salguero, Patricia Cristina ; Bianco, Amelia Edith ; Anchava, Irene Cristina*

**Abstract:** The objective of this project is promoting the network among NGOs (CADA), Health and Education Areas, to reduce the damage caused by alcoholism among the lowest income sector like is young people living in the Conurbano Bonaerense (area of high poverty surrounding the capital of Argentina). Target population are teens since twelve to seventeen years old, coming from one hundred and thirty two primary and secondary schools. In these schools teachers, who work in this project, made sub-projects in their schools and they agreed activities into interdisciplinary way with other peers. For doing this, they use techniques proposed by CADA in Training Meetings that included "Road safety and Alcoholism," "Alcohol and Youth," "Alcohol and College"; Besides CADA provided them with material and technical support. The activities with these teens and young people were: drawing and painting, sculpture, multimedia, radio, music, photography, body expression, murals and Sports like football and basket ball. These activities allowed them to reduced the damage of alcoholism (self-destruction, violence and social transgression). All these actions allowed us to make up teenagers and teachers groups that participated in extracurricular activities, regional football teams, Community shows and Rock'n Roll Concerts. Monitoring and evaluation is made as a whole. This project is financed by own organization funds. Conclusion: Data for year 2008. Number of students covered by the activities in six districts of Buenos Aires Province (Moreno, Merlo, Ituzaingó, Morón, Tres de Febrero, Vicente López) : 23,506 Number of teachers trained: 420 (done) Number of Training Meeting for teachers : 12 (done) Number of school projects : 132 (done)

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 909 **An evidence-informed approach to enhancing provincial harm reduction supply distribution and standardized training**

**Author(s):** Buxton, Jane A ; Preston, Emma ; Bungay, Vicky

**Abstract:** The provincial harm reduction supply policy states that British Columbia's (BC) five health authorities and their community partners will provide a full range of harm reduction (HR) services, and that HR products should extend to whoever needs them regardless of drug of choice and residence. We investigated the range and adequacy of HR product distribution using qualitative interviews and geographic information systems to map product distribution. Despite a provincial policy, we identified a lack of standardized policy/practice between distribution sites. Variations included mode of distribution, client/community engagement and education, for example we identified discrepancies between needle and sterile water distribution and few sites distributed female condoms. Front-line staff reported feeling isolated and unsupported. Geographic mapping identified large rural areas without access to primary distribution site. We have developed health files about harm reduction for the public, a best practice document for harm reduction providers in BC with local examples, and which includes a data collection instrument for sites who obtain supplies from a primary distribution site to allow better assessment of reach. We are also creating a training manual, and organizing a training workshop of standard practice for 80 front line staff from around the Province in January 2009. Peers are engaged in the planning process and will attend the workshop. Aboriginal, rural and gender specific perspectives as well as best practice for advocacy, engagement and referrals will be addressed. Frontline staff will identify supports and collaborate with other local providers and develop tools to engage clients/community and colleagues through problem solving exercises and role playing. This presentation will share the process, development and implementation of the best practice document, the training manual and the results of the training workshop and evaluation.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 914 **An integrated approach in providing services for women drug users**

**Author(s):** Demchenko, Maxim Grigorevich

**Abstract:** Ukraine, Poltava region. in the Poltava region registered IDUs 2560, 34% women Registered at the Center AIDS 1648 PLWH, 39,7% women solutions to problems, which sent the draft: discrimination and violation of the rights of women who use drugs; Lack of access to OST for women who chose to give birth; lack of awareness of physicians about new approaches to treatment for drug dependence lack of divert women from antenatal clinics in drug treatment and back. Tasks: Public awareness of the problem and the consecration of unprecedented violations of their rights To create the conditions for the transfer of the drug OST on maternity wards IDUs. Inform obstetrician-gynecologists physicians district clinics, women's clinics, maternity wards of the program OST. Create a full range of services for female IDUs, establishing a system redirects between: doctors, clinics, social services, the Center for AIDS treatment clinics, HIV-service organizations. The main goal - wherever hit client, it gets access to the full range of services. Results: Through negotiations with all partners, holding them for a series of training seminars we have been able to persuade them to cooperate. Today, 4 women who are in the OST were able to give birth to children. We were able to create a full range of services to customers. To provide the services that we can not provide, we have established close cooperation with the topic of who has them (Center for AIDS neurological clinic, TB clinic, antenatal clinics) in all otryli its institutions, we consulting rooms. The main conclusion which we once again have made for themselves - is that our country has many laws that can provide IDUs and PWLH dignified treatment, care and support, but unfortunately they do not work. And our main task to find these laws and make them work.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 917 **Ibogaine Aftercare: A Successful Model**

**Author(s):** Wilkins, Clare S.

**Abstract:** Numerous pre-clinical and clinical studies have shown that Ibogaine reduces rates of self-administration of opiates, cocaine, amphetamines, alcohol and nicotine, significantly attenuates opioid withdrawal symptoms, improves depression scores and reduces cravings subsequent to detoxification. While it is evident that the detoxification process with Ibogaine is very effective, the question of post treatment aftercare has arisen as a critical issue. Our continued clinical experience with adjunct therapies and individualized aftercare plans demonstrate that there are specific areas that require attention: integration therapy, bodywork, and brain/neurotransmitter nutrition. We will present our protocol for treating substance-dependent clients, with data and case studies on the efficacy of this approach. Chemically-dependent clients who receive Ibogaine treatment and implement these adjunct therapies into their aftercare fare much better than those who do not, reporting a greater, quantifiable degree of physical & psychological health when tracked. In addition, once patients treat their underlying physiological deficiencies, there is a significant difference in post-acute withdrawal symptoms. Ibogaine combined with a comprehensive and individualized aftercare program serves as a successful harm reduction tool to achieve multiple goals, including abstinence, use reduction, better management of use, marked improvement in health, stability, greater self confidence, and a more developed sense of personal responsibility.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 919 **Drug User Peer Workers Can Enhance Medical Services**

**Author(s):** S, Moore ; J, Kelsall ; Birgin, Ruth

**Abstract:** This presentation will provide examples of successful programs where "professional" drug user peers collaborate with medical staff to improve access and service quality for illicit drug user "patients". With increasing emphasis on goals of "Universal Access" come practical realities requiring shifts in approach to attain such access. Clearly populations which are otherwise estranged from health services have a potentially valuable role to play - as outlined in GIPA and extended to other populations through policy guidelines such as "Nothing Without Us". Models of "Consumer Participation" in service delivery for drug users have been shown to not only be of immense value in assisting illicit drug users to navigate health services, but have also demonstrated that direct drug user involvement can be both viable and beneficial. In particular, the West Australian Opiate Overdoes Prevention Strategy (OOPS) emergency department project will be examined together with a peer based model for Hepatitis clinics, The Healthy Liver Clinic (HLC), trialled in Victoria. In both cases, involvement from drug user peers meant clear positive gains for both clients and clinicians. Medical personnel reported that peer workers complemented their medical services by providing much needed practical and social support. Drug user patients reported user friendly access and better overall patient management; many referred to the empowering experience of more active involvement in their own treatment and care. Drug user involvement contributed to improved communication between parties and enhanced client engagement and retention in both of the examples above. . We need to be more pro-active about promoting the benefits of this sort of collaboration and cooperation in order to address the prejudices and impediments to drug user involvement in medical services.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

**ID/Title:** 921 **Gaining insight on nursing practice at Vancouver's supervised injection site: A nursing model and ethical framework**

**Author(s):** Lightfoot, Beverly ; Panessa, *Ciro* ; Thumath, *Meaghan* ; Pauly, *Bernadette* ; Goldstone, *Irene* ; Hayden, *Sargent* ; Evans, *Sarah*

**Abstract:** Background / Objectives Despite an abundance of peer reviewed literature indicating Vancouver's supervised injection facility increases referrals to drug treatment and mitigates the spread and impact of diseases such as HIV/AIDS, ethical questions have been raised about nursing practice at Insite. This presentation aims to demystify nursing practice at North America's only supervised injection facility and present a comprehensive nursing model that demonstrates how registered nurses provide harm reduction services in an ethical and safe manner. Methods Qualitative methods were used in model development, including a literature review and focus groups with frontline Insite nurses. In addition, the authors reviewed relevant literature, law and policy documents and international guidelines to explore the ethics of nursing practice in supervised injection facilities in Canada. Study Results Nurses provide ethical and vital health promotion services to a highly marginalized population using a comprehensive nursing framework in three key domains: relationship building, harm reduction and primary care while increasing access to social supports, health care and addictions treatment. Through this comprehensive nursing approach, nurses at Insite strive to lower barriers, which historically hinder or prevent health and well being. Conclusions Harm reduction is consistent with the Canadian Nurses Association code of ethics that is based on values of safe, compassionate, competent and ethical care, promoting health and well-being, dignity and justice. In addition, harm reduction is aligned with the College of Registered Nurses of BC standards for nursing practice, World Health Organization guidelines and the May 28, 2008 B.C. Supreme Court ruling that access to Insite constitutes a Charter right to life, liberty and security of the person. Both the nursing code of ethics and nursing standards of practice point to the professional obligations of nurses to provide clients with evidence-based care and support that reduces the inherent risks of injecting.

**Session:** M15: Developing the Role of Nurses in Harm Reduction Policy and Practice

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 923 **Everything you ever wanted to know about methamphetamine but were too paranoid to ask!:  
Harm reduction strategies**

**Author(s):** Dessauer, Paul

**Abstract:** This paper examines the issue of methamphetamine-induced mental health problems from an unusual perspective- it draws on methamphetamine users' own anecdotal observations and "practice wisdom" to examine current clinical research and theoretical understandings. It then builds on both types of evidence to discuss pragmatic strategies for effectively reducing Methamphetamine-related harm, including agonist substitution therapy. Western Australia reportedly has the highest per-capita rate of methamphetamine use in the world, and one of the highest recorded per-capita rates of injecting drug use. WASUA employs a variety of Harm Reduction Strategies to reduce the incidence and severity of drug-related problems in our community. A peer-based agency, WASUA looks to the experiences and self-identified concerns of drug users to direct our practice models. A PowerPoint presentation (in English) will be used to explain how the practical experience of methamphetamine users themselves has helped to inform the development of Harm Reduction strategies specifically developed for individuals who have experienced a drug-induced psychosis. The presentation describes the development of a set of Harm Reduction guidelines for this cohort which is currently being trialled in Western Australia. The presentation includes simple, pragmatic strategies for working with current methamphetamine users to improve engagement with services and to improve mental health outcomes. This presentation should help workers and policy makers to think outside the "chickens and eggs" paradigm of co-occurring disorders, and to develop credible, practical education strategies for reducing methamphetamine

**Session:** P3: Methamphetamine

**Time:** 2009-04-23, 13:30 - 15:00

**ID/Title:** 924 **Peer education for drug users: How to develop a meaningful way of evaluating something we know works?**

**Author(s):** Kelsall, Jenny

**Abstract:** Peer education is one of a range of harm reduction strategies that has been successful in educating drug users about BBV prevention. In Australia, peer education programs, designed and delivered by Drug User Organisations, have played a significant part in preventing an HIV epidemic among IDUs and reducing other drug related harms. However, there is a lack of evaluation of these sorts of programs in the literature and peer education is often criticized on this basis. Although we as practitioners of peer education know it works, it is essential that we demonstrate its effectiveness in a systematic and objective manner. There is an urgent need for meaningful evaluation which investigates impact and outcomes as well as the processes involved in developing and delivering peer education programs. The evaluation of the 'Mix Up Project', a comprehensive peer education program for injecting drug users conducted by QuiHN in Queensland from 2001- 2008, provided an excellent opportunity to conduct meaningful evaluation. The paper reports on the processes involved in carrying out the evaluation as well as the findings of the evaluation. Interviews were conducted with four levels of participants i.e. members of the funding body and QuiHN management, who oversaw the implementation of the project, QuiHN staff who facilitated the peer education training, as well as the drug users who attended the peer education programs and members of their social networks with whom they shared the information. The paper discusses different models and definitions of peer education in the light of their application and effectiveness. It discusses the Mix Up Project in relation to other peer education programs and highlights the strengths of the Mix Up project as well as its limitations. Finally, the paper makes recommendations for improving the current Mix Up program and for strengthening peer education programs in general.

