



**17th** INTERNATIONAL CONFERENCE  
ON THE **Reduction of**  
DRUG RELATED **HARM**  
April 30 – May 4, 2006 | Vancouver, Canada



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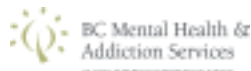
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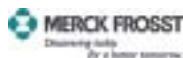
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MONDAY MAY 1, 2006

**Mo.01.1**

**Culture is Healing-The Foundation For Creating Harm Reduction Policy and Programs For Indigenous People**  
Christian, Wayne, Splots'in First Nation, Secwepemc Nation, BC, Canada

Many Aboriginal communities in Canada have endured the multigenerational legacy of the forced removal of children and placement in the residential school system (boarding school). The full impact of this legislated genocide is reflected in our communities in multiples ways; rapidly increasing rates of communicable disease, the complex effects of addiction, social dislocation, discrimination, human rights violation, and high numbers of children in care of the state, suicide and poverty. Harm reduction philosophy must be grounded in the understanding that many of our First Nations are in pain. The levels of drug use on and off reserves in British Columbia, Canada, including in injection drug is alarming and a grave concern. Many people in our communities are addicted, suffering in isolation and still grappling with the legacy of physical and sexual trauma. With significant increases in resources, acknowledging this trauma and unresolved emotional pain may be one way that community based health representatives (CHRs), addiction specialists and other practitioners can begin to mitigate the impact of the epidemic currently threatening our communities. In order for harm reduction principles to be effective, community based response including addictions programming must be built solidly upon indigenous laws, values and strategies for healing.

**Mo.01.2**

**Remembering the Past and Rebuilding the Present: Is there a Future for Harm Reduction and Indigenous Peoples?**

Walters, Karina University of Washington School of Social Work and Native Wellness Research Center, Seattle, WA, USA

American Indians, Alaska Natives, First Nations and other Indigenous populations have endured a succession of historically traumatic and discriminatory assaults on their communities and families over time. Anecdotal and preliminary empirical evidence suggests that these types of assaults are associated with drug use and HIV risk behaviors. Utilizing data from an urban Native HIV prevention study, this presentation highlights how historical trauma and microaggression experiences can be integrated into future harm reduction strategies for drug abuse and HIV risk prevention efforts.

**Mo.02.3**

**Self Help of Drug Users In Germany: Critical Opponent and Partner in Drug Work**

Schaeffer, Dirk, Deutsche AIDS Hilfe, JES-Netzwerk, Berlin, Germany

In Germany, the drug users' self help network JES (junkies, ex-users and people in methadone treatment) is now about 16 years old. It's position in the field of accepting drug work has been strengthened both by the support of NGO's and the delicate but continuous co-operation with governmental institutions. As the aims of JES don't correspond to the aims of the German drug policy in many areas, a lot of difficulties had to be overcome. This presentation provides an insight into the relationship between JES and the German government. It focuses on the process of rapprochement and co-operation between both parties and on it's positive as well as negative effects on JES.

The intention of this presentation is to encourage NGO's and governments of other countries to get involved with the aims, concepts and work approaches of the self help of drug users, to reconsider prejudice and to give these groups a chance to bring in their potential and competence in the field of harm reduction.

**Mo.03.1**

**How the US Conservative Sexual Agenda Gets Exported Around the World**

Simon, Sue, Open Society Institute, Sexual Health and Rights, New York, NY, USA

My presentation will explore how matters of sexuality are taking center stage in political battles, both domestically and internationally. It focuses on how the Bush administration is bringing conservative religious values to its policies and public messages related to sexual issues—especially, “prostitution.”

A law was passed by Congress in 2003 mandating that international organizations must sign a policy “opposing” prostitution. In 2005, this policy was also applied to U.S. organizations. On September 23, the Open Society Institute and its affiliate, The Alliance for Open Society International, filed a lawsuit against USAID to challenge this policy.

We believe that forcing public health groups to sign this pledge violates the constitution by mandating private organizations to adopt the government's ideology and restrict how they use their own private funds. Moreover, the pledge requirement undermines efforts to provide life-saving services and information to sex workers.

In many countries, the HIV epidemic is concentrated among sex workers. Economic and political changes over the past few decades have created financial hardships—especially for women. These difficulties have resulted in dramatic increases in the number of women

and girls who sell sex to support themselves and their families.

Sometimes, there is a correlation between drug use and sex work-drug users might turn to sex work to support their addiction while others begin using drugs to "escape" the harsh circumstances in which they are living. Regardless of the circumstances, the exchange of sex for money or drugs is often fraught with violence and risk of HIV infection.

Does America know best? U.S. public health policies in harm reduction, abstinence only HIV prevention and sexual health are trampling evidenced based public health. Lessons we Americans fail to learn at home get played out time and time again on foreign shores with horrific results.

### Mo.03.3

#### **Working With Indifference: Sex, Drugs and The Role of the Consultant Midwife**

Macrory, Faye, Manchester Specialist Midwifery Service, Manchester, UK

Manchester Specialist Midwifery Service is based in Manchester, U.K. Service provision is firmly rooted in the sphere of public health and embraces all aspects of a vulnerable, socially excluded life-style. The team consists of a Consultant Midwife, four specialist midwives, a specialist health visitor and a personal secretary. The service has a city-wide remit and broad ranging responsibilities that include providing input to three maternity hospitals, four drug service bases, a project for sex workers, the regional in-patient detox unit, and a local women's prison. It also co-ordinates the care for HIV positive women identified through the antenatal HIV screening programme. This involves collaboration and training across a wide range of health and social care agencies, both statutory and voluntary, in addressing the complex issues associated with substance misuse, mental health, domestic violence, sexual abuse and prostitution. Family planning is also provided.

Changes in drug treatment, maternity and paediatric services are an investment in the health of future, as well as present generations. Meaningful and effective interventions have the great potential to positively impact on parenting in the long-term, reduce the need for children to be placed in care, and help to break the present cyclical nature of drug use, poverty and despair.

Great pride is taken in its innovative and creative style of health care delivery and with well-established links to many related agencies, the Specialist Midwifery Service aspires to make a real difference to the lives of those they try to reach.

### Mo.04.1 (Film)

#### **The Prime Minister, The Junkie and the Boys on Death Row**

Sim, Kevin, Yorkshire Television for IYV, UK

Made in 1991 this documentary provides a compelling overview of the drug use situation of Malaysia widely described by the government as a threat to national security. The government response has been to impose draconian measures in which the trafficking of sometimes small amounts of illicit drugs has resulted in the death penalty. The documentary features a probing interview with the former Prime Minister of Malaysia, Mahatir Bin Mohamad, about his views on the death sentence for those convicted of drug related crimes, follows a drug user and explores the difficulties of his drug dependency, highlights the views of a senior law enforcement official during and after a drug raid, and poignantly captures the insights of prisoners that live on death row. Thousands of drug users during the making of this documentary were sent to rehabilitation centres for up to two years, yet the government was resigned to acknowledging that little success was achieved by this action. The execution of many people as a result of the Malaysia's 'War on Drugs' had little impact as reflected in the rising number of drug users and drug selling related arrests. The historical significance of this documentary has greater resonance because as of 2006 the Government of Malaysia officially endorsed the harm reduction approach by implementing drug substitution programs, needle syringe programs, and the creation of drop in centres for drug users to name but a few public health interventions to improve the lives of active drug users.

### Mo.04.2 (Film)

#### **Gearhead**

Magee, Joe, Knowle West Media Centre, UK

Between 2002 and 2004 artist-filmmaker Joe Magee worked with young people and Knowle West Media Centre (UK, Bristol) on the Knowle West estate - resulting in this award-winning short film. The film was made with non-actors, with no crew or lighting. Shot on digital video, the imagery has been heavily manipulated and graphically colorized, with Magee creating an experimental soundtrack. 'Gearhead' presents a day in the life of a heroin addict. In 2004 'Gearhead' won the Film Council First Light Best Film Award. Sir Alan Parker, who presented the award, said, "The judges felt that this film was a clear winner due to the incredibly sophisticated use of visual, aural and structural properties of film. This is a haunting film and stays with the viewer perhaps for longer than they would like. Very imaginative, edgy - strongly directed and grimly clear."

## Mo.05.1

**Using Illicit Drugs with Clients Increases Vulnerability Among Survival Sex Workers**

Shannon, Kate<sup>1</sup> Bright, Vicki<sup>1</sup> Oleson, Megan<sup>1</sup> Gibson, Kate<sup>2</sup> Tyndall, Mark<sup>3</sup>

<sup>1</sup> Maka Project, BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

<sup>2</sup> Women's Information Safe House (WISH) Drop-In Centre Society, Vancouver, BC, Canada

<sup>3</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background:** Women engaged in survival sex work have remained largely at the periphery of health and harm reduction policies and services despite increasing evidence of the dual sex and drug related vulnerabilities. The social context and instability of many women's lives places them at high risk for blood-borne transmission through abject poverty, substance use, violence, sexual assault, and mental illness. As well, the illegal nature of sex work forces many women to work in dangerous conditions and limits their means of self-protection.

**Objectives:** The Maka Project, a collaboration between WISH Drop-In and BC Centre for Excellence in HIV/AIDS, aims to use participatory research to facilitate women's input in developing HIV prevention, treatment and care strategies. The present analysis is restricted to interviews and HIV diagnostic testing conducted between September and November 2004. Univariate and multivariate analysis were used to explore associations with using drugs with clients.

**Results:** Of a total of 198 women, 115 (57%) were of First Nations, Metis, or Inuit ancestry. The median age of sex work initiation was 19 years (IQR:15-26 years). The HIV prevalence was 26%. In logistic regression, using drugs with clients was associated with borrowing a crack pipe (aOR=4.61, 95%CI:2.26-9.44), being offered more money to not use a condom (aOR=2.80, 95%CI:1.34-5.82), inconsistent condom use (aOR=2.67, 95%CI:1.23-5.85), intensive/daily crack use (aOR=2.35, 95%CI:1.34-2.91), and having a bad date (aOR=2.22, 95%CI:1.15-5.35).

**Conclusions:** Using drugs with clients may be a crucial risk marker for sexual and drug-related harms and subsequent HIV infection among women sex workers. HIV prevention and harm reduction initiatives targeting both women and clients are urgently needed in this community and must recognize the overlapping boundaries between sex and drug use partners in survival sex work.

## Mo.05.2

**HCV Prevalence and Injecting Risk Behaviour Among Injecting Drug Users Including Women Sex Workers in Barnaul, Russian Federation**

Maksimova, Svetlana<sup>1</sup> Maksimov, Maxim<sup>1</sup> Platt, Lucy<sup>2</sup> Rhodes, Tim<sup>3</sup>

<sup>1</sup> Altai State University, Barnaul, Russia

<sup>2</sup> Centre for Research on Drugs and Health Behaviour, Imperial College, London, UK

<sup>3</sup> Imperial College, London, UK

**Background/Objectives:** To establish the prevalence of HIV and hepatitis C (HCV), and associated risk behaviour among injecting drug users (IDUs) including women sex workers in Barnaul, Russia. At present, IDUs and commercial sex workers (CSWs) are the main groups at risk of transmitting HIV and HCV and sexually transmitted infections yet in many Russian cities there is an absence of research knowledge on patterns of risk behaviour.

**Methods:** An unlinked anonymous cross sectional survey of IDUs (n=501) including commercial sex workers (n=100) recruited from non treatment settings with oral fluid sample collection/ Participants completed a structured questionnaire administered by field workers and oral fluid samples were tested for antibodies to HIV and HCV.

**Results:** HCV prevalence was 53.9% in Barnaul (95% CI 49.0%-58.3%, 263/488). Almost all HCV positive IDUs were also HIV positive. In adjusted model, the odds of HCV were higher in IDUs reporting injection of home produced drugs. There was some indication of increased odds associated with paraphernalia sharing in general or front-loading in particular.

In Barnaul higher odds of HCV positivity were associated with duration of injecting. We found high rates of unreported HCV positivity, with 74.9% (173/231) unaware that they were HCV positive.

**Discussion:** The research carried out is significant not just at a scientific level, but also from a practical point of view since it increases awareness of IDUs' behaviour as being one of the most important indices of risk, as it reflects the potential danger of a large-scale spread of HIV and HCV and sexually transmitted infections in society. The information obtained is significant for developing policies and carrying out effective preventative treatment intervention, and also for the programme for harm reduction.

## Mo.05.3

**Intravenous Drug Users (IDU) Among Brothel-Based Commercial Sex Workers (CSW) In Tangail and Persuade on the Harm Reduction Strategy**Chanda, Sanchoy<sup>1</sup> Molla, Musaraf<sup>1</sup> Islam, Tuhinul<sup>2</sup><sup>1</sup> Society for Promotion of Health, Education and Environment (SPHEE), Dhaka, Bangladesh<sup>2</sup> Society for Social Services (SSS), Tangail, Bangladesh

**Background:** Needle sharing among Injectible Drug Users (IDU) is routine in Bangladesh, three out of four reported receptive sharing needles. It is also a common trend among Commercial Sex Workers (CSW). IDU are the first population in Bangladesh to be affected by the HIV epidemic, and CSWs are the most vulnerable group because of other risk factors like high STD, highest clients turnover in Asia-18.8 clients/week with condom use rate of 4%. Society for Social Services (SSS), a local NGO took the initiative of intervention on needle sharing and proving information on negative consequences of intravenous drug use on their health.

**Method:** 39 CSWs using injectable drugs out of 987 CSWs living in Tangail brothel (a northern town of Bangladesh) were identified by snow-ball sampling method in January 2004. A professional injector was provided in the static clinic just outside brothel, with enough clean needles for each injection. Other means like condoms and health education was also provided to prevent negative consequences on health.

**Results:** Clean needle practice is now increased remarkably among CSWs, needle sharing has decreased about 67 %, drug use altogether decreased by more than 43%. Knowledge and understanding of the transmission of HIV through the sharing of needles and consequences on health has also increased. Condom use rate in the last sex is increased to 21% and quality of life improved during the project implementation period.

**Conclusions:** It is important to pay attention to CSWs because of the fact that they are not an isolated population. Harm reduction intervention, including needle and syringe accessibility and substitution program should be considered among CSWs and IDU-clients as well. Our policy maker should think about successful interventions in other brothels and creating an enabling environment in the brothel for harm reduction to protect this marginalized population in Bangladesh.

## Mo.05.4

**Breaking a Myth About HIV Among Sex Workers In South Africa: Are Boyfriends the Risk?**

Wechsberg, Wende; Riehlman, Kara; Karg, Rhonda; Lam, Wendy; Luseno, Winnie; RTI International, RTP, North Carolina, USA

**Background:** HIV prevalence among poor women in South Africa is alarmingly high. Although many engage in sex trading because of their limited skills, education,

and job opportunities, their risk may not be solely a result of their risky sex practices. Many of these women use alcohol and others drugs to face daily challenges of survival and victimization, and in addition to trading partners, many have both main and casual sex relationships.

**Methods:** A woman-focused intervention initially developed in North Carolina in 1998 that addresses cultural, contextual, and gender issues has been successfully adapted to reduce harm among this high-risk and underserved population of alcohol and drug-using sex workers in Pretoria, South Africa. The intervention focuses on reducing risks in three main areas: a) dangerous consequences of alcohol and drugs b) violent victimization experiences, and c) sexual relationships with casual and trading partners.

**Results:** Of the 265 women recruited to date, 68% have tested HIV-positive. Preliminary data suggest that unprotected sexual activity with main partners is associated with increased HIV seropositivity. Eighty-five percent of women with main partners who did not use a condom during the most recent sexual contact with that partner were HIV-positive compared with 60% of the women who did use a condom ( $p < .05$ ). HIV-positive women reported greater frequencies of vaginal sex with main partners compared to HIV-negative women. HIV status was not associated with sexual behavior with sexual trading partners.

**Conclusion:** Despite risky sex practices of many poor South African women, vulnerabilities to HIV may be more significant within main partner relationships than casual trading partners. Main partner relationships may be non-monogamous, yet condom use is rare in these sexual encounters. To reduce the spread of HIV in South Africa, interventions must reduce risks associated with all unprotected sexual practices, with both casual and main partners.

## Mo.06.1

**Informed Consent in Hepatitis B Vaccine Research with Injection Drug Users**Marshall, Patricia<sup>1</sup> Grau, Lauretta<sup>2</sup> Singer, Merrill<sup>3</sup> Scott, Greg<sup>4</sup> Seal, Karen<sup>5</sup> Heimer, Robert<sup>6</sup><sup>1</sup> Case Western Reserve University School of Medicine, Cleveland, OH, USA<sup>2</sup> Yale School of Public Health, New Haven, CT, USA<sup>3</sup> Hispanic Health Council, Hartford, CT, USA<sup>4</sup> DePaul University, Chicago, IL, USA<sup>5</sup> University of California - San Francisco, San Francisco, CA, USA<sup>6</sup> Yale School of Public Health, New Haven, CT, USA

**Background:** National and international guidelines for informed consent to research are well established. However, the application of guidelines for consent may be difficult for researchers when they confront the pragmatic realities of working in the field. Comprehension of

the elements of consent may be compromised by language barriers and the use of complex scientific concepts. The "Syringe Exchange-Based Hepatitis Vaccination Study" is a multisite, randomized control trial to ascertain the feasibility and cost-effectiveness of offering HBV vaccination services through syringe exchange programs (SEPs) in Bridgeport and Hartford, Connecticut and Chicago, Illinois. Another study aim is to conduct a systematic investigation of the informed consent process and are reported herein.

**Methods:** Approximately two weeks post-consent, interviews were conducted with 250 IDUs who were deemed eligible for vaccination in the hepatitis B vaccine study. Information was collected on comprehension of the study purpose, potential risks and benefits of participation, the voluntary nature of participation, and motivations to participate in the study. Item content was independently coded by two researchers, and consensus on code assignments was achieved at periodic team meetings.

**Results:** Study participants had positive attitudes about participating in the study. They reported being highly motivated to participate in studies that potentially benefit their health regardless of whether or not they receive financial incentives for participation. The majority of participants also had excellent comprehension of study procedures, risks and benefits as outlined during the informed consent discussion at the screening visit. Most participants accurately reported that they were told participation in the study is voluntary. By contrast, understanding of the study purpose was less well understood.

**Conclusions:** Our findings raise questions about the level of comprehension necessary for participants to make informed choices regarding study participation. There is an urgent need for empirical research on informed consent in research with vulnerable populations such as IDUs. Simplified consent forms and educational interventions to improve comprehension of consent for studies with IDUs should be tested and evaluated.

#### Mo.06.2

##### The Ethics of HIV Vaccine Trials in Vulnerable Populations: Beyond Informed Consent

Berkhout, Suze<sup>1,3</sup> Tyndall, Mark<sup>2,3</sup>

<sup>1</sup> Dept. of Experimental Medicine, Dept. of Philosophy, The University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> Dept. of Medicine, Division of Infectious Disease, The University of British Columbia, Vancouver, BC, Canada

**Issue:** In Vancouver's downtown eastside (DTES), women most at risk of HIV infection include those who are young, who live in poverty, cope with violence and multiple addictions, and whose survival necessitates the participation in commercial sex work. Although a modestly effective HIV vaccine could significantly reduce

the risk of new infections, controversy surrounds the testing of such a vaccine.

**Approach:** Using the UNAIDS "Guidance Points on Ethical Considerations in HIV Preventive Vaccine Research" as a framework, this paper provides a philosophical analysis of some potential harms of HIV vaccine research, and considers whether potential benefits might surmount such harms.

**Key Points:** Outside of informed consent, two key issues arise as potential harms of HIV vaccine research in vulnerable populations. The potential for trial participants to alter their risk behaviour could diminish the impact of harm reduction initiatives. Furthermore, the nature of vaccine trials might be considered exploitative, given that the risk of HIV infection in vulnerable communities is closely tied to their social and economic marginalization. This paper argues that these potential harms have limited impact when we consider the context within which risk exists for this population. Moreover, HIV vaccine trials may neutralize the effects of some inequalities faced by survival sex workers within the DTES in a way that few social services can claim to do.

**Implications:** This analysis attempts to address a number of controversial issues surrounding HIV preventive vaccine trials. The design of future HIV vaccine trials ought to be undertaken with the potential benefits this paper has presented in mind. In the absence of effective public health strategies, adequate social services and economic opportunities, the goal of an effective, safe, and widely available HIV vaccine is unrealizable. Here we suggest how an HIV vaccine trial itself might play a role in attaining these goals.

#### Mo.06.3

##### Ethics and Outcomes: Access to Long-term Intravenous Antibiotics for Active Injection Drug Users in a Community Setting

Buchner, Christopher; Sakakibara, Todd; Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** Injection Drug Users (IDU) rely heavily on acute care services to meet their health needs. Common infections experienced by IDU include endocarditis, osteomyelitis and septic arthritis, which often require weeks if intravenous (IV) antibiotic therapy. Typically this IV therapy is provided in the acute care setting. This leads to prolonged hospital stays (excess costs, inappropriate use of medical beds), decreased quality of life due to duration of treatment and hospital limitations, leaves against medical advice (as high as 50%), incomplete therapy and recurrence of the disease. This situation has produced poor outcomes for patients and inappropriate use of scarce resources.

**Setting:** In Vancouver, British Columbia, the mainstream healthcare system has typically treated IDUs as if they were "broken people". Because they cannot stop the

drug use that causes their infections, and comply to IV therapy regimens, they did not deserve access to care. Standard practice has been to deny care if the patient refused to discontinue drug use. Of patients admitted to hospital for treatment of these infections, approximately 1/3 leaves before complete demonstrating the lack of success of this traditional approach.

**Project:** In 2005, Vancouver Coastal Health developed the Community Transitional Care Team (CTCT). This project acknowledges that the patients are not "broken" but rather the system that denies care on the basis of a pre-existing chronic addiction is "broken". A team consisting of a nurse, a physician, a case manager and healthcare workers, provide care in a transitional housing setting. The goals are to reduce hospital stay, leaves against medical advice, and improve completion rates. This project is unique internationally.

**Outcomes:** The CTCT provides care in a culturally competent manner. Addiction and infections are treated separately so that no one must chose between quitting drugs and keeping their limb. This project focuses on ethics and outcomes. The CTCT is currently being evaluated. The results of this evaluation will be presented.

## Mo.06.4

### Strategies Towards a Successful Clinical Trial: How To Benefit From Active Participation of Injecting Drug Users

Laplante, Julie<sup>1</sup> Bruneau, Julie<sup>2</sup>

<sup>1</sup> Université de Montréal, Anthropologie, Sainte-Adèle, Québec, Canada

<sup>2</sup> Université de Montréal, Dept. de médecine familiale, Montréal, Québec, Canada

The main objective of our research is to develop strategies to conduct a clinical trial that takes into consideration the social, cultural and political aspects of the target population. We have conducted qualitative research with a population of injecting drug users (idus) targeted for the eventual clinical trial of a new hepatitis C (HCV) vaccine.

The empirical ground of our research is based on the discourses collected through 36 formal, audio taped interviews, and ethnographic work with idus in Montreal. Most of the interviews were selected from active idus of St Luc Cohort (either HCV negative or unaware of their status) hypothetically eligible for participation to clinical trials of a vaccine. The themes emerging from the data (HCV, risk, disease, health, public health strategies, vaccines, clinical trials, trust, time...) are analyzed through a critical constructivist approach in medical anthropology.

Results reveal that idus' perceptions of HCV, risk, vaccines and clinical trials, for example, are based on shared values with friends, peers and relatives rather than the reflection of public health perceptions (Carrier,

Laplante, Bruneau 2005). Public health interventions are seen as political acts of power, often linked to the public security system they fear. As a generally marginal(ized) population, the role of guinea pig and the possibility of receiving a placebo is not attractive.

We conclude that social, cultural and political aspects of this targeted population should not be overlooked. Strategies towards a successful clinical trial need to be based on the empowerment of the idu population.

Particular cultural values are embedded in clinical trials and, for the most part, are not shared by the targeted population. This practice carries strong power relations that need to be diminished during the act of administering the trial vaccine. One way to proceed is to give relevance to the knowledge of the participants (idus and clinical nurses alike) regarding the disease and the vaccine trial.

With the financial support of CANVAC and FQRSC.

## Mo.07.1

### Demographic and Behavioural Variables Associated with Attempted Suicide Among Aboriginal Youth That Use Injection and Non-Injection Drugs in British Columbia

Moniruzzaman, Akm<sup>1</sup> Schechter, Martin<sup>1</sup> Craib, Kevin<sup>2</sup> Barney, Lucy<sup>3</sup> Spittal, Patricia<sup>2</sup>

<sup>1</sup> University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

<sup>3</sup> Chee Mamuk, Aboriginal Program, STD/AIDS Control Division, BC Centre for Disease Control Society, Vancouver, BC, Canada

**Background:** Suicide claims nearly 4,000 lives in Canada annually and is a leading cause of death among teenage youth and young adults. Over 90 percent of attempted suicides are by people who are experiencing depression, having an addiction, or having other diagnosable disorders. The objective of this study was to identify demographic and behavioural variables that are associated with attempted suicide among Aboriginal youth that use non-injection and injection drugs.

**Methods:** The Cedar Project is an observational study of Aboriginal youth residing in Vancouver and Prince George, Canada. Eligibility criteria include age between 14 and 30, and self-reported use of non-injection or injection drugs at least once in the month before enrolment. At enrolment, participants complete a detailed questionnaire administered by an Aboriginal interviewer. Comparisons of variables of interest were conducted between participants who had attempted suicide and those who had not.

**Results:** Between September 2003 and July 2005, 542 participants were interviewed and completed an enrolment questionnaire. Of these participants, 195 (35%) reported attempting suicide during their lifetime. Participants who had attempted suicide were signifi-



cantly more likely to be female (56% vs. 44%;  $p=0.008$ ), bisexual or gay (16% vs. 9%;  $p=0.015$ ), and married or living in a common law relationship (28% vs. 20%;  $p=0.047$ ). Those who had attempted suicide were also more likely to report the following: bingeing with injection drugs (14% vs. 7%,  $p=0.007$ ), injecting morphine (17% vs. 11%;  $p=0.043$ ), having a drug overdose (41% vs. 22%;  $p<0.001$ ), working in the sex trade (55% vs. 40%,  $p=0.002$ ), experiencing nonconsensual sex (62% vs. 42%,  $p<0.001$ ), and attending at a alcohol or drug treatment program (81% vs. 63%,  $p<0.001$ ).

**Conclusion:** Harm reduction programs are urgently required to prevent suicide and suicidal behavior among Aboriginal youth who use injection and non-injection drugs.

#### Mo.07.2

##### High Prevalence of Injection Risk Behaviors among Injection Drug Users in Two Mexican-U.S. Border Cities

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<sup>1</sup> Programa Companeros, Ciudad Juarez, Mexico

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<sup>3</sup> University of California, San Diego, San Diego, CA, USA

<sup>4</sup> CENSIDA, Mexico City, Mexico

**Objective:** Few published reports exist on risk behaviors and prevalence of blood borne infections in Mexico-U.S. border cities. Since Tijuana and Ciudad Juarez have the most serious drug abuse problems in Mexico, we compared risk behaviors and access to syringes among injection drug users (IDUs) in these cities.

**Methods:** In 2005, IDUs who had injected within the prior month were recruited in Tijuana (N=222) and Juarez (N=205) using respondent driven sampling. Subjects who provided informed consent provided venous blood samples to permit serologic testing of HIV, HCV and syphilis and underwent an anonymous interview.

**Results:** Overall, the samples were similar in terms of gender (92% male) and median age (34 years). Median age of first injection was slightly younger in Tijuana versus Juarez (22 versus 20,  $p=0.04$ ). Comparing Tijuana and Juarez, prevalence was: HIV: (2.7% versus 3.0%), HCV: (96.4% vs. 95.5%) and syphilis: (14.1% versus 3.6%). Higher proportions reported these risk behaviors in Tijuana versus Juarez over the last six months: injecting mostly in shooting galleries (55% vs. 18%,  $p<0.001$ ), injecting mostly outside (26% vs 6%,  $p<0.01$ ), injecting with strangers (21% vs. 15%,  $p=0.13$ ). Somewhat higher proportions in Tijuana vs. Juarez reported often/always engaging in receptive syringe sharing (34% vs. 30%,  $p=0.37$ ), or distributive syringe sharing (32% vs. 23%,  $p=0.03$ ). Compared to

Juarez, IDUs in Tijuana were more likely to have been arrested for carrying used syringes (74% vs. 46%,  $p<0.001$ ) or sterile syringes (59% vs. 43%,  $p=0.001$ ).

**Conclusions:** Needle sharing and barriers to sterile syringe use are prevalent in Tijuana and Juarez. High risk behaviors, syphilis and confiscation of syringes were more common in Tijuana, highlighting the need to initiate harm reduction programs such as needle exchange in this city. In both cities, efforts are needed to expand access and remove barriers to sterile syringes and promote safer injection behaviors.

#### Mo.07.3

##### HIV Among Aboriginal Injection Drug Users Admitted to a Detoxification Program in Northern British Columbia, Canada: a Six-Year Study

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**Objectives:** Aboriginals account for a disproportionately high number of recent HIV-positive cases in Canada, but few longitudinal studies have examined the specific HIV risk factors among this population. Our presentation has two aims: (1) to compare HIV prevalence and incidence between Aboriginal and non-Aboriginal injection drug users (IDUs) in northern British Columbia (BC), Canada; (2) to identify predictors of seroconversion among Aboriginal IDUs.

**Methods:** This study employed a 6-year (January 1999-December 2004) medical-chart review of all consecutive admissions of 417 (230 Aboriginal) IDUs entering an inpatient substance-abuse detoxification program. The cumulative incidence of HIV infection was calculated using the Kaplan-Meier method. A Cox proportional hazards model was used to determine factors associated with HIV seroconversion.

**Results:** Over a 6-year period, Canadian Aboriginal IDUs had a significantly higher self-reported HIV prevalence [13.9% (95% confidence interval (CI) 9.4%-18.4%)] than non-Aboriginal IDUS [7.0% (95% CI 3.3%-10.7%);  $p < 0.05$ ], and a higher rate of HIV-seroconversion [8.8% (95% CI 5.0%-12.6%) v. 3.9% (95% CI 1.1%-6.7%);  $p = 0.07$ ]. Cocaine as the primary drug of detoxification [adjusted relative risk (RR) 3.6 (95% CI 1.3-10.1)] and multiple problematic drug use [RR 3.0 (95% CI 1.1-8.3)] stood as independent predictors of seroconversion among Aboriginal IDUs.

**Conclusions:** In northern BC, Canada, Aboriginal IDUs manifested HIV incidence and prevalence rates approximately twice as high as non-Aboriginal IDUs. Public-

health and medical initiatives must be developed and implemented in full collaboration with Aboriginal leadership, and such initiatives should account for the prominence of injection cocaine use as a primary HIV risk factor in northern and rural areas. Given that IDUs account for approximately one-quarter of admissions to inpatient detoxification treatment, detoxification services should incorporate protocols specifically tailored for IDUs, including voluntary infectious-disease testing and harm-reduction interventions.

## Mo.07.4

### Full Circle: Harm Reduction and Aboriginal Specific Healthcare

Caplette, Nadine; Patrick, Carole; Keith, Barb; Vancouver Coastal Health, Aboriginal Health Services, Vancouver, BC, Canada

Using a program model framework, effective approaches to Aboriginal specific healthcare process and content are explored. Aboriginal specific service is examined from theory to implementation in practice and from historical context to urban settings. We discuss specific considerations in creating environments where health and wellbeing for Aboriginal people are facilitated using a collaborative care model. Incorporating traditional perspectives and harm reduction approaches, meeting people where they are in the change process, and providing a welcoming atmosphere of belonging that honours the diverse Aboriginal populations found in an urban setting are some of the key elements discussed.

## Mo.08.1

### A Global Overview of HIV Trends Among IDU Worldwide

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In spite of the relatively high attention paid to the development of the epidemic in many countries the question of how the epidemic has evolved among IDU remains largely unaddressed. In those countries where the epidemic is massively driven by unsafe injecting practices the analysis of the HIV trends at a global level (without or with minor analysis of the trends among the different vulnerable population-groups) represent a mirror view of the evolution of the epidemic among IDU. It is the case, however, of a minor number of countries. Besides, in those countries where different epidemics overlap - with the sexual vector accounting for a per-

centage of the HIV cases and the unsafe injecting practices accounting for other -, the strategies put in place to stop/reverse the epidemic could have different impact in the spread of the epidemic by affecting with more or less efficacy the spread of the epidemic among the different transmission-groups. This study focused in analysing the trends of HIV infection among IDU in the last eight years worldwide by with special focus in developing and transitional countries. Indicators such HIV prevalence among IDU, HIV prevalence among other risk groups (sexual transmission), HIV incidence among IDU and HIV incidence among the general population were collected and their values compared at descriptive level. The results were used to draw basic scenarios of the development of the epidemic at the national level but focusing specially among IDU. To drawn such scenarios, other issues such the availability of NSP, ART and other STI are also considered alongside the basic indicators targeted in the study.

## Mo.08.2

### Intersecting Spaces: Globalisation, Young People and Drug Use

Moore, David, National Drug Research Institute, Perth, WA, Australia

'Globalisation' refers to the de-emphasising of the 'national' in economic, political, social and cultural relations, the recognition that much of what happens in our daily lives is increasingly influenced by events beyond our 'local world'. There is an intensified and accelerated movement of people, images, ideas, technologies and capital. Globalisation has become a key area of investigation in the social sciences but has been less evident in studies of alcohol and other drug use. How useful is such research and theorising for developing better understandings of the social, cultural, political and economic contexts of drug use amongst young people? And how might it inform strategies for reducing drug-related harm amongst young people? This paper explores these questions by considering data collected during three ethnographic research projects conducted over the past 15 years. Employing Nayak's (2003) typology of youthful cultural responses to globalisation, this paper characterises young, recreational psychostimulant injectors in the early 1990s as 'localists', young, recreational polydrug users in the mid-1990s as 'globalists', and young, street-based injectors in the early 2000s as 'survivalists'. It then critiques the drug field's tendency to employ a 'micro', static and descriptive approach to young people. The paper concludes by considering the possible implications for harm reduction measures that target the contexts of young people's drug use.

**Mo.08.3****Understanding Drug Use Settings, Cultures and Contexts: The Importance of Space, Affect and Subjectivity**

Duff, Cameron, Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** Researchers have for some time now known of the significance of settings and contexts in shaping the broader prevalence of drug related harms. From Zinberg's seminal work on drug 'settings' to Tim Rhodes' work on 'risk environments', the very settings and contexts in which drugs are used have been shown to be crucial in framing the manner in which individuals experience drug related harms. Despite these insights, it is not always clear how these contexts shape the experience of drug use, or indeed how these cultural contexts might be more accurately characterised and understood.

**Approach:** This paper draws from original ethnographic research recently completed in Melbourne, Australia and from contemporary social theory, in attempting to 'flesh out' this notion of cultural contexts. The paper develops a theoretical model of contexts based on the work of Michael Agar, Gilles Deleuze and Brian Massumi, drawing examples from field-notes and other research data in illustrating key elements of this model.

**Key Points:** Settings and contexts encompass a range of disparate elements including spatial, cultural, economic and ontological dimensions. Each frames the manner in which drugs are used and the manner in which risks and harms are distributed within these 'spaces'. Following Deleuze and Massumi, I argue that cultural contexts are constituted in and through the spatial negotiation of affects and 'encounters'. Contexts thus become key sites for the generation of meaningful subjectivities for drug users, framing both the *ways in which* drugs are used, and the meanings associated with this behaviour.

**Implications:** Recently notions of 'risk environments' and 'enabling environments' have emerged as powerful new conceptual models for understanding both the nature of contemporary drug use and for the development of new harm reduction interventions. I would argue that each approach requires more culturally sensitive understandings of drug use contexts in order to effectively reframe policy interventions. Attention to the importance of space, affects and subjectivities has the potential to deliver such understandings.

**Mo.08.4****Ethical Issues in Substance Use Research**

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**Issue:** The proposed tenofovir trials in Thailand with injection drug users was met with outrage because of the lack of drug users' involvement in the trials planning process and as a result, the lack of consideration of the range of potential risks to participants. As a result, there is a pressing need for a discussion about ethical guidelines when researching drug users and other marginalized populations. Such a proposed discussion could inform future research throughout the research process.

**Approach:** In illustrating such a process, an example is provided of how research was conducted prior to and during the 2003 Thai "war on drug use" by Thai and American researchers. Such an illustration provides a concrete example of ethical research in a context in which literally, study participants were threatened with arrest, forced drug treatment, and murder.

**Key Points:** Based on this experience, a general outline will be proposed as to how to conduct ethical research with drug users that insures both their needs as human beings are met as well as the aims of research. First, drug users should be involved in a meaningful way as the research questions and design are being established. In this process, established mechanisms for feedback can inform the data collection and information dissemination phases. Suggestions are also made as to the type of forums which researchers should disseminate the information. Lastly, engaging key players who are not directly related to the research process but could have great impact, such as the local government and law enforcement, are discussed.

**Implications:** The presentation aims to open a dialogue regarding researchers' commitment to ethical research.

**Mo.09.1****Describing the Frequently Attending Clients of the Sydney Medically Supervised Injecting Centre**

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**Background/objectives:** The Sydney Medically Supervised Injecting Centre (MSIC) was the first legal facility for illicit drug consumption in the English speak-

ing world and aims to address public health and order issues related to street based injecting. This presentation profiles frequent attendees during the first four years of operation (2001-2004).

**Methods:** Data on client demographic and drug use characteristics, injecting profiles, overdose history and attendance is used to profile frequent attendees. Frequent attendees are defined as those who attended >10 times and infrequent attendees as those attending 1 to 10 times.

**Results:** Twenty eight percent of the 7392 registered clients attended once only; 40% attended 2 to 10 times and 32% attended on more than 10 occasions. The total number of visits made by frequent attendees ranged from 11 to 2956 (median = 36 visits). Frequent attendees (n=2370) had a median age of 31 years, were mostly male (70%), non-indigenous (88%) and unemployed with low levels of education and high levels of residential instability. Compared to infrequent attendees were twice as likely to report recent sex work (p=<0.001), and significantly more likely to report daily injection (p=<0.001); more likely at registration to report previous overdose (p=<0.001) and to report > 5 previous overdoses at registration (p=<0.001). Frequent attendees made a total of 223 000 visits, accounting for 94% of all supervised injections and 92% (n=1161) of overdoses occurring on site at the MSIC.

**Conclusions:** Frequent attendees account for approximately one third of all registered clients but 94% of injections supervised on site. The high risk profile of this group suggests that the Sydney MSIC has been successful in attracting marginalised IDUs. Establishing a comprehensive profile of clients provides opportunities to inform future service provision and planning. There is also a need for comparative work on the profiles and attendance patterns of clients attending supervised injecting facilities internationally.

## Mo.09.2

### Characteristics of Young Injection Drug Users Using North America's First Medically Supervised Safer Injecting Facility

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**Objectives:** The study examined whether North America's first medically supervised safer injecting facility (SIF) attracts young injection drug users (IDUs) who are at high risk of health-related harm.

**Methods:** We examined data from a community-recruited cohort study of IDUs in a setting where a SIF operat-

ed. The prevalence of SIF use was determined based on questionnaire data obtained after the SIF's opening. Predictors of initiating future SIF use were determined based on behavioural information obtained from the participant's study visit immediately preceding the SIF's opening date. Statistical analysis were used to compare characteristics of IDUs who did and did not subsequently initiate SIF use.

**Results:** Overall, 176 youth age 29 and younger returned for at least one interview between 1 December 2003 and 1 May 2005, among whom 77 (57%) reported ever having used the SIF. When we examined the behavioural data collected in the six month period prior to the SIF's opening, those youth who initiated SIF use were significantly more likely to have been in jail (OR = 2.88; [95% CL: 1.29-6.40]; p < 0.01), to use heroin daily (OR = 2.16; [95% CL = 1.07-4.37]; p < 0.05); to have overdosed (OR = 2.55; [95% CL = 1.02-6.19]; p < 0.05); to have binged on drugs (OR = 2.48; [95% CL = 1.17-5.26]; p < 0.05); to have loaned needles (OR = 10.52; [95% CL = 1.33-83.46]; p < 0.01); and to have been homeless (OR = 5.24; [95% CL = 1.99-13.71]; p < 0.001).

**Conclusions:** This study indicates that the SIF attracted IDU 29 years and younger who have been shown to be at elevated risk of blood-borne disease infection and overdose. Prospective follow-up will now be useful in determining whether the SIF will subsequently improve health status of young IDU and their recruitment into addiction treatment.

## Mo.09.3

### Legal Issues Surrounding The Practice of Assisted Injection at Safe Injection Facilities

Pearshouse, Richard; Elliott, Richard; Csete, Joanne; Betteridge, Glenn; Canadian HIV/AIDS Legal Network, Toronto, ON, Canada

**Issue:** According to the current legal framework and professional guidelines in Canada, safe injection facility (SIF) staff cannot assist clients in the administration of their drugs and SIF clients cannot help each other inject.

However, recent evaluations show that the HIV prevalence rate for people who use illegal drugs (PUD) who require assistance when injecting is double that of those who do not, raising serious public health concerns. Women are more than twice as likely as men to require assistance in injecting and twice as likely to report not knowing how to inject as the reason for requiring assistance.

Permitting assisted injection at the SIF has the potential to decrease HIV transmission but also may result in legal liability under criminal and civil law for those who assist.

**Setting:** This presentation discusses the current prohibition on assisted injections in a number of safe injection facilities in various countries, particularly those in Canada.

**Project:** This research identifies areas of criminal and civil liability under Canadian law for health service providers and others who might assist injections. It then considers the issue of assisted injection from a human rights perspective. Finally, it discusses appropriate reform to law and policy to strengthen the health protection effects of SIFs, including HIV prevention, among PUD.

**Outcomes and Lessons Learned:** Existing law and policy could lead to serious criminal and/or civil liability for those who assist others to inject illegal drugs. This conflicts with the right of every person to enjoy the highest attainable standard of health and, in doing so, discriminates against PUDs, and in particular women who inject.

Law and policy reforms are necessary to reconcile the law with human rights principles. One possible reform would be to modify the current legal framework governing the operation of the SIF, together with a guarantee that the practice of assisted injection will not be prosecuted.

#### Mo.09.4

##### **Injection Room in Oslo, Norway: a Trial Project.**

Lia, Anlaug; Ringvik, Sindre; Section for Harm Reduction, ADAS, Municipality of Oslo, Oslo, Norway

**Setting:** Heroin is the most popular street drug in Norway, and more than 95 % of the users inject. Oslo has had a needle exchange program since 1990, and we now have 8 stations throughout the city where we hand out information, condoms, alcohol swabs and about 2 million syringes pr year. Towards the end of the 1990ies, OD deaths in Norway peaked. With 11 - 13 000 injecting drug users, we had more than 300 OD deaths pr year and the numbers were climbing. The need for a revision of drug policy became apparent. The "Feltpleien" was established in Oslo, we now have 8 walk-in clinics for drug users.

**Issue:** The opposition in the Parliament proposed a three year project to try out injection room for injecting drug users. In spite of considerable reluctance from the government and strong objections from many professionals, the "Stortinget" passed the proposal in October 2001. The aims of the trial were to reduce the number of OD deaths, preserving the dignity of the users, prevent infections and blood borne diseases and establish contact between the users and the established drug services. The debate continued, laws had to be changed and two ministries, the Ministry of Justice and the Police and the Ministry of Health and Care Services

spent a long time preparing. Since January 1st 2005 all municipalities in Norway can present their plan for a trial project and apply for permission and funding. The state and the municipality share the cost.

**Project:** Oslo has the only operational injecting room so far. It opened February 1st 2005, and is run by the Alcohol and Drug Addiction Services' Section for Harm Reduction, in the unit that runs the needle exchange program and the street clinics. This paper presents findings and experiences from the first year of the trial.

#### Mo.10.1

##### **A Development Matrix for Harm Reduction in The Asia Pacific Region**

Power, Robert; Devaney, Madonna; Reid, Gary; Baldwin, Simon; Burnet Institute for Medical Research and Public Health, Melbourne, VIC, Australia

**Issue:** Asia Pacific has witnessed a plethora of harm reduction interventions to prevent the spread of HIV disease amongst and from injecting drug users. These need to be viewed from a development perspective that recognizes and articulates similarities and differences in country profiles.

**Approach:** We recently undertook a situational analysis of 19 Asian and Pacific countries to explore drug patterns, policies and harm reduction activities. Also, the Centre for Harm Reduction in Melbourne implements harm reduction interventions targeting injecting drug users across the region, notably Indonesia, Myanmar and Vietnam. Comparative examples will be drawn from this work and elsewhere to develop a matrix to better understand the links between harm reduction intervention and related social and structural factors.

**Key Points:** Good evidence exists for what works in harm reduction, notably needle and syringe exchange and drug substitution. Whilst it is important to take an evidence-based approach, we must also incorporate three interrelated factors in devising our interventions: one, nature and projection of drug use patterns; two, social and political climate in individual countries; three, health systems and other infrastructural factors inhibiting or facilitating harm reduction. For example, harm reduction activities in the Pacific region should focus on non-injecting drug use and links between domestic and sexual violence and the risk of HIV and other STIs. Similarly, the increases in amphetamine-type substances use in Asia will impact on harm reduction strategies (notably drug treatment) and we need to consider appropriate strategies and responses.

**Implications:** In the eagerness to achieve adequate coverage of current harm reduction interventions, we must not neglect the specific needs of individual Asia-Pacific countries. We need to adopt a development perspective to harm reduction that articulates individual (and

grouped) country needs along multi-sectoral, multi-level and multi-program lines. This will ensure dynamic responses appropriate to need and country profile.

## Mo.10.2

### Moving Beyond Low or No Coverage: Tracking and Expanding Coverage of HIV Prevention Programs in Central Asia

Koushenova, Leila<sup>1</sup> [Gray, Robert](#)<sup>2</sup>

<sup>1</sup> Population Services International, Almaty, Kazakhstan

<sup>2</sup> Population Services International, Tashkent, Uzbekistan

**The Problem:** Low Coverage & Lack of Systems to Track Coverage

To reverse the spread of HIV prevention programs must reach high coverage. In Central Asia, in one of the world's fastest growing HIV epidemics, programs have low coverage and very few programs have M&E systems in place to track their coverage levels. Programs do not share client contact data to estimate coverage in particular sites. While all donors, governments, and NGOs agree on the urgency of reaching scale, no programs exist to provide grass-roots organizations with on-going M&E support and tools to help them to better track coverage.

**The Intervention:** Since 2004, Population Services International / Central Asia has been providing technical support to help NGOs serving the needs of IDUs, CSWs, and high risk youth to put in place monitoring systems that will allow them to track client contact numbers. An MS Access-based database system and anonymous unique code were designed for use with IDUs, CSWs, and high risk youth. By 2005, many programs have begun using the systems in Uzbekistan, Tajikistan, Kyrgyzstan, and Kazakhstan. Major donors and international organizations (USAID, Global Fund, UN agencies and others) have also begun to use and recognize the systems as the regional standard.

**Discussion:** When diverse programs use a single monitoring system, it becomes possible to track progress towards reaching high coverage. The presentation will discuss the need for improved M&E systems of HIV prevention programs in the developing world, using Central Asia as an emerging model of success.

## Mo.10.4

### Barriers to Scaling Up Drug Use Harm Reduction in Kazakhstan

[Yerasilova, Isidora](#), Republican Centre for HIV Prevention and Control of the Ministry of Health, Almaty, Kazakhstan

In 2005 injecting drug use caused 75.5% of the newly reported HIV cases in Kazakhstan. Sentinel surveillance in both capital cities and all provinces of the country revealed 3.4% HIV-prevalence in a snowball-based sam-

ple of injecting drug users (IDU, n=4,679). The estimated size of IDU is around 140,000, which means that about 2% of the population aged 15-49 injects drugs. The involvement of Kazakhstan residents into drug consumption is obviously a long-term phenomenon, as the country is crossed by opiate traffic from Afghanistan to Eastern Europe.

Since 2001 Kazakhstan has integrated drug use harm reduction (HR) into the national policy to combat HIV. However, in 2005 62% of IDU were still not fully aware of the ways of HIV transmission and protection, 77% of IDU were not covered by regular HIV programmes, and 86% of IDU did not consistently practice safe injecting and sex.

Some of the major barriers to scaling up HR programmes are following. Legislation is still not supportive and prompts IDU to stay away from public services. No drug substitution treatment is available. Often HR programmes are harassed by law enforcement agents, by people residing close to HR sites, and by other opponents through mass media. NGOs running HR programmes often have inadequate capacity (e.g., poor competency, high turn over of staff, insufficient organisational stability and resources, lack of accountability, no licence to deal with infected syringes and needles, poor quality control of how the used syringes and needles are collected and destroyed). On top of that, there is no legal recognition and protection of NGO outreach workers. The increased visibility of used syringes abandoned in public places (with potential risk of being picked up by children) fuels negative attitude to HR among the public and authorities.

## Mo.11.1

### Housing for Seriously and Persistently Mentally Ill Methadone Patients After Release From Jail: a Housing First Pilot Project

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**Issues:** Homeless methadone patients diagnosed with severe and persistent mental illness may be denied housing services because of their dual diagnosis and their enrollment in methadone programs. To address this issue, Pathways to Housing (PTH), a housing first agency in NYC, the NYS Office of Substance Abuse Services (OASAS), the NYC Mount Sinai Medical Center methadone program, and the NYC Department of Corrections developed a pilot project targeted to this stigmatized and underserved group.

**Setting:** The intake takes place in the KEEP methadone service within the NYC Rikers Island Jail, the NYC shel-

ters and the drug courts. After the applicants are accepted and released from jail, courts and shelters, they are placed by PTH in apartments and receive methadone treatment from the Mount Sinai Medical Center.

**Program:** Applicants for this pilot must have histories of serious and persistent mental illness with hospitalizations and incarcerations. PTH provides Assertive Community Treatment (ACT) consisting of psychiatrists, nurses, social workers and case managers for supervision of patients in their apartments 24 hours a day seven days a week. Nurses observe dosing of methadone and psychotropic medications. The program is funded by HUD. PTH assumes responsibility for payment of monthly rent. Twenty applicants will be accepted into this pilot by the end of 2006.

**Outcomes:** The ability to retain their apartments with the assistance of ACT, compliance with psychiatric, medical and methadone treatment, reductions in arrests, incarcerations and hospitalizations, and the gaining of social skills are patient outcomes which will be measured. If the pilot is successful, a larger project will be developed.

#### Mo.11.2

##### **On-Foot Needle Exchange and Assertive Outreach, Engaging South London's Street-Homeless Injection Drug Users With a Harm Reduction Approach.**

*Shapter, Jax*, Mainliners, London, UK

**Issue:** Historically, the injection drug using population has been underserved and often faces bias by the medical community, adding together other issues such as distrust of the establishment and homelessness, this population is often hard to engage and serve. Lack of stability and trust then become a barrier for accessing services and medical interventions for drug related harm.

**Setting:** On-foot harm reduction based needle exchange and assertive outreach working in South London's Lambeth, Southwark and Lewisham boroughs accessing clients in squats, at benefit offices and on the streets.

**Project:** Supporting this diverse population happens on a multidisciplinary level. Teams that include nurses, an epidemiologist and outreach workers search out street-homeless injection drug users to provide supportive and structured services and medical interventions. Teams use a harm reduction approach to provide needle exchange, vein maintenance, safer injecting techniques, HIV/ Hep C/ STI and blood borne virus prevention education, support for HIV/ Hep C testing, Hep A and Hep B vaccines, wound and abscess assessment. Referrals to housing, General Practitioners (for Methadone/Subutex prescriptions) hospitals and detox facilities. Emotional support including hospital and residential detox visits as well as home visits for disabled

clients when needed, aim to give clients support and structure in an otherwise chaotic lifestyle.

**Outcomes and Lessons Learned:** Outcomes found from this project include, lower levels of discarded infectious waste materials, earlier recognition of medical needs and earlier access to medical intervention from drug related harm. Lessons learned have included early recognition of new drug trends and providing on going training to staff on harm reduction and prevention education. Case conferences on a weekly basis encourage a team approach and buy in. Working with other agencies reduces the amount of time it takes for clients to access support as well as discourages duplication of services.

#### Mo.11.3

##### **Supporting Access to Crack Users and Homeless People to Health Services**

*Costa, Thiago*, Centro de Convivência "É de Lei", Santana de Parnaíba, Brazil

**Introduction:** We work in "crackland", a region of São Paulo's downtown where many people frequently need medical help. This work aims to present ways and major difficulties in providing access of this population to health services.

**Development:** During the field work we can notice that just a few people quest for public services when displaying any health complain. These people many times mention that they didn't get an adequate treatment, probably because they are extremely miserable or because they use drugs.

We have the objective of providing adequate access to health services and stimulate their attention to their own health. Besides we aim to transmit a notion of human rights, by showing that they have the right to use public services like any other citizen. Our method consists first in establishing a partnership with the service, clarifying the harm reduction strategies and the characteristics of our population. It's especially important that the treatments with this population are efficient, to encourage their attention to their health and show them they can count on the service's help. This way we believe the person can feel stimulated to return to the service without us when needed.

During the transportation, harm reduction strategies are explained to users, since it's a moment that propitiates a closer contact outside the chaotic and degraded street scenario. We also have inside the transportation a cadastre form that is important to a better attendance to the individual's health evolution.

**Conclusion:** This work also requires precaution, since many times it's necessary to convince them to absent the scenario of drug abuse, where drugs have major importance than health. The approximation must be the most transparent and informal as possible, to establish a common language between drug users and health

agents. The consciousness about the importance of a good health is fundamental, because our goal is to have them seeking health and not always us providing this access.