**Session:** C7: The Effectiveness of Peer Driven Approaches

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 925 **Enablers and Barriers to Positive Change within Law Enforcement Agencies in Vietnam, Cambodia and Laos**

**Author(s):** Jardine, Melissa

**Abstract:** **Background / Objectives** The injecting of illicit drugs in Southeast Asia is a primary driver of increasing HIV prevalence. The illegality of this practice implies that HIV risks among illicit drug users (IDUs) have to be addressed within the context of law enforcement policy and practice. The research aims to elucidate fundamental enablers and barriers to positive change within the culture of law enforcement agencies in Vietnam, Cambodia and Laos. **Methodology** Policy literature from each country will be reviewed and analysed for consistency or contradiction, between legislation and policies in the law enforcement sector; and between the law enforcement sector and the health sector. The method will identify and adapt explicit models of policy development and influence, and elucidate theoretical determinants of positive change to policy and practice within law enforcement cultures and settings. Semi-structured interviews will be held with key informants working in law enforcement sector, in addition to the health sector AusAID, HIV project offices, United Nations agencies, IDU representatives and relevant non-government organisations. As far as possible, there will be semi-structured observation of law enforcement responses to IDUs. **Study Results / Conclusions** This study is in its first year of preparations of a four year project. The study seeks to identify key drivers of endorsement and incorporation of harm reduction principles in law enforcement policy and practice, in a variety of socio-political contexts. It is a crucial area of research which will build a stronger evidence base to guide effective harm reduction policy and programs in the future. The lessons learned in this project can be adapted by advocates and used to guide harm reduction programs depending on the locations socio-political context, thereby utilising scarce donor resources more effectively.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 926 **Hazardous drug use and neighbourhoods of poverty: North Central Regina, Saskatchewan Canada**

**Author(s):** Donovan, Kathleen

**Abstract:** Hazardous drug problems are not randomly distributed in populations, but are often clustered in areas characterized by severe disadvantage. Sociological research has shown that as jobs leave an area, and financial supports, housing and education decline, once thriving working class communities become home to an informal economy characterized by drug dealing, the sex trade, petty crime and violence. The process that results in socio-economic decline and its consequent link to the emergence of harmful drug use, are reflected in this analysis of "Canada's Worst Neighborhood," North Central Regina. Although research on the deprivation – drug use link has long existed, the economic situation of poor communities is separated from the dialogue on drug policy. This paper speaks to the implications of this separation for policy and remedial efforts regarding severe drug problems by looking deeply at the situation of hazardous drug use through the lens of the larger social context and through the words of illicit drug users and former users in the area. The role of neo-liberalism and accompanying welfare changes, cuts in the provision of social housing, removal of rent controls and coercive policies enacted toward youth, emergency room patients, drug users and houses of 'ill repute' in Saskatchewan are considered. Racism, sexism and the stigmatization of drug users fueled by the war on drugs approach is also part of the contextual analysis. Insight gained from recent interviews of 14 remarkable women residents of North Central who have first hand experience of injection drug use forms an important part of the analysis.

**Session:** C14: Poverty, Marginalisation and Drug Use

**Time:** 2009-04-21, 14:00 - 15:30

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**ID/Title:** 933 **Programmes and policies addressing the needs of female injecting drug users and prisoners: Responses and reflections from South Asia**

**Author(s):** Bokhari, Asma Batool

**Abstract:** Gender inequities, poverty and drugs related stigma with links to sex work have increased women's vulnerability to HIV. The discriminatory laws and policies together with low socio economic status, limits women's access to preventive services increasing risks to HIV transmission and social harms. Objective To assess the extent and status of drug use among females, non-injecting and injecting and prisoners and identify gaps at policy, strategy and programme level in Afghanistan, Pakistan and Nepal. Methodology The assessment used qualitative research approach i.e. literature review, individual interviews and Focus Group Discussions with female drug users and prisoners using software Open Code for data analysis. Results Countries had well formulated policies, Drug Control and health laws lacked gender focus with inequity, social injustice, sexual harassment and discriminatory social practices being key obstacles to implementation. In Pakistan, efforts have been made to change existing laws and female prisoners are aware of legal rights and access to legal aid. A foreign prisoner quoted "she would rather be in a jail in Pakistan than her own country". However, conditions in Nepal and Afghanistan were highly unsatisfactory with complaints of discrimination in award of punishment, sexual harassment, attitudes of male staff and social isolation. There was general distrust of government systems and judiciary. The key needs included access to legal support, reproductive health, and support for children and better economic opportunities. The gaps in policy/laws prevent access to health and social services with a sense of deprivation. The harm reduction services have few programmes for women limiting options for protection and are ill-designed to meet special health and social needs. Conclusion Services with necessary changes in laws and policies can be opportunity for preventing HIV epidemic among women.

**Session:** M12: Drug Policy, Gender Roles and Women Who Use Drugs

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 935 **Moving Beyond The Male Drugs Users: Developing and Designing Gender Sensitive Service Delivery Models For Women Drug Users And Partners Of Male Drug Users**

**Author(s):** Mehra, Jyoti ; Chowdhury, Lipi

**Abstract:** Poverty and gender inequality drive the HIV epidemic and are also the key factors affecting the women drug users. South Asia has witnessed an increase in the number of programmes/ services directly being provided to female IDUs( inside or outside prisons) in the recent past. These service delivery programmes have laid the foundation for changes in policies in some countries. The delegates at the workshop would be provided a conceptual framework on gender sensitive programming for female drug users and female partners of male drug users. The delegates would then be guided to design and develop gender sensitive service delivery models within the existing harm reduction programmes through case discussions and group exercises and introduced to a tool kit based on a gender and human rights framework field tested in seven countries in South Asia. Based on an interactive and facilitative learning methodology with use of role plays, case discussions, brainstorming, and sharing of experiences by the drug using women, the workshop will discuss ways to empower women drug users on informed choices on use of HIV prevention measures (female condoms, access to MTCT services) and the critical role of self help community groups . Case discussions would be used to highlight the double impact of stigma and discrimination faced by the women drug users in accessing HIV prevention and drug treatment services. Experiences would be shared on low cost gender sensitive service delivery models established in partnership with positive women networks in India, Sri Lanka on mainstreaming gender concerns within the existing harm reduction HIV prevention programmes At the end of the session, participants would be asked to evaluate the skill building workshop. Experience sharing by women drug users from networks in Nepal would be a highlight of the workshop.

**Session:** W10: Developing Service Delivery Models for Women Drug Users and Partners of Male Drug Users

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 937 **Building Networks of Drug Users**

**Author(s):** Southwell, Matthew Geoffrey

**Abstract:** At Harm Reduction 1999 in Geneva, a roundtable debate was held to review the development of drug user organising. Over the intervening decade, drug user organising has been increasingly accepted as part of the harm reduction paradigm and drug user organising has spread through both Asia and Central & Eastern Europe. Additionally, the International Network of People who Use Drugs (INPUD) has been developed to represent the interests of drug users to international agencies. This debate will draw on the expertise of drug users from around the world with experience of different national settings and models of drug user organising. The chairperson will invite a speaker to introduce a particular theme drawing on a practical illustration. These will be developed through interaction with other panel members and the audience. The discussions will include consideration of the following questions: •What motivates drug users to mobilise together? •Should drug user networks be facilitated or allowed to self-organise? •What risks do drug user activists take in organising in different national settings? •What lessons can be drawn from the successes and failures of different drug user organisations? •How participative are policy, management and practice systems to drug user advocacy?

**Session:** W1: Building Networks of Drug Users

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 939 **Risky Business – HIV, Sexually Transmitted Infections and Risk Behavior Profile among Male Clients of Female Sex Workers (FSWs) in Tijuana, Mexico**

**Author(s):** *Patterson, Thomas L. ; Gallardo, Manuel ; Goldenberg, Shira ; Semple, Shirley J. ; Lozada, Remedios ; Orozovich, Prisciliana ; Strathdee, Steffanie A.*

**Abstract:** Introduction: Prevalence of HIV and STIs is rising among FSWs in Tijuana, but little data has been collected on clients. We undertook a pilot study to describe the risk profile of male clients of FSWs. Methods: In 2008, men who were residents of Mexico (N=200) or the U.S. (N=200), ≥18 and had paid or traded for sex with a FSW in Tijuana during the past 4 months were recruited. Men underwent interviews and rapid testing for HIV, syphilis, gonorrhea and Chlamydia with confirmation testing. Results: Of 400 men, mean age was 36.6 (Range: 19-68). Most were Hispanic (80%), 13% were White and 4.5% were African American. Most were born in Mexico (57.8%), 40.5% were born in the US, and 1.7% were born elsewhere; 26% were currently in a relationship, 88% defined themselves as heterosexual and 12% bisexual. One quarter had injected drugs within the previous 4 months. Lifetime use of heroin, cocaine and methamphetamine was 36%, 50% and 64%, respectively. Men had frequented FSWs for an average of 11 years, and had visited an FSW an average of 26 times last year. In the past four months, the number of times they had unprotected vaginal and anal sex with a FSW was 4 and 3, respectively; 46% reported frequently being high when having sex with an FSW. One half had been previously tested for HIV. Prevalence of HIV, syphilis, gonorrhea, Chlamydia was 5%, 2%, 2.5% and 7.5%; 14.2% were positive for at least one STI. Conclusions: Male clients of FSWs had a high risk profile, frequently engaging in unprotected sex and drug use. While prevalence of STIs was lower among clients than FSWs, HIV prevalence was comparable. While unlikely to be representative, these data suggest the need for behavioral interventions among clients to reduce cross-border spread of HIV and STIs.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 940 **Working towards Innovative Interventions to Reach Minority Drug Users in Beijing**

**Author(s):** *Yu, Jintao*

**Abstract:** The author runs an organization called the Golden Sunflower Uighur Minority Intervention working group. The principal work undertaken by his team is community grassroots AIDS prevention work, needle exchange, methadone referral and HIV testing in working towards a more comprehensive intervention. In Beijing, Uighurs are at high risk for HIV and most have not had exposure to basic HIV information so misperceptions abound. This past year, the group conducted an epidemiological study of Uighurs currently using heroin. Of the 156 individuals who participated in the study, over 40% were HIV positive, and over 70% tested positive for Hepatitis C. Despite the intense concentration of HIV compared to the low prevalence among Han Chinese in the same city, Uighurs rarely gained access to any medical services, with less than three percent of this population accessing methadone at the time of the study. In this presentation, the author will discuss lessons learned from his experiences working with this community and talk about future strategies that better offer broad access to health services in this often neglected, highly marginalized and stigmatized population. He looks forward to have the opportunity to discuss this important topic with other colleagues working on similar issues.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 941 Reflections on policy barriers to developing effective needle exchange programmes in China

**Author(s):** Zhu, He

**Abstract:** Harm reduction in Beijing in recent years has achieved some successes and also encountered some very real difficulties and dangers. The author will discuss some of the major problems encountered to date and offer reflections on how to improve the situation. Specific difficulties that will be raised and analyzed include: 1. China's current national policies on harm reduction, and especially needle exchange, still lacks provisions for the necessary communication and coordination between key ministries. 2. Due to persistent misunderstandings about provision of needles among certain government actors, harm reduction programs face the awkward possibility of being stopped at any moment. 3. These past years, the gradual decrease in NGOs working in this area has caused problems with maintaining large scaled, comprehensive services for drug users. 4. The uncertain status about the future development of needle exchange programs, especially about the sustainability of these programs, leaves implementers in an uncertain state and makes delivering quality services more difficult.

**Session:** C32: Needle and Syringe Exchange Programmes (Part Two)

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 943 Methamphetamine use in Australia

**Author(s):** Degenhardt, Louisa

**Abstract:** Introduction and Aims: There has been considerable media attention upon possible increases in methamphetamine use in Australia recently. This debate has focused upon extreme cases of problematic crystal methamphetamine use, without reference to the broader population context. This paper provides data on methamphetamine use in Australia, and documents trends in methamphetamine-related harms. Design and Methods: Data used: (1) Australian Customs Service drug detections; (2) Australian Crime Commission drug seizure, arrest and clandestine laboratory detections data; (3) National Drug Strategy Household Survey (NDSHS) and Australian Secondary Student Alcohol and Drug Survey (ASSADS); (4) data from the Illicit Drug Reporting System (IDRS) and Ecstasy and related Drug Reporting System (EDRS); and (5) data from NSW Emergency Department Information System, National Hospital Morbidity Database and Australian Bureau of Statistics causes of death databases. Results: There appears to have been an increase in both importation and local manufacture of meth/amphetamine. Population data show that meth/amphetamine use remains low and stable. However, clear increases in crystal methamphetamine use have occurred among sentinel groups of regular drug users as well as men who have sex with men in Australian capital cities. Frequent crystal use among regular injecting drug users is associated with earlier initiation to injecting, greater injection risk behaviours, and more extensive criminal activity. In recent years, indicators of meth/amphetamine-related harm have stabilised, following steady increases in earlier years. Discussion and Conclusions: Some methamphetamine users experience significant problems related to their use; harms are particularly prevalent among regular IDU. Methamphetamine users, however, are a diverse group, and strategies need to be appropriately targeted towards different kinds of users.

**Session:** C29: Illicit Drug Use, Intensive Sex Partying and Risk

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 945 **The limits of harm reduction within the context of prohibition**

**Author(s):** MacPherson, Donald

**Abstract:** This presentation will consider the limits of harm reduction initiatives as a response to problematic substance use within the context of the criminalization of drugs and drug use. Harm reduction efforts take place in the margins between illegal underground drug economies, cultures of drug use and officially sanctioned efforts to deliver health care interventions and/or punishment to drug users and sellers. Current approaches to the use and sale of illegal drugs do not acknowledge how the criminalization of drug use limits the impact of health and/or criminal justice responses. International agreements that criminalize drug use have prevented communities from developing a full range of harm reduction interventions. These agreements have also prevented countries from developing alternative responses to illegal drug use and sales. The City of Vancouver has developed a strategy to prevent and reduce harm from substances that includes a call for dialogue on alternative regulatory mechanisms for currently illegal substances with a goal of maximizing prevention and reduction of harm. Regulation and control of currently illegal substances combined with social and economic development efforts can provide an alternative response to problematic drug use. This presentation will consider the significant limitations of harm reduction initiatives within a context of the continued criminalization of psychoactive substances in society.

**Session:** M14: Can Harm Reduction End the Drug War?

**Time:** 2009-04-23, 11:00 - 12:30

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**ID/Title:** 946 **Uncontrolled epidemics among people who inject drugs in South East Asia: Gaps in the response**

**Author(s):** Sharma, Mukta ; Garg, Renu ; Saidel, Tobi ; Loo, Virginia ; Oppenheimer, Edna

**Abstract:** Objectives: To review the magnitude and trends in HIV infection among PWID in SEA to explore the heterogeneity in epidemics and the coverage of harm reduction interventions. Methods: This review focused on six countries high burden countries (Myanmar, Indonesia, India, Bangladesh, Thailand, and Nepal). It drew on published and unpublished literature, routine serological and behavioral surveillance data, and key informants. Results: All six countries had significant epidemics of HIV among PWID - varying from 7% in Dhaka, Bangladesh to over 50% in Jakarta, Indonesia. It is estimated that nearly 800,000 people PWIDs are living with HIV in these countries. In Thailand, Indonesia, Bangladesh, parts of Myanmar and India, there is no decline in HIV epidemics. In, Nepal and Myanmar and two states of north east India, there is some decline in risk behaviors and a concomitant stabilization in HIV prevalence. This is countered by the rapid emergence of new epidemics in other parts. A mapping of harm reduction interventions revealed a mismatch between the location of the epidemic and the emergence of scaled up prevention services – with services following epidemics well after the epidemic became established. While programme data on coverage were of poor quality, they suggest that

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**ID/Title:** 947 Differentiating between drug related harms and policy related harms

**Author(s):** Rolles, Stephen

**Abstract:** There is a growing understanding and acceptance within the drugs field that a significant proportion of what are broadly termed 'drug related harms' stem directly from the policy of prohibition and the illicit markets it has inadvertently fostered. Attempts to disentangle the harms caused by drug use per se, and those created or exacerbated by policy, specifically the enforcement of punitive prohibitions, have been comparatively under-explored and specifically have not been a prominent feature in the harm reduction discourse. This short presentation will develop this theme by considering analysis from Transform Drug Policy Foundation and the 'Taxonomy of Drug Harms' by Reteur and McCoun (in 'Drug War Heresies' 2001). The broad analysis will then be illustrated by comparing harms associated with illicit use of 'street' heroin with supervised legal use of prescribed heroin. 'Prohibition harms' will be demonstrated to include: dirty/shared needles (Hep C / HIV risk); unknown strength/purity (poisonings, infection, overdose risks); drug litter; fueling large volumes of low level acquisitive property crime and street prostitution (low income dependent users fund raising to support a habit); organised crime from local street dealing (including drug-gang violence and turf wars) to international criminal networks (links to conflict and terrorism); destabiliation of producer countries (corruption and violence in Afghanistan) A case will be made for the definition of harm reduction to be broadened to include the harms (or as the UNODC describes them 'unintended consequences') related to enforcement, for the harm reduction movement to more pro actively engage in the debate around the policy implications of this analysing; including changes to enforcement practice and alternatives to prohibition, and in the longer term, decriminalisation of use and legally regulated drug production and supply.

**Session:** M14: Can Harm Reduction End the Drug War?

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 948 The bigger political picture: International discourse on harm reduction and the drug war

**Author(s):** Tree, Sanho

**Abstract:** Politicians and drug warriors often say that we know where the drugs are coming from, so why don't we stop them at the source before they can reach our kids? This is easier said than done. After decades of trying this simplistic strategy, more drugs than ever are reaching consumers. Despite spraying more than 3 million acres under Plan Colombia, coca cultivation has actually increased in that country and has been pushed into other countries in the region as well. In Afghanistan, attempts to curb opium poppy cultivation have been spectacularly unsuccessful. In both countries, hard line eradication policies have left peasant farmers with few economic alternatives and have helped drive some of them into the arms of insurgents. There is simply too much ungoverned territory in the world and a relatively inexhaustible supply of impoverished farmers willing to take the risk of cultivating illicit crops. Attempts to eradicate these crops have been short-sighted -- trying to produce quick results (no matter how unsustainable) to meet the targets established by political officials -- while the economic development projects to compliment the eradication programs have been woefully underfunded. In short, these supply side control measures have been about as effective as shovelling water. The collateral damage associated with the drug war impacts the poor and people of color in ways unheard of to most harm reductionists. These lives are not squandered by necessity, but by political choice and accompanying neglect. Just as we advocate harm reduction policies for drug users on the demand side, there is a need for harm reduction in source country crop control on the supply side. This presentation will examine why these supply side policies have failed as well as the political dynamics driving this failed paradigm.

**Session:** M14: Can Harm Reduction End the Drug War?

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 949 **When good drugs go bad: An empirical understanding of amphetamine related effects in humans**

**Author(s):** *Hart, Carl*

**Abstract:** The recent reports of the ill effects of amphetamine analogs are in stark contrast to the initial reports extolling their virtues that greeted the introduction of amphetamines to the World's pharmacopeia. This talk will present data from our controlled laboratory studies examining the acute and residual effects of amphetamine analogs in humans in an effort to better understand conditions under which positive and negative drug-related effects are likely to occur. Special emphasis will be placed on physiological, cognitive, sleep and mood effects. BIO: Dr. Hart is an Associate Professor of Psychiatry in both the Departments of Psychiatry and Psychology at Columbia University, and Director of the Residential Studies and Methamphetamine Research Laboratories at the New York State Psychiatric Institute. A major focus of Dr. Hart's research is to understand behavioral, physiological, and subjective effects of psychoactive drugs in experienced users. He is the author or co-author of dozens of peer-reviewed scientific articles in the area of substance abuse, co-author of the textbook, *Drugs, Society, and Human Behavior*, and a member of a National Institutes of Health (USA) review group. Dr. Hart was recently elected to Fellow status by the American Psychological Association Division 28) for his outstanding contribution to the field of psychology specifically psychopharmacology and substance abuse.

**Session:** P3: Methamphetamine

**Time:** 2009-04-23, 13:30 - 15:00

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**ID/Title:** 950 **Multi-method approaches to understanding the association between methamphetamine injection and HIV risk in the Former Soviet Union**

**Author(s):** *Irwin, Kevin ; Grund, Jean-Paul ; Abdala, N ; Borodkina, Olga ; Heimer, Robert*

**Abstract:** Background The complex phenomenon of methamphetamine injection and its association with HIV infection requires reliable knowledge at the socio-behavioral and biological nexus. We sought to describe the actual practices of manufacturing and injecting various ephedrine-based stimulants and replicate these in the laboratory to investigate HIV viability and the implications for HIV transmission in the context of behavioral norms. Methods Drawing upon our studies in the FSU region, we employed a multi-methods approach across three domains: first, we conducted ethnographic observations of home production of stimulants and extensive discussions with injection drug users (IDUs), health researchers and HIV prevention service providers in Ukraine, Moldova, Kazakhstan and Russia; second, we manufactured stimulants in the laboratory, replicating field observations of ingredients and modes of preparation to explore their influence on the survival of HIV; third, we conducted a structured survey of 826 IDUs in 11 cities across the Russian Federation. Results Ephedrine-based preparations yielded methamphetamine or methcathinone, although a range of beliefs regarding the chemistry often resulted in solutions with many impurities and with a product different from the one expected. Products were generally acidic enough to inactivate HIV upon contact, yet produce damage to veins and tissue. Behavioral correlates in our survey results demonstrate considerable regional variation in past and recent stimulant injection, syringe access and injection practices, treatment seeking and health outcomes. Conclusions The global growth of methamphetamine injection requires that we build knowledge base that accounts for variations in geographic and social context, and reliable approaches to support multi-dimensional, locally informed interventions.

**Session:** P3: Methamphetamine

**Time:** 2009-04-23, 13:30 - 15:00

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**ID/Title:** 951 The role of injecting drug use in Asian epidemics: Past and future

**Author(s):** *Brown, Tim*

**Abstract:** In 2007 and 2008, the Commission on AIDS in Asia undertook an extensive review of the epidemiology of HIV in the region, reviewing multiple sources of data from each country. In this session, the Commission's findings on the contribution of injecting drug use to the regional epidemic are presented, stressing the dynamism of the situation with both current and potential future contributions to the epidemic evolving over time. Given the exceedingly low current coverage of programs for harm reduction in the region, the presentation will further explore the impact that expanding those programs can have on the future of the regional epidemic. It is worth noting that there is extreme heterogeneity in these epidemics, with some IDU populations remaining at very low prevalence, some populations of IDU seeing relatively recent growth of prevalence, while many others have been high for over two decades. Research questions related to this heterogeneity will be highlighted - questions that have critical implications for targeting prevention efforts appropriately. Finally, the costs and benefits of these programs as estimated by the Commission will be presented and discussed.

**Session:** P1: Injecting Drug Use and HIV: A Comprehensive Review of the Situation and Response in Asia

**Time:** 2009-04-20, 11:00 - 12:30

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**ID/Title:** 953 Pharmaceutical opioid injection in South Asia and the risk of HIV infection

**Author(s):** *Azim, Tasnim ; Kamarulzaman, Adeeba ; Degenhardt, Louisa ; Mathers, Bradley ; Panda, Samiran ; Wodak, Alex*

**Abstract:** Background Injecting drug use is responsible for over 70% of HIV infections in some countries in South Asia. Pharmaceutical opioid use, and increasingly injection, has been reported in the region and is understood to contribute significantly to the transmission of HIV. Methods The data presented here are taken from a report prepared by the Reference Group to the UN on HIV and IDU. The report provides a global review of the availability, extra-medical use, injection and association with HIV of pharmaceutical opioids and is based upon an extensive review of the peer-reviewed and grey literature. Study Results The availability of pharmaceutical opioids for medical use both as pain relief as well for opioid substitution therapy is limited across South Asia. However, large scale diversion of pharmaceutical opioids is occurring in the region. The misuse and injection of pharmaceutical opioids has been reported for Bangladesh, India, and Nepal and are the most commonly injected drugs in these countries; injection of pharmaceutical opioids has also been reported in Pakistan and Afghanistan. The prevalence of HIV among pharmaceutical opioid injectors varies across countries. Conclusions High levels of pharmaceutical opioid misuse in the region occur in the context of limited availability of licit opioid medication for medical purposes suggesting that misuse has not been avoided simply through restricting the supply of these drugs for medical purposes. A shift from heroin smoking to pharmaceutical opioid injection in the region is likely related to reduced availability or increased costs of heroin, the low cost and easy availability of pharmaceuticals as well as the introduction of legal controls aimed at reducing heroin supply. Preventing HIV transmission among pharmaceutical opioid injectors is a priority for the region. Increased availability of OST in the region is required as a treatment option for the large number of pharmaceutical opioid-dependent people.

**Session:** C21: Pharmaceutical Opioid Use: Epidemiology and Implications for Public Health

**Time:** 2009-04-21, 16:00 - 17:30

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**ID/Title:** 954 **Models of scaling up harm reduction in Asia: Coverage, quality, effectiveness and sustainability**

**Author(s):** Chatterjee, Anindya

**Abstract:** Issue: Harm reduction programmes have been significantly scaled up in several Asian countries in the last 5 years. Still inadequate in terms of coverage or quality, this increase in the volume of programming has generated many lessons. Nationally led, large-scale harm reduction programmes are being implemented throughout the region. External funding support is rallying around national harm reduction plans, including multi-sectoral plans between drug control and health. Many countries have explicit harm reduction component in national AIDS policies and plans, although harmonisation of drug and AIDS policies remains an unfinished task. Large scale programmes have been both nationally as well as internationally funded; implemented by national public health agencies as well as local, national and international NGOs; often operated in unclear policy environments yet were able to garner local and sometimes national support. There has also been recent high level attention to criminalisation of drug use, human rights, public health dimensions of drug control and policy harmonisation. Drug user organisations and networks are emerging in several countries. Key arguments: Through review of workplan of national AIDS programmes along with universal access targets and through key informant interviewing from a business plan lens, the author will critically look at models of scaling up of harm reduction in Asia: The presentation will review different models of scaling up in the region and discuss programmatic issues around coverage, quality, effectiveness and sustainability that are intrinsically related to the scaling up models in the region. Implications: The session will assess the state of harm reduction in Asia, capture the experience of scaling up and will provide regional overview and insights on where we are at; how in many Asian settings harm reduction approach is now becoming the mainstream where as in others it is tolerated or remains at the margins of public policy.