## Mo.11.4

### "I Have 18 Months To Live:" Accounts of a Homeless, 23 Year Old, Puerto Rican, Injecting Drug User Living With AIDS

Jones, Kevin; Voytek, Chelsea; Metzger, David; University of Pennsylvania-HIV/AIDS Prevention Research Division, Philadelphia, PA, USA

**Background/Objectives:** Understanding the complex social worlds of younger, injecting drug users is important for creating effective HIV prevention and treatment efforts targeting injectors and members of their social networks. This paper presents findings from an ethnographic study exploring HIV risks within a neighborhood characterized by significant levels of injecting drug use (IDU) in Camden, NJ (USA).

**Methods:** Over the course of six months, an ethnographer accompanied a 23 year old, Puerto Rican IDU who is currently living with AIDS and homeless for 60 hours of participant and neighborhood observations, conducted semi-structured interviews (n=7) with him and photo-documented his surroundings to understand his experiences of being a young, Hispanic IDU and HIV+ in an environment without a syringe exchange program or easy-to-use services for persons living with HIV/AIDS.

**Results:** The participant paints a picture of a life consumed with failed attempts to find stable housing and drug rehabilitation and struggles to cope with a history of mental illness. Other prominent themes include his: desire to leave a memorable legacy for his young daughter and other IDUs; efforts to understand and maneuver an ever-changing street and drug culture; and recurring thoughts about his impending death because of his HIV status.

**Conclusions:** The meanings he provides for his complex identities as worker, prostitute, helper, father and hustler, and his first hand accounts of drug injecting and involvement in commercial sex work with men provide insight into the social worlds of younger urban IDUs. Understanding such complexities can inform the design of potentially life-saving interventions targeting this population, as well as provide increased opportunities to assess research interventions and other HIV prevention, care, and treatment efforts targeting younger injectors.

## Mo.11.5

### Aboriginal Urban Homelessness in Comparison to the Strong Traditional Cultural Values That Those Aboriginals had in the Past

Morgan, Rob, VANDU, Vancouver, BC, Canada

People with Aboriginal identity were over-presented among the region's homeless compared to their share of the total population (30% compared to 2%). There were proportionally more women among the Aboriginal homeless population (35%), than non-Aboriginal homeless proportion (27%). The number and share of Aboriginal people was highest among street homelessness (357 people or 34% of the total street homelessness) and smallest among the sheltered homeless (158 people or 23% of the total sheltered homeless).

Before pre-colonization of Europeans in Canada, Aboriginals lived within their tribal or clan system. They had strong family values and lived a traditional way of life. For example, elders were not sent to old-age homes, as they tend to be now.

The sons and daughters included them in their lives, so they can offer wisdom and guidance for themselves and their children. Children who may have lost their parents were not sent to adoptive homes, but were raised by their extended families such as uncles and aunts. Aboriginal homelessness was not an issue during this time period.

It was only when the Residential School System was forced amongst aboriginals that the traditional family system started to deteriorate. The loss of the native tongue and their traditional lifestyle had a significant negative impact on the family values of the Aboriginals. The physical and sexual abuse that they suffered caused severe family breakdown. If these circumstances were not introduced to the Aboriginal Family Values, then there is a strong implication that there would be no homeless today.

## Mo.12.1 (Film)

### Opie

Stephens, Ray; Dorien, Mal; Logan, Greg; Turning Point Alcohol and Drug Centre, Australia

The Adventures of Opie is a 7-minute animation tracking the life of an opiate molecule from the poppy, through processing to heroin, smuggling, administration, exerting its effects then elimination from the body. The purpose of 'Opie' is training. At Turning Point we train a diverse range of clients, from doctors and nurses to people with little to no background knowledge of drug related matters. A base line level of knowledge is an essential building block. Students can be lost at this point. We wanted to make an accessible, user-friendly tool for this purpose.



Although *The Adventures of Opie* is an animation, it is not meant for schools or children. 'Opie' has a deliberate harm reduction focus. It does not seek to glorify the use of heroin, but acknowledge that it takes place. The potential for infection and overdose and their strong link to injection are central themes to the animation. 'Opie' was funded by the Ian Potter Foundation and created using Macromedia Flash. The animations were done by Mal Doreian, and brought to life by Ray Stephens. *The Adventures of Opie* is available as a free download from <http://www.turningpoint.org.au>

**Mo.12.2** (Film)

**Hitting Home**

Scott, Greg; Stob, Victoria; Sawbuck Productions, USA

'Hitting Home' is an illustrated guide to hepatitis B and C prevention through safer injection of illicit drugs. Referencing video footage of live injections, the narrator (an active injector) explains common unsafe injection practices, demonstrates safer practices, and comments on brief clips of active drug injectors incorporating safer practices into their injections. This film allows the viewer to witness injection practices in a way few health care providers ever can, by placing them at the scene. This immediacy gives a more comprehensive understanding to, not only injectors' behaviours, but the associated health care issues. This multi-dimensional film is especially relevant to those who provide health-related assistance to injecting drug users, such as public health departments, medical practitioners, clean syringe program staff, community outreach workers, HIV reduction program staff, substance abuse intervention professionals, and infectious disease-orientated researchers.

**Mo.12.3** (Film)

**Budi's Story**

Ryawan, Arif, Exceed Community, Indonesia

Budi's Story was made during the first Short-film making workshop, a skill-building program for injecting drug users, held by Exceed Community (Depok, Indonesia) in August 2005. Budi, a made-in-Indonesia junkie, is on his way to loosen himself from the grip of drug dependency. With a risk taking past that shadows him, Budi has an HIV test in search of clearer paths for his newly planned life - alone. The movie explores Budi's confusion and doubts as he tries to make sense of the new situation. The film is part of a process to a better understanding of the rich and often misunderstood relationship between drug users and HIV/AIDS. The workshop committee, production and post-production team, comprise of active IDUs from a wide variety of backgrounds across Jakarta.

**Mo.13.1**

**Misconceptions about Harm Reduction: Implications for HIV Prevention Among Crack Users**

Filipe, Elvira; Westin, Caio; Coordenação Estadual de DST/AIDS - SP, São Paulo, Brazil

**Issue:** Harm Reduction Projects (HRPs) were created in the State of São Paulo in late 1980s to face the AIDS epidemic among injecting drug users (IDUs). The number of AIDS cases among them was increasing fast and it was expected that the epidemic would reach high levels. Contrarily, the number of AIDS cases caused by injected drug use decreased from 35.4% in 1991 to 14.1% in 2002. Factors responsible for this are the advent of crack and AIDS high mortality rate in early 1990s.

**Approach:** Reports from HRP show that injected drug use is no longer common and crack use is predominant in the drug use scenario. Consequently projects' co-ordinators have faced some difficulties to conduct harm reduction actions. Some of them are caused by health professionals' misconceptions. 1- Because HRPs have been carried out by AIDS Programmes, harm reduction is viewed by many health professionals and outreach workers as a policy to reduce the risks of HIV infection through injecting drug use and not to reduce other drug related harms. 2- As HRPs have been established based on and maintained on needle and syringe distribution, harm reduction is also viewed as a strategy that cannot be conducted without distribution of some supplies. There is no law allowing distribution of crack supplies so those professionals consider that there is a little to offer to crack users.

**Key Points:** A challenge for HRPs is to break those misconceptions. In order to prevent HIV infection among crack users HRPs' co-ordinates need to develop strategies to improve health professionals' view of the meaning of harm reduction to make them approach crack users better.

**Mo.13.2**

**Hepatitis in the Sniffing Straw: the Distribution of Sniffing Kits in Communities in Rio de Janeiro and Results from a Related Research**

Guanabara, Luiz, Psicotropicus/REFORMA/ABORDA, Rio de Janeiro, Brazil

There is no credible research on cocaine users in Rio. Nevertheless, cocaine sale is 24/7 in almost every hill and favela in the city and at times there are lines of users waiting for their turn to buy. The epidemic of hepatitis B and C among sniffing cocaine users is increasing and the Brazilian government is doing nothing to detain it. So we (Psicotropicus) decided to create and finance a sniff kit with the help of Rio's Harm Reduction Association. Our kit is very simple: a cardboard box containing a straw made of medium-hard sili-

cone and condom. In the box you find basic information about hepatitis B and C, the risk of sharing straws, STD's, and places for testing and treatment.

Our distribution started a few weeks ago. Two other cities in the State are involved in the project. 4,000 kits were made to start the intervention. A 37 items questionnaire was designed to collect feedback from the users. 88 questionnaires were fulfilled so far in 4 Rio suburban communities.

The average age of users is 24.9. Average starting age is 14.6 years old. 7.04% also inject. 100% reported they would not share needles for any purpose - thanks to the work of outreach workers in those areas. 10.2% had been tested for HIV, none for hepatitis. 72.7% are using more than before: only one reported everyday use, 75% every week, and 23.9% every month. 73.9% drink a lot when using cocaine (a known fact). 47.7% reported an uneven use of condoms. From 21% who never use condoms, 66.7% have a stable partner. 100% reported smoking cigarettes and cannabis, and 31.8% also crack. 79.5% share straws. 100% read the information contained in box.

It is urgent to inform sniffing cocaine users they should not share straws and the sniff kit is a good way to do it.

### Mo.13.3

#### Tools for Rock

Winsor, Yasmin; Tigchelaar, James; Brunt, Caroline; BC Centre for Disease Control, Vancouver, BC, Canada

**Issues:** A majority of illicit substance users in Vancouver's Downtown Eastside smoke rock (crack cocaine). A pilot survey conducted in 2003 by the Safer Crack Use Coalition (SCUC) showed that over 70 percent of the estimated crack users reported oral lesions and burns from using damaged or inadequate equipment. Almost 80 percent reported having shared their crack pipes. Crack use is also associated with high risk sexual behaviour including buying and selling sex. Many crack smokers are unaware of the dangers associated with unsafe crack use. This raises serious concerns about potential HIV, Hepatitis B and C, and STI transmission. Limited resources for the crack smoking population have resulted in very few programs addressing these issues.

**Setting:** The Safer Crack Use Coalition was formed to address the health and social issues of crack smokers in Vancouver, British Columbia, Canada.

**Project:** In 2002, the Street Nurse Program (SNP) of the BC Centre for Disease Control joined SCUC, a broad-based coalition of community agencies working with crack cocaine users. SCUC initiated the use and distribution of crack pipe mouthpieces in order to engage crack smokers. This tool provides a meaningful opportunity to discuss STI and HIV prevention, education and screening. In the fall of 2004 and the spring of

2005, SCUC organised two crack awareness events.

These two, one day workshops were designed to educate service providers, users, and policy makers about the coalition's work and issues related to crack smoking.

**Outcomes and Lessons Learned:** Crack pipe mouthpieces are providing an effective tool to engage with the crack using population. An evaluation of the Safer Crack Use Awareness Days will be presented. SCUC has been instrumental in inspiring systemic changes in policy and crack related harm reduction work.

### Mo.13.4

#### How Ottawa Got Its Crack Pipes: An Integrated Community Approach to Harm Reduction

Leonard, Lynne<sup>1</sup> Lavigne, Paul<sup>2</sup>

<sup>1</sup> University of Ottawa, Ottawa, ON, Canada

<sup>2</sup> Ottawa Public Health, Ottawa, ON, Canada

**Issue:** Ottawa, the capital of Canada, has a well-established legal needle exchange programme (NEP) operated by the city's Public Health Department and distributing a comprehensive array of harm reduction resources for drug users who inject (IDUs), but no distribution of resources to initiate or maintain safer crack smoking.

**Setting:** The need to scale-up harm reduction initiatives was driven by three interrelated factors:

- Community-based research documenting the highest provincial levels of HIV and HCV among Ottawa IDUs;
- International studies documenting potential HIV and HCV transmission risks associated with the multi-person use of crack-smoking implements; and
- Community-based research documenting 75% IDU NEP-attendees also smoke crack.

**Project:** Ottawa has experienced, and continues to experience, significant community, political and police opposition towards its harm reduction initiatives for IDUs.

Mobilizing a comprehensive integrated community-based approach to lobby the Board of Health to approve the distribution of safer-crack kits as a component of a public health programme was essential. Securing local epidemiological evidence demonstrating the enhanced HIV- and HCV-related risk profile of crack-smoking IDUs; obtaining authoritative legal advice on the status of crack pipes; mobilizing community support through personal or written representation from more than 30 community members, health care professionals and professionals from jurisdictions already distributing safer crack kits; in collaboration with well-briefed civic health professionals resulted in the Board's approval of the programme. Ottawa Public Health commenced distribution of safer crack kits through its fixed and mobile NEP site and through street outreach April 1 2005 and later through 11 partner agencies.

**Outcomes and Lessons Learned:** 140% increase in NEP service encounters one month post-implementation and six months post-implementation 1,597 safer-crack kits

and over 17,000 glass stems have been distributed. A multi-stakeholder, multi-faceted community-based approach can be successful despite significant opposition in scaling-up interventions to reduce the harm associated with drug use.

#### Mo.14.1

##### Injection Drug Users, Harm Reduction, and Human Rights in Ukraine

Schleifer, Rebecca; Cohen, Jonathan; Nagle, Jennifer; Amon, Joseph; Human Rights Watch, New York, NY, USA

**Issue:** Conflicts between state drug control and health authorities, and police abuse targeting IDUs, can interfere with harm reduction services even where there is official governmental commitment. Human rights documentation and advocacy can address these conflicts and abuses, and ensure drug users' access to services.

**Setting:** Ukraine is home to an estimated 360,000 people living with HIV/AIDS, the majority of them infected through injection drug use. Ukraine law and policy provide explicit commitments to ensuring harm reduction services for drug users, including syringe exchange and substitution therapy. Drug users' marginalized status, and the fact that they can be detained for possession of very small amounts of drugs, make them attractive police targets.

**Project:** Interviews with more than 170 Ukrainians - including drug users, law enforcement and public health officials - were conducted in June-July 2005 in five oblasts to follow up on and document reports of state interference with HIV/AIDS services, and to assess government protections and barriers to these services. Findings were analyzed according to international human rights norms to develop legal and policy solutions to address barriers to HIV/AIDS services.

**Outcome and Lessons Learned:** Systematic and unpunished police harassment and abuse of drug users and outreach workers - including arrests and beatings at government-sanctioned syringe exchange points - impeded harm reduction services and led to high-risk injection practices. These abuses occurred despite written agreements with law enforcement officials supporting syringe exchange. Government plans to introduce substitution therapy with buprenorphine on a limited basis and to ban methadone ignored recommendations of international health and drug control bodies that substitution therapy be implemented on an urgent basis. Ukraine's obligations to ensure the right to the highest attainable standard of health require it to take immediate action to end state interference with sterile syringe programs, and make substitution therapy more widely available.

#### Mo.14.2

##### Documenting Human Rights Violations Against Injection Drug Users: Advocacy for Health

Cohen, Jonathan<sup>1</sup> Schleifer, Rebecca<sup>1</sup> Richardson, John<sup>2</sup> Kaplan, Karyn<sup>3</sup> Suwannawong, Paisan<sup>4</sup> Nagle, Jennifer<sup>1</sup> Amon, Joe<sup>1</sup>

<sup>1</sup> Human Rights Watch, New York, NY, USA

<sup>2</sup> Pivot Legal Society, Vancouver, BC, Canada

<sup>3</sup> Thai Treatment Action Group, Bangkok, Thailand

<sup>4</sup> Thai Drug Users' Network, Bangkok, Thailand

**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:

- 1) to foster networking, collaboration, and skills sharing among harm reduction advocates interested in human rights documentation;
- 2) to build the capacity and interest of harm reduction advocates to conduct documentation projects; and
- 3) to gather and disseminate materials (such as legal standards and sample reports) that will facilitate documentation projects.

## Mo.14.3

### The Russian Federal Drug Control Service is Opaque and Prone to Corruption. Results of The Human Rights Monitoring in Six Russian Regions.

Nikitenko, Peter<sup>1</sup> Olga, Fedorova<sup>2</sup>

<sup>1</sup> Charitable Foundation "For Healthy Society", Moscow, Russia

<sup>2</sup> The Moscow Helsinki Group / "For Healthy Society", Moscow, Russia

The Federal Drug Control Service (FDCS) of the Russian Federation is opaque and prone to corruption, while its rank-and-file staff lack any clear-cut mission and often commit abuses, according to the results of nine month human rights monitoring in six regions. The 76-page report documents several raids that targeted apparently innocent young people suspected of using drugs and illustrates that the agency lacks focus on its core mission – tackle the country's drug problem – and instead chasing veterinarians and dacha poppy-growers to pad its arrest statistics.

The study was carried out and the report written under the auspices of Charitable Foundation "For Healthy Society" and Indem, an anti-corruption think tank. The leading English language newspaper The Moscow Times characterized the report as "the latest blow to the Federal Drug Control Service, which was created by President Vladimir Putin".

The FDCS has courted controversy since its creation in 2003, most notably for aggressively seeking out veterinarians who use ketamine, an anesthetic commonly used in pet operations that was included on a list of illegal substances. It also has cracked down on dacha owners with poppy plants growing on their property. The agency has an army of 40,000 personnel, culled mostly from the disbanded tax police. The Russian legislation does not spell out the status of a drug control officer - unlike a regular police officer - and that opens the door for numerous human rights violations.

One of the main conclusions is that "the FDCS's focus is not on undermining the financial foundation of the illegal market, as the president instructed it to be, or on preventing drug use from spreading, rehabilitating drug users or coordinating all of these efforts." – *The Moscow Times*

In the presentation the study methodology, key findings and cases, the follow-up of the report release will be elaborated. The report in Russian and its executive summary in English will be distributed at the conference.

## Mo.15.1

### Comparison of Drug Use and Psychiatric Morbidity Between Prostitute and Non-Prostitute Female Drug Users in Glasgow, Scotland

Gilchrist, Gail<sup>1</sup> Gruer, Laurence<sup>2</sup> Atkinson, Jacqueline<sup>3</sup>

<sup>1</sup> The University of Melbourne, Melbourne, VIC, Australia

<sup>2</sup> NHS Health Scotland, Glasgow, UK

<sup>3</sup> The University of Glasgow, Glasgow, UK

**Background:** High proportions of prostitutes are drug-dependent and have experienced physical and sexual abuse in childhood and adulthood. Furthermore, abused female drug users report greater psychiatric morbidity. Despite these findings, the mental health of female drug-dependent prostitutes is not well understood.

**Objectives:** This is the first European study to compare psychiatric morbidity between 176 female drug users with lifetime involvement in prostitution (prostitutes) and 89 female drug users with no involvement (non-prostitutes) in Glasgow, Scotland. Methods. Female drug users were recruited from three services in Glasgow. The Revised Clinical Interview Schedule (CIS-R) was administered by trained interviews to measure current neurotic symptoms.

**Results:** Prostitutes were more likely to have used cocaine in the past 30 days (OR 3.0), to have injected drugs in the past 30 days (OR 2.5) and to have ever accidentally overdosed on drugs (OR 3.3) than non-prostitutes. Prostitutes were more likely to report adult physical (OR 1.8) or sexual abuse (OR 2.4), to have attempted suicide (OR 1.7) and to meet criteria for current depressive ideas (OR 1.8) than non-prostitutes. Seventy-two percent of prostitutes and sixty-seven percent of non-prostitutes met criteria for a level of current neurotic symptoms likely to need treatment (CIS-R $\geq$ 18). Being in foster care (OR 8.9), being prescribed medication for emotional problems in the last 30 days (OR 7.7), adult sexual abuse (OR 4.5), poly drug use in the last 30 days (OR 3.6) and adult physical abuse (OR 2.6) were significantly associated with a CIS-R score of  $\geq$ 18 for prostitutes using multiple logistic regression.

**Conclusions:** Higher rates of adulthood abuse among prostitutes may explain the greater proportion of prostitutes than non-prostitutes meeting criteria for current depressive ideas and lifetime suicide attempts. The findings highlight the need to enhance access to mental health services for female drug users, including those involved in prostitution.

**Mo.15.2****Healing From Social Suffering: Women's Experience in the Drug Abuse Afflicted, Jingpo Community, Yunnan, China**Xu, Zhixiang<sup>1</sup> Xia, Donghua<sup>2</sup><sup>1</sup> Faculty of Social Sciences and Humanities, Mahidol University, Thailand, Kunming, China<sup>2</sup> China Program, Asia Pacific Council of AIDS Service Organizations, Kunming, China

At one of the most drug abuse afflicted regions, the border area between Myanmar and Yunnan of China, women in the community search for a way to break away from the pervasive harms of heroin drug abuse using all possible means available to them. This paper reports an ethnographic narrative case study of ten married Jingpo women living with drug abusing husbands in a rural Jingpo hilltribe community.

Revealed through women's personal account, this paper demonstrates how married Jingpo women made sense of their "suffering" experiences of living with their drug abusing husbands, how they chose to survive and resume normality of everyday life. This research examines women's experiences by associating them with gender power relation, with its social, cultural, political or historical contexts and shows how these wider contexts may sustain drug abuse or fuel the spread of HIV.

Throughout the lengthy years of everyday life devastated by drug abuse, Jingpo community underwent a gender transformation. Women went beyond their victimhood, exercised their autonomy and established a collective voice of alliance to struggle as "warriors" against their subordination to men. Jingpo women's collective response indicates that a community-based drug abuse rehabilitation approach is a drug users-friendly alternative to the government-operated drug detoxification, that is, to quite drug by being with supportive family members, friends in the community. The findings also suggest that a holistic community-based drug abuse/AIDS resilience approach should be developed to mobilize community resources and rebuild community's hope for change.

**Mo.15.3****Housing Support in the Perinatal Period: Reducing Harms for High-risk, Substance Using Women and their Children**Salmon, Amy; Greaves, Lorraine; Poole, Nancy; BC Centre of Excellence for Women's Health, Vancouver, BC, Canada

**Issue:** Housing and shelter figure prominently as an integral aspect of substance use, harm reduction, and recovery for women. The British Columbia Centre of Excellence for Women's Health is working with two women-serving agencies in the downtown eastside of Vancouver towards identifying the structure and benefits

of supportive housing in the perinatal period, on the long term outcomes for substance-using women and their children.

**Setting:** Pregnant and parenting women accessing services at YWCA Crabtree Corner and Sheway in Vancouver have lives characterized by poverty, malnutrition, homelessness and unstable living situations, lack of support, violence, sexual exploitation, unplanned pregnancies, loss of custody of children, criminal/legal system involvement, and/or stress and exhaustion associated with caregiving work, in addition to problematic substance use. In a recent evaluation, it was found that 27% of mothers accessing Sheway had no fixed address, and 64% were without safe or adequate housing (Poole 2000).

**Project:** A community-based housing service for mothers and infants in Vancouver's Downtown Eastside whose lives include problematic substance use, has been developed jointly by the YWCA Crabtree Corner and Sheway.

**Outcomes/Lessons Learned:** A range of health and social supports are used and needed by new mothers and infants living with problematic substance use. Lack of housing in the time leading up to birth and in the immediate postnatal period comprises the health and wellbeing of substance-using women and their babies, increases the risk that infants will be apprehended and limits women's access to mothering supports and other networks of care. Harm reduction oriented housing services for pregnant women and new mothers whose lives include substance use, have a role to play not only in stabilizing women's housing, but in connecting women to a wide range of other supports that they identify they need in this period.

**Mo.15.4****Vulnerability to HIV Infection Among Female Injecting Drug Users in Dhaka, Bangladesh**Azim, Tasnim<sup>1</sup> Chowdhury, Ezazu<sup>1</sup> Reza, Masud<sup>1</sup> Ahmed, Munir<sup>2</sup> Uddin, Mohammed<sup>2</sup> Khan, Repon<sup>1</sup> Ahmed, Giasuddin<sup>1</sup> Rahman, Motiur<sup>1</sup> Khondokar, Irona<sup>1</sup> Strathdee, Steffanie<sup>3</sup><sup>1</sup> ICDDR,B, Dhaka, Bangladesh<sup>2</sup> CARE, Bangladesh, Dhaka, Bangladesh<sup>3</sup> University of California San Diego School of Medicine, San Diego, CA, USA

**Objective:** To assess HIV prevalence and vulnerability of female IDUs to blood borne viruses and STIs in Dhaka.

**Methods:** All female IDU (those who had injected in the last six months and were 15 years or older) who could be identified were sampled from three cities in the Dhaka region. Risk behaviours were determined through interviews using a semi-structured questionnaire. Prevalence of HIV, HCV and syphilis were measured.

**Results:** Of 135 female IDU, prevalence of HIV, HCV and active syphilis was 0%, 16.8% and 8.8%, respectively. During the last injection, 40% lent/borrowed used needles/syringes and 67.4% shared other injection paraphernalia. Most (71.5%) had ever sold sex and in the last year 44.6% had group sex; 15.6% had concomitant commercial and non-commercial sex partners, some of whom some were also their needles/syringes sharing partners. Lifetime sexual violence was reported by 59.2%. Compared to non-sex worker IDU, sex worker IDU were more commonly homeless (36.6% vs. 11.9%;  $p=0.004$ ), experienced violence (75.3% vs. 18.9%;  $p<0.001$ ) and had group sex (83.9% vs. 0%  $p<0.001$ ). Restricted access to the needle/syringe exchange programme was cited as the main cause for obtaining needles/syringes elsewhere.

**Conclusions:** Female IDU are vulnerable to HIV through their injection and sexual risk behaviours and sex worker IDUs appear especially vulnerable. Services such as needle exchange programmes should become more comprehensive to address the needs of female IDUs.

## Mo.16.1

### Drug Policy in Canada: A Decade of Dithering

Riley, Diane<sup>1</sup> Oscapella, Eugene<sup>2</sup>

<sup>1</sup> Canadian Foundation for Drug Policy, Toronto, ON, Canada

<sup>2</sup> Canadian Foundation for Drug Policy, Ottawa, ON, Canada

This paper will trace drug law reform in Canada since the beginning of the 1990s to the present time. The CFPD was founded in 1994 to challenge proposed changes to the drug law & introduction of the present CDSA. The Foundation has been very active in seeking and achieving reforms, presenting to Senate and Commons Committees, working with the media and doing public education. The successes, and failures, of medical and recreational marijuana reforms, attempts to expand harm reduction efforts, and efforts in correctional facilities will be reviewed. Many recommendations for change were made by both Senate & Commons committees examining illicit drug use, but there has been little action. In fact, in a number of respects both drug policy and practice have regressed toward the criminal justice approach. The shift in past couple of years at the government level has been to increased emphasis on criminal justice; this corresponds in part with the arrival of a prime minister much friendlier to the US than the last. As a result, Canadian policies and practice now mirror those of the US more closely than at any other time in the past ten years and US policies are felt both on our streets and through extradition. There have been some positive signs through the introduction of harm reduction programs such as safe injecting sites and safe crack kits; these will be evaluated and the balance between prohibition and harm reduction assessed.

## Mo.16.2

### Harm Reduction and the Government of Canada's Drug Strategy

Lockhart, Nathan<sup>1</sup> Tolton, Susan<sup>2</sup>

<sup>1</sup> Health Canada, Ottawa, ON, Canada

<sup>2</sup> Public Health Agency of Canada, Ottawa, ON, Canada

**Issue:** Although Harm Reduction has been a pillar of the Government of Canada's Drug Strategy since its inception in 1987, it has never been clearly defined. The objective of this presentation is to outline the process that was followed to establish a Harm Reduction policy statement to facilitate decision-making by federal departments and agencies with respect to funding and/or endorsing programs and policies aimed at reducing the harms associated with problematic substance use.