**Session:** P1: Injecting Drug Use and HIV: A Comprehensive Review of the Situation and Response in Asia

**Time:** 2009-04-20, 11:00 - 12:30

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**ID/Title:** 955 **'Harm Reduction Works'**

**Author(s):** Preston, Andrew ; Dale Perera, Annette ; Derricott, Jon ; Luck, Hugo

**Abstract:** In May 2007 the English Department of Health issued a report entitled 'Reducing Drug Related Harm: An Action Plan' that contained 3 main strands of action to reduce drug related harm: 1. Increase surveillance and monitoring; 2. Improve delivery (needle exchange and drug treatment); and 3. Public Health campaigns focusing on those most at risk. The Action Plan represented a significant step forward in orientating health policy around harm reduction, and this paper will outline the steps taken to increase surveillance and monitoring, improve delivery, and describe in more detail the public health campaigns. The 'Harm Reduction Works' campaigns used a variety of media to underpin the action plan aims, improve delivery and target relevant health messages at those most at risk. The paper will describe the innovative targeted materials that were developed to inform drug users about hiv, hepatitis C, hepatitis B, overdose, combined use of crack cocaine and heroin, injecting and femoral injecting risk.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 956 **Pharmaceutical opioid diversion**

**Author(s):** Kamarulzaman, Adeeba

**Abstract:** Background: The risks of extra-medical opioid use and diversion of pharmaceutical opioids have been described in many settings and has become of increasing concern worldwide. Methods: We describe two case series of interviews with buprenorphine injectors and buprenorphine-naloxone (BPN/NLX) injectors in Kuala Lumpur, Malaysia. We also review existing peer-reviewed and “grey” literature on the injection of opioid pharmaceuticals and its associated harm. Study Results: Extra-medical use, diversion and injection of pharmaceutical opioids appear to be a significant problem in the United States, Europe, South Asia, South East Asia, and some Eastern European countries. In Kuala Lumpur Malaysia, injection of buprenorphine was often used as a means of continuing work and avoiding abstinence symptoms (i.e., maintenance therapy). Injection was used as a means of reducing the cost for maintenance because a relatively low dose could be used. A significant number of interviewees reported co-administered midazolam with their buprenorphine. To address concerns of BPN diversion, BPN/NLX replaced BPN in Malaysia. Among those injecting BPN/NLX, self-perception of withdrawal and most of the symptoms of withdrawal were not related in a statistically significant manner with the quantity of BPN/NLX injected. Compared to subjects not experiencing opioid withdrawal symptoms, BPN/NLX injecting subjects reporting withdrawal symptoms demonstrated a 4 -fold greater odds (95% CI 1.06-15.14; p=0.04) of syringe sharing. Conclusions: Pharmaceutical opioid diversion is becoming an increasing problem globally. The nature of the populations injecting these pharmaceuticals seems very different across countries. The introduction of BPN/NLX combination does not appear to limit the occurrence of injection of this medication and may inadvertently be associated with increased HIV risk behaviors.

**Session:** C21: Pharmaceutical Opioid Use: Epidemiology and Implications for Public Health

**Time:** 2009-04-21, 16:00 - 17:30

**ID/Title:** 957 **Embracing harm reduction and ejecting human rights: Challenging uneven progress in India**

**Author(s):** Tandon, Tripti

**Abstract:** Issue: In recent years, harm reduction has gained momentum in India; the national AIDS program now embraces needle syringe provision, buprenorphine substitution and anti-retroviral therapy for injecting drug users. The progress in harm reduction is, however, not matched by improvements in drug policy which continues to disregard health and rights of people using drugs. Description: In India, harm reduction has developed along a narrow, ‘AIDS control’ approach, with little emphasis on rights and even lesser influence on drug control. Demand reduction has remained unchanged for two decades with outmoded, non-scientific practices to make “addicts” “drug free”. Treatment for dependence is out of sync with clinical and human rights standards. While drug users are entitled to treatment, statutory provisions for care are rarely enforced. Abuses against drug users’, including custodial deaths, go unnoticed, let alone challenged. Process and Outcomes: Lawyers Collective HIV/AIDS Unit, an NGO committed to protection of rights, has been using various mechanisms – right to information inquests, fact findings, public appeals, policy analysis and litigation to challenge status quo. Results have been mixed; constrained by absence of activism in harm reduction circles. Lessons: Without structural change, gains in harm reduction will be shortlived, and of limited consequence for people using drugs. Litigation and parliamentary advocacy are potential methods for promoting reform. Success of legal and policy interventions will depend on the extent to which harm reduction embraces human rights.

**Session:** P2: Harm Reduction and Human Rights

**Time:** 2009-04-21, 09:00 - 10:30

**ID/Title:** 958 **Economic and public health analysis of compulsory treatment centres in Viet Nam: Policy and programme implications**

**Author(s):** *Duc, Tran Tien ; Stephens, David ; Martin, Gayle ; Sac, Tran Xuan ; Uyen, Vu Ngoc*

**Abstract:** Background: An important part of Vietnam's strategy for control of HIV and drug use is confinement of drug users in "rehabilitation" ("06") centers. Terms range from 2-5 years. During 2007, there were 35,000-50,000 residents in the country's 83 centers. A critical policy question is whether this strategy is achieving its objectives, at what cost and what kind of alternatives can be put in place. Methods: Cost-effectiveness comparison of 06-centers with community-based harm reduction and HIV prevention, based on economic and public-health analysis of data from six drug rehabilitation centers in the north, centre and south of Vietnam. Results: In 2007, Vietnam spent \$18-25 million on 06-centers. In most centers, drug "treatment" is limited to detoxification, labor therapy, and "moral education", with little viable vocational training or other transitional programming. Relapse rates post-release average 85-90%. HIV prevalence among residents averages 50%, but HIV services are generally limited to rudimentary education, with VCT or ARV treatment available in only a few centers. Cost analysis revealed that continuing to spend \$500 per center resident/year would not halt the increase in drug users or the rise in HIV prevalence among them. By contrast, a program of evidence-based community harm reduction and HIV prevention including methadone maintenance cost about \$480 per participant/year and would yield significant improvement in HIV prevention and drug-related harm.. Conclusions: The Vietnamese government has been moving to endorsement of harm reduction strategies for HIV prevention and there has been increasing debate about the wisdom of maintaining a policy of mass, long-term confinement of drug users in 06-centers. The combination of economic and public health analysis have intensified the debate and increased sentiment for shifting the emphasis to community-based treatment and HIV prevention. Still, the law enforcement and mandatory rehabilitation approach retains strong political and economic support and the future shape of policy remains uncertain.

**Session:** M2: Compulsory Drug Dependence Treatment Centres: Costs, Rights and Evidence

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 961 **Can harm reduction win the 'war on drugs'? A Thai user's perspective**

**Author(s):** *Suwannawong, Paisan*

**Abstract:** Thailand drug policy consists of drug eradication, suppression and prevention approaches, with the heaviest financial and human resource investment on law enforcement and military techniques to achieve a "drug-free" country. Harm reduction is not included in its approach. In 2003, Thai drug policy reached its nadir when 2,500 people were extra-judicially executed and tens of thousands of other people allegedly associated with drugs experienced numerous other human rights violations in the name of drug control. My community of both HIV-positive and HIV-negative people with a history of drug use is virtually the only group in Thailand to have publicly advocated against abuses committed by government sectors toward drug users. Thai drug users have introduced community-driven harm reduction interventions since the 1990s in spite of the ongoing repressive legal and policy environment: prior, during and following the infamous 2003 crackdown. My presentation will depict the peer-led harm reduction interventions that we implement regardless of what stage of suppression the government wages, and how the drug war specifically affects the efficacy of our work. Our interventions are severely compromised by the lack of government support for this important rights-based public health approach. Until harm reduction policy becomes a reality in Thailand, drug users are placed at higher risk of HIV, viral hepatitis, TB and other severe diseases due to overemphasis on criminalization and resultant high rates of detention and incarceration. The lack of support for evidence-based harm reduction approaches, plus the failure of relevant government ministries to recognize the various harms experienced by people who use drugs, combined with a criminalizing and stigmatizing environment condemns drug users and harm reduction workers to ultimately fail to make a significant impact due to the increased risk, extreme duress under which we work, lack of funding and political support, etc. Drug wars must be stopped.

**Session:** M14: Can Harm Reduction End the Drug War?

**Time:** 2009-04-23, 11:00 - 12:30

**ID/Title:** 964 **Conducting a human rights interview**

**Author(s):** *Davis, Sara*

**Abstract:** At the core of human rights research is the actual interview. This presentation will introduce methods and techniques for human rights interviewing, including preparation for the interview, standards for information gathering, and how to collect information in an objective and systematic way. In addition, we will discuss how to organize and maintain files of interviews, and possible uses of the information once it is collected. The presentation will also discuss some fundamental psychological issues in human rights interviewing, including the symptoms and triggers of post-traumatic stress disorder, and how to take steps to empower rather than retraumatize the abuse survivor. Sara Davis ("Meg") is a writer and human rights advocate. She is the founder and executive director of Asia Catalyst, a US-based NGO that provides hands-on support to grassroots Asian groups working in human rights. Davis has conducted human rights research and advocacy in China, Thailand, Cambodia and Indonesia. She earned a Ph.D. at University of Pennsylvania and held postdoctoral fellowships at Yale University and UCLA. As China researcher at Human Rights Watch, she published reports and conducted global advocacy on such topics as HIV/AIDS, forced evictions, restrictions on Chinese NGOs, and police abuse. Davis' book, *Song and Silence: Ethnic Revival on China's Southwest Borders* (Columbia University Press, 2005), is based on her doctoral research in Yunnan, China and Shan State, Burma. Her articles have appeared in *The Wall Street Journal Asia*, *International Herald Tribune*, *South China Morning Post*, and *Modern China*, and are available online at [www.songandsilence.com](http://www.songandsilence.com).

**Session:** C35: Human Rights Violations in the War on Drugs: Linking Documentation to Advocacy

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 965 **Health Education of Naloxone in heroin drug-users at the Out-Patient Drug Unit of the Hospital Universitario Vall d'Hebron**

**Author(s):** *Rovira, Marco ; X, Bassols ; L, Ripoll ; C, Daigre ; R, Ortega ; O, Esteve ; A, Serra ; C, Roncero ; M, Casas*

**Abstract:** Introduction: Data exists in the literature which demonstrates the mortality of patients who use opiates as a result of acute reaction. As part of the programme of harm reduction at the out-patient drug clinic of Vall d'Hebron which includes the interchange of syringes, we detect the necessity to promote a prevention plan of the consequences of the use of heroin and thus the objective is to provide the users with the essential knowledge and skills aimed at favouring the detection of the acute reaction to opiates and the use of Naloxone as an antidote to this reaction. The objectives of the project have been: avoid deaths as a result of overdoses, administer sterile injecting material, educate the active users and/or the relatives which are in the environment of the heroin users in the detection of the acute reaction as a result of opiates; to learn to prevent acute intoxication of opiate use, to provide skills to the users and relatives in the use of Naloxone in the case of acute intoxication through opiates, and the carrying out of a follow-up study of the use of Naloxone in informed users. We will carry out a longitudinal study from September 2005 to December 2008 of the users included in the harm reduction programmes at our out-patient's drug centre which use heroin actively or the relatives that live with the users of this substance. We conclude the programme must include group workshops, individualised education, a brief intervention in the interchange of syringes, emotional support to relatives. The essential aspects to be transmitted are: what is an acute reaction; how to identify it; how to act in the case that it occurs and what to do to prevent it.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 967 **The role of the UNODC in working with police and other law enforcement agencies for harm reduction**

**Author(s):** Lewis, Gary

**Abstract:** HIV prevention, treatment and care with drug users, i.e. harm reduction is one of the key reasons 'we have to put public health back at the centre of the drug conventions', as the Executive Director of UNODC has said. Multilaterally, the United Nations Office on Drugs and Crime (UNODC) is secretariat to the Commission on Narcotic Drugs (CND) and in its work with individual countries its counterparts include the key ministries and departments in law enforcement: public security, justice, corrections and the national drug control authorities. If HIV prevention, treatment and care programmes with and for, drug users are to be sustainable, governments and their ministries and departments in this area will need to take greater responsibility for them. As these programmes expand within the global effort to reach the Universal Access goals governments have set, the tensions between public health objectives and the approach to public security and law enforcement taken in some countries will increase. This tension is driven, or fuelled, by many factors including legislation related to certain drugs, the stigma and subsequent discrimination associated with dependence on an illicit drug, and misconceptions about the goal and effectiveness of harm reduction interventions. Because of its direct links with the key ministries and departments; with drug control authorities, public security agencies and justice, UNODC will play a unique role in taking harm reduction, as it refers to HIV and drug use, beyond the health sector. Because of its close working relationship with other UN agencies, particularly WHO, UNODC will play an increasing role in the development of the enabling environment critical to the success of harm reduction and in capacity building for its success. Work that has already been done or is planned includes removing legal barriers, providing training and supporting the development of community education.

**Session:** M11: Harm Reduction Advocacy with Law Enforcement Agencies

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 969 **Women affected by substance use: A crying need for services in South Asia**

**Author(s):** Murthy, Pratima

**Abstract:** The gender dimension of substance use has received scant attention in the South Asian region. Socio-cultural norms and gender status have far reaching consequences on the gender dimension, particularly in this region. A recent initiative from India, The Substance, Women and High Risk Assessment (SWAHA) evaluated 4401 women partners and 1865 women substance users from different parts of the country. Illiteracy, poverty, impoverishment, violence including sexual violence, were commonly emerging themes. Condom use was low. Less than 20% of partners and less than a third of substance users had ever been tested for HIV. Most injecting drug users (83%) cleaned their injecting equipment in plain water. High levels of mental morbidity are evident in both groups and nearly 30% of the partners and 40% of the users had made suicidal attempts in the previous year. Emotional, conduct and academic problems were common among the children. Despite the adverse consequences and high levels of distress, less than 20% in both groups had accessed even counseling services. More than a third of substance users and nearly half the partners had no knowledge of STI treatment services. Knowledge about anti-retroviral treatment was even poorer. Apart from a few non-governmental organizations offering gender specific services, no such services exist in the country. The findings illustrated by the SWAHA study are common to many of the countries in the South Asian region, which have paid little attention to the gender dimension. With the feminization of the HIV epidemic and indeed the feminization of the substance use epidemic, all the countries in this region need to urgently develop gender specific services, address barriers to care, and develop collaborative multi-sectoral networking to address women's issues.

**Session:** C28: Harm Reduction Services for Women

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 970 **From law enforcer to a harm reductionist: An individual's perspective**

**Author(s):** *Khan, Mohd Zaman*

**Abstract:** In many countries, including Malaysia, law enforcement is the dominant public policy response to illegal drug use. Strong criminal sanctions are employed in relation to illegal drug use and trafficking including the death penalty for traffickers. Since the emergence of the HIV epidemic rethink of this drug policy by the Government of Malaysia was needed. With injecting drug use contributing to 75% of the total reported HIV cases in the country and failure of Malaysia to achieve Millennium Development Goal 6 ie reversing the HIV epidemic, the government permitted the implementation of harm reduction measures including provision of clean needles and syringes and methadone maintenance in 2005. Although harm reduction has now been successfully implemented in many states across the country, given the dominance of the criminal law approaches to drug policy, scaling up of these programs remain a significant challenge. Continued intense policing and arrests, raids and crackdowns around needle syringe program sites and methadone clinics have deterred IDU from accessing these services. In order for harm reduction to be scaled up to achieve the coverage that is required to successfully control the HIV epidemic in Malaysia several key actions will need to take place. These include a reform of police practices, policy and training. Sensitisation of the public which has for many years relied on the criminal approach to the drug policy through public education is also essential. Finally an examination of the current drug laws and policies and a reform of these laws to better respond to both the problem of illegal drug use and the HIV epidemic s urgently needed.

**Session:** M11: Harm Reduction Advocacy with Law Enforcement Agencies

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 971 **Response Beyond Borders: Civil society driven responses to injecting drug use and HIV in Asia**

**Author(s):** *Dorabjee, Jimmy ; Tanguay, Pascal*

**Abstract:** Recent estimates by the UN Global Reference Group on IDU and HIV suggest there are 3.5 to 5.6 million IDUs in Asia. With high HIV prevalence among IDUs in many countries and coverage of only 2%-3% of IDUs with harm reduction interventions, Asian countries are struggling to implement effective, evidence informed responses. Additionally, widespread poverty, poor access to health and welfare services, the criminalization of drug users, human rights abuses, stigma and discrimination, a disconnect between drug control and HIV policies and low access to HIV prevention and care services for drug users are some of the challenges facing countries in the Asian region. These were some of the issues discussed by participants at Response Beyond Borders, the First Asian Consultation on the Prevention of HIV related to Drug Use that was held in Goa, India in January 2008. Organized entirely by civil society and community groups, the consultation brought together more than 400 policy makers, parliamentarians, UN agencies, donors, practitioners, frontline workers and drug user networks from 24 Asian and 9 non Asian countries. This presentation will review the highlights and recommendations from the Consultation and outline the next steps in promoting greater coverage with harm reduction interventions for drug users in Asia.

**Session:** C8: Response Beyond Borders: The Asian Consultation on HIV Prevention Related to Drug Use

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 972 **Policy harmonisation in Asia: Challenges and opportunities**

**Author(s):** *Tanguay, Pascal ; Singh, Rajkumar Raju*

**Abstract:** Title: Policy Harmonisation in Asia: Challenges and Opportunities Issue: Drug control and health policies stand in contradiction in many parts of the world including Asia. The former rests on a system of proscriptions and penalties while the latter aims to bring people using drugs under care through measures that may not enjoy full sanction of law. The first Asian Consultation on drug use related HIV brought together drug user activists and parliamentarians for a much needed dialogue on harmonisation. The outcome, however, is tied to international and national developments. Description: Across Asia, drug control and harm reduction move in parallel universes. Penalization of consumption and possession are at the heart of this clash; with drug users becoming criminals rather than persons in need of health care. Policy reviews from South and South East Asia show that needle syringe and drug substitution, though endorsed in HIV/health policy are open to prosecution under drug and/or penal law. Further, in some countries, drug users can be forced into "treatment" in closed and abstinence oriented settings. Such practices not only infringe individual liberty but also have negligible health benefits. Drug policies fail to correct excesses against drug users, fuelling negative health consequences. Process and Outcomes: In January 2008, Response Beyond Borders facilitated policy dialogue through plenary, panel discussions and parliamentarians' workshops. While the Goa Declaration and Statement of Commitment are promising first steps, drug policy reform is complex and requires continued engagement. UNGASS Review 2009, ASEAN and SAARC regional meetings, in-country parliamentary and judicial reviews are opportunities to synchronise drug control and health. Examples of promoting policy harmonization through political advocacy and drug user mobilisation in Asia will be shared.

**Session:** C8: Response Beyond Borders: The Asian Consultation on HIV Prevention Related to Drug Use

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 973 **Nothing about us without us: The Goa declaration**

**Author(s):** *Limbu, Prem*

**Abstract:** The high HIV/HCV prevalence rate and large number of injecting drug use in the Asian region ironically faces a high service gap. The geo-demographical diversity that exists in Asia and the culturally rich society on the contrary holds the conservativeness towards the issues of drug use. Demonization of users, human rights violation, death penalties and various actions against the using population has resulted in marginalization of the user's community which not only makes it hard for them to receive the much needed services but also makes it hard for their voices to be heard. However, through "group organizing", user groups in various countries have successfully infiltrated the top most decision making levels in various countries helping to make positive changes for people who use illicit drugs. History shows that people who use drugs were the last group to come forward in the response to HIV epidemic in the world. Before the Goa Consultation meeting, activists from various regions of Asia had online discussion on how users from across the region can join hands in addressing these issues jointly and how can users from across the region respond jointly to the human rights violations and harm reduction service gap that has been faced by users in the region. This presentation will review the process by which drug user activists in Asia came together to advocate for their rights to health and access to essential services, starting from online discussions to meetings in the First Asian Consultation on HIV Prevention related to Drug Use including dissemination of the Declaration. The presentation will also cover what the objectives were in designing the Declaration and how much progress has been made to date. The presentation will link the Goa Declaration to recent developments in the INPUD Asia network and conclude on the next steps.

**Session:** C8: Response Beyond Borders: The Asian Consultation on HIV Prevention Related to Drug Use

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 974 **Parliamentarians responding to drugs and HIV**

**Author(s):** *Kullavanijaya, Pinit*

**Abstract:** This presentation will review the discussions that were initiated in Goa, India at the First Asian Consultation on HIV Prevention related to Drug Use. Several parliamentarians gathered in Goa to discuss how to better harmonize drug control legislation and HIV policies. Participants agreed that policies should respond to evidence and thus parliamentarians recognized their responsibility in providing leadership to influence decision-makers in the construction of a platform, which would decriminalize drug use and support access to treatment and care. Parliamentarians in attendance also signed a statement of commitment to push the issue forward and suggested ways to foster greater collaboration between governments and civil society. This session will continue to mobilize and inspire MP support while informing civil society counterparts on constructive engagement. A parliamentary working group on drugs and HIV is currently being constituted at the request of MPs at the follow-up RBB workshop.

**Session:** C8: Response Beyond Borders: The Asian Consultation on HIV Prevention Related to Drug Use

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 976 **Amphetamine type stimulant use in Cambodia: Volatile drug markets and the challenges for health service providers in the face of heavy law enforcement**

**Author(s):** *Thomson, Nick ; Shaw, Graham*

**Abstract:** BACKGROUND A regional increase in the availability and use of methamphetamine tablets (yaba) has resulted in a documented rise in production, trafficking and use of 'yaba' across Cambodia. In addition, crystal-methamphetamine is being increasingly trafficked and used in the country. The intersection of these ATS with a population of injecting opiate users is creating a hazardous environment. Furthermore, strong law enforcement responses including the widespread use of compulsory drug treatment centers, is providing significant challenges for public health and human rights. METHODOLOGY The presentation highlights data from the AusAID-funded Illicit Drug Initiative. A collaborative research effort between health and public security government agencies plus two NGOs facilitated the recruitment of over 500 methamphetamine users from compulsory drug treatment centers and street-based drug-using communities. Participants were asked to complete a survey which explored drug use and sexual-risk profiles and also collected urine samples to screen for Chlamydia and Gonorrhoea. In addition, this presentation draws on qualitative interviews conducted with service providers, staff at compulsory drug treatment centers and methamphetamine users from both inside and outside the system. RESULTS Preliminary data analysis highlights the volatile situation facing drug users and service providers in Cambodia. High rates of arrest, detention and relapse combined with low knowledge of STIs and HIV are predominant findings. These results, especially when viewed through the context of such a heavy law enforcement response to the issue, are placing enormous strain on a fragile health system and the basic human rights of drug users are constantly under threat. This collaborative research effort brings together the public health and public security government sectors plus NGO health service providers in an effort to improve health outcomes for ATS users and in addition find ways to drastically reduce the number of people spending significant time in compulsory drug treatment centers where health and human rights are compromised.

**Session:** M3: Methamphetamine Use in South East Asia: Implications and Responses

**Time:** 2009-04-21, 11:00 - 12:30

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**ID/Title:** 977 **Amphetamine type stimulants use in Laos: Implications for individual and public health and public security**

**Author(s):** *Santavasy, Bangone ; Phimmachanh, Chansy*

**Abstract:** **BACKGROUND** The Laos Peoples' Democratic Republic (Laos PDR) has experienced an exponential rise in the availability and use of methamphetamine tablets, known as yaba. There is however little data available on the implications for individual and public health of this increase in yaba use. Furthermore, the use of yaba has put extreme pressure on the operations of public security and the result has been a rapid expansion in the construction and use of compulsory drug treatment and rehabilitation centers. **METHODOLOGY** This presentation highlights recently collected data from the AusAID supported Illicit Drug Initiative research project. 440 methamphetamine users were recruited from two sites in Vientiane and Vientiane Province. Participants were recruited through peer based methods and asked to consent to a behavioural survey that explored drug use and sexual histories including knowledge of the signs, symptoms, prevention methods and treatment options for common STIs, including HIV. Participants were also asked to consent to urine sample collection that screened for Chlamydia and Gonorrhoea. Qualitative interviews were also conducted with participants and key informants from the Government to further explore the culture of methamphetamine use and the current responses of and challenges for, the health and public security sectors. **RESULTS** Preliminary analysis of the data shows that methamphetamine users initiate use at an early stage, engage in high risk sexual practices, limited understandings of STIs including HIV and are of significant risk of arrest and detention. Relapse rates post detention is very high. The Government acknowledges the situation poses significant challenges for public health and public security and the collaborative effort of this research across government and NGO entities will provide a platform from which better public health initiatives can be devised.