**Project:** As the lead department for the Government of Canada's Drug Strategy, Health Canada coordinated the development of the policy statement in consultation and collaboration with the Public Health Agency of Canada, Foreign Affairs Canada, Public Safety and Emergency Preparedness Canada, the Royal Canadian Mounted Police, Correctional Service Canada, Canada Border Services Agency and the Department of Justice Canada.

**Outcomes and Lessons Learned:** The Presentation will highlight some of the important issues that were examined while developing the policy statement including: defining harm reduction and the scope of harm reduction initiatives; domestic and international public policy and legal considerations; objectives and principles that would underpin a policy statement; and, how such a policy statement would be implemented.

Although the development of the policy statement is ongoing at the present time, its conclusion is anticipated in advance of the 17th International Conference on the Reduction of Drug Related Harm.

## Mo.16.3

### Strengthening the Voice of People who Use Drugs: A Population Specific Approach to Public Health

Smith, Michael; Tolton, Susan; Arthur, Jacqueline; Public Health Agency of Canada, Ottawa, ON, Canada

The Government of Canada, with a range of community and other partners at the federal, territorial and regional levels, introduced the Federal Initiative to Address HIV/AIDS in Canada in 2005. This abstract describes briefly the new federal strategy on HIV/AIDS as a rights-based approach that has a focus on social justice and the determinants of health and with explicit focus on vulnerability with a population-specific approach. This approach addresses the situations of people living with HIV/AIDS, people from areas where HIV is endemic, gay men, women, people who use (injection) drugs, Aboriginal people, prisoners, and youth.

Primary values of the Federal Initiative and the companion implementation piece, *Leading Together*, are to encourage the meaningful involvement of people who live with HIV/AIDS and development of the voice and capacity of vulnerable populations. This abstract addresses the Population Specific Framework used to develop public health policy and programs in the area of HIV/AIDS and uses as a case example a current effort to explore models for people who use drugs to develop their voice and capacity to engage with government as a means to reduce vulnerability to HIV/AIDS and other blood-borne infections such as hepatitis C. The chief example will be Public Health Agency of Canada's involvement with the collaboration and support of the core group of people who use drugs for this International Harm Reduction Conference to develop an adjunct session to this conference for people who use drugs as a means to examine ongoing models for people who use drugs to strengthen voice, be meaningfully involved in processes that affect their lives, and continue in the development of capacity building to reduce community vulnerability and improve public health. The presenter will seek support and involvement of this Core Group in the development and presentation of this abstract, if accepted.

#### Mo.16.4

##### **Keeping the Door Open—Building Support for Harm Reduction through Public Engagement**

Tupper, Kenneth<sup>1</sup> Maxwell, Gillian<sup>2</sup>

<sup>1</sup> UBC Department of Educational Studies, Victoria, BC, Canada

<sup>2</sup> Keeping the Door Open: Dialogues on Drug Use, Vancouver, BC, Canada

**Issue:** Informed public discourse is essential for creating socio-political conditions favourable for implementing harm reduction. Without an informed public, key decision-makers may be reluctant to implement controversial, evidence-based policies. Fostering discourse and providing opportunities for knowledge transfer are key mechanisms by which to establish public support. Keeping the Door Open: Dialogues on Drug Use (KDO) works to promote informed public discourse in Vancouver, Canada.

**Setting:** Vancouver is a multicultural city where problematic substance use has led to serious social and public health consequences. Overdose deaths, HIV and HCV prevalence among injection drug users in one Vancouver neighbourhood rose to alarming levels, and the local health board declared a public health emergency in 1997. Calls for expanded harm reduction programming provoked heated public controversy. KDO was founded by members of affected communities, service providers and researchers in 2000 to promote informed public discourse about the merits of harm reduction policies and practices.

**Project:** KDO is a multi-stakeholder committee that regularly organizes public events to explore options for reducing harms associated with problematic substance use and current drug policies. These activities include conferences and symposia featuring local and international experts in dialogue-friendly venues, preparing communications strategies, and fostering knowledge exchange. Media are engaged to ensure dissemination of information to the broadest possible public audience.

**Outcomes:** Thousands of members of the public have participated in seven KDO public dialogue sessions in the past five years. Various media have covered these sessions and reflected informed discourse to the broader community in at least five languages. Harm reduction was a key election issue in Vancouver's 2002 civic election, and subsequently new harm reduction programming has been established with support from three levels of government and an informed citizenry. KDO's work ensures these issues remain firmly in the public consciousness, informed by high-quality information.

#### Mo.17.1

##### **A Police Crackdown and Syringe Exchange Program Utilization: Disparate Effects and Missed Opportunities**

Davis, Corey<sup>1</sup> Burris, Scott<sup>2</sup> Becher, Julie<sup>3</sup> Metzger, David<sup>3</sup>

<sup>1</sup> University of Pennsylvania; Prevention Point Philadelphia, Philadelphia, PA, USA

<sup>2</sup> Temple University School of Law, Philadelphia, PA, USA

<sup>3</sup> University of Pennsylvania, Philadelphia, PA, USA

**Background:** There is increasing interest in understanding the relationship between policing strategies and drug-related risk behaviors. In May 2002, Philadelphia launched an intensive long-term policing initiative that targeted corners where drugs have historically been sold. Many of these corners were near syringe exchange program (SEP) sites, providing an opportunity to observe effects of this police activity on SEP utilization.

**Methods:** Data were drawn from Philadelphia's SEP, which collects usage and demographic information from all participants. Changes in SEP utilization were examined for periods of 3 weeks, 3 months, 6 months and 9 months before and after the initiation of the police initiative. A mixed-effects model was then used for each response using the six-week mean response around each of the time points. These models were summarized by considering contrasts between corresponding time points from the pre and post periods.

**Results:** SEP utilization declined across all measurement categories and time periods studied following the policing initiative. By contrast, utilization trends in the year-before periods were nearly stable. The mixed-effects model found significant ( $p < .05$ ) declines in visits by Blacks, males and persons over age 30 at all time

periods post-implementation. These declines were most pronounced in those areas that saw the largest increase in police presence as measured by arrests made during the time periods studied. Although the number of syringes collected and distributed decreased significantly ( $p < 0.5$ ) after the operation began, the number returned per person increased.

**Conclusions:** These findings suggest that the policing intervention adversely affected the number of IDUs, especially Black, male and older IDUs, utilizing the syringe exchange program, heightening concern that law enforcement practices may contribute to disproportionate rates of IDU-related HIV infection among these populations. They also suggest that the operation may have increased informal exchange as participants blocked from exchange sites turned to the secondary market.

### Mo.17.2

#### Do Syringe Dispensation Policies Matter? Examining Association Between Syringe Coverage and Dispensation Policy Among SEP Clients

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**Background:** We have found that syringe exchange program (SEP) clients who receive one syringe for every injection per month (or 100% syringe coverage), are significantly less likely to share syringes than SEP clients whose coverage is less than 100%.

**Objective:** To determine whether client syringe coverage differs significantly by SEP syringe dispensation policies.

**Methods:** We classified the exchange policy of 24 SEPs in the following manner: need-based distribution; one for one plus; one for one plus with syringe limits; strict one for one; strict one for one with syringe limits. Using data from 1,588 clients of these SEPs, we calculated syringe coverage percent for each client as syringes received in the last 30 days divided by number of injections in the last 30 days with the result being multiplied by a 100 to create a percent covered. Each client was classified as having coverage of <50%, 50% to 99%, or  $\geq 100\%$ . We used propensity scoring techniques to re-weight these samples to examine whether syringe dispensation policies were independently associated with syringe coverage controlling for client-level differences.

**Results:** Controlling for potential confounders, clients of need-based SEPs were significantly more likely to have syringe coverage of  $\geq 100\%$  as compared to clients of all other programs (61% vs. 50%;  $p = 0.0005$ ). Statistically significant relationships were also found when comparing one for one plus without syringe caps

to other categories (excluding need-based distribution) (50% vs. 38%;  $p = 0.003$ ), comparing one for one plus to strict one for one (54% vs. 42%;  $p = 0.04$ ), and comparing strict one for one without syringe caps to strict one for one with syringe caps (45% vs. 26%;  $p = 0.002$ ).

**Conclusion:** Syringe coverage percentages improved as syringe dispensation policies became more generous. Dispensation policies can be modified to increase client syringe coverage which in turn should lower injection-related risk.

### Mo.17.3

#### Personal and Drug Injecting Network Factors Associated with Secondary Syringe Exchange Among Injection Drug Users

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**Background:** The provision by an injection drug user (IDU) of sterile syringes to another IDU has been termed secondary syringe exchange (SSE). Limited research exists on SSE recipients and there has been no consideration for how social networks are associated with SSE. The objective of this study was to identify characteristics of study participants and their drug injecting networks associated with SSE.

**Methods:** IDUs who injected in the past 6 months were recruited from syringe exchange programs in Montreal, Canada, April 2004-January 2005. Information on each participant and on the persons with whom drugs were injected in the past month were elicited using a structured questionnaire. Logistic regression was used to identify personal and network characteristics associated with SSE.

**Results:** Of 277 IDUs, 39% reported receipt of syringes through SSE. The sample mean age was 33 years, 73% were male, 91% Caucasian, and 85% cocaine injectors. In multivariate analysis, SSE recipients were more likely than non-recipients to share drugs after preparation ( $OR = 2.39[1.06-5.42]$ ), to require help or to help inject another IDU ( $OR = 3.48[1.60-7.60]$ ), to lend used syringes ( $OR = 2.44[1.16-5.16]$ ) and to prepare drugs with water previously used by another IDU ( $OR = 2.46[1.42-4.28]$ ).

SSE recipients had a higher turnover rate ( $p = 0.01$ ) of members in their IDU network. Nearly half (171/348) of network members were syringe providers through SSE, who were more likely than non-providers to inject everyday ( $OR = 2.50[1.51-4.15]$ ). Stratification by members' relationship identified role-specific patterns in the sharing of injecting materials with recipients.



**Conclusions:** SSE recipients and their IDU networks had several markers for bloodborne infections. Nonetheless, SSE may afford an opportunity for the dissemination of salutary behaviours such as information exchange on safe injecting practices. Drug injecting networks can provide an avenue to reach IDUs who may not otherwise be exposed to preventative measures.

#### Mo.17.4

##### Scaling Up: Promoting Harm Reduction Across Two Provinces In Vietnam

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**Issue:** Injecting drug use, through the sharing of needles and syringes, is the principal mode of HIV transmission in Vietnam with at least 65% of notified HIV infections known to be among injecting drug users (IDUs). Although scaled up harm reduction programs are desperately needed in Vietnam, there are only a few small scale harm reduction programs operating throughout the country. Despite the obvious need methadone and ARVs are still play a very minor role in the HIV scene across Vietnam. The surge of funding for HIV in Vietnam from a wide variety of donors allows a great opportunity for the funding of scaled up programs.

**Setting:** The project was initiated in one ward of Bac Giang city (90kms north of Hanoi), and in one rural hamlet (Xuan Bai) in Tho Xuan district in Thanh Hoa about 300 kms to the south of Hanoi. These have now been upscaled to also include Lam Son commune in Tho Xuan and two communes in Thanh Hoa city. The proportion of IDU amongst people living with HIV/AIDS is over 70% for all project sites.

**Project:** The project currently distributes and collects needles and syringes through the employment of peer outreach educators who are all past and current users. The Thanh Hoa provincial Preventive Healthcare Centre and Bac Giang AIDS Standing Bureau oversee the project at a provincial level. There remains good coordination between the peer workers and the local People's Committee, the health department, and local law enforcement.

**Outcomes:** The active participation of peer educators and others support groups is the essential component of the project and despite there being much pressure to 'arrest and rehabilitate' our programs continue to give out around 10,000 needles and syringes every month in each project site. The implementation of harm reduction programs through provincial governments is the best way to develop the evidence for effective programs from within Vietnam.

#### Mo.18.1

##### Primary Care Health Services and Harm Reduction in Myanmar

[Limbu, Bobby](#), Asia Regional HIV/AIDS Project, Myanmar, Yangon, Myanmar

**Background:** The high rate of abscess cases and other such infections related with injecting drug use is being reported to some Effective Approaches Projects (EAPs) currently overseen by the Asia Regional HIV/AIDS Project, in Myanmar. Training has been specially designed on primary care health services with the consultation of clients, field workers and medical personnel. Provision of training in five Effective Approach Project sites enhances the skills of outreach workers in the field of basic primary care health services. They are provided by doctors, nurses, Myanmar Red Cross staff and STD team leaders in respective sites.

**Method:** Training contents designed to address abscess management, minor infections and effects of different drugs. Some technical knowledge and skills like sterilization, universal precautions, first aid, mouth to mouth resuscitation, home based care and disposal methodology is also delivered through this training. Five days extensive training also included observation tour to Central Supply Department (CSD) and incinerator in local hospital and STD clinic and some organization providing home based care.

**Results:** Primary care health service training targeting injecting drug users, effectively reinforces skills for abscess management and increases the number and quality of education sessions on safer injecting. The number of abscess cases subsided after the provision of primary care health education in drop in centers and frequent education on preventive skills. Demand for these services is ever increasing.

**Conclusions:** Inclusion of primary care health services within harm reduction programs, proved to be successful in terms of increasing relevance of the EAPs to their clients. Outreach workers have gained practical skills of benefit to clients as well as the community.

#### Mo.18.2

##### Harm Reduction and Primary Health Care in a Homeless and a Poor Resource Setting in Enugu.

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<sup>1</sup> Community Youths Advocacy Initiative Against Substance Abuse, Enugu, Nigeria

<sup>2</sup> ECOWAS Youth Coalition, ACCRA, Tema, Ghana

**Issues:** Non resident Enugu people emigrating from rural areas to cities are exposed to risk factors for HIV and sexually-transmitted diseases (STIs) transmission.

**Description:** a 3-year programme starting in 2002 was implemented in Uzo-Uwani to improve health situation of a homeless and semi-homeless population including

sex workers and injecting drug users, through accessibility to health services with focus on preventable problems such as STIs and HIV/AIDS.

**Lessons Learned:** A day care center (DCC) employing 28 persons has been established in 2003 in the poorest wards of Uzo-Uwani (estimated population = 266 408 inhabitants and 30 000 unregistered people) as an interface with the public health structures. Primary health care and social services are delivered to 5754 beneficiaries through access provided by mobile teams (MT) consisting of peer-educators and assistant-doctors working in the slums and streets. Training in various health fields (including HIV prevention and care) was regularly organized for the DCC and MT staff. 13,287 medical consultations were done during the year 3 of the programme and 54, 260 leaflets on different health education topics were provided to beneficiaries. The harm reduction component consisted of condom distribution (91 625 in 2004) and syringe exchange programme (50,169 syringes distributed, of which 1/4 could be taken back). Logistic assistance to national programmes was also part of the intervention, with care and support to TB-diagnosed patients through a nutrition programme (2,146 meals in 2004) and conduction of health campaigns promoting STIs and HIV/AIDS prevention.

**Recommendations:** this 3-year intervention set up an innovative health and social structure that reached a population currently lacking an official status. It relies on a health and harm reduction network consisting of a highly skilled staff trained for outreach and a close partnership with governmental structures. Sustainability and continuity of this programme will be ensured through a new programme focusing on HIV care and support.

## Mo.18.3

### Integrating Buprenorphine into HIV Primary Care

**Settings: Models from Ten Demonstration Sites in the U.S.**

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**Issue:** Programs that integrate medical care and drug treatment have shown great promise in improving health and substance use outcomes. HIV-infected drug users are likely to benefit from integrated programs, but historical, regulatory, and attitudinal barriers have prevented the widespread adoption of integrated care models in the U.S. The Drug Addiction Treatment Act of 2000 and approval of buprenorphine for office-based treatment of opioid dependence eliminate some of these

barriers and provide an opportunity to integrate drug treatment and medical care for people with HIV.

**Setting:** In September 2004, the Health Resources and Services Administration funded 10 sites in the U.S. to develop programs that integrate HIV primary care and buprenorphine treatment. Five sites are located on the East Coast (Providence, New Haven, the Bronx, Baltimore, Miami), one each in the Mid-West (Chicago) and Southwest (Tucson), and three on the West Coast (Portland, San Francisco, Oakland).

**Project:** All ten demonstration sites have trained medical providers to prescribe buprenorphine, but each site is implementing a different model of integrated care. Of the ten sites, seven are affiliated with large academic medical centers, two are in community health centers, and one is a free-standing, community-based drug treatment program. While each sites' models differ in some details, they can be grouped within four major strategies: (1) buprenorphine treatment by an on-site addiction/HIV specialist team; (2) buprenorphine treatment by the HIV primary care physician; (3) buprenorphine treatment by the HIV primary care physician with assistance of non-physician health professionals; and (4) a linked care model with buprenorphine provided in a community treatment setting. The sites also have developed an array of individual and group counseling formats, peer support venues, and other psycho-educational supports.

**Outcomes and Lessons Learned:** Integrated care models for providing buprenorphine to HIV-infected drug users may be delivered in different care communities and incorporate an array of psychosocial supports. We will present some of their successes and challenges.

## Mo.19.1

### Breaking Down Barriers One Step at a Time

Hodgins, Dawn<sup>1</sup> Quinn, Kate<sup>2</sup>

<sup>1</sup> Special Projects, Edmonton, AB, Canada

<sup>2</sup> Executive Director, Edmonton, AB, Canada

This presentation will talk about the research and demonstrate the impact of two of the main systemic barriers facing women involved in prostitution, as well as talk about the recommendations being made to all 3 levels of government including legislation surrounding prostitution that will provide ways to reduce harm such as changes to the pardon act or other policies that are detrimental to women.

Current Federal legislation, S.213 CC and the consequences of becoming enmeshed in the criminal justice system for women involved in prostitution in contrast to the consequences for men whom solicit women for the purposed of prostitution

Limited access to safe and affordable housing for women struggling with prostitution related issues

This initiative researched and demonstrated the impact of two of the main systemic barriers facing women involved in prostitution and searched for ways to reduce harm such as changes to the pardon act, criminal code, or other policies that are detrimental to women with current or past involvement in prostitution.

We will provide an overview of the models of decriminalization and legalization from around the world. As well as present a model of legislation developed in with the assistance of experiential women and community members. We will also look at future possibilities for research and development.

We will talk mainly about the research results from our interviews with women involved in the sex trade, currently or formerly. We will also outline our recommendations to the parole, human rights, and government officials on ways to ease these burdens. We will also outline the processes, challenges, and triumphs of the experiential woman advisory panel.

**Content:** Current Issues in Harm Reduction: This a peer driven project addressing barriers to leaving the sex trade as well identified what patterns are currently evident in the Edmonton and area sex trade.

#### Mo.19.2

##### Shame Reduction: Best Practice with Substance-Using Mothers

Weaver, Sydney, BC Women's Hospital and Health Centre, Vancouver, BC, Canada

**Issue:** A qualitative study conducted in Vancouver, British Columbia in 2003 examined the relationship between provincial government child protection social workers and former substance-using mothers. Findings of this study indicated that the relationship between worker and mother, although considered critical, was fraught with distrust and predominantly adversarial in nature. Mothers felt shamed and judged and were reluctant to voice concerns or seek help; workers were frustrated by systemic constraints and a marked lack of training that was informative or conducive to promoting collaborative approaches with substance-using parents. As a result, substance use has been perpetuated, increasing negative outcomes for mothers and children. Conclusions indicated that "(m)others and child protection workers are prevented from entering into a helping relationship by systemic restrictions and underlying ideologies. Workers need training that focuses on building relationships, self-evaluation, the social context of substance use, exploration of power and control issues and a strengths-based approach".

**Project/Setting:** A training program for child welfare social workers was developed, piloted and conducted with child welfare social workers in the Lower Mainland of British Columbia, Canada. The training incorporates best practice research, interventions, and approaches

for working with substance-using mothers within an experiential framework. Former substance-using mothers are actively engaged in facilitating the training. The training introduces new and practical tools for working collaboratively with substance-using mothers.

**Outcomes/Lessons Learned:** Social workers' evaluations of the training indicated, overwhelmingly, an appreciation of the opportunity to hear directly from former substance-using mothers previously involved with child welfare social workers. Workers also valued the experiential exercises relating to power and control issues; discussion of the precipitating research; relevant theories and interventions; and information about the social context of substance use.

Workers' comments also indicated some concern about a perceived focus on negative experiences with child welfare social workers. In response, the training was revised to decrease time spent on problem description.

#### Mo.19.3

##### HIV/AIDS Behavioral Risks Among Women Using Drugs

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**Background/Objectives:** In 2001 women made up 24% of all officially registered HIV/AIDS cases in Russia but 38% in 2004. It is likely that this rise is linked to gender differences in the degree of marginalization and rates of HIV risk behaviours amongst injecting drug users (IDUs). In 2003, a study was conducted in the frame of a DFID programme called "Knowledge for action to prevent HIV/AIDS in the Russian Federation" to investigate any gender differences in HIV risk behaviors among IDUs.

**Methods:** A Cross-sectional survey was conducted among IDUs recruited through non-treatment settings in 3 cities of the Russian Federation. A total of 1, 430 IDUs were recruited and completed structured interview administered by indigenous field workers. Definition of IDU was injection in the last 4 weeks

**Results:** Female IDUs were less likely to report a regular income than male IDUs (40% vs 69%,  $p=0.000$ ), less likely to have a permanent place to live (79% vs 86%,  $p=0.002$ ) and were less likely to have completed secondary education (51% vs 59%,  $p=0.004$ ). More female IDUs reported having an IDU sex partner in the last year (73% vs 48%,  $p=0.000$ ) and twice as likely to report sharing injecting equipment with their IDU sex partners (24% vs 11%,  $p=0.000$ ). Female IDUs were less likely to report using condom use with their last sexual partner (55% vs 49%,  $p=0.004$ ).

**Conclusions:** The results confirm that female IDUs are more socially marginalized than male IDUs, with less

education, less stable income and accommodation. Our findings suggest female IDUs are engaging in risky sexual and injecting risk behaviours, they are more likely to have an IDU sex partner and inject with their used needles/syringes. Harm Reduction programmes need to cater for the specific gender needs of IDUs, including safer injecting and condom negotiation skills.

## Mo.19.4

### Indonesia: Serving Women IDU in Jakarta

Wulan Sari, Sekar, Stigma Foundation, Jakarta, Indonesia

**Issue:** Indonesia is in the verge of a HIV/AIDS epidemic particularly among IDUs. Harm reduction services, including NEP are less than 10% in coverage, even less are accessed by women. While IDUs are stigmatized as drug users and HIV people, women's social image makes it harder to be allowed to access any of these services. Women IDU are not only a hidden population but also a forgotten population.

**Setting:** The Independent Group STIGMA is a foundation that provides harm reduction services such as NEP, support and referrals for IDUs in Jakarta, Indonesia.

**Project:** The group outreaches for IDUs with information and sterile needles; it provides counseling and referral for HIV testing and treatments. The group also has special closed meetings for women IDUs. This forum provides the anonymity and support discussing issues from social stigma, legal issues, family pressure to reproductive-health.

**Lessons Learned and Outcomes:** Most public services don't consider women as special groups, for example, there is large discrepancies between number of rehab/detox centers for women and for men; society pressure women to be pious and nice, with families mostly blocking their women members access to drug-related-services to save face; husbands tend to be violent to their wives, some pressuring them to join using drugs; women being forced into sex for drugs; and so many other problems; While at the moment STIGMA has 337 clients with only 14 being women due to the difficulty reaching women. We've learned that women deserve special approach to their problems and should be considered as an emphasis in every harm reduction programs.

## Mo.19.5

### Safer Crack Use Kits: Reaching Street-Involved Women Through a Grassroots Initiative

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<sup>1</sup> The Women & Family HIV Centre - Oak Tree Clinic, Vancouver, BC, Canada

<sup>2</sup> BC Centre for Disease Control - Street Nurse Program, Vancouver, BC, Canada

<sup>3</sup> AIDS Vancouver, Vancouver, BC, Canada

**Issue:** The Safer Crack Use Coalition of Vancouver was formed in response to the need to address the rising use of crack cocaine.

**Description:** The objectives of SCUC include the increased education and awareness regarding safer crack use and the reduction of related harms. One of its main activities is the creation, assembly and distribution of safer crack use kits.

The development of the kits is a collaborative effort of the community, and includes users, community groups, HIV/AIDS organisations and health care providers. The kits incorporate a variety of items designed to reduce the harms to users. They include heat-reducing pipes, non-toxic screens, and plastic mouthpieces. In addition, they contain condoms, vitamins, lubricant, and other health promotion materials. The contents of the kits are based on the input and feedback of the user community. Assembly of kits involves employing street-involved women who use crack. They receive an honorarium, providing an occasional alternative source of income to selling sex. Participants are linked to a women's organisation, have greater access to services, are provided with safer use tips, and gain the opportunity to network together. During the session, women are asked to share their ideas about safer crack use including thoughts about how to best distribute the kits.

**Conclusion:** The kits are an important tool in achieving four main objectives:

- the promotion of health by and for users
- increased awareness of the importance of safer using
- engagement of users, especially street-involved women, with the health care system
- increased access to an isolated population

## Mo.20.1 (Film)

### Plan Columbia: Cashing in on the Drug War Failure

Ungerman, Gerard; Brohy, Audrey; Free-Will Productions, USA

'Plan Columbia' looks at the so-called 'War on Drugs' waged by Washington in Columbia and assesses its efficacy both to fight drug-trafficking and to provide alternative revenues for farmers who grow coca. The documentary discusses the counter-insurgency nature of the so-called 'Plan Columbia' that provides dual-purpose

assistance to the Columbian military fighting leftist rebels in the oil-rich regions of the country.

#### Mo.20.2 (Film)

##### Damo

Taylor, Suzi; Breitenmoser, Kurt; Australia

'Damo' won 'Best Documentary' at the St Kilda Film Festival, Melbourne in 2003 and 'Best Australian Film' in the International Big Issue Film Festival. It is about a man's journey from ten years of homelessness and heroin abuse to a stable life selling the Big Issue on the streets of Melbourne. This is a tribute to our dynamic human capacity for re-invention and a subtle challenge to mainstream representations of heroin and its dependents.

#### Mo.20.3 (Film)

##### Time Bomb

Syafitri, Rizky; Meirina, Nita; Wirawan, Eric; Herdiany, Dian; Ford Foundation, Indonesia

HIV/AIDS transmission among injecting drug users in Indonesia has increased dramatically in recent years. Up to 80% of new HIV/AIDS notifications are to be found among those with a history of injecting drugs. This documentary film provides descriptions about how the injecting process happens, why people share needles, and outlines how much is known about the issue. This is interspersed with interviews with people sharing their fears and regrets while reflecting on what they have done in the past. This documentary was screened at the Jakarta International Film Festival in 2004 and the Drugs: Exploring Myths, Discovering Facts, Reducing Harm, International Documentary Film Festival, Melbourne, Australia in 2005.