**Session:** M3: Methamphetamine Use in South East Asia: Implications and Responses

**Time:** 2009-04-21, 11:00 - 12:30

**ID/Title:** 978 **Emerging urgency: Unmet health needs and human rights of people who use heroin in East Africa**

**Author(s):** *Gathumbi, Anne ; Csete, Joanne ; Cohen, Jonathan Elliot ; Wolfe, Daniel*

**Abstract:** **Background:** Thousands of people inject heroin on the Indian Ocean coast of Kenya, mainland Tanzania and Zanzibar and in some inland cities. In Kenya and Tanzania, this has created a new HIV and hepatitis C epidemic superimposed on a generalized HIV epidemic. The purpose of this rapid assessment was to investigate the capacity of local NGOs and health facilities to engage in advocacy and possibly service delivery to help fulfill the rights of people who use heroin to treatment for their dependence and HIV prevention and treatment services. **Methods:** The rapid assessment included interviews with people who use drugs or formerly used drugs, peer-educators and outreach workers, health practitioners and officials, policy-makers, NGOs, donors and local officials in the three jurisdictions in July 2008. **Results:** People who use heroin face systematic human rights abuses, social disdain, and hyper-criminalization of minor offences. There are no needle exchanges or other related programs, and many drug users are excluded from HIV treatment. There is no government-supported treatment for HCV, though HCV is highly prevalent among people who inject drugs. Methadone and other maintenance medicines are not authorized for use, though there is enormous need for them. In Kenya, a June 2008 policy conference opened avenues of discussion about harm reduction, but national policy-makers see little possibility for an enabling policy environment for harm reduction. In Tanzania, some health practitioners welcomed assistance, but harm reduction does not figure in national AIDS plans. In Zanzibar, where HIV prevalence is relatively low, the policy environment may be more conducive. In all cases, urgent attention is needed to protection, fulfillment and promotion of the human rights of people living with drug dependence. **Implications:** NGOs in all three locations have agreed to improve their advocacy capacity. We will report on the emerging status of this project.

**Session:** C9: Harm Reduction Advocacy and Emerging Issues

**Time:** 2009-04-20, 16:00 - 17:30

**ID/Title:** 983 **Needle Syringe Exchange Program (NSEP): A Study on Behavioral Change in Penang, Malaysia.**

**Author(s):** Syaiful, Mohd ; Ismail, Baba ; M.Y.N., Hassan

**Abstract:** On January 2006, Malaysia launched its first NSEP in order to reduce the number of HIV infections among Injecting Drug Users (IDUs). The program was introduced by the Ministry of Health but is being administered by the community based organizations. At present there is over 80, 000 cases of HIV infections in Malaysia. Majority of cases who are infected with HIV came from IVDUs population. Historically, IVDUs are difficult to approach. But since the inception of NSEP, IVDUs began to recognize some of their own weaknesses and strengths. Through the drop-in center (DIC) that is provided by the NSEP clients began to seek help particularly with regards to their own health. Some even came forwards seeking for Voluntary, Counseling and Testing (VCT) and searching for other social services that could help them to be more responsible and financially independent. AIDS Action Research Group (AARG) would like to share some of the success stories with regards to NSEP in Penang. Some of positive approach towards the intervention with IVDUs will be shared in this paper.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

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**ID/Title:** 984 **Healing at Home: A Home Detox Manual for Aboriginal Communities.**

**Author(s):** O'Donaghey, Pamela Marie

**Abstract:** Issue: Substance misuse problems in Aboriginal communities in British Columbia, Canada continue to be major social and health issues. The alarming rate of Fetal Alcohol Syndrome in children and the increase in Hepatitis, HIV and TB infections within rural Aboriginal communities in BC can be directly related to alcohol and drug misuse. Many of the rural reserves are isolated from mainstream society, thus creating many barriers to access health and detoxification that are culturally sensitive. Setting: The manual was designed for rural Aboriginal reserves that have limited or no access to a physician or nurse. The target audience is non-specific as youth, adults and older adults are affected by alcohol, stimulant use and opiates. Project: Since many rural BC reserves have inadequate access to medical professionals, the burden of providing healing is often on untrained community members. The current practice of withdrawing at home offers no medical education, support or precautions. The author felt by providing a manual on home detoxification that outlined and provided evidence-based practice for alcohol, benzodiazepine, cocaine and methamphetamine withdrawal would be a safer option. The manual is written in non-medical terminology to empower Aboriginals to take the steps to healing at home while giving them the tools to succeed. Outcomes: The feedback on home detoxification in rural reserves in BC have had mixed results. One consistent barrier is the lack of post-detox treatment for those wanting to continue their positive changes. Since, the effects of substance misuse is widespread, people are challenged in finding a supportive, non-using environment in which to withdraw. In future it would be better to do small 'train the trainer' workshops on how to utilize the Healing at Home manual to increase confidence and effectiveness of those wanting to withdraw from substances and those who want to support them.

**Session:** E1: Poster Session 1

**Time:** 2009-04-20

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**ID/Title:** 985 The 'UN Committee on the Rights of the Child' on the quality and direction of investments in child and youth health and development

**Author(s):** Puras, Dainius

**Abstract:** In 2009 we all are celebrating 20 years anniversary of UN Convention on the Rights of the Child. UN Committee on the Rights of the Child (CRC) all these years has been actively working with State parties, NGOs and international bodies with a goal to promote implementation of the basic principles of the Convention. Children and youth face a lot of challenges and adversities, and it is very important to guide governments so that resources are invested in evidence-based way, with respect to human rights of each citizen, especially those who are most vulnerable ones. Efforts of governments – leading to best practices but often also to obvious failures, even if with good intentions - to solve problems of prevention, treatment and rehabilitation in the field of drug abuse, need to be discussed in open and evidence-based way. CRC has expressed on numerous occasions its position on interpretation of the Convention. Most effective way to invest in development and health of youth is to increase – through support of families and community- based systems of education, health and social welfare – resilience of children and their evolving capacities to mature and to become responsible citizens. Regarding treatment and rehabilitation of those young individuals who have drug abuse problems, Committee urges to promote and protect rights of vulnerable persons and not to regress to solutions such as criminalisation and other repressive approaches. Committee has noted with concern on many occasions, that often good intentions to solve the problem of drug use and drug abuse leads to ineffective solutions – discrimination and punishing of most vulnerable individuals. According to WHO, harm reduction programs are effective methods of managing the problem of drug abuse, along with evidence based programs directed to prevention of drug abuse.

**Session:** P2: Harm Reduction and Human Rights

**Time:** 2009-04-21, 09:00 - 10:30

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**ID/Title:** 986 A human rights based approach to drug policy: A topic for the UN?

**Author(s):** Nowak, Manfred

**Abstract:** Historically, the international drug control system and UN human rights system have operated in what have been called 'parallel universes'. Despite the stated concern of the drug control system for the 'health and welfare of mankind', the approach of UN drug control agencies has been guided almost exclusively by the three UN drug control conventions,[1] with scant attention paid to human rights obligations that underpin the UN's work, nor to human rights abuses committed in the pursuit of drug control objectives. UN human rights bodies have likewise paid little attention to international drug control, or to the human rights of people who use drugs or those caught in the net of abusive drug enforcement laws and policies. The result is an international policy environment in which human rights abuses occurring in the context of drug control go unnoticed, and where little guidance is provided to avoid future abuses or to ensure that protecting and promoting human rights is a central aim of drug policy. This situation demands a new approach to drug policy that moves away from a strictly punitive and law enforcement-based model, and instead develops a human rights-based approach to drug policy.

**Session:** P2: Harm Reduction and Human Rights

**Time:** 2009-04-21, 09:00 - 10:30

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**ID/Title:** 988 **Are women drug users treated as objects or as humans in harm reduction services in Indonesia?**

**Author(s):** Sari, Sekar Wulan

**Abstract:** Issue: Indonesia has a growing epidemic of HIV/AIDS that is driven by people who inject drugs. Harm reduction services are not yet widely available (estimates range from 10% to 20% of coverage nationwide). For female injecting drug users (IDUs), the situation is even worse. In a very hard environment in the major Muslim country in the world, female drug users have less access to drug treatment; are severely discriminated against by society and many families; sometimes are forced by their husbands into unintended behaviors; and may trade drugs for sex. Besides being considered a hidden population, they are also a forgotten population. Setting: STIGMA is an NGO that provides harm reduction services for IDUs in Jakarta and advocates for rights as an amendment to Indonesia's narcotics bill, does DU community organizing and recently did qualitative research on access to harm reduction services in Jakarta. Project: STIGMA, directed by a female former drug user, has a working group of female drug users that focuses on reproductive health, legal and social issues, family pressures, and other themes. The group provides anonymity and support for its participants. Outcomes: Growing awareness of female IDUs and female partners of IDUs as a population needing services Growing awareness of the need to recruit female doctors Recognition that a harm reduction program should also deal with reproductive issues Program implications: Harm reduction programs should: - Incorporate indicators on gender and sexuality - Incorporate sexual and reproductive health issues - Include a focus on family relationships (family counseling) - Deal with issues of dependency, exploitation and violence, including providing legal counseling and assistance - Address the multiple stigmatization of female IDUs within harm reduction organizations and the entire health system - Incorporate activities that benefit children of IDUs - Adapt outreach strategies for female IDUs

**Session:** M12: Drug Policy, Gender Roles and Women Who Use Drugs

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 991 **Tobacco harm reduction in Sweden: Population level proof of effectiveness**

**Author(s):** Philips, Carl ; Hildingsson, P ; Heavner, K ; Cockburn, Lisa

**Abstract:** Evidence from epidemiology clearly shows that switching to Western smokeless tobacco (ST) offers a huge health benefit to smokers. Studies of the nicotine delivery and other aspects of consumer appeal suggests that many smokers might be willing to make the switch. But these observations are far less convincing without an actual proof-of-concept at a population level; Sweden provides that proof. Descriptive epidemiology demonstrates that the use of ST (known as snus in Sweden) substantially replaced smoking in Sweden over the course of the last three or four decades. Following that replacement, there was a dramatic drop in "tobacco related" diseases, including lung, oral, and pancreatic cancer (which is to say "smoking caused" diseases -- there was no evidence of any increase in any disease due to ST use), dropping rates to the lowest ever seen in any population where nicotine use has become established. Even though total tobacco use remains high compared to many countries in Europe, disease rates are much lower. The Swedish experience provides compelling evidence that it is possible to substantially lower the health impacts from smoking below typical Western levels via harm reduction. No such evidence exists to suggest that any other method will work at the population level.

**Session:** C36: Tobacco Use and Harm Reduction

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 992 Harm reduction services in Asia

**Author(s):** *Tanguay, Pascal ; Jirel, Sujan*

**Abstract:** In recent years, harm reduction has been spreading across Asia in response to growing HIV transmission. However, scale-up of harm reduction services has progressed unevenly, often without following international guidelines (Thailand), with growing focus on quantity over quality (China), with little drug user involvement (Vietnam), not as an alternative or complement to drug control or incarceration (Malaysia) and without being supported by an enabling, balanced and harmonized policy environment (Myanmar). Meanwhile, people who use drugs are in Asia are banding together, mobilizing their own constituents and forming national and regional drug user networks. Much of the data and evidence that will be presented in this presentation has been collected through community driven research involving people who use drugs and people living with HIV/AIDS. As such, this plenary presentation will reveal the latest results from a regional study conducted by APN+ in 2009, reviewing the state of drug and HIV services in Asia, particularly identifying access as a key issue. In addition, human rights in Asia is lagging behind every other region in the world, without a human rights accountability bodies (although ASEAN has recently announced its intention to create such a body) and little in the way of legislation or policies to protect people's human and health rights. This has often led to massive incarceration, physical abuse, extrajudicial executions and other blatant violations of rights not to mention interference of law enforcement agencies in the roll-out of harm reduction services. The study's conclusions include the need for a comprehensive package of HIV/AIDS prevention, treatment, care and support, including harm reduction, support for human rights, meaningful involvement and participation of people who use drugs, and greater collaboration between drug control and HIV prevention agencies.

**Session:** P1: Injecting Drug Use and HIV: A Comprehensive Review of the Situation and Response in Asia

**Time:** 2009-04-20, 11:00 - 12:30

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**ID/Title:** 993 Documenting human rights violations against injection drug users: Advocacy for health

**Author(s):** *Schleifer, Rebecca*

**Abstract:** Issue: Human rights documentation can be a powerful tool for protecting the health and basic rights of people who use drugs. However, harm reduction advocates may be deterred from documenting human rights abuses because of a lack of understanding of human rights principles and procedures. Conversely, human rights advocates may be reluctant or unable to apply their experience to the challenges facing drug users. Description: This ancillary skills sharing session will present several successful models of human rights documentation related to harm reduction and discuss ways to adapt them to local circumstances. Basic skills such as interviewing, corroborating evidence, preparing reports, and conducting advocacy with media and governments will be discussed. Participants will be provided with a basic outline of international human rights standards related to the health of people who use drugs, as well as an overview of procedures for filing reports and complaints with human rights bodies. Examples of successful human rights documentation will include the ongoing human rights documentation project of the Thai Drug Users' Network, the Pivot Legal Society's affidavit project, and various reports of the HIV/AIDS and Human Rights Program of Human Rights Watch. Audience: The session is intended for anyone interested in using human rights principles to advance the health and rights of people who use drugs. The conveners have experience in multiple countries, and it is hoped that the session will be genuinely international and foster discussion about what works and what doesn't in particular places. Outcomes: The anticipated outcomes of this session are to: 1) foster networking, collaboration, and skills sharing among harm reduction advocates interested in human rights documentation; 2) build the capacity and interest of harm reduction advocates to conduct documentation projects; 3) gather and disseminate materials (such as legal standards and sample reports) that will facilitate documentation projects.

**Session:** C35: Human Rights Violations in the War on Drugs: Linking Documentation to Advocacy

**Time:** 2009-04-22, 16:00 - 17:30

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**ID/Title:** 994 **When the junkies took over the asylum**

**Author(s):** Madden, Annie

**Abstract:** Annie Madden is currently the Executive Officer of the Australian Injecting & Illicit Drug Users League (AIVL) which is the national peak body representing state and territory drug user organizations and illicit drug users at the national level. Prior to her current role, Annie was the Co-coordinator of the NSW Users & AIDS Association (NUAA) for six years. She has an honors degree in Social and Political Sciences. She is on numerous national, Commonwealth Government and research committees including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 12 years, has been an injecting drug user for over 17 years and has been on methadone for the past 10 years. AIVL has been managed by and employed current and pharmacotherapy maintained drug users for the past 12 years. It clearly demonstrates that drug users can and do manage their own agency. Drug users are capable driven and enthusiastic workers, when they do not have to dissemble about the issues affecting them and when the workplace can accommodate some of the difficulties that arise from staff's need to comply with inflexible replacement therapy programs. AIVL remains an outstanding example of an organization run by and for drug users and an enduring illustration of the value of employing drug users. Annie will reflect on the particular challenges and opportunities of managing a drug user self-organization.

**Session:** M7: The Good, the Bad and the Ugly: Employing Drug Users in Harm Reduction

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 995 **Standing up and standing out**

**Author(s):** Lewis, Dean

**Abstract:** Dean Lewis's drug use dates back to the early 1980s. Through the 80s and 90s, he was involved in the revolving door process of detoxification, rehabilitation and relapse that saw him go in and out of treatment too many times to count until all access to treatment was closed to him and all of the rehabs in India had blacklisted him. Sharan - an NGO in New Delhi - offered him a small job in 1992 and when they started India's first OST pilot project with Buprenorphine, Dean was the first client on OST that worked full time with the organisation. Sharan today manages the majority of India's OST sites, providing services to over 3,000 IDUs. All of these sites are staffed by drug users. Dean will talk about issues related to the management of drug user staff, including his own experiences as a drug user of working in corporate and civil society sectors. He will reflect on the unique situation of attempting to mainstream street-based IDUs in India, particularly in respect to their access to health, food, shelter, and educational and job opportunities. He will also comment on the issues with the formation of networks within the drug user communities in India. Dean Lewis currently works as a manager with Sharan, and is part of the secretariat for 'Response Beyond Borders' - The Asian Consortium on Drug Use, HIV, AIDS and Poverty. He is also the Country Coordinator for India for Duke University's research project on orphans and vulnerable children.

**Session:** M7: The Good, the Bad and the Ugly: Employing Drug Users in Harm Reduction

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 996 What goes on behind closed doors?

**Author(s):** Robbins, Claire

**Abstract:** The employment of drug users in UK drug services has increased but continues to be viewed with concern and anxiety. In particular, many agencies continue to apply 'a two-year drug free rule' even though this is probably in breach of English employment law. However, in reality far more drug users work in UK drug services than the 'out' population. Claire Robins is a Clinical Nurse Specialist at the Soho Rapid Access Clinic (CNWL Mental Health Trust NHS). As part of her dissertation, she investigated patterns of drug use among UK drug workers. Her dissertation looked at 'open' and 'closed' current and former drug users in employment within the drugs field. It also explored the feelings and attitudes of employers and other workers to working alongside drug using staff. The merits of the widespread practice of insisting that drug workers be two years drug free will also be explored. Claire will also review the use of employment policies within providers of drug treatment and draw out lessons for those looking to employ drug users. Claire will draw comparisons between the current status of drug using employees and closet homosexuality. She will explore the historic stigma and pathology foisted on both of these groups by psychiatry.

**Session:** M7: The Good, the Bad and the Ugly: Employing Drug Users in Harm Reduction

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 997 The agonies and the ecstasies of managing staff who use drugs

**Author(s):** Southwell, Matthew

**Abstract:** Mat Southwell brought the philosophy of community participation from the HIV sector, where he had volunteered in an organization whose Director was a qualified social worker and gay man living with AIDS. With a degree of naivety, Mat took these principles into the Healthy Options Team (HOT), a pioneering community harm reduction that employed active injectors and people engaged in drug treatment. Mat will argue that organisations benefit from the dynamic interplay that takes place within clinical services that are able to draw on both experiential and professional expertise. He will describe how HOT went onto to become an award winning and pioneering harm reduction service that integrated active drug users into its workforce. He will also describe how this led to progressive employment practices for staff who use drugs across East London & City NHS Drug Services and to a lesser degree within local NHS services as a whole. He will talk about the support needs, the opportunities and challenges of employing staff who use drugs. He will also talk about the management demands of leading an organization that employed staff who used drugs within a mainstream national health service organization and within a field that was disapproving of this innovation, Mat will also reflect on the failure of HOT's parent organization, East London & City NHS Drug Services, to continue with these employment practices after his Departure as Head of Service and General Manager.

**Session:** M7: The Good, the Bad and the Ugly: Employing Drug Users in Harm Reduction

**Time:** 2009-04-22, 11:00 - 12:30

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**ID/Title:** 999 Drug user perspectives on human rights in Asia

**Author(s):** Sharma, Umesh

**Abstract:** Asia remains the only region in the world which does not have a regional human rights monitoring body. Several governments in the region have been identified as facing serious impediments in implementing and following laws and policies that incorporate and respect human rights. This situation is greatly exacerbated when governments emphasize drug control over public health when addressing drug use, and HIV among people who use drugs. Drug users in several countries in the region and across the world have initiated several campaigns to promote human and health rights. The results of these campaigns have been documented, in terms of processes and results with significant successes. In addition, in recent months, several initiatives have recognized the importance of human rights as an overarching principle to guide HIV prevention and drug treatment. In particular the UNGASS on drugs process and the recent submission to the Human Rights Council by human rights advocacy groups are examples that will be highlighted in the presentation. This presentation will illustrate patterns of the denial of human rights or the absence of protection of human rights for people who use drugs in Asia, and show how this lack of mechanisms for human rights protection is severely undermining the effectiveness of public health interventions. The presentation will also include specific suggestions and recommendations through which human rights might be promoted among people who use drugs. Such recommendations will be based on the "Nothing about us, without us" international guidelines as well as the International HIV/AIDS Alliance module for drug user involvement.

**Session:** P2: Harm Reduction and Human Rights

**Time:** 2009-04-21, 09:00 - 10:30

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**ID/Title:** 1000 The right to health in Asia

**Author(s):** Grover, Anand

**Abstract:** The Asia Commission has indicated that in Asia the HIV pandemic is going to be concentrated and be largely restricted to vulnerable groups, namely Sex Workers, Injecting Drug Users (IDUs) and Men having Sex with Men (MSM). Proven successful interventions include condom promotion amongst sex workers and MSM and needle syringe programmes amongst IDUs. Though very effective in reducing the risk of transmission and the mainstay of HIV intervention programmes across the region, drug use, sex work (or activity around it) MSM practices are, barring a few exceptions, criminalised in the region. The interventions of condom usage and needle syringe are considered abetments to offences and though critical for the success in tackling the spread of HIV/AIDS are always in the danger of being prosecuted for abetment. Some peer groups have been prosecuted for such interventions. Drug users, more than any other vulnerable group are treated as criminals instead of being persons who are in need of treatment. Unfortunately, evidence-based drug dependence treatment is not available for IDUs – but non-scientific, non-evidence based treatments are. Even ART for HIV and treatments for HCV are unequally available to IDUs. Such interventions are a right of IDUs both under domestic constitutional regimes and under international humanitarian law – particularly Article 12 of the International Covenant of Economic Social and Cultural Rights regarding the highest attainable standard of health. This right cannot be abrogated by resort to international Narcotic Conventions. The right to health always supersedes any other right, including the right to criminal prosecution for drug use. It is time that State parties in the region take into account their obligations and make changes in law and policy to ensure the right to treatment of drug users. A beginning can be made by protecting the harm/risk interventions from any civil and criminal liability.

**Session:** P1: Injecting Drug Use and HIV: A Comprehensive Review of the Situation and Response in Asia

**Time:** 2009-04-20, 11:00 - 12:30

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**ID/Title:** 1003 High incidence of hepatitis C virus resolution and reinfection in a cohort of injecting drug users

**Author(s):** Pedrana, Alisa Edith ; Aitken, Campbell ; Higgs, Peter ; Hellard, Margaret

**Abstract:** An estimated 170 million people worldwide carry the hepatitis C virus (HCV). Spontaneous clearance of HCV infection and reinfection is well recognised but the extent and the factors affecting HCV infection, clearance and re-infection remain uncertain. Previous studies have been suggested that sustained opiate use causes immunosuppression and consequently contributes to a greater susceptibility to HCV infection, reinfection and encourages HCV persistence. We conducted a prospective study of HCV infection involving over 380 IDUs recruited in Melbourne, Australia. We examined whether sustained opiod use (currently on treatment or injecting >6/wk) by participants was associated with increased primary conversion, resolution and re-infection. Among the 380 participants, 280 had given blood samples and been interviewed at least twice (maximum ten times, median 4 times), with a medium interval of 104 days (range, 12-894). Among the 63 subjects with two or more blood samples and no evidence of prior HCV infection, 12 naïve infections (14.5 cases per 100PYs) occurred, and among the 54 subjects with evidence of HCV clearance at baseline or during the study, 25 reinfections (43.3 cases per 100PYs) occurred. Among the 12 HCV naïve infections, 2 subjects went on to resolve their naïve infections (29.9 resolutions per 100PYs) with median interval of 194 days (range, 116-438). Among the 114 participants that were "currently infected" at baseline or were reinfected throughout the study, 24 subjects resolved their infection (20.2 resolutions per 100PYs) median interval of 381 days (range, 32-995). Univariate analysis showed sustained opiod use was not significantly associated with primary conversion, hazard ratio= 0.65, p-value= 0.46, CI (0.21-2.04); secondary resolution, hazard ratio= 1.87, p-value=0.25, CI (0.64-5.48); combined resolution, hazard ratio= 2.10; p-value= 0.17, CI (0.72-6.10) or reinfection, hazard ratio= 0.84, p-value=0.72, CI (0.33-2.14) suggesting that sustained opiate use has little influence of HCV susceptibility and persistence.

**Session:** E3: Poster Session 3

**Time:** 2009-04-22

**ID/Title:** 1004 Integrated Services and/or Strengthening Health Systems

**Author(s):** Xu, Peng

**Abstract:** The author serves as the key peer educator in Beijing-based Drug peer Education program focused on providing information to drug users in the community and grassroots organizations. This early work has blended harm reduction and peer education techniques for community education. The author is a lecturer of drug control prevention and education in Beijing's Educational Base of Forbidding Narcotic & Hallucinogen, and has conducted effective peer education work for more than a year. He has worked with the Drug Dependence Research Institute of Peking University (NIDD) and compulsory drug control centers to train and develop people with drug use history to become peer educators to start work in the city's compulsory rehabilitation centers. He integrates education about methods for keeping drug-free with HIV prevention education and harm reduction measures in both compulsory detoxification and community settings. The author uses a set of participatory methods aimed specifically at methadone patients. He has also included using the internet to report and educate. His presentation will focus on the current situation facing peer educators in Beijing, and reflect on the challenge of combining of drug treatment and harm reduction in outreach work, a challenge that will become more relevant with the introduction of community treatment under the new drug law implemented in 2008.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

**ID/Title:** 1005 Substitution Treatments / Medically Assisted Treatments

**Author(s):** *Xin, Deming*

**Abstract:** Starting in 2004, Yunnan's Gejiu City has run methadone maintenance, and to date has had more than four years of experience in this area. However, when patients become sick and must stay in the hospital, they are unable to make the daily trip to the methadone hospital. Our grassroots organization, Huyangshu, has made investigation, conducted interviews, and formulated an advocacy campaign on this topic. We have found that many patients when they become sick must rely on the help of friends and families to take a taxi every day to the hospital, adding pressure to their already fragile condition. When their condition becomes worse (HIV prevalence among drug users in Honghe is high so this is an important and not infrequent issue), how are they supposed to get to the methadone clinic? We have had several cases where patients have been too sick to get out of their hospital bed, and thus have not been able to get to the clinic to get their daily dose of methadone. In addition to the severity of their initial sickness, they must go through withdrawal and risk an increase of potential relapse, leading to much pain and speeding up the chances of their own death. Much suffering is caused in this current context. This poster will describe the current situation in Gejiu city and discuss how a drug-user run community group has considered attempting to change this situation.