#### Mo.22.1

##### The Global Fund: Greatest Hope or Lost Promise?

Wolfe, Daniel, International Harm Reduction Development—OSI, New York, NY, USA

In countries with injection-driven epidemics, the Global Fund to Fight AIDS, Tuberculosis and Malaria—with its explicit commitment to civil society involvement and independent proposal review—is often seen as the best hope for bolstering needle exchange and substitution treatment. Programs in Russia, and Ukraine, Thailand, China, and many Central Asian Republics, for example, have received support to begin harm reduction or to bring pilot programs to national scale.

Drawing on reports from Asia and the former Soviet Union, this presentation uses country-level analysis to critically assess key benefits and challenges facing the Global Fund and harm reduction advocates who it supports. Topics include:

Civil society engagement. Grassroots harm reduction organizations are often regarded with ambivalence or

frank hostility, by government structures such as law enforcement agencies or ministries of health. How do these relations play out within "country coordinating mechanisms" of the Global Fund, and what lessons do they offer?

Gauges of success. The GFATM, itself a new entity, faces questions from supporters and critics alike about its efficacy. How do the Fund's criteria for evaluation shape operations for harm reduction programs frequently facing special bureaucratic or legal obstacles?

New nodes of governance. The GFATM provides a unique mechanism for securing large amounts of funding without government approval. In Thailand and Russia, for example, drug user and harm reduction organizations have successfully applied for grants outside of the official country-coordinating mechanisms. What are the implications of these awards for national commitment to harm reduction, or on program operations in the long term?

Transformation through bureaucratization? GFATM funding has meant infusions of funds and new reporting requirements, for programs used to operating flexibly and with little structure. What is gained and what is lost in this contract?

#### Mo.22.2

##### Access to Programs and Research to Prevent HIV and HCV Among Drug Users is Constrained by Ideology and Inattention to Science

Page-Shafer, Kimberly, University of California, San Francisco, CA, USA

Recent reports of the effects of U.S. policies and funding restrictions with respect to HIV prevention have focused on how science-based prevention programs have been constrained by the interference of misguided ideology bounded by morality. Condom promotion campaigns must mention abstinence; programs targeting persons <15 years old cannot mention condoms unless the minors are at "high risk" of HIV infection; and groups receiving US funds for HIV prevention programs must pledge opposition to commercial sex work and sex trafficking. HIV prevention research has suffered further as a result of the widely cited changes in NIH and CDC grant-making language demanded by Congressional overseers and by unprecedented Congressional efforts to de-fund research on sexual behavior. The media focus on these restrictions, which affect any sexually active populations, has overshadowed the parallel difficulties of providing HIV and HCV prevention to those at risk of blood-borne infections associated with drug use. After more than 20 years of the HIV pandemic, surveillance data now show that up to 25% of HIV-infected persons and almost all new HCV infections are among Intravenous Drug Users (IDU). Basic public health programs that include needle and syringe distribution and disposal, harm reduction, and IDU care and treatment

remain under attack by policy makers who shun scientific evidence in favor of misguided moralism, both nationally and internationally. Despite long-standing evidence of effectiveness of needle exchange programs (NEP), many U.S. government officials irrationally continue to question the efficacy of such programs and also seek to affect the policies of multi-national organizations. For example, the WHO has proposed rescheduling buprenorphine, a medication successfully used for treatment of opiate dependence, thereby placing it under stricter guidelines for use. The U.S. has encouraged this approach as the most influential player in WHO deliberations. Opposition to science has not been limited to policy makers - community activists have also assaulted scientific inquiry. For example, recent, high-profile opposition to research on tenofovir as a chemoprophylactic agent showed how ideology can overwhelm science. Political barriers to effective prevention programs and research for sex workers and IDU need to be challenged, and community stakeholders need to be better informed about the scientific process so that successful models can be implemented and new concepts can be tested. Funders, scientists, community groups, and especially vulnerable populations need to work closely together to overcome the evident war on science now being waged so extensively in the harm reduction arena.

## Mo.22.3

### **Rolleston Oration 2006: Out of Sight: Breaking Down the Barriers to HIV and HCV Treatment for IDUs**

Guarinieri, Mauro, Bologna, Italy

There are an estimated 13.2 million injection drug users living in over 130 countries. Because the vast majority of them are highly vulnerable to HIV and viral hepatitis, it is key to provide effective treatment for both HIV and HCV. The interaction between HIV and HCV causes a blunted immune response to HAART therefore causing co-infected persons to be more susceptible to developing AIDS and end-stage liver disease than mono-infected individuals. Since increased access to HIV medications among infected persons does not equal increased access to HCV medications; HCV, not HIV, is becoming a leading cause of death among co-infected persons in Europe and the USA.

Why is it not equal? Despite the co-burden of HIV and HCV, many physicians are reluctant to treat current and past injection drug users for HCV. Many factors contribute to these disparities including discomfort of medical providers, lack of training and experience providing care to injection drug users, discrimination, concerns related to co-morbid psychiatric diseases, substance use relapse, re-infection, poor adherence, insufficient drug-user specific research on drug toxicity, efficacy and tolerability of HIV and HCV treatment and lack of data on

interactions between HIV and HCV treatment with both licit and illicit drugs.

In recent years, the standard of care for both HIV and HCV treatment has evolved significantly. However, as we can see with HCV treatment, this same standard of care has not reached all persons, in particular past and current injection drug users. One of the reasons for this is that drug users have not been the primary target of research and therefore are receiving fewer benefits than non-users.

In light of the explosive, global HIV epidemic among injection drug users, matched by the overwhelming prevalence of HCV in IDUs, it is imperative to develop treatment approaches for IDUs that realistically assess and surmount the barriers. These interventions should include a stronger emphasis on harm reduction and targeted research efforts that include people affected by HIV and HCV.

**Mo.23.1** (Film)**Rubber Hammer**Tiedgen, Warren, Australia

An engaged couple return to their apartment after travelling overseas. They have been to South America on a trip to collect a special cargo to bring home. After settling in they begin to take laxatives, and the female character leaves for the toilet. On her return from the toilet she seems relieved, almost elated. The male then leaves for the toilet but something goes wrong and the man collapses and it looks as if he will die. What will his fiancé do and what of the special cargo?

**Mo.23.2** (Film)**Glue Made Me A Ghost**Pope, Andrew<sup>1</sup> Shadraven, Farhad<sup>2</sup><sup>1</sup> M'Lop Tapang, Cambodia<sup>2</sup> Fit Media, Cambodia

The film was written and performed by ex-street children: Most of whom were addicted to glue. The story is based on real life experiences of these and other children with long histories of using glue, whilst trying to earn money from scavenging and sleeping on the streets. All of these children are now reintegrated back to education and their families. These children have friends that have been injured by traffic accidents whilst using and they wanted to educate their peers of the risks of drug use, as well as the negative future ahead for a glue sniffer on the streets. The film has simulated glue use and shows what this leads to: vagrancy, poverty, loneliness, crime, attacks from gangs and the huge risk to life and well-being. In Khmer culture, ghosts are very much believed in and feared. The message is clear that glue can destroy your life in many ways. The children and M'Lop Tapang have used this film to educate their peers, families and the whole community.

**Mo.23.3** (Film)**Chew on This**The Narco News School of Authentic Journalism, The Narco News School and the Fund of Authentic Journalism, Bolivia

While harm reduction strategies admirably focus on problems related to drug consumption, too often the plight of those at the lowest levels in drug producing regions is ignored. 'Chew On This' provides an important introduction to the realities experienced by coca growers in Bolivia that is both revealing and intimate. With all original footage shot entirely in Bolivia, the film allows coca farmers to tell their own story of the repression they face and how they are organizing to meet those challenges. In rare footage of coca eradication in progress, we see the heavily armed soldiers march past an anguished mother and her traumatized child. Stories

of other ordinary coca growers follow. Augmented by the award winning still photography of Jeremy Bigwood, we learn of the decree to close the legal coca markets and the mass resistance that forced the Bolivian government to reverse its decision. We learn something about coca's traditional uses, the distinction in Bolivia between legal and illegal coca and the failures of crop substitution programs. Brief interviews provide context throughout, including with coca eradicator Coronel Jaime Cruz Vera, former Brazilian Secretary of Drug Enforcement Walter Maierovitch, human rights attorney Rose Marie Acha and Bolivian Congressman Evo Morales. 'Chew On This' was a cooperative project produced entirely by professors and students of the Narco News School of Authentic Journalism in 2004. It was funded solely by The Fund for Authentic Journalism, a non-profit corporation based in the United States.

**Mo.23.4** (Film)**Kierin**Fitzgerald, John, University of Melbourne, Melbourne, Australia

'Kierin' takes you on his weekly journey from an outer urban suburb to Melbourne's Central Business District to score heroin. He is a 28-year old tradesman and injecting drug user who scores for himself and his friends from the street drug market. Through the course of the journey 'Kierin' talks about the impact of aggressive policing, racism, inequalities emerging from the prohibitive policy environment and the violence that goes with the street drug markets. As 'Kierin' arrives at Melbourne's newest retail environment, we have travelled through the inner life of an articulate confident injecting drug user, and travelled through an impressionistic visual story of heroin use in Melbourne. Shot from the eye of the narrator, the movie was developed from an in depth interview with 'Kierin', and visual materials trace Melbourne's street drug markets. The movie provides unique insights into a drug user's perspective on a contemporary social issue.

**Mo.23.5** (Film)**Eva Goes to Foreign**Darlington, Tass, FPWP/Hibiscus, UK

The UK's Concerted Inter-agency Drugs Action (CIDA) estimates that some 35 to 45 tonnes of cocaine enter the UK annually. One means of entry, which receives a great deal of tabloid press coverage, is through the use of drug 'mules'. The majority are women, mostly driven by endemic poverty to risk smuggling cocaine through UK customs. The drugs are smuggled inside the body cavities, with each courier bringing in up to 500 grams. The large numbers of women making the mule run from Jamaica carrying Colombian cocaine sparked a diplomatic row, leading the UK and Jamaican governments

to set up 'Operation Airbridge' in June 2002. This project, involving the installation of UK-funded ion scanners at Jamaican airports, appears to have greatly reduced the amount of couriers arriving from Kingston; however, the flexible, demand-led market has reacted by opening alternative routes.

[http://www.release.org.uk/html/~Human\\_Rights/~The\\_Unjust/Eva\\_Goes\\_to\\_Foreign.php](http://www.release.org.uk/html/~Human_Rights/~The_Unjust/Eva_Goes_to_Foreign.php) Hibiscus, a charity working with foreign women couriers in British prisons, made 'Eva Goes to Foreign' to highlight the plight of these women.

**Mo.23.6** (Film)

**Worth Saving**

[Hilderan, Gretchen](#); [Wolchok, Leah](#); USA

'Worth Saving' is a short documentary about drug users rescuing each other from overdose. Although often preventable with simple interventions, overdose is the leading cause of death for San Francisco's 15,000 injecting drug users. Worth Saving explores a ground breaking public health program that saves lives by prescribing Narcan, an opiate antidote carried by paramedics, directly to drug users. The film follows the Drug Overdose Prevention and Education (DOPE) Project to needle syringe programs, residential hotels and police stations as they reach out to drug users, the often-ignored casualties of the 'War on Drugs'. The DOPE training and access to Narcan transforms the life-savers as well. Kai is a young man who struggles with addiction while living on the streets of San Francisco. Kai has been brought back from an overdose before and attends the training in order to be a better resource to his community. Art is a formally homeless elder who has saved three lives since attending the training. Although living with his own addiction, Art has become the 'house medic' in his Tenderloin residential hotel. Worth Saving tracks these two DOPE project participants through the training and beyond, as they save the lives and bring hope to their communities.

**Mo.23.7** (Film)

**Scaling Up HIV Prevention And Harm Reduction In Iran**

[Powis, Neville](#), Asian Harm Reduction Network, Iran

The Islamic Republic of Iran is reported to have more than two million drug dependent individuals. Of these more than 150,000 are injecting drug users. Between 50,000 - 60,000 people are HIV positive and of these at least half are injecting drug users. The Iranian Judiciary has now sanctioned the de-criminalizing of drug dependence and the national scaling up of harm reduction. It sees these as the best ways to combat the dual epidemics of HIV infection and injecting drug use. This film looks at the general situation of drug use in Iran, meets people affected by opiate dependence and

HIV/AIDS, and hears from officials about the services that are presently being offered to drug users and their families.

**Mo.23.8** (Film)

**The Shulgin Project**

[Sauret, Etienne](#); [Saville, Sebastien](#); Turn of the Century Productions, UK

Alexander Shulgin - chemist extraordinaire and living legend in underground drug culture - features in this new film on the unexplored potential of psychedelic drugs. Having quit his post as a senior research chemist at Dow Chemical Company in 1965, together with his wife Ann he set forth on a personal quest to design new psychoactive drugs. The lifestyle drugs market is now estimated to be worth up to \$25 billion annually, providing legal treatments for conditions ranging from depression to impotence. Why should people be prevented from using other drugs, which alter their mental and physical experiences? Many have been used for centuries and others continue to be applied in therapeutic, creative, religious, exploratory, recreational and military settings. Are these drugs so innately dangerous that people need to be protected from them? Or are there other reasons? Doctors prescribing MDMA for post-traumatic stress disorder and terminal cancer, military psychiatrists testing LSD on troops, chemists developing new 'designer drugs,' shamans using psychedelics to heighten spiritual awareness, multiple sclerosis sufferers self-medicating with cannabis, artists using LSD as a creative tool. Such practices are at best restricted and at worst outlawed - but what are the motives behind the regulations?

**Mo.001P**

**A Computer Based Intervention to Reduce Alcohol and Substance Related Harm on a College Campus**

[MacMaster, Samuel](#)<sup>1</sup> Bowie, Stan<sup>2</sup> Hall, J. Camille<sup>2</sup> Wodarski, John<sup>2</sup>

<sup>1</sup> University of Tennessee, Nashville, TN, USA

<sup>2</sup> University of Tennessee, Knoxville, TN, USA

**Issue:** The consumption of alcohol is a significant problem among undergraduate college students. Young adults, in comparison to any other age group, have the highest prevalence of high-risk drinking (5+ drinks in a row within the last two weeks), and college students engage more often in high-risk drinking than their non-college peers. Young adults are faced with daily decisions about the role that substance use will play in their lives, and college life poses potential risk for the onset of substance related harm

**Setting:** The problem of alcohol and club drug abuse is of particular concern at the University of Tennessee. The campus, located in Knoxville Tennessee, home to



19,000 undergraduate students, was awarded the dubious distinction of the nation's top "party campus".

**Project:** This presentation will provide a description of a harm reduction-based prevention/early intervention initiative aimed at undergraduate students. The program utilizes the university computer network to provide substance use information, feedback on individual drug patterns, two levels of treatment intervention and referrals to university and community treatment agencies. A computer-based screening and intervention program based on the BASICS (Brief Alcohol Screening and Intervention for College Students) intervention developed by Dimeff, Baer, Kivlahan, & Marlatt (1999) is provided to all undergraduate students. Our adaptation of the program provides a computer-based screening and brief intervention, reinforced with peer outreach workers providing services in high-risk situations, i.e. residence halls, Spring Break venues, basketball and football games, Greek events, and so forth. Students who complete brief interventions may be transitioned to more formal services offered by university and community service providers.

**Outcomes and Lessons Learned:** The project serves an example of the use of harm reduction-based interventions in a venue where substance use is tolerated and normalized, and may provide implications for other similar arenas.

#### Mo.002P

##### **Treating the Triggers: The Effects of Exposure Response Prevention on Reducing Addictive Cravings** DeLetis, Robert, SLS Health Inc., Brewster, NY, USA

Exposure Response Prevention is a behavior therapy technology that reduces a person's pre-disposition to respond to a set of stimuli. For example, ERP has been used to treat phobias and compulsions by exposing the person to the phobic situation or thing (stimuli set) and then preventing them from executing their dysfunctional response.

SLS Health applied this technology to the problem of substance abuse. One of the key hurdles a person must overcome is to remain substance free is to refrain from using when exposed to stimuli (people, places, & things) formerly conditioned to their substance abuse. Failure to behaviorally ignore such conditioned stimuli is the primary cause of relapse among substance abusers. The range of stimuli conditioned as triggers of substance abuse is varied and individualized. There are, however, common triggers. These are the sensory stimuli associated with the substance of choice, its acquisition and preparation for use. Secondly, there is the typical use setting, such as bars, time of day or special event. Finally emotional stressors while more individualized are another frequent trigger.

ERP Therapy helps a client extinguish his substance seeking behavior & impulses by systematically exposing them, in a controlled environment, to a sampling of the three sets of stimuli. It also reconditions the client's cognitive self-talk over a period of sessions. ERP is an eclectic therapy that is another piece of the recovery process. It is compatible with community support groups like AA, NA, etc.

#### Mo.003P

##### **Barriers and Incentives to Treatment for Illicit Drug Use**

Schultz, Meriel<sup>1</sup> Treloar, Carla<sup>2</sup> Abelson, Jeanne<sup>2</sup> Cao, Wen<sup>2</sup> Brener, Loren<sup>2</sup> Kippax, Susan<sup>2</sup> Schultz, Lance<sup>3</sup> Bath, Nicky<sup>4</sup>

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<sup>4</sup> Australian Injecting and Illicit Drug Users League, Canberra, Australia

**Background/Objectives:** This study was managed by LMS Consulting in partnership with the Australian Injecting and Illicit Drug Users League (AIVL) and the National Centre in HIV Social Research and aimed to identify barriers and incentives to treatment uptake and adherence amongst illicit drug users (IDU).

**Methods:** The research comprised three arms: (1) a quantitative survey of IDU both in and out of treatments (2) interviews with service providers/key informants (3) 'negotiation' workshop with key informants representing IDU and service provider interests.

**Results:** 685 IDU participants completed the questionnaire in 5 sites (2 New South Wales, 2 Queensland, 1 Western Australia) including 329 (48%) in treatment, 163 (24%) previously been in treatment and 193 (28%) never in treatment. Recruitment focused on four treatment modalities (counseling, detoxification, rehabilitation and pharmacotherapies) and drug of choice (psychostimulants or opioids). Analysis focused on the barriers reported by IDU as well as examining the associations of IDU perceptions of barriers with a number of outcome variables: treatment status, satisfaction with treatment, functionality, frequency of drug use, achievement of personal treatment goals, severity of dependency, self-reported health status and completion of treatment.

Interviews were completed with 33 service providers recruited from the same geographical areas as the IDU survey. Themes emerging from these interviews included barriers relating to access, treatment philosophies, community attitudes, individual focus of services (rather than broader), workforce issues and links between services.

**Conclusions:** This project will assist service providers and IDU in negotiating mutually agreed health systems, and includes recommendations to the federal govern-

ment regarding policy and service provision that maintains or improves the wellbeing of IDU.

## Mo.004P

### Reducing Harm for Battered Women with Alcohol or Drug Problems

Downs, William; Atkinson, Christine; Jones, Megan; Rindels, Barb; University of Northern Iowa, Cedar Falls, IA, USA

**Issue:** We conducted in-depth interviews with 225 women in substance abuse treatment and 222 women in partner violence programs. Approximately 67% of women in substance abuse treatment had experienced partner violence in the six months prior to treatment. Approximately 53% of women in partner violence programs had alcohol or drug problems or both. However, there was very little overlap in service provision between substance abuse treatment agencies and partner violence programs. Battered women with alcohol or drug problems require collaboration between the two agencies to reduce the harm of partner violence and substance abuse to women's lives.

**Setting:** The geographic location includes substance abuse treatment agencies and partner violence programs at five sites in a rural state in the United States. The intended audience is women with both partner violence experiences and substance abuse problems, and staff who deliver services to these women.

**Project:** We worked with the agencies to develop partner violence and substance abuse training and education programs. Through the process of training each other, staff in both programs increased their level of collaboration. Next, University staff developed and delivered advanced joint education on topics such as language and philosophy differences, confidentiality, and screening and assessment to staff from both agencies simultaneously. We are in the process of developing integrative services to reduce harm to women's lives from partner violence and substance abuse.

**Outcomes and Lessons Learned:** The project increased staff knowledge and interagency collaboration. We learned that: 1) to enhance collaboration, the process of developing the trainings was as important as the content delivered, 2) for cultural change within the agency, training needs to be delivered to a majority of staff from all programs within the agency, and including administrative and supervisory staff, and 3) the collegial model enhances collaboration more so than the hierarchical model.

## Mo.005P

### Harm Reduction (HR) Advocacy: Building Positive Attitudes in Russia

Lavrova, Kaleria, AIDS Foundation East-West, Moscow, Russia

**Issue:** To maximize Harm Reduction project effectiveness, positive attitudes towards them are necessary from state law-enforcement and medical institutions, as well as from society in general. A lack of knowledge about best practice methods and understanding contributes to the escalation of the HIV epidemic within Russia.

**Setting:** Currently there are 318 394 people living with HIV/AIDS in Russia. The majority of new cases (56.2%) have occurred among injecting drug users (IDUs) in 2004. Therefore, targeting this population is vital to prevent further spread of the epidemic. In all, there are 60 HR projects which distribute prophylactic materials among target groups nationwide.

**Project:** To foster understanding and knowledge of harm reduction an action plan was developed that includes:

- Trainings on HR advocacy for regional project managers and training centres;
- Seminars for drug treatment specialists on HIV prevention and fundamental issues surrounding HR;
- A four-day training for regional project managers and drug treatment specialists on motivational interviewing and substitution therapy;
- A round table event on co-operation between HR projects and state drug control services;
- A series of planned meetings with the Federal Drugs Control Service in order to shape opinions regarding the work of HR projects;
- Published brochures on HR for the general population;
- Working with the media on presentation of HR issues.

**Outcomes and Lessons Learned:** Thus far, only two trainings on HR advocacy were conducted for a total of 57 people (27 project managers) in the framework of the new Global Fund project in Russia (GLOBUS). However, post-training evaluation results demonstrated that 100% of participants felt their knowledge of HR advocacy had increased and 90% felt they had gained useful skills.

## Mo.006P

### Teachable Moments: How Slips/Relapses Can Become Therapeutic Learning Opportunities Within Inpatient Residential Settings

Goheen, Mark; Beckett, Paul; Turner, Karen; Maple Ridge Treatment Centre, Maple Ridge, BC, Canada

Residential Treatment Programs in North America (96% of US residential drug and alcohol programs, Lemanski; 2001) are typically founded on a traditional absolute abstinence philosophy. Program principles and actives

based on traditional abstinence approaches are a good fit for many clients, particularly those who hold, or are open to, a disease model account of substance abuse.

Many people who struggle with substance abuse may not be amenable to a disease model approach nor able to meet the pre-admission criteria associated with traditional residential programs. Such criteria include length of clean time, sound mental health status, openness to a spiritually-based program, and high degrees of treatment motivation.

Maple Ridge Treatment Centre utilizes a treatment philosophy that is compatible with a wide range of client beliefs, mental and physical health statuses, and levels of treatment readiness. This broad treatment framework results in frequent case management and program delivery challenges that require creativity, therapeutic curiosity, and custom tailoring of services. For example, client relapse during treatment is conceptualized as a learning opportunity for both the client and program. The practice of automatically discharging clients is replaced with a response of teaching and enhancing client capacity to respond to future cravings and circumstances more effectively. Such "harm reduction" based practices can result in controversy on the part of some clients, referral agents, staff and other stakeholders. Despite this fact, client surveys and feedback suggest that the emphasis on client self-determination and creative treatment planning supports good outcomes and client satisfaction.

#### Mo.007P

##### Enhanced Peer To Peer Hepatitis C Education - a Precision Intervention

McNally, Grant, Uk Assembly on Hep C, London, UK

**Issue/Problem:** Injecting drug users are mainly taught on the basis of peer information, or are initiated by their peer group. Both routes rely on peer information accrued from experience and knowledge through ad hoc received wisdom and professional media, filtering through generations of users. Most current IDU's have been 'taught' injecting by an older generation, one alerted to the dangers of HIV. Hepatitis C though is more virulent and robust virus, of which the transmission through injecting behaviours is poorly understood by those at greatest risk. It is this 'inherited' learning that lulls many current users into believing that their behaviour is or has been 'safe,' while leaving them exposed to not just single incidences of HCV exposure, but multiple exposures

**Barriers:** Unfortunately, most of the interventions that exist, needle and paraphernalia exchange, have little effect on users out of touch with services without the corresponding prevention information. New syringes and 'anti-sharing' messages are ineffective if the user fails to understand other risks. All the anti-HIV messages traditionally passed from older users to the next generation

may, in fact, allow the virus to pass more easily, as users behaviours are informed by the 'belief' that they are following safer injecting/preparation.

Additionally, hepatitis C virus has multiple sub strains and that it is possible to become infected with more than one of these "genotypes". Research has shown different durations of treatment of genotypes, which in economic terms can double the cost of treatment.

**Solution:** For a majority of injecting users this knowledge is largely unknown, leading to those who are aware of their HCV positive status to form the view that the sharing of injecting equipment and paraphernalia presents little risk amongst those already infected, however, the importance of secondary prevention is as paramount as primary prevention and only peers can get this message to those out of touch with services.

#### Mo.008P

##### Florida's Substance Abuse Treatment Provider Administrative Data Project: Comparing Users of Marijuana Only to Other Substance Users

Young, M.; Hills, Holly; Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida, Tampa, FL, USA

**Objectives:** Florida's statewide database derived from publicly funded substance abuse treatment (SATX) settings includes information on clients' demographics, drug use, referral sources, and treatment outcomes. These data were used to evaluate whether users of Marijuana Only (MJO) evidenced superior treatment outcomes compared to other substance users, and whether this relationship varied across self-referred and coerced treatment admissions.

**Methods:** Data included 294,767 episodes of care for SATX services from 1998-2003. Drug use patterns were determined from the primary and secondary diagnoses and three variables documenting specific drugs "contributing to the need for treatment." Each drug was classified as alcohol, marijuana, or illicit drugs other than marijuana (IL). Each client's drug use pattern was categorized according to which of these drug classes were noted in the admission record.

**Results:** The most common drug use pattern prompting treatment admission was MJO (27%, n=78,277). Marijuana appeared alone or in combination with other drugs on 60% of admission records. Within the MJO group, most (57%) were coerced to treatment by school/work/criminal justice entities, another 28% self-referred, and 15% were referred by a community healthcare provider.

Compared to other drug use groups, MJO were significantly more likely to be married, living independently, and employed fulltime. Discharge records indicated that the MJO group evidenced the highest rate of drug-free treatment completion (45%). Survival analysis indicated

that persons in the MJO group were significantly less likely than persons in all other drug use groups to reappear for SATX during the data collection period, independent of referral source.

**Conclusions:** Upon treatment admission, persons identified as using marijuana only represent the largest group admitted to publicly funded substance abuse treatment settings in Florida. Regardless of referral source, persons using marijuana only demonstrated the most stable sociodemographics and treatment outcomes, and they should therefore be prioritized for non-institutional, community-based care.