**Session:** E2: Poster Session 2

**Time:** 2009-04-21

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**ID/Title:** 1006 Resourcing harm reduction on a global basis

**Author(s):** *Stimson, Gerry*

**Abstract:** The global state of harm reduction is poor. This is especially true where harm reduction services are needed most urgently. The need for increased donor investment has been identified as a priority by the international harm reduction networks. Firstly, funding must be proportionate to need. People who use drugs have been the least to benefit from HIV prevention, treatment and care services. For example, it is estimated that in 2006 less than US \$100million was invested globally in harm reduction out of a total global AIDS response of US \$8billion. Harm reduction receives less than 1% of global funds for HIV when injecting drug use represents up to 10% of global infections (30% outside of Africa). Resources for harm reduction and HIV/AIDS services for people who use drugs must be allocated on a basis proportionate to need, and proportionate within the overall allocation of resources to HIV/AIDS. Comprehensive coverage requires comprehensive resourcing. Secondly, attention must be paid to building the capacity of civil society to advocate for harm reduction. At current levels of donor interest the funding gap cannot be bridged. There is an urgent need to advocate for more donors, and more donor activity and commitments. However, advocacy is rarely funded as a core part of the work of harm reduction organisations. Support for policy and advocacy work is even more limited and unstable where funding for services is unavailable. As a result, the potential of civil society to engage in advocacy for policy and programme change is severely restricted. There is a pressing need to increase capacity of civil society to advocate for, and raise awareness of, harm reduction at national and international level. Advocacy is not an optional extra. It has to be funded.

**Session:** C2: Harm Reduction Donors: Feedback, Opportunities and Challenges

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 1007 Sexual adventurism among gay men: Reflecting on identity and practice

**Author(s):** Bavinton, Ben

**Abstract:** Issues: The use of alcohol and other drugs is associated with sexual adventurism and high risk sex for some gay men. In response, researchers have recommended that targeted health promotion be conducted with these men to address the intersection between sex practice and drug and alcohol use. While considerable time has been spent exploring questions relating to who these sexually adventurous men are, and what they do it is recognised that talking in terms of fixed identity or fixed behaviours can be problematic, as gay men can move in and out of particular identities, subcultures, and sex and drug use practices. Further, not all men of a given identity or in a given subculture practise high risk activities. Focusing on particular identities may also exclude others who engage in the same kinds of high risk practices but who do not identify in a certain way. Approaches: The challenge for agencies that work in HIV and drug harm prevention is to target education strategies that address high risk activities without stigmatising particular identities, or excluding individuals who may engage in risk behaviours. This presentation will introduce some key learnings regarding this population group and detail some of the strategies that have been employed by ACON when working with sexually adventurous men and drug use. Attention will be paid to debates around how AOD issues are incorporated into education strategies, e.g. is it relevant for educators to explore AOD only in terms of its relation to the transmission HIV, STIs and hepatitis C or is it necessary to include other AOD issues such as addiction, compulsive use and overdose in relation to sexual adventurism and sexual risk?

**Session:** C29: Illicit Drug Use, Intensive Sex Partying and Risk

**Time:** 2009-04-22, 14:00 - 15:30

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**ID/Title:** 1008 How much will it cost? Estimating resource needs for scaling-up harm reduction in Asia

**Author(s):** Bergstrom, Anne

**Abstract:** With an estimated 4.5 million people who inject drugs living in Asia injecting drug use, primarily of opiates, is a significant factor in determining the course of HIV epidemics in many countries in the region. Despite high HIV prevalence in this population, coverage of HIV prevention, treatment and care services for people who inject drugs is low. This study was commissioned by the United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS for Asia and the Pacific (UN RTF). The purpose of the study was to track resources available, to estimate the finances required to scale-up critical harm reduction interventions by 2010 and 2015, to provide an analysis of the resource gap, and to make recommendations for strategic allocation of resources in Asia. The methodology involved definition of the target countries, review of size of the population and HIV prevalence in the target population, definition of the critical interventions, assessment of current level of coverage and optimal coverage targets and, and analysis of the intervention unit costs. Estimation of the total resource requirements was calculated by multiplying population size with the required coverage and the unit cost for delivering services with pre-defined best practice standard. The regional resource need for harm reduction was found to total US \$ 0.5 billion per year, 70% of which is associated with resource requirements for needle and syringe programmes (NSP) and opioid substitution treatment (OST). The resource gap for NSP and OST is significant, totaling 90% of the resource need. Strategic mobilisation and allocation of financial resources and harmonization of the donor commitments will be critical in supporting countries efforts towards achieving universal access targets relevant to injecting drug use by 2010.

**Session:** C2: Harm Reduction Donors: Feedback, Opportunities and Challenges

**Time:** 2009-04-20, 14:00 - 15:30

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**ID/Title:** 1009 **The challenges in developing collaborative approaches between law enforcement and health agencies in harm reduction service provision in Cambodia**

**Author(s):** Sokunthea, Thong

**Abstract:** Issue When discussing the issue of addressing drug related issues, particularly injecting drug use in Asian communities, most governments are still relying on law enforcement agencies to use a 'crackdown' approach to deal with this problem. Only short-term punitive type approaches are being used with little recognition of the long-term consequences of these methods. For instance, while police rounding-up drug users may reduce the 'public face' of the drug problem, the spread of HIV among and from injecting drug users increases. This creates significant problems for health service providers who find their clients are displaced to other parts of the community where services do not exist or they are driven underground where they revert back to unsafe injecting behaviours. Setting Research findings have shown very clearly that law enforcement alone cannot solve successfully and sustainably all drug issues in communities. Police efforts can often be counter-productive and conflict with the goals of health agencies aimed at reducing the transmission of blood borne viruses such as HIV in the community. Harm reduction approaches can only operate effectively when supported by police. Project In Cambodia it has already been shown that law enforcement in general, and police in particular, are a key barrier to and/or key agents for the successful and sustainable introduction of harm reduction measures and programmes for solving drug related problems. The challenge for Cambodia is preventing HIV transmission among and from drug users through collaboration between law enforcement and harm reduction service providers in an environment where inter-agency collaboration is a new concept. Outcomes It is critical to establish effective collaboration, cooperation, understanding and importantly 'agreed goals' between law enforcement and harm reduction programs which take into consideration each agencies' own imperatives, cultures, drivers and agendas.

**Session:** M11: Harm Reduction Advocacy with Law Enforcement Agencies

**Time:** 2009-04-23, 09:00 - 10:30

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**ID/Title:** 1010 **Reflections on the Politics of Harm Reduction and the Global Response to HIV**

**Author(s):** McClure, Craig

**Abstract:** Outside of sub-Saharan Africa, 30% of all people living with HIV were infected through injecting drug use. In the Eastern Europe / Central Asia region, close to 70% of all HIV infections are related to injecting. We are twenty-seven years into the HIV epidemic but – finally – all international normative agencies working on health and HIV have endorsed a comprehensive set of harm reduction interventions to prevent HIV infection and ensure treatment, care and support to injecting drug users living with HIV – including WHO, UNAIDS and UNODC. Sadly, international drug policy – as outlined in the Political Declaration on Drugs which was agreed at the 52nd Session of the UN Commission on Narcotic Drugs in March 2009 – does not endorse harm reduction approaches for drug users. There is now a greater political chasm than ever before between those focused on the public health and HIV-related implications of drug use, and those focused on drug control through supply and demand reduction. This inconsistency within the UN system raises urgent questions about the lack of coherence in the UN response to HIV/AIDS and drug use. Craig McClure, the outgoing Executive Director of the International AIDS Society, will reflect on the past five years in his position and the evolving status of the HIV response and injecting drug use.

**Session:** CS: Closing Session

**Time:** 2009-04-23, 15:15 - 16:30

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**ID/Title:** 1011 **An ontology-based simulation model exploring the social contexts of psychostimulant use among young Australians**

**Author(s):** *Perez, Pascal ; Dray, Anne ; Dietze, Paul ; Moore, David ; Jenkinson, Rebecca ; Siokou, Christine ; Green, Rachael ; Hudson, Susan L. ; Maher, Lisa ; Bammer, Gabriele*

**Abstract:** The reported prevalence of psychostimulant use in Australia is among the highest in the world. Despite considerable research efforts, little is known about the social contexts of psychostimulant use and related harms. In order to better understand the influence of social contexts on psychostimulant-related harms, a multi-site ethno-epidemiological approach was used to iteratively inform a simulation model, called SimAmph. Model development followed three principles: (1) collective design, (2) incremental design and (3) inductive validation. A conceptual model gradually emerged from site-specific representations and finally evolved into an ontology-based generic model. The ontology describes how social norms and health-related experiences influence individual inclinations to partying, drug use and 'bingeing'. Probabilities of physical and mental harm are derived from our ethno-epidemiological evidence. Finally, intervention scenarios are being tested, including the introduction of pill-testing facilities to reduce harm among young drug users, the impact of sniffer dogs on drug users behaviours and outcomes and targeted educational interventions.

**Session:** C11: Methods of Harm Reduction Research

**Time:** 2009-04-20, 16:00 - 17:30

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**ID/Title:** 1012 **Lessons not learnt: The UN High Level Segment on Drug Control**

**Author(s):** *Fordham, Ann*

**Abstract:** On the 12th March 2009, the UN adopted a new Political Declaration on 'International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'. The declaration is the culmination of a year-long reflection on the last 10 years of international drug control. The commitments and objectives under review were those agreed by the UN General Assembly Special Session on Drugs in 1998 where the meeting slogan was 'A drug free world – we can do it'. Coincidentally, 2009 represents one hundred years of international drug prohibition. Prohibitionist policies to limit the cultivation, production, distribution and use of controlled substances have been the mainstay of drug control since the Shanghai meeting of the International Opium Commission in 1909. The United Nations conventions that make up the current legal framework for prohibition have been signed and ratified by almost all UN member states and nearly all governments have actively pursued a law enforcement led approach to drug control at the expense of protecting human rights and public health. The evidence that prohibition has failed in its stated aims is overwhelming. The negative consequences such as the marginalisation of people who use drugs, the spread of HIV and the huge profits for organised crime are well documented. Despite these lessons, the new declaration represents a renewed call for a tougher war on drugs but with the expectation that more of the same may start to yield different results. This presentation will provide an overview of the UN review of global drug policy, the highlights from the recent UN High Level Segment in Vienna and a brief discussion of the implications of the Political Declaration.

**Session:** M13: The UN High Level Segment on Drug Control: Reflections and Implications for International Drug Policy

**Time:** 2009-04-23, 11:00 - 12:30

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**ID/Title:** 1013 Casting the net wider: Rethinking international advocacy post 2009

**Author(s):** *Barrett, Damon*

**Abstract:** For many years, and with few exceptions, international advocacy on harm reduction and drug policy has focused on a relatively small corner of the United Nations with specific drug mandates. In the lead up to the new political declaration adopted in March this year, hundreds of NGOs engaged in good faith in the process in an attempt to influence the outcome. Our voices were mostly ignored. Following the adoption of the new declaration, one that is fundamentally weak on human rights, that ignores harm reduction, that is again skewed towards illicit use rather than ensuring access to medicines, and that learns none of the lessons of the last ten years, what now for international drug policy and harm reduction advocates? It has been stated that the definition of insanity is doing the same thing over and over and expecting a different result. We often use this idea to criticise the international drug control system. But what does it say of our approach to it? Should we now consider that corner of the UN a dead end? This presentation looks at some of the other advocacy opportunities within the UN system, from the political, treaty monitoring and programmatic perspectives.

**Session:** M13: The UN High Level Segment on Drug Control: Reflections and Implications for International Drug Policy

**Time:** 2009-04-23, 11:00 - 12:30

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