## Mo.009P

### Indonesia: Extending Methadone Services For More IDUs Through Local Hospitals and Public Clinics

Atmosukarto, Ingrid<sup>1</sup> Mesquita, Fabio<sup>1</sup> Winarso, Inang<sup>1</sup> Eka, Bambang<sup>1</sup> Nevendorff, Laura<sup>1</sup> Handoyo, Patrianto<sup>2</sup>

<sup>1</sup> Indonesia HIV/AIDS Prevention and Care Project (IHPCP)-Ausaid, Jakarta Pusat, Indonesia

<sup>2</sup> Indonesia HIV/AIDS Prevention and Care Project (IHPCP)-Ausaid, Bandung, Indonesia

**Issue:** Indonesia's HIV/AIDS epidemic is on an exponential rise, mostly IDUs. Historically, treatments for IDUs focused on rehabilitation/detoxification disregarding HIV related problems. In 2002, MOH with WHO started two Methadone-maintenance-(MMT)-pilots, in Jakarta and Bali. Later, WHO's support ceased and was continued by IHPCP, supporting the clinics daily operations, collaborating with WHO/MOH for technical assistance. As these clinics proved successful, more calls for methadone are being voiced.

**Setting:** Indonesia has two major MMT centers:

Dependence-treatment-hospital (Jakarta) and Sanglah-Hospital (Bali). In efforts to provide services for IDUs in prisons, a much vulnerable group, WHO/MOH/IHPCP set up an extension to a prison in Bali.

**Project:** Both hospitals and prison clinic have shown a growth in their clientele. They provide daily dosage of methadone, counseling, support and referrals for ARV and work closely with NGOs.

Yet, the problem is that most IDUs have low socio-economic status and aren't able to afford going to Jakarta nor Bali, causing high rates of drop-outs. To respond to calls for extensions, hospitals from Surabaya, Bandung were trained; the Jakarta-Government wants community-health-centers and other hospitals to cater the more remote IDUs, that can't afford daily transportation.

**Outcomes and Lessons Learned:** Indonesia came a long way from its abstinence-position to supporting harm reduction, particularly methadone. Initially viewed as legalizing drugs, now it is supported by the Government including the Indonesian-President. The experience have shown positive results, particularly as means to empower clients to a stable life despite their drug use

and prevent the transmission of HIV among IDUs and to their sex-partners/families.

## Mo.010P

### Indonesian National Strategy for HIV/AIDS Prevention and Control in Prisons:

Winarso, Inang; Mesquita, Fabio; Atmosukarto, Ingrid; Eka, Bambang; Nevendorff, Laura; Handoyo, Patrianto; Indonesia HIV/AIDS Prevention and Care Project-AusAID, Jakarta Pusat, Indonesia

**Issue:** Prison is a potential breeding place for HIV transmission. In Indonesia, increasingly more prisons are reporting deaths by AIDS, however until now no formal data on AIDS cases are registered. Many prisoners have a history of injecting drugs prior to their sentencing, continue to inject within the prison compound and carrying unsafe sexual behavior. Therefore, the Directorate of Prison, Department of Law and Human developed the National Strategy Prevention and Control HIV/AIDS and drug misuse in prison for year 2005 -2009. This strategy had shown the shifting paradigm from security approach to public health approach by Directorate of Prison in Indonesia.

**Setting:** Currently there are 402 prisons in the country (13 specific for drug related crimes). Total inmates by June 2005: 89.708, with the number prisoners with drug offence tripling to 38% from 2002-2005. The prevalence of HIV estimates 8-12% of all prisoners was HIV positive (2002).

**Project:** IHPCP (a support project with main sources from AusAID) was a key organization in help the building of the National Strategy. By the strategy, 8 programs are defined to overcome HIV/AIDS and drug misuse in prisons: law enforcement; prevention program particularly condom and bleach, treatment program (access to ARV, primary health care, and methadone oral substitution); research, development and surveillance; multi-sector collaboration and coordination; enabling environment: rehabilitation; legal education; social service.

**Outcomes:** This strategy covers various efforts to improve prisoner's health status with regard to HIV/AIDS and drug use, as occurs in prisons and is the first step for a public health approach.

## Mo.011P

### Chemical Dependency Resource Team (CDRT) Introduces Harm Reduction Philosophy in an Acute Care Hospital

Secord, Sharon, Surrey Memorial Hospital, Surrey, BC, Canada

**Issue:** It is estimated that up to 40% of all hospital admissions are directly or indirectly related to alcohol and drug use. This fact alone necessitates the need for health care providers to offer a non-judgmental and supportive environment for clients with problematic sub-

stance use to share their struggles and consider making less harmful choices.

**Setting:** Surrey Memorial Hospital (SMH) is located in Surrey, British Columbia (BC) and serves a population of approximately 400,000. Community risk factors such as a large immigrant population, poverty, homelessness, unemployment, sex trade, substance dependence, crime, and marginalization reinforce the need to utilize harm reduction initiatives throughout the continuum of health care.

**Project:** In 2004, the CDRT was established at SMH to improve the quality of care of clients admitted to the hospital with substance use issues and concerns. The team consists of a clinical nurse specialist, a social worker, two physicians, and a secretary. As consultants, our mandate includes clinical care, education, and research. Clinical interventions include methadone initiation/maintenance, safe withdrawal management, effective pain management, individualized treatment plans based on client goals, and identification of, and linkages with, community resources. We offer a variety of workshops to healthcare workers on topics such as harm reduction, methadone maintenance, stages of change and motivational interviewing. Currently, we are collecting demographic and background data to develop a comprehensive picture of our client base, monitor trends and identify gaps, and develop a research informed program evaluation.

**Outcomes and Lessons Learned:** The CDRT is a support for clients and staff, continues to mobilized awareness of problematic substance use, and champions innovative harm reduction initiatives in a hospital setting. Yet, the need for advocacy and education to mitigate the negative attitudes, beliefs, and myths associated with problematic substance use against competing and discriminatory health priorities is a continuous challenge.

#### Mo.012P

##### Methods of Community Recruitment For Hidden Populations: Comparing 'indigenous field worker' and 'respondent-driven' sampling approaches

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**Introduction:** There remains a need for research among non-treatment or community recruited samples of hidden populations such as injecting drug users (IDU) in order to better estimate the dynamics of HIV to

improve access to treatment and services, including harm reduction.

**Methods:** This study compares two sampling methodologies "respondent driven sampling" (RDS) and "indigenous field workers" (IF) in order to investigate i) the relative effectiveness of RDS in reaching more marginal and hard-to-reach groups and ii) the relative efficiency of RDS in recruiting a sample at lower cost than IF. This analysis draws upon nine community-recruited surveys of IDUs undertaken in the Russian Federation and Estonia between 2001 and 2005. Sampling effects on the demographic composition and injecting risk behaviours of the samples generated are compared using multivariable analysis. Key demographic indicators and injecting risk behaviours were selected as outcome variables.

**Results:** Multivariable analysis indicated that RDS recruitment was more likely to select male IDUs (OR 2.7), IDUs who had attended higher education (OR 3.8), and those who had official residency permits for the city (OR 2.6) than IF recruitment. After adjustment, the recruitment method was not significantly associated with injecting risk behaviours. Our findings suggest that RDS does not appear to recruit more marginalised sections of the IDU community nor those engaging in riskier injecting behaviours in comparison with IF approaches. RDS appears to offer greater efficiency in terms of speed of recruitment, but proved less cost effective than IF approaches.

**Conclusion:** RDS appears to have some practical advantages over the IF approaches in the implementation of the field work. Further research is needed to assess whether the advantage of RDS in statistical terms justifies the increased costs and to what extent IF approaches lead to biased results if RDS produces a representative sample.

#### Mo.013P

##### The Implementation of a New Drug Treatment Rehabilitation Project in Uzbekistan

Magdiyev, Yusup, USAID funded Drug Demand Reduction Program, Tashkent, Uzbekistan

**Issue:** Drug trafficking has fueled a rise in drug addiction across Central Asia, paralleling an increase in drug abuse via injections. This situation implicates the expansion of HIV in the region. The infrastructure of treatment facilities is not well developed and access to local specialists to the information and practice of psychotherapy, counseling and other treatment methods, is very limited.

**Setting:** The USAID funded DDDR Program seeks to support governmental clinics and NGOs in initiating new approaches to IDU rehabilitation in Uzbekistan, Tajikistan, and the Ferghan Valley region of Kyrgyzstan. Consolidating a pool of specialists, who

can provide a wide range of modern treatment services, is the objective.

**Project:** The project is designed to reduce the social and psychological problems associated with IDU's completion of treatment so as to ensure a smooth re-assimilation into civil society.

The Republican Drug Treatment Clinic in Uzbekistan is establishing a center for counseling and alternative treatment, or halfway house, for drug users. This project is the first of its kind in this country. It was inspired by a visit of the clinic's specialist to the Monar Rehabilitation Center in Krakow, Poland to observe their facilities and programs. The Republican Clinic, which is a DDRP sub-grantee, is now setting up this new facility for ten drug users and their families. Treatment services include individual and group counseling, a 12 step rehabilitation program, art therapy, as well as relaxation and autogenic training. Upon completion of auricular acupuncture training by DDRP, center will also provide this alternate treatment.

**Outcomes:** The success of this facility will encourage the establishment of similar centers in other regions of Uzbekistan in an effort to provide as many IDU's as possible with new treatment methods that facilitate a smooth transition back into civil society. The weaknesses of the social and economic infrastructure of the country necessitate efforts to rehabilitate this subset of the population.

## Mo.014P

### Lifetox

Maeschalck, Cynthia, Vancouver Coastal Health, Vancouver, BC, Canada

The poster presentation will provide conference participants with an overview of the LIFETOX program. LIFETOX is a program designed to meet the needs of clients in early recovery to move forward in developing solid relapse prevention strategies and in establishing healthy lifestyles in the community.

LIFETOX is part of a continuum, adding another step to the existing DETOX and DAYTOX services to connect clients with counselors in the community for ongoing support after completing DAYTOX. DAYTOX was developed to provide clients completing detoxification with an option for holistic intensive outpatient treatment. DAYTOX offers group and individual counselling and a variety of alternative treatment approaches such as acupuncture and Qui Gong. As DAYTOX is a six-week program, clients coming to the end of the six weeks are still relatively early in recovery. In a collaborative effort to meet the needs of clients leaving DAYTOX and of other clients in early recovery, staff from DAYTOX and Evergreen Community Health Center Addictions Team developed a community-based program called LIFETOX.

LIFETOX was developed to meet the needs of clients in early recovery and to prepare them for a lifetime in recovery. In likeness of the DAYTOX program, LIFETOX takes a holistic approach offering a variety of treatment approaches. Group counselling is offered three days a week incorporating stress management, education, opportunities for sharing and support, relapse prevention, understanding addiction and treating underlying issues related to substance misuse including trauma history. In keeping with the concept of treating the whole person: a nutritionist provides counselling on healthy eating; a walking group is offered two days a week providing opportunities for exercise, relaxation and socializing; acupuncture is offered 3 days a week to assist with managing withdrawal pain, cravings, stress and other health problems. Although not yet operational, a budget and debt management component and a social/family night are currently in the planning stages. An evening aftercare Alumni group is offered for clients to assist in maintenance of treatment gains.

## Mo.015P

### Harm Reduction: From Advocacy to Treatment

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Harm reduction in the US has grown over the past 30 years to include active and former drug users, public health clinicians, advocates, policy people, and grass roots activists. During that same time, the addiction treatment industry in the United States has been taken over by disease model, 12-Step philosophies counter to the harm reduction principles of collaboration, respect, and self determination. Many other treatment professionals, however, have been working hard to incorporate harm reduction principles into a treatment model that keeps the heart of harm reduction front and center. The term Harm Reduction Psychotherapy (HRP) has been coined to refer to the several models that are being developed, models that can be used in office settings, residential, homeless programs, traditional drug treatment programs, and others.

This presentation will highlight some of the developments and innovators of this new model and provide a snapshot of the work that is being done to help people whose use of alcohol or other drugs has become problematic for them. We will discuss the principles and major clinical practices that underlie all work: the use

of motivational enhancement strategies, understanding the stages of change, and learning to work with the multidimensional biopsychosocial model by using the concept of drug, set, and setting. We will also discuss the ethical dilemmas that we have faced in providing this client driven approach as well as some of the controversies that we continue to struggle with, including the role of court or job mandated treatment.

The members of this panel, along with several others will invite the audience to participate in the 2 day harm reduction treatment conference that will take place in Seattle directly after this conference on May 5-6.

#### Mo.016P

##### **Comparative Pre- and Post-Treatment Mental Health of Indigenous and Non-Indigenous Young People Admitted To Residential Substance Use Treatment**

Arcuri, Anthony<sup>1,2</sup> Howard, John<sup>2</sup>

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<sup>2</sup> Ted Noffs Foundation, Sydney, NSW, Australia

**Objectives:** To compare pre- and post-treatment mental health of Indigenous and non-Indigenous young people admitted to residential substance use treatment.

**Methods:** The Ted Noffs Foundation's Program for Adolescent Life Management (PALM) offers up to three months of residential treatment, with up to twelve months continuing care, for substance dependent young people aged 14 to 18 years. PALM is based on a harm reduction philosophy and relapse prevention planning, and provides 42 beds across three metropolitan and two rural locations in eastern Australia. Pre- and post-treatment mental health for Indigenous and non-Indigenous residents were compared using various self-report measures, including the Brief Symptom Inventory (BSI), the Psychological Well-Being Scale (PWBS), and measures of suicidal behaviour and utilisation of mental health services.

**Results:** Indicators of pre-treatment mental distress were elevated for both groups. Indigenous clients scored significantly lower on the BSI's Somatization scale and utilisation of mental health services than their non-Indigenous counterparts. Post-treatment, Indigenous clients demonstrated significant improvements in PWBS scores, suicidal ideation, and scores for one BSI scale (obsessive-compulsive), whereas non-Indigenous clients showed significant improvements in PWBS scores, suicidal ideation, and scores for all nine BSI scales.

**Conclusions:** As with all cross-cultural research, the results of this study should be interpreted with caution, given the questionable validity of Western measures of mental health for Indigenous populations. The findings indicate that pre-treatment mental health of Indigenous PALM residents is comparable to that of non-Indigenous residents. Despite this, these Indigenous clients appear to have utilised mental health services less commonly

than their non-Indigenous peers. Post-treatment, both groups of clients appear to have significantly improved mental health, with non-Indigenous clients demonstrating better mental health outcomes than their Indigenous cohorts. One possible implication of these findings is the need for more targeted mental health and harm reduction services for substance-using Indigenous young people.

#### Mo.017P

##### **Discovering Drug Use Among Commercial Sex Workers (CSWs): Experiences of Medecins du Monde in Kachin, North Myanmar**

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<sup>1</sup> Responsible of Mission for Myanmar and HIV AIDS referent MDM HQ, Paris, France

<sup>2</sup> Medecins du Monde, France- Myanmar Mission, Paris, France

<sup>3</sup> Harm Reduction Expert, MDM France, Marseilles, France

**Issue:** MDM has 2 project sites in Kachin focussing on CSWs and IDUs respectively. Linkages between the 2 target populations became more and more evident giving rise to a need to introduce harm reduction for CSWs. To assess the extent of problem this study was initiated. In-depth interviews using KAP questionnaires triangulated with records from STI/HIV clinic/laboratory to assess prevalence of HIV was done.

An analysis of the outcomes from these questionnaires and clinic records will be presented at the conference. The study would give an insight into the severity of this problem and help in addressing the issue appropriately.

**Description:** Myanmar is affected by one of the worst HIV epidemics due to injecting drug use. High opium production, unique socio-economic factors makes the country even more vulnerable to the epidemic. Links between sex work and drug use has been documented in other contexts but no study has been done in Myanmar.

Sex work like drug use is a highly clandestine in the country but flourishes to drive the spread of HIV in this country. CSWs that are IDUs or vice-versa are a double high risk category. In Myanmar there was a total lack of HIV prevention and harm reduction initiatives till MDM started in 1996. This study will be an eye opener for this double risk population for which there is no intervention and help to address the problem with an evidence base.

**Methodology:** 50 CSWs had individual in-depth interviews using Behavioural Surveillance Survey (BSS) questionnaires and clinical examination with rapid testing for HIV as per MDM protocols. The patients were explained about the study and written consents were taken.

## Mo.018P

### Pioneering Harm Reduction In a Difficult Operating Environment' Outcomes and Lessons Learned From MDM's Decade Long Experience In Myanmar

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<sup>3</sup> Responsible of MDM Mission in Myanmar and HIV AIDS referent at HQ, Paris, France

**Introduction:** With 90% HIV prevalence among IDUs Myanmar had one of the worst-hit IDU related HIV epidemics in the world. And to make matters worse there was a total non-existence of services to address the issue. In response to this unmet need Médecins du Monde (MdM), pioneered harm reduction interventions in the Kachin state in 1996 through a comprehensive strategy.

**Methodology:** A comparison of the key statistics of the period at the early and present stages of the project was made to track the progress made.

**Discussions:** The outcome of the program has been satisfactory with outreach visits increased from 1,198 in 2003 to 1,356 by 1st half of 2005. Needle distributed from 135,729 in 2003 to 130,826 by 1st half of 2005. IDUs getting health education increased from 55 in 2003 to 216 by 1st half of 2005. Clinic attendance increased from 472 in 2003 to 356 by 1st half of 2005, and PLWHAs attendance from 40 in 2003 to 297 by 1st half of 2005. Finally Harm Reduction being officially adopted by the MOH was a big outcome of advocacy initiatives.

**Lessons Learned and Conclusions:** Through the experience of MdM in Kachin for nearly a decade, one can conclude that in a difficult operating environment, it is possible to implement an intervention as sensitive as harm reduction. Sensitive advocacy with the key stakeholders for local involvement and sustainability has to be a priority. It is best promoted through a comprehensive strategy where sensitive components can be bundled into a package of services with more acceptable components. Multi-sectoral collaboration especially with police has been a corner-stone for creating an enabling environment.

Foundation built by years of work should be capitalized upon and harm reduction interventions should be scaled up without further delay as the spread of HIV/AIDS due to injecting drug use can be explosive.

## Mo.019P

### Vancouver Detoxification Service: Description and Evaluation

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**Introduction:** Vancouver Coastal Health (VCH) plays a key role in treating people with substance use disorders in BC. To meet people with different needs, VCH provides various services and treatment, including Vancouver Detox, a medically monitored 24-bed residential detox facility. Clients requiring service are screened through a central telephone intake service (ACCESS1). The present study seeks to thoroughly evaluate Vancouver Detox; this will allow decision-makers to utilize evidence-based research to improve accessibility and efficiency.

**Methods:** One-year data (October1, 2003-September30, 2004) was extracted from a comprehensive database. The occupancy rate of the detox centre along with clients' wait time and length of stay (LOS) were calculated. The effect of seasonality and receipt of the monthly welfare check were also evaluated.

**Results:** Among the 2411 clients (median age 40, 65% male) who were referred by ACCESS1 to Vancouver Detox, 1448 were admitted. The majority (81%) of those who were not admitted were either lost to follow up or declined service at time of callback. The median wait time was 1 day [Q3-Q1: 3-1], the median LOS was 5 days [Q3-Q1:6-3], and the average bed occupancy rate was 83%. However, during the three-day welfare check issue period, the occupancy rate was lower than on the other days of the year [75%vs.84%,  $p<0.001$ ]. In addition, the occupancy rate was lower in the summer (April-September) than in the winter season (October-March) [77% vs. 89%,  $p<0.001$ ], and the waiting time was longer in the summer [2vs1,  $p<0.001$ ]. The LOS did not differ significantly between seasons [5vs4,  $p=0.14$ ].

**Conclusion:** Our analysis indicates that 40% of the potential clients were not served by Vancouver Detox. In addition, the occupancy rate declined during the welfare check issuance period and during the summer. Operational accessibility and efficiency at Vancouver Detox could be improved by specifically addressing these factors.



**Mo.020P****The Opinions Among Drug users and Stakeholders in "Harm Reduction Program": a Study in Northern, North-eastern and Southern, Thailand**

Apakupakul, Nualta, Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, Hat Yai, Thailand

**Background:** In 2003-2004 Thai government policy "drug war" which aimed to save user and jail pusher. Many drug users feel that caring system for drug user were not equity.

**Objective:** To examine ways to solve the problem of HIV infection in drug users by improving their relationship with health teams.

**Methodology:** Data were collected in 3 regions: northern, north-eastern and southern. Data were collected through in-depth interviews and focus group discussion with 40 drug users, 10 relatives of drug users, 26 health-care providers, 6 policemen, and 9 workers from the Provincial Drug Dependency Office.

**Result:** Current care teams were from NGOs the government sector, and the private sector. The programs used were: Fast model, Matrix program, alternative medicine, and detoxification. The opinions of the programs were a) therapeutic programs were not suitable for drug users, b) there were insufficient services, c) lack of the communication in many involved groups, d) there was a need to add a standardized methadone program, perhaps through the Project of Health Security. The opinions in terms of "harm reduction clinic" were divided into 2 groups. For those who accepted, their reasons were: a) useful in controlling drug users, b) it could decrease the epidemic rate of HIV, hepatitis B and hepatitis C, c) it would make it easier for HIV/AIDS patients to access an antiretroviral drug program, d) many drug addicts felt they had a right to inject heroin. Those who disagreed with the program felt that a) it could be harmful for teenagers, b) it could benefit drug sellers, c) it was not clear who would be in charge of the clinic, d) it was contrary to the law.

**Conclusion:** The health providers in a methadone clinic should be concerned about HIV infection, give VCT, and encourage the referral system for an antiretroviral drugs program, helping the drug users to kick their habit.

**Mo.021P****Careers and Circuits: A Study of the Uses of the Body, Social Rituals and Cocaine Sniffing Sociability.**

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This research focalize on the modes and usage patterns of sniffing cocaine at São Paulo city (Brazil), by middle class young and adults who have been users for over ten

years. The specific objective is to understand the cocaine occasional use patterns, the life structure, the conditions and factors that contribute to use and abuse, to the stability of the patterns of the controlled use or of "problematic" use of cocaine. The main question was whether the occasional use of drug might be a step toward drug abuse, abstinence or a stable pattern of use. The ethnographic focused on scenes of cocaine sniffing, uses of the body, gender performance, life style, careers and social networks. Different networks and sociability in three territories and circuits in the metropolitan area were observed. The territories and circuits researched were: gay and lesbian circuits, heterosexual and universities circuits, and HIV positive drug users that live at community for HIV patients and drug dependency. The population of sex workers was also included in all the circuits. These interviews (10) were carried out in their majority among males, youths and adults, with different sexual orientations. The "follow up" method was used, after occurred ten years of the first interview. This information contributes to an increase in the knowledge about the sniffing users carriers, the stability of patterns of cocaine occasional use and controlled use. This research also shows the changes in the history of drug consumption, in the uses of the body and the impact of HIV in these networks.

**Mo.022P****Peer OD RAAP (Response, Awareness, Action and Prevention of death)**

McNally, Grant, UK Assembly on Hep C, London, UK

**Background:** Injecting drug users constitute the largest group of persons experiencing accidental overdose. They are also the main group with the greatest chance of preventing overdose deaths. Recent research showed that around 60% of overdose deaths occurred in the presence of others. Death, although recorded as an opiate overdose, was more likely due to abandonment (Taken out on the street and left for fear of police involvement), lack of knowledge of how to respond/ what action to take was also a big contributory factor, with sudden death, being in fact, relatively rare, around 15%.

**Method:** This suggested that if appropriate information, advice, training and support on how to respond and act in the event of an overdose was provided to the at risk groups by peers, it was highly likely that the number of overdose related deaths would reduce. The OD RAAP workshops were based on those findings which indicated overdose deaths could be reduced if the issue was presented to high risk groups of users, dispelling myths and common beliefs through a peer education/cognitive approach and confidently challenge received wisdom that can worsen the situation. Other than encouraging people to stay after calling emergency services the focus of the workshops was also to continually raise the

issue of the 'Golden Hour', that you have around an hour to get vital signs back, by which time emergency services should be there. Also of major importance was what not to do. The key was 'keep it simple', for example to remember the recovery position it was split into 4 actions. The situation with local police was also discussed.

**Result:** Users who attended the workshops stated they felt more confident in responding and taking appropriate action in an overdose situation, knew the stages to follow and distributed information about myths to their fellow users.

## Mo.023P

### Hospital Care for Drug Users

Riddell, Rosemarie; deVlaming, Stanley; St. Pauls Hospital, Vancouver, BC, Canada

**Objective:** describe inpatient care for drug users by the addiction team, a collaborative practice of a clinical nurse specialist (CNS) and physician, at St. Paul's Hospital in Vancouver over 10 years during an HIV epidemic.

**Methods:** St. Paul's Hospital is a tertiary care teaching hospital located in downtown Vancouver in close proximity to the largest concentration of drug users in Canada. In response to the increase in drug users admitted to the hospital in the early 90's, an interdisciplinary committee developed a philosophy of care including a harm reduction approach to guide the treatment of patients using substances. The treatment goals are for patients to complete medical care for the admitting diagnosis and to address the underlying substance use disorder. Another response was the formation of the CNS-physician collaborative practice to provide addiction care for drug users, education for health professionals, and to participate in research.

**Results:** The addiction team sees approximately 600 admissions a year; 50% are HIV positive, admitted for infections directly or indirectly related to addiction (e.g. cellulitis, endocarditis, osteomyelitis, pneumonia, HIV-related infections). The team provides: 1) addiction assessment and treatment plan; 2) assistance with pain management and behavioural issues; 3) education and counselling; 4) discharge planning with referral for methadone and support recovery; 5) continuity of care over successive hospital admissions. Patients initiated on methadone in the hospital continue on programs in the community. Many discharged patients are transferred to recovery houses. Research includes projects on adherence to HIV and Hepatitis C treatment and behaviour of drug users leaving hospital against medical advice. The latter resulted in policy changes that ensure that patients on welfare do not receive lower benefits while in hospital.

**Conclusion:** CNS-physician collaboration provides quality nursing and medical care for drug users that is holistic, comprehensive, coordinated and continuous during hospitalizations.

## Mo.024P

### 'Transmissible Diseases Prevention on a Precarious Environment and its Characteristics: Crack and Multiple Drug Users on "Crackolandia"

Gomes, Bruno Costa, Thiago Abramides, Juliana Sant'Anna, Marina, Centro de Convivência E de Lei, São Paulo, Brazil

**Issue:** The lack of Harm reduction strategies among homeless crack users, and their exclusion from the health system, not using it despite their needs.

**Setting:** Deteriorated region on the center of São Paulo, know as "Crackoland" due to the big number of drug users, dealers and sex workers. The activities take place on the street and on the sociability center, where the institution is located. The population accessed by the project is composed by poor people, from both genders and the age differing from 7 to 60 years, living on the streets or small hotels.

**Project:** Pilot Project financed by the ministry of health to develop harm reduction strategies to prevent direct transmissible diseases such as hepatitis or tuberculosis and aids (through unprotected sex in this case). The harm reducers distribute condoms, lip protectors, wood pipes and cigarette-holders, to prevent the sharing of pipes and lesions on the lip, that would work as a breach for the diseases to be transmitted. They also accompany the drug users to the health service, to teach them how to do it and stimulate them to do so.

**Outcomes and Lessons Learned:** This population showed itself as very refractory to incorporation of the strategies. It's a very unstable population, difficult to make a progressive work, since it's difficult to access them continuously. They accepted very well the lip protector and the condoms, but few of them changed their metal pipes made from car antennas to our pipe. They complain that it has a big mouth that needs too much cigar ashes and the material makes it difficult to clean the pipe, by smoking its dirt. We started to distribute silicone cigarette-holders, and it is best accepted by the users. The harm reducers have another difficulty, the not acceptance of this work by the police.

## Mo.025P

### Sex Work and Drugs and Alcohol Guide

Lareau, Stephanie, Stella, Montreal, QC, Canada

**Issue:** Peer Education Guide around Drug/Alcohol Use for Sex Workers (Peer Support Programs).

**Setting:** Montreal, and pan-Canada project intended for sex workers and service providers.

**Project:** Based in Montreal, Stella is a community-based organization for female, transvestite, and transsexual sex workers. Created 'by and for sex workers' Stella's goal is to improve the lives and working conditions of sex workers so that they can live and work in health, safety and dignity.

With the goal of reducing harm around drug/alcohol use in the context of sex work, we created a peer educational guide. This guide reflects the realities of drug/alcohol use at work and informs sex workers and service providers on various topics:

- Drug/Alcohol use at work and with customers
- Parenting and Drug Use
- Legal Rights and Obligations
- Mental Health and Drug/Alcohol Use
- Harm Reduction Strategies
- Negotiating Your Limits

The guide also serves to educate service providers about the realities of drug/alcohol use as they relate to sex work, as well as demystifying myths around sex work and drug/alcohol use.

Creating a peer-educational tool is an empowering and capacity building exercise for sex workers. It encourages leadership development and community building. It also provides a space for sex workers to exchange tips about drug/alcohol use in group discussions with other sex workers.

The conference, including the sex work satellite session, will also offer Stella the chance to network with other sex work groups and service providers. As a member of the International Network of Sex Work Projects (NSWP), we appreciate and grow strength from the strategies and experiences we share across groups.

Type of session and length: We would like to present this guide created by sex workers, with its accompanying interactive workshop to other sex workers and service providers. Presentation length: 15 minutes.

#### Mo.026P

##### **Attitudes of Needle Exchange and Pharmacy Staff to Changes in the Legal Guidelines on the Numbers of Needles/Syringes That Can Be Distributed in Scotland**

Allen, Elizabeth; Taylor, Avril; University of Paisley, Paisley, UK

**Background:** In December 2002 the Scottish legal guidelines that govern the numbers of needles and syringes dispensed at any one visit to a needle exchange were changed. The new guidelines increased the numbers that could be distributed to a maximum of 20 sets (previously 5 sets) on the first visit; a maximum of 60 sets (previously 15 sets) on subsequent visits and an exceptional upper limit of 120 sets (previously 30 sets) for holiday periods when facilities are closed or are difficult to access.

**Methods:** A study was undertaken to evaluate the effects of this change in Glasgow. 595 IDUs and 40 needle exchange staff were all interviewed about their views on the new guidance. These interviews took place 1 year to 18 months after the guidance change. This paper reports the results of the exchange staff survey.

**Results:** Results of IDU interviews found that the majority did not know about the change in guidance. After the introduction of the new guidelines, most needle exchange and pharmacy staff reported that they displayed information concerning guidance change. However the staff survey, indicated that some staff did not actively promote the increase to service users. Moreover, only a one third of staff approved of the new guidelines and some used their own judgement in deciding how many needles/syringes should be given out to an individual.

**Conclusions:** It may be the reluctance to implement or disapproval of, the guidelines among some staff was one reason for the low level of awareness among IDUs. Needle exchange and pharmacy staff need, therefore to be made aware of the necessity to actively provide oral advice and information to their clients. Community pharmacies have a large part to play in harm reduction and through training and education we can address these negative attitudes.

#### Mo.027P

##### **Human Rights Violation on Drug Users and Injecting Drug Users in Thailand**

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The objectives of this study are 3 folds. First aim was to improve skill of members of Thai Drug Users Network (TDN) in the area of research and data collection. Secondly the project was planned to understand rights violation situation upon drugs users in Thailand. Third focus was to stimulate drug users to concern on rights and collaborate for prevention. This study utilized action research as well as in-depth interview.

Development approach to drug users was found to be possible. Members who have attended a series of training could identify research objectives, plan for data collection, and gather the real data despite the fact that there were various factors, i.e. the legal system and relevant officer factors, societal factors, and drug users themselves.

From the interview of 158 drug users more than half reported that they did not understand about human rights. Eighty-seven percents reported have been violated. Police and community were two most mentioned.

Some informed that they were not attacked because they did not know about their rights. Some tried to hide their status and did not join the community activity.

Thirty-six percent were violated from both narcotic center and hospital in general, differed from other patients. Volunteer counseling test was not implemented properly since forced blood testing without explanation was found. Those who were not infringing mentioned that they did not know or never been to the hospital.

Police was the most report maltreated to drug users (96%). Drug users were bullied to accept the case.

There is an urgent need to develop various skills of drug users. Furthermore relevant personnel should understand the situation especially on human rights. Societal perspective is also required more understanding about drug users and open them to return back to society.

## Mo.028P

### Advocacy of Substitutive Methadone Treatment in Sumy, Ukraine

Hapiyenko, Oleksandr; Hapiyenko, Natalya; Charitable Foundation "Shag navstretchu", Sumy, Ukraine

Since April, 2004 the Sumy regional charitable foundation "Shag navstretchu" realizes the project of substitutive methadone treatment for IDUs. This project is pilot for Ukraine because the substitutive therapy was not earlier carried out. The preparatory stage of the project is finished, but the treatment is not started yet as the methadone is a registration stage in Ukraine.

Substitutive treatment needs in advocacy at the local level for creation of the necessary normative base.

In this connection since August, 2004 our fund realize the project on lobbying and advocacy of the substitutive therapy with financing of International HIV/AIDS Alliance in Ukraine. It is directed on contribution with decisions makers in this sphere at the Sumy city and regional level.

During this project we carry out personal meetings with decisions makers, round tables, press conferences, participate in sessions of local legislature bodies, in development of projects of the normative documents concerning the substitutive therapy.

As a result of this project the methadone substitutive therapy is included in the regional program of HIV/AIDS prevention for 2004-2008. The meeting with chiefs of power structures has been lead on which we have explained them the purposes and tasks of the methadone therapy and its main principles.

We have held the press conference devoted the methadone substitutive therapy, in which the journalists of city, regional and national mass-media participated. As result articles supported the substitutive therapy are already published in 6 newspapers. We will use these articles in advocacy process. We have concluded con-

tracts about partnership in substitutive therapy realization with the AIDS prevention center, the department on struggle against illegal drugs circulation, the youth social services.

As a result of this activity IDUs in Sumy will get access to the methadone substitutive therapy which our fund will carry out in partnership with the Sumy regional HIV/AIDS center.

## Mo.030P

### Impact of Volunteer Programs at Needle Exchanges

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<sup>2</sup> Recovery Centers of King County, Seattle, WA, USA

**Issue:** Needle exchange programs (NEPs) often face significant funding shortages. Volunteer programs can compensate for understaffing, but they also provide an important link to community understanding and appreciation of harm reduction concepts. We will address the benefits and challenges of volunteer programs at NEPs and identify the unique experiences available to needle exchange volunteers.

**Setting:** We are affiliated with the volunteer program at the Public Health - Seattle & King County Needle Exchange Program in Seattle, Washington. This information is intended for administrators and policymakers associated with NEPs or jurisdictions attempting to set up NEPs with limited resources. The King County NEP is staffed by Public Health employees, including a Volunteer Coordinator who supervises a large group of volunteers.

**Project:** The volunteer program at the King County NEP is beneficial to NEP employees, clients, and the volunteers themselves. In practical terms, volunteers fill a void that would otherwise be time-consuming and cost-inefficient for paid employees. Volunteers are primarily responsible for the preparation of injection-related supplies (cottons, cookers, and bleach kits) along with facilitating exchanges and distributing clean syringes.

**Outcomes:** Many NEP volunteers have very little exposure to harm reduction. The volunteer program offers a unique opportunity for participants to gain insight on harm reduction. Volunteers often share their NEP experiences with acquaintances, who may be even less familiar with the principles of harm reduction. The volunteer program acts as a sort of grassroots conduit for this information-consequently, this exchange leads to greater community awareness and, hopefully, acceptance. Many NEP volunteers are students interested in entering medical-related or social services careers. Having exposure to this often-marginalized population may help to break previously held stereotypes and allow for better access to medical care and social services in the future.

**Mo.031P****Detoxification Service Use Associated With the Use of a Medically Supervised Safer Injecting Facility For Injection Drug Users**

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**Background:** North America's first medically supervised, safer injecting facility (SIF) for illicit injection drug users recently opened in Vancouver, Canada. We sought to examine factors associated with the time to detoxification program initiation among a representative cohort of SIF users.

**Methods:** We evaluated the time to detoxification program initiation among 1031 injection drug users recruited from within the SIF using Cox proportional hazards regression. We also compared the incidence of detoxification program initiation among this cohort during a one year period before the SIF opened and the one year period after each participant was recruited into the cohort.

**Results:** In multivariate analysis, > weekly use of the SIF (relative hazard = 1.72 [95% CI: 1.25 - 2.38]; p = 0.001) and contact with the SIF's addictions counselor (relative hazard = 1.98 [95% CI: 1.23 - 3.10]; p = 0.003) were independently associated with detoxification program initiation. The incidence density of detoxification program initiation during the year prior to the SIF opening was 16.9 per 100 person years (95% CI: 14.3 - 19.6) and was 23.2 per 100 person years (95% CI: 19.8 - 26.6) among the cohort during the year after recruitment from within the SIF.

**Conclusions:** The opening of the SIF was temporally associated with significantly elevated rates of detoxification program initiation and there was evidence indicating that this was due to contact with staff within the SIF. These findings suggest that SIF can improve utilization of addictions services.

**Mo.032P****Incidence of and Factors Associated With Having an Overdose at Vancouver Supervised Injection Site**

Kerr, Thomas<sup>1,2</sup> Tyndall, Mark<sup>1,2</sup> Zhang, Ruth<sup>2</sup> Stoltz, Jo-anne<sup>2</sup> Montaner, Julio<sup>1,2</sup> Wood, Evan<sup>1,2</sup>

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<sup>2</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background:** In September 2003 a supervised injection site (SIS) opened in Vancouver, Canada. We sought to evaluate the incidence of and characteristics associated with overdose events at the SIS.

**Methods:** The Scientific Evaluation of Supervised Injection (SEOSI) cohort involves 1046 randomly selected SIS users. SEOSI participants complete an interviewer administered questionnaire and provide blood samples at baseline and semi-annually. Through a confidential linkage to the SIS database we examined the incidence of overdose at the SIS and used univariate statistics to determine factors associated with having an overdose at the SIS.

**Results:** Between March 1, 2004 to August 31, 2005, 1046 SEOSI participants made 221915 visits to the SIS. In total, 108 (10%) participants had at least one overdose event, with 232 (0.1%) of the total visits to the SIS resulting in an overdose event. None of these overdose events resulted in a death. Factors associated with having an overdose at the SIS included: younger age (OR = 0.97, 95%CI = 0.94-0.990, p = 006); daily heroin use (OR = 2.58, 95%CI: 1.67-3.97, p <.001); having a history of non-fatal overdose (OR = 1.94, 95%CI: 1.25-3.02, p = 0.003); and sex trade involvement (OR = 1.86, 95%CI: 1.21-2.85, p = 0.004).

**Conclusions:** The rate of overdose at the Vancouver SIS remains low, and non-fatal overdoses appear to be occurring among a small proportion of SIS users. The observed association between having a history of non-fatal overdose and overdosing at the SIS suggests there may be a benefit to assessing overdose history among SIS users.

**Mo.033P****Pulling It Together: Moving from Consultation to Development of Drug and Alcohol Services and Supports for Queer and Trans Communities**

MacFarlane, Devon, Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** Consultations using community-based research principles resulted in a report (2003) that identified the lack of supports & services relating to alcohol & drugs for lesbian, gay, bisexual and transgender (LGBT) people, identified some reasons why LGBT-specific and LGBT-sensitive services are both needed, and also identified some of the specific issues relating to drugs & alcohol that the LGBT population faces.

**Setting:** Vancouver Coastal Health, in Vancouver, Canada is the agency developing the project. Intended audience: Service providers, community activists

**Project:** Vancouver Coastal Health (VCH) is leading the planning and implementation of the recommendations related to one of three themes that emerged from the consultation - the theme of *accessing appropriate and effective supports and services related to substance use and addiction*. VCH's focus is to develop a comprehensive continuum of LGBT-sensitive and LGBT-specific drug & alcohol services, for youth and adults, in Vancouver. These services will be integrated and coordi-

nated with other drug and alcohol services offered by VCH. The project is in the initial stages and the implementation is anticipated to last several years.

**Outcomes and Lessons Learned:** The discussion of outcomes and lessons learned will focus on:

- Strategies, challenges, and successes for integrating LGBT-specific drug & alcohol services in a large public health agency that has policies supporting LGBT populations who has very few resources dedicated to LGBT health, and for ensuring all other drug and alcohol services are LGBT-sensitive.
- Role modeling and supporting changes in practice for local smaller agencies that provide drug and alcohol supports & services.

## Mo.034P

### Implementing Core Addiction Services at Urban Community Health Centers

Marlow, Mary; Bradshaw, Denise; Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** The BC Ministry for Children and Families transferred Addiction Services to Vancouver Health Services in 1999. At that point, the system of care was fragmented and inaccessible to many marginalized clients.

**Setting:** Through a project management approach, Vancouver Community redesigned and standardized the delivery of addiction services. Since 2002, five core addiction services including: addiction counseling, methadone maintenance, home-based withdrawal management, needle exchange and prevention services, have been available at the primary health care centers in Vancouver.

**Project:** Programs and policies for these services were developed according to recommendations from key stakeholders, experts, and a review of international research literature. Two new roles, addiction nurse and addiction physician, were added to the existing addiction teams at each site. Community partners were involved in developing and implementing services at each of five urban sites. Extensive education focused on each core service was planned and delivered for specific staff groups at each site. The redesigned service model was piloted at a Community Health Center for a six-month period, to examine client flow, application of clinical practice guidelines, and identification of further staff training needs. An evaluation plan was implemented to evaluate both the process of implementation as well as the utilization of the services.

**Outcomes and Lessons Learned:** Some of the benefits of standardized addiction services throughout Vancouver include: fewer barriers for clients to access addiction services, particularly for marginalized clients, better integration of primary care and addiction services, an established process for review of standards and prac-

tices, expanded capacity for methadone maintenance treatment.

The program seeks to build on the expansion of addiction services, to focus on offering treatment to more diverse populations including youth, older adults and ethnic communities.

## Mo.035P

### Project Housing First: Evaluation of Harm Reduction Housing

Lonczak, Heather<sup>1</sup> Larimer, Mary<sup>1</sup> Hobson, William<sup>2</sup> Marlatt, G.<sup>1</sup> Garner, Michelle<sup>1</sup> Malone, Daniel<sup>2</sup> Tanzer, Ken<sup>2</sup> Ginzler, Joshua<sup>1</sup>

<sup>1</sup> University of Washington, Seattle, WA, USA

<sup>2</sup> Downtown Emergency Service Center, Seattle, WA, USA

**Issue:** Chronic public inebriates (CPIs) are chronically homeless, alcohol dependent individuals who utilize a hugely disproportionate amount of taxpayer-funded services. While housing is an imminent need for CPIs, there has been enormous debate about the issue of providing housing that does not prohibit drinking.

**Setting:** Seattle's newly constructed 1811 Eastlake housing project, operated by Downtown Emergency Service Center (DESC), will provide a number of optional services to residents, while also allowing them to consume alcohol within the building. Project Housing First: Funded by the Robert Wood Johnson Foundation, the University of Washington and DESC will evaluate the impact of the 1811 housing project. Participants will include 125 CPIs ranked as the county's highest service utilizers. CPIs who receive housing (n = 75), will be compared to a waitlist control group of similar CPIs (n = 50). Self-report measures will include housing and treatment history, motivation for treatment, social support/legal status, psychiatric symptoms, physical conditions, alcohol/drug use quantity/frequency, alcohol use consequences, and alcohol/drug dependence. In order to evaluate costs-savings to the community, archival utilization data also will be included for multiple services (e.g., hospital, outpatient medical care, jail, court, etc.). Multiple assessment points will be included over a period of 18 months.

**Objectives:** To show, over time, substantive differences between treatment and control groups on public service-utilization costs, negative alcohol-related consequences, and motivation to engage in treatment. It is hypothesized that such differences will occur as a function of housing status, and that service utilization and treatment motivation will be mediated by substance use, psychiatric symptoms, and social support. This project is likely to demonstrate realizable benefits, and thus may be seminal in progressing toward a policy of offering humane harm reduction services to CPIs locally and

nationally. Project results will be forthcoming as early as Spring, 2006.

#### Mo.036P

##### Reimagining Drug Treatment

Elovich, Richard, Columbia University, National Development and Research Institutes, Inc., Brooklyn, NY, USA

The presentation draws on the author's work with drug users and harm reduction and drug treatment interventions in the United States, Armenia, Georgia, Central Asia, Indonesia and Nepal.

Harm reduction interventions geared to the incremental modification and management of illicit drug use is widely assumed to be outside hegemonic paradigms of drug treatment. There are many assumptions limiting the development of new forms of drug treatment, and directors of drug treatment often appear preoccupied with the interests of criminal justice and enforcement, popular perspectives of illicit drugs, drug use and dependence, and people who use drugs, funders, and professional disciplines. What passes as drug treatment now is rarely focused on the needs, expectations, and readiness for change of the drug user and usually does not see multiple and incremental outcomes as legitimate. Often, professionals identify themselves with particular approaches to drug treatment rather than with incorporating new developments and integrating multiple approaches and modes of treatment. Three dimensions of adapting drug interventions based on specific social contexts and realities, changing circumstances and contingencies within the proximal environment of drug use, and lessons learned during implementation are rarely researched. Scaling up or increasing coverage of drug users to maximize the impact of the intervention are often not considered, let alone undertaken.

This presentation examines the rationale for a drug user centered notion of drug treatment including a reconceptualization of what drug treatment is: when drug treatment can start, where it can happen, what are the spectrum of outcomes, what processes exist relative to individual client's readiness and capacity for modification, reduction, or cessation of drug use practices, what kinds of expertise and knowledge count, who can be considered a professional, and who can be considered as part of the core drug treatment team.

#### Mo.037P

##### The Use of Photo Ethnography in Harm Reduction Research

Elovich, Richard, Columbia University and National Development and Research Institutes, Inc., Brooklyn, NY, USA

Researchers of illicit drug use have identified the efficacy of qualitative research methods, yet less attention is

paid to visual ethnography of drug users and harm reduction. This presentation, drawing on the author's research in Armenia, Central Asia, and South Asia, examines the value of photo ethnography as a research tool that can stand on its own or supplement other tools.

Since photos can help the viewer actually see what is talked about, they can be open to visits and revisits. Among the benefits of photo ethnography is that its reliability allows researchers to enhance their recollection of the field event and is open to revisiting multiple times. Photo ethnography allows a "thick" layering of coding and analysis, breaking the presentation and social organization of a unit of into their constitutive elements, uses, and meanings.

For example, photo documents of the interiors of needle exchange sites or "trust points" in Uzbekistan can lead to the identification of the desk and its prominence within a small narrow space and their impact on providing a user friendly environment where drug users feel invited to hang out individually or in groups. Further analysis might examine how the properties of the desk and ledger book resemble those of narcological dispensaries, whose registration and surveillance activities run counter to harm reduction principles. Initially, when the photograph was taken, the significance of the desk was not observed. As multiple sites were photographed, the desk haunted the photos. The researcher assigned the desks a code, noting the presence of a desk and ledger book in every narcological dispensary. The researcher investigated possible meanings of the desk within the context of the research question: what about state-run needle exchange programs in Uzbekistan contributed to their lack of impact on drug users.

#### Mo.038P

##### Determinants of Clients' Satisfaction With Drug and Alcohol Treatment, and Strategies for Increasing Their Satisfaction

Digiusto, Erol, National Centre in HIV Social Research, University of NSW, Sydney, NSW, Australia

**Objectives:** This study comprehensively investigated predictors of clients' satisfaction with a wide range of drug and alcohol treatments.

**Methods:** Interviews were conducted with 492 opioid and psychostimulant users who had had experience of drug and alcohol treatment. Participants were recruited through residential and outpatient treatment facilities, needle-syringe programs, and drug user organisations at rural and urban locations in three Australian states. The study's dependent variable (satisfaction) was based on a combination of participants' satisfaction with their last treatment episode, their degree of achievement of their treatment goals, and their attitudes towards drug treatment staff.

**Results:** Half of the participants believed that most treatments fail, however 62% were satisfied with their most recent treatment episode. Each of 15 types of negative drug treatment staffs' attitudes or behaviours had been experienced by 1-3 out of every 6 participants. The most common sources of dissatisfaction were due to staff members: treating everything as drug related (54%); not respecting participants' desire to keep using (46%); being judgmental (35%); having unrealistic expectations (35%); pushing participants into doing things (37%); not respecting confidentiality (24%); and making them feel guilty (24%). Seven predictor variables were associated with satisfaction in both bivariate and multivariate analysis: Participants were more satisfied if: their most recent treatment was an inpatient treatment; they had been experiencing fewer negative emotions; they had been offered more types services during treatment; they had been using fewer illicit drug types; they were not infected with hepatitis or HIV; they had had more sources of support for their last treatment; they were not native Australians.

**Conclusions:** The factors identified as influencing treatment satisfaction should be considered by drug and alcohol treatment agencies as a basis for reviewing their services and improving their responsiveness to the complex needs of their clients.

## Mo.039P

### Participatory Site Assessment in Ukraine. January-May 2005.

Chura, Volodymyr, ICF "International HIV/AIDS Alliance in Ukraine", Kiev, Ukraine

**Objectives:** Participatory Site Assessment (PSA) was carried out in 12 sites in Ukraine. PSA assessed how a specific package of evidence based interventions for prevention, care, support and treatment can most effectively be implemented in the particular context of each site.

**Methods:** PSA is driven or led mainly by teams of trained people from the vulnerable groups (injecting drug users, commercial sex workers, people living with HIV). PSA uses site-based approach to achieve rapid scale-up. PSA is used as the first stage of intervention to respond to HIV epidemic. PSA is conducted in 3 phases: 1) collection of quantitative data and location of target groups; 2) assessment of existing and missing services; 3) establishment of site coordination mechanisms.

**Results:** 14000 people were interviewed. Information collected during phase 1 includes: estimated numbers of IDU and CSW; different subgroups of IDU and CSW; areas of high concentration of IDU and CSW; maps of mobility of IDU and CSW. Information collected during phase 2 includes: general and specific factors that influence HIV/STI transmission and AIDS care for different subgroups; map of existing interventions; interven-

tion gaps in each site. Results of phase 3 include: mobilization of vulnerable people to share risk reduction, care and support techniques; strengthened cooperation with government, NGO and other key stakeholders to ensure continuum of services provided by different institutions; establishment of site co-ordination mechanisms to design next stages of intervention.

**Conclusions:** Outcomes of PSA are not limited to information gathering. PSA demonstrated current fragmentation and isolation of services provided to vulnerable communities by donors and service providers at site level. The concept of comprehensive HIV service package was for the first time introduced in the PSA sites. Strengthened cross-sectoral cooperation is expected to lead to more efficient planning, implementation, monitoring and evaluation of the community response to HIV epidemic.

## Mo.040P

### Reducing Violence By Drug Users

Anyasi, Lucky; Okonkwo, Benjamin; Ojugbana, Chude; Prompt Assistance To Victims of Road Accidents (PATVORA), Asaba, Nigeria

**Situation:** In most state capitals and major cities in Nigeria there exist special group of unemployed miscreants who constitute themselves into cult groups known as AREA BOYS. The members of such groups engage in various violent activities including political thuggery, assassination, intimidation, rape and other dangerous violent activities.

**Objective:** To find ways of reducing violence induced by area boys and provide strategies to dissuade youth participation in crime.

**Approach:** A study on activities of area boys was carried out in kano, a major commercial city of the northern Nigeria. 100 area boys were interviewed from seven different groups.

**Result:** The study revealed that area boys are called yandabas. The study revealed that 65% of area boys interviewed are hard drug users. 86% of respondents agreed to have been involved in one crime or the other. 82% of those interviewed stated that their engagement in violence was necessary as it provided them with resources for their sustenance. 62% agreed that they would give up their engagement in violence if provided with job, education and vocation. The investigation also showed that the government has not done enough to address the activities of area boys.

**Conclusion:** Government should be sensitized on the need to address their social malaise. Employment opportunities, rehabilitation and vocational centres are necessary tools for addressing the needs of area boys. Involvement of Faith Based Organisations in reorienting area boys is necessary.



**Mo.041P****Ibogaine: A Novel Pharmacotherapy for the Treatment of Chemical Dependence**

Karpetas, Sandra; Martin, Leah; Iboga Therapy House, Vancouver, BC, Canada

**Issue:** Chemically dependent drug consumers who have failed at recovery attempts in standard treatment options or are resistant to substitution therapies, often see detoxification as a major obstacle. Current methods of detoxification are time-consuming, difficult and often painful processes. A need exists for innovative, holistic and multidisciplinary approaches to support users in moving towards successful recovery and improvements in quality of life.

**Setting:** The Iboga Therapy House is a project in Vancouver, Canada that has received support worldwide. Those interested in learning about ibogaine and its potential uses in detoxification, treatment and therapy would benefit from this presentation.

**Project:** Ibogaine is a naturally occurring psychoactive plant alkaloid. Research suggests it is effective as a pharmacotherapeutic aid in significantly removing withdrawal symptoms from substances such as heroin, methadone, crack, cocaine and methamphetamine as well as initiating a potentially valuable psychotherapeutic experience. Ibogaine-assisted detoxification offers a potent, innovative approach to the treatment of chemical dependence.

The Iboga Therapy House utilizes a holistic, harm reduction and health promotion based approach to recovery. A key component of our program is recognition that reductions in problematic use, movement toward less problematic forms of use, and sustained periods of abstinence all contribute to increased health. We facilitate detoxification using ibogaine in a safe environment that supports the deeper exploration of issues surrounding addiction. We have developed programming and research protocols with the assistance of the Multidisciplinary Association for Psychedelic Studies to evaluate long-term effectiveness of ibogaine using evaluation tools that are reliable, well validated, and repeatable which assess several indicators of increased resiliency and improvements in quality of life in addition to abstinence.

**Outcomes:** We will discuss the details of our program, our protocols for research, preliminary results of our studies, and our contributions to the ongoing development of informed policies, procedures and best practices in ibogaine-assisted detoxification, treatment and therapy.

**Mo.042P****Harm Reduction Applies to Tobacco Too - Integration In Women's Treatment**

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<sup>1</sup> British Columbia Centre of Excellence for Women's Health, BC Women's Hospital, Vancouver, BC, Canada

<sup>2</sup> Aurora Centre, BC Women's Hospital, Vancouver, BC, Canada

**Issue:** The integration of smoking awareness/cessation programming into treatment for alcohol and other drugs represents a key opportunity for harm reduction, and one that is often not taken up by treatment providers who are more likely to focus on harms associated with alcohol and illegal drugs.

**Setting:** The Aurora Centre is a provincial women's addictions treatment centre serving women from across British Columbia, which has been offering addiction treatment for women for over 30 years. The Aurora Centre began integrating specialized harm reduction oriented tobacco programming into abstinence-oriented programming for other drugs in 1998.

**Project:** The women-centered and harm-reduction-oriented tobacco programming acknowledges the high level of smoking among women in addictions treatment and women's relationship to tobacco. It offers opportunity for discussion of the benefits of tobacco use as well as the risks; explores how the tobacco companies targeted and manipulated women's vulnerabilities such as freedom and staying slim; covers self care options women might use to address the perceived needs that tobacco use provides, and many other strategies for supporting change in tobacco use.

**Outcomes/Lessons Learned:** Women in treatment for other substance use problems are highly interested in programming that addresses smoking cessation/reduction, accessing NRTs when offered, and making significant changes in their smoking over the course of treatment, and in the six month period following treatment. Evaluation data support the effectiveness of tobacco treatment in this context. The reduction of the significant harms associated with women's smoking, and the benefits associated with the prevention of associated drug use, makes smoking reduction/cessation a key initiative for women's treatment programming.

## Mo.043P

### How Dependent IDUs Make the Decision to Seek Treatment For the First Time

Johnston, Jennifer<sup>1</sup> Dietze, Paul<sup>2</sup> Redman, Jenny<sup>3</sup> Ng, Kim<sup>3</sup>

<sup>1</sup> Turning Point Alcohol and Drug Centre, Fitzroy, Australia

<sup>2</sup> Turning Point Alcohol and Drug Centre, Melbourne, Australia

<sup>3</sup> Monash University, Melbourne, Australia

There is concern about low rates of treatment utilisation by dependent substance users, and about the lag time between the development of dependence and initial treatment seeking. Little research, however, has examined treatment seeking decisions among injecting drug users (IDU) with no prior treatment experience. The purpose of the present study was to examine the cognitive processes and factors influencing dependent IDU making the decision to seek treatment for the first time.

The present research aimed to determine whether variables measuring constructs from three cognitive theories of behaviour change (the Decisional Balance Model, Health Belief Model and Theory of Planned Behaviour), demographic characteristics, levels of drug use, and levels of knowledge of treatment are able to discriminate between those dependent IDU seeking treatment for the first time and those not seeking treatment. The present research also aimed to determine what combination, or set, of these variables would provide optimal discrimination between these two groups of dependent IDU.

Two groups of participants took part in the research: 100 heroin or amphetamine dependent IDU with no prior experience of treatment, and 46 heroin or amphetamine dependent IDU who were seeking treatment for the first time. All participants completed an interview schedule designed to assess the variables outlined above.

Variables providing effective discrimination in terms of treatment-utilisation status were treatment knowledge quantity, subjective norm, and two drug use variables. Although these four variables were all able to discriminate between those dependent IDU seeking treatment for the first time and those not, optimum discrimination was provided by the measure of level of knowledge of treatment and quantity of recent injection.

The implications of these findings for interventions designed to encourage IDU to seek treatment at an earlier stage in their drug use careers will be discussed.

## Mo.044P

### Training of Journalists On HIV/AIDS

Rakovic, Marija; Jankovic, Katarina, UNDP (HIV Prevention Network), Belgrade, Serbia & Montenegro

Although Serbia and Montenegro belongs to the countries of low HIV/AIDS prevalence, it has the similar situ-

ation that has led to an increase in the rates of HIV/AIDS in other countries of Eastern Europe and Central Asia, such as Russia and Ukraine. Even supposing Serbia is facing with HIV/AIDS since 1985 and even if there are so many information available concerning HIV/AIDS transmission, there is still lack of knowledge among general population concerning HIV/AIDS issues. One of the best ways to educate general public is through media. Since most of the journalists in Serbia and Montenegro are not properly informed about HIV/AIDS, HIV prevention Network together with UNDP Belgrade and Ministry of Health of Republic of Serbia, organized training of journalists on HIV/AIDS in 4 cities in Serbia (Central Serbia, Vojvodina province, South Serbia).

The trainings included general information on HIV/AIDS provided by a physician, concept of VCT provided by counselor, presentation of UNDP activities, case study exercise and meeting a HIV positive person, concluded by a round of general discussion. The training is structured to reflect the idea that exposing journalists to the issues in question should result in lifting prejudices and sensationalism parallel to the amplification in knowledge of the subject.

As a result of those trainings, HIV Prevention Network, UNDP and Ministry of Health of Republic of Serbia, developed a handbook for journalists (same content as training) which has been sent to all media houses.

It is planned that training of journalists developed in Serbia will be model for regional trainings of journalists.

## Mo.046P

### Using Targeted Advocacy as a Strong Tool For Scaling Up

Nassirimanesh, Bijan, Persepolis NGO, Tehran, Iran

**Objective:** Using targeted advocacy as a strong tool for scaling up.

**Rationale:** After starting the first outreach/Drop-in-center pilot project in Tehran capital & finding of %25 & %78 prevalence of HIV & HCV respectively among IDUs all data was in favor this reality that Iran has lost the golden time of implementing effective HIV prevention measures several years ago & no time for elite pilot projects.

**Method:** Implementation of new national policy needs lots of infrastructure for its implementation including financial & human resources. Iran with 25 years history of placing drug problem in law enforcement basket & very few demand reduction activities, have lot to do for implementing national HR services in more than 28 provinces. Lack of sufficient number of well established NGO & CBOs to be able to implement this national HR services place government in more serious situation.

**Solution:** a news group list of agencies & experts to be informed about the progress of the program,

preparing/attending more than 100 advocacy meeting range from DCHQ to CBOs in small cities, training of HR topics for wide range of governmental and non-governmental institutions and for the first time nationwide for police, revolutionary court, security service and prison at national level, inviting international experts around the world, hosting delegates from countries like Indonesia/Afghanistan/Syria to show the effectiveness of holistic approach, inviting several national & international journalists around the world, and ...

**Result:** DCHQ as the main legal body in Iran for budget and policy planning for drug issues established HR office, allocated main budget in treatment section for HR in their programs, ministry of health started HR centers for 5 provinces and allocated budget for 10 HR centers in capital, NSEP approved by high level judiciary order, MMT guideline was made and replaced the %95 detoxification method, abstinence based NGOs implemented HR in their programs and protocols, Police declared 4-pillar approach to the nation.

#### Mo.047P

##### Advocacy With Key Policy Makers on The Rights of IDUs

Shamas, Eid, AIDS Prevention & Education Society, Lahore, Pakistan

**Issues:** Drug use has become one of the major accelerants of the HIV epidemic in the Asian region. In order to tackle the epidemic, the role of drugs and drug users must be acknowledged on Govt. level. Advocacy on Harm reduction could be an effective solution for the acknowledgment of the rights of IDUs and their involvement in policy making for the betterment and well being of IDUs and their families. Advocacy on Harm reduction approaches that encourage the participation of the community, drug users and their families, create opportunities for focusing on the serious threat posed by blood borne viruses such as HIV and Hepatitis C.

**Setting:** Pakistan, drug users

**Project:** To reduce the harm to vulnerable population i.e. youth women and children and to build the capacity of IDUs for better advocacy series of trainings were given to them by providing skills about how to work with Govt, institutions of faith, media and policy makers. Established a network of IDUs to work for IDUs by the IDUs. Conducted seminars/workshops and meetings for the empowerment of IDUs and their families with the involvement of public sector, religious and media.

**Outcomes and Lesson Learned:** More than 100 IDUs their families are empowered to develop better programs for others IDUs. Work of IDUs is being appreciated by Govt. They are invited in consultative meetings for the policymaking. Discrimination is reduced by the positive role of media as they are invited in meetings/workshops. Positive messages are being delivered about IDUs by

the faith institutions of targeted areas. Networking was built with other NGOs, CBOs working on IDUs to share and exchange experiences and skills.

The empowerment of IDUs is helpful to make better advocacy at the public and government level and only with their involvement in policy making process better and practical policies can be formed.

#### Mo.048P

##### Strengthening Social Network as a Strategy of Rights Defense

Trigueiros, Daniela<sup>1</sup> Seibel, Sergio<sup>1</sup> teixeira, Paulo<sup>1</sup> Batista, Sandra<sup>2</sup> Guerra, Eliana<sup>3</sup> Maerawi, Ilham<sup>4</sup> Bueno, Regina<sup>5</sup> Ribeiro, Maurides<sup>4</sup> Lopes, Giselda<sup>5</sup> Andrade, Tarcisio<sup>6</sup>

<sup>1</sup> REDUC - Brazilian Network of Harm Reduction, São Paulo, Brazil

<sup>2</sup> REDUC - Brazilian Network of Harm Reduction, Curitiba, Brazil

<sup>3</sup> REDUC - Brazilian Network of Harm Reduction, Rio de Janeiro, Brazil

<sup>4</sup> REDUC - Brazilian Network of Harm Reduction, Sao Vicente, Brazil

<sup>5</sup> REDUC - Brazilian Network of Harm Reduction, Santos, Brazil

<sup>6</sup> REDUC - Brazilian Network of Harm Reduction, Salvador, Brazil

**Issue:** The Brazilian politics of drugs suffers the influence of USA emphasizing the repression against drugs. The National Politics Against Drugs to Brazil has in its propose the strategy of harm reduction but because the local governmental and non governmental actions, the harm reduction projects are effective in the prevention of AIDS and others infectious diseases, addiction treatments and drug abuse prevention.

**Setting:** REDUC - Brazilian Network of Harm Reduction is a non governmental organization located in the south of Brazil, with the mission of discussing, planning, preparing and articulating scientific support and social actions as well as strengthens public politics that would benefit questions related to harm reduction.

**Project:** Reduc has projects supported by international institutions and federal government, looking for maintenance for its actions specially strengthen to drug users or harm reduction network.

**Outcomes and Lessons Learned:** To build public politics to attend the drug users necessities, civil society has an important mission, being a speaker to drug users, governments, legislators, to guarantee the quality of life defending the rights of drug users.

## Mo.049P

### Effectiveness of Advocacy for Provision of DOTS for TB Coinfected Injectors Living With HIV AIDS

Arasi, Kalai<sup>1</sup> Peri, Mahalingam<sup>2</sup>

<sup>1</sup> Sahai Trust, Chennai, India

<sup>2</sup> Consultant STI /HIV Physician, Chennai, India

**Issue:** In Chennai, India HIV infected injecting drug users (IDU) are becoming symptomatic and pulmonary tuberculosis is the second most common opportunistic infection among them. Many of them face dual discrimination within the family, society and the health care providers. This affects access for them to get medical services. Another factor which compliments is their poor health seeking behaviour.

**Project:** Sahai Trust in Chennai is working on a project for HIV / AIDS prevention among Injecting Drug Users (IDUs) and their spouses, funded by Family Health International. Sahai Trust had identified the need for home- based care for the HIV infected IDUs. Two community health nurses (CHN) were trained in basic health care, counseling, identification and management of minor opportunistic infections. They were trained at the Tuberculosis Research Centre ,Chennai on TB and provision of DOTS. The IDUs who were difficult to reach for provision of DOTS by the TRC staff were reached by the CHNs and made sure that the treatment was completed. Advocacy with the physicians at the TB tertiary care centres led to better treatment adherence by the IDUs who needed institutional care.

## Mo.050P

### Peer Support, Advocacy and Users Working With the Government

Goossens, Stijn, SAW - Vlastrov - STAD, Borgerhout, Belgium

Brief history of the first Antwerp DU-org

- 1999: Founding of BAD by Tonny Van Montfoort.
- Two directions: peer support and interests of drug users (or advocacy)
- Participation in city-meetings and in city topic groups
- Peer projects
  - syringe patrol
  - walk-in space
  - Breakline Peer Support
  - advocacy
  - weekly syringe exchange in turn role with professional services
- SODA: director on drug issues for the city of Antwerp.
- BAD got functioning resources from SODA but no money for wages.
- Not being able to have some of the volunteers getting paid was a problem for continuity.
- Also the combination "interest organisation" and "putting up peer projects in cooperation with the pro-

fessional services as a partner" conflicted with each other.

- October 2004: the first Antwerp DU-org BAD stopped working
- November 2004: founding of STAD (= dutch for "city") by 3 former members of BAD STAD looks after the interests of people who use illegal drugs in Antwerp to improve well-being and to improve the position of people who use illegal drugs in the Antwerp society.
- Taking care of putting up communication between our own peer groups and relevant actors.
- Participation and advocacy in meetings with this same relevant actors
- Examining policy-plans of the city and communicate on this
- Trying to get media attention on subjects that are in our interest
- Doing questionnaires in our respective peer groups in cooperation with the university of Antwerp

The STAD founders use their network of DU-contacts for obtaining information on recent developments concerning drugs, shortcomings in drug policy and feedback concerning the offered care and prevention.

## Mo.051P

### Advocacy and Communications for Harm Reduction in Pakistan; An Infant with Stunted Growth

Hussein, Zahid; Zahid, Shagufta; Sustainable Resource Foundation (SuRF), Islamabad, Pakistan

The tragedy with harm reduction (HR) in Pakistan is its positioning. The government and the NGOs look at it from a clinical point of view mostly rather than a social problem. Such positioning is counterproductive as many quacks jump in the HR fracas claiming to fully cure this problem without taking into account its social restorative powers. HR, thus, remains a clinical problem and its major activities are divorced from major public health issues like STIs, HIV/AIDS and other socially significant diseases. Thus, HR advocacy and communications activities are like an infant with stunted growth. Pakistan is probably symptomatic of other developing countries also where a sheer lack of holistic and integrated approach has not yet been utilised in HR.

In order to let HR activities evolve into a veritable social concern so that HR is properly positioned, a Strategic Individual and Social Behaviour Change strategy has to be devised. This should start with holding a national consultative process of donors, bilateral and multilateral organisations, NGOs and the corporate sector. The strategy, ideally commissioned by the government of Pakistan, should reflect research based KAPs, scientific message development and pretesting, effective monitoring, midterm and summary evaluation. This is the only way we would be able to stop wasting of the HR infant

and infuse it with promising sustainable growth so that attention to HR becomes holistic rather than purely clinical.

#### Mo.052P

##### **A Comparison of Primary Health Care Needs of Street, Out-of-Treatment Drug Using Individuals in Three Caribbean Islands**

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To assess, compares and contrasts access to primary health care, substance use and HIV status among a sample of urban street, out-of-treatment drug using populations in three Caribbean islands, Saint Lucia, Trinidad and Jamaica.

Demographic characteristics, substance use, self reported physical and mental health status and use and satisfaction with healthcare services were examined in anonymous and confidential interviews using structured questionnaires. The rate of self-reported HIV positive respondents was 12% in Saint Lucia 34% in Trinidad and 7% in Jamaica. A majority of respondents in all countries reported using the casualty department /emergency room at government hospitals as their first choice for their primary health care. A majority of respondents agreed that there were not enough services for drug users. Respondents within all samples agreed that drug users were not understood and that health care professionals had limited time to talk about their problems. Street out-of-treatment drug abusers are a high risk group for the acquisition and transmission of HIV/AIDS. A specialised primary health care service based on a 'one stop shop' approach, comprised of doctors, community public health and mental health nurses, counsellors, peer and outreach workers, is needed specifically for drug users to minimize the reaction to the drug-using stigma and address issues of exclusion and marginalization, thereby reducing the prejudice felt when using mainstream services.

#### Mo.053P

##### **Multi-Sectoral Advocacy for Harm Reduction: Experiences from Sichuan, China**

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**Issue:** Harm reduction approaches are new and relatively sensitive in China. There is a need for sustained advocacy work with all the relevant sectors in order to

secure policy and practical support for harm reduction work with drug users.

**Setting:** Sichuan province in South Western China has a concentration of heroin use. As drug users are marginalized and criminalized, unsafe injecting is common and there is a concentrated HIV epidemic among drug users and their sexual partners. Provincial and national level policy changes have opened the possibility of harm reduction approaches, but there is still a need for advocacy to secure the support of all relevant sectors, especially at local level.

**Project:** The China-UK HIV/AIDS Prevention and Care Project sought to develop effective models of multi-sectoral advocacy for harm reduction suitable for China's unique situation by implementing relevant activities in Sichuan Province. After review of existing multi-sectoral response to HIV/AIDS the project focused on building of institutional and human capacities in harm reduction through training workshops, visits and participation in project activities; multi-sectoral cooperation in developing HIV/AIDS strategic plans; meetings of the Multi-Sectoral Coordination and Leading Group; and support for NGOs and communities to participate in harm reduction efforts.

**Outcomes and Lessons Learned:** A mechanism for multi-sectoral participation in harm reduction efforts established across the province; institutional and human capacities improved significantly; participation of NGOs promoted and their capacities built; and a favourable social environment created for HIV/AIDS prevention and control.

#### Mo.054P

##### **Government Policy In The Reduction Of Drug Related Harm In Cameroon**

Agbor, Walter Nkongho, Global Aid For Children In The Rural Areas (GAFRCRA), Limbe, Cameroon

The focal point of this abstract is advocacy with regard to the drugs most commonly used in Cameroon by youths, that is, what public authorities have to do to curb the use of drugs and their nefarious consequences on users.

First of all, a definition of drugs has to be attempted. Drugs such quinine, camoquine and others are prescribed and taken for therapeutic purposes. They are not meant to change one's perception at all. What most people are concerned about is drug use, which causes youths to behave abnormally; that is substances which are injected, eaten, inhaled, smoked and ingested in order to alter one's mood. The intention of taking these drugs is recreation as is the case here in Cameroon, where the consumption of alcohol or the smoking of marijuana is the most common way to socialize with others.

These youths therefore sacrifice their health on the alter pleasure, because the consequences of using marijuana, alcohol are nefarious. The use of marijuana leads to increase appetite, excitement and relaxation. Long term use leads to physiological damages particularly of the brain which leads to lack of sexual drive. Alcoholism on the other hand leads to sexual promiscuity with committant consequences.

The government of Cameroon has until now shown a lack of willingness to engage in policies that can effectively address the issue of drug related harm reduction. So far there are no laws that punish or seek to prevent the abusive use of drugs. This has served only to encourage users and would be users; thereby increasing the prevalence of drug related harm.

On this premise we strongly advocate for the implementation of stricter policies against the tendency to abuse drug; particularly with regards to the consumption of alcohol which hitherto liberal, marijuana traffickers to be called to book and users who are mostly youths to be sent to reformation centres for counselling.

## Mo.055P

### Treatment Access and Injecting Drug Users; The Missing Link in the Picture

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At the moment there is a slow increase in the availability of ARV's in many countries in the Asia Pacific Region. Even with this limited availability of treatments the APN+ (Asia Pacific Network of PLWHA) has found that PLWHA who are injecting drug users are often the least likely to be able to access them. This is due largely to the discrimination that positive IDU's face and the inability of the health system to cope with providing services to injecting drug users.

There is therefore a real need to address this issue and the best way to do so is to involve positive IDUs in advocacy efforts. For this to be effective work will need to be done to ensure that positive IDU's have the capacity and feel empowered to take on such work. It is the experience of APN+ that without this empowerment and capacity building we are setting people up to fail and placing additional stresses upon people who can least afford it.

To address this issue APN+ will work with positive IDU's to develop their skills and capacity and support them to advocate for access to treatment.

This paper will outline the processes that APN+ will undergo to ensure that positive IDU's(+IDUs) have the skills and capacity to be effective treatments access advocates.

## Mo.056P

### Community-Driven Research as a Trojan Horse for Advocacy: The Window Study, A Needs Assessment of Female Detainees in Baltimore City

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**Issue:** Harm reduction workers serving currently and formerly incarcerated women often rely on anecdotal evidence to support the need for their programs in resource-poor and antagonistic settings.

**Setting:** Baltimore City, Maryland has high rates of poverty, heroin use, and homicide. Female detainees in Baltimore City receive very few services, if any, while incarcerated, and are released with little resources into the community. Harm reduction philosophies remain foreign to a majority of service providers with in the city.

**Project:** The Window Study was designed in collaboration between Power Inside, an organization serving currently and formerly incarcerated women, and a public health graduate student at Johns Hopkins University to assess the strengths and needs of women exiting jail. Interviewers conducted surveys with 148 women regarding sociodemographic background, health status, housing and neighborhood stability and social resource availability upon release. Window Study results were summarized in a detailed, lay-friendly report and disseminated as a tool for advocacy to local and state-level criminal justice and public health stakeholders.

**Outcomes:** The Window project resulted in numerous fruitful collaborations between criminal justice and public health workers, without compromising client confidentiality or autonomy. The jail granted service providers unprecedented access to detainees. Probation and parole departments agreed to attempt to reach clients through outreach workers before issuing probation violations for missed appointments. City officials pursued the Principal Investigator's recommendation to open a public health office in the jail. Local media cited the study in an op-ed regarding the health care needs of inmates; all prior to the study's publication in an academic journal.

Rather than being exploited for their access to "hard to reach" populations, frontline harm reduction workers can bolster their work by initiating research collaborations to ensure that service and advocacy needs of their constituents lead the research agenda.

**Mo.057P****Voice**

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“Even when you are using, that’s not all you’re doing. You still have a life, relationships, goals.”

– (Boyd, 1999, p. 55).

In this presentation, we are privileged to share a collection of works created by persons living with addiction. We offered persons with addiction an opportunity to give voice to their experience and understanding of harm reduction. Voice, as defined by Webster’s dictionary is, “the medium by which something is expressed or represented.” As such, contributors to this session use various aesthetic approaches to illustrate their experience with addiction and harm reduction.

Through the presentation of poetry, artwork and photographs, conference attendees are invited to view harm reduction through the lens of those afflicted with addiction. Understanding the issues or experiences of clients is a vital part of harm reduction planning. According to Health Canada (2002), “Client/patient input is a key component of program development and implementation. Programs need to value, seek out, encourage and support client/patient involvement” (p. 31).

Stigma and marginalization are factors that serve to silence those already oppressed by drug addiction. As noted by the founder of VANDU (Vancouver Area Network of Drug Users); “The biggest obstacle...was the marginalization of drug users, and the distance that addicts are from society. So the first thing we got involved in was the demarginalization of drug users” (as cited in Kerr, Small, Peace, Douglas, Pierre & Wood, 2004, p. 3). The intent of this session is to promote demarginalization by inviting recipients of harm reduction to share their perspective with others.

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**Mo.058P****Survey About the Level of Knowledge on HIV/AIDS in Albanian Prisoners**

Boci, Arian; Afrim, Tabaku; Memo, Boci; Stop Aids Association, Tirana, Albania

**Background:** The current number of prisoners who suffer detention in the 8 prison structures of the Republic of Albania is 1,200. These persons are kept in 7 male prisons and 1 women prison. One of the male prisons has the juvenile sub-unit.

During implementation of this project the association “STOP AIDS” is targeting to reach 500 prisoners suffering detention in three prisons: Women Prison of Tirana, Juvenile Detention Sub-unit of the Vaqar Prison, Tirana and Male Prison of Lushnja. But, through inviting representatives of medical staff, social workers and other prisons staff from the rest of prisons; through leaflet and booklet distribution in other prisons as well.

The Association “STOP AIDS” had carried out a survey in three pilot prisons in Albania. The aim of this survey was to assess the knowledge, attitudes, behaviors and practices of the prisoners towards HIV/AIDS.

**Methods:** 250 questionnaires were distributed in the pilot prisons. Based on this data, the group that was charged with the preparation of the informative and educative materials determined the issues to be dealt with in the leaflets, the booklet which will provide general information for HIV/AIDS expressed in a simple language. Prepared leaflets and booklet was distributed to the prisoners and after four months we have distributed the same questioners, for assess the knowledge on HIV/AIDS, in inmate population.

**Results:** The data analyze show that only 54.67 % of the prisoners admitted to have knowledge about HIV/AIDS. Concerning the transmission routes, only 68 % identified the sexual relationships between men and women as a transmission route, only 50% the sex between men, 62.7% the needle exchange and 65.33% the vertical transmission. From the other hand 21.33% of respondents said AIDS is transmitted through sharing cell, 19.33 % through hugging / kissing, 44% insects, 28.67 % by using together kitchen utensils and 23,33 % from common use of showers.

**Mo.059P****Community Based Correctional Program for Narcotics Addicts in India**

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Drug abusing has been a most serious social problem in Indian society for decades. The major illicit drugs include methamphetamine, Keroine, Cocaine, opium,ecstasy,cannabis, hemp,sativa,ketamine, etc.

Approximately 20 percent of the potential drug using population had experienced drug using and 5 percent of drug using population had been using drugs within last year. Drug-offences are a major criminal activity with provision of severest penalty in India.

The strategic planning for tackling drug-problem has been implemented by following steps:- the villages are the operational units to fight drug problems and drug-prevention for particular potential groups like teenagers; focus on coordinating and uniting the operating organisations involved in every stage in implementation of the plan; set integrative policy implementation on drug prevention and problem solving at the local level.

The paper highlights about the different community based approaches and the outcomes/impact of such strategies in prevention of drug-abuse and rehabilitation of drug-addicts. Such approaches include; protection and drug prevention measures among youth, school-going children, etc.; suppression or supply reduction measures; Rehabilitation or demand reduction measures through voluntary based treatment system, coercive treatment system, diagnosis of drug consumption, after-care follow up etc.; Institutional Treatment Programs etc.

The paper further highlights about legal provisions and implantation of Acts in broad framework of community based programs. The community based correctional programs for drug-addicts under the Act can be viewed from the perspectives like-the Act toned down the criminality of drug-users, the process focuses on the role of communities in searching for and noticing suspected persons with drug problems, the Act transferred major decisions from Courts to Rehabilitation commissions etc.

The papers discusses issues, problems and arrives at conclusions relating to community based drug prevention and rehabilitation approach.

## Mo.060P

### **Project Facilitating Teams (PFT) prove to be a successful advocacy method for harm reduction with Injecting Drug users (IDU) in Bangladesh**

Rashid, Harun, Light House, Dhaka, Bangladesh

**Issue:** Increasing numbers of IDUs in Bangladesh with HIV/AIDS reaching epidemic level in parts of the country.

**Setting:** How PFTs (a concept pioneered by Light House Bogra and now widely adapted throughout the country) have enabled successful harm reduction interventions with IDUs in Bangladesh -

#### **Project Objectives:**

- 1) To create a positive attitude and support for harm reduction programmes with IDUs
- 2) To ensure the support and participation of influential stakeholders in project activities.

- 3) To raise awareness on HIV and harm reduction methods with stakeholders and wider community

#### **Methods:**

- 1) We identified possible stakeholders e.g. Department of Narcotics, police personnel, health professionals, local govt. representatives, journalists, religious/political leaders who might be opposed to us working with drug users. We explained what we are going to do and why, to show them the positive effects of what we hoped to achieve i.e. reduction in the number of IDUs in the area and safer drug/sex related practices.
- 2) We chose the most appropriate representatives from the above groups and invited them to join a project facilitating team (PFT)
- 3) The PFT meets quarterly to review project activities and advise as necessary

#### **Results:**

- 1) We have been able to introduce a needle & syringe exchange and condom use program to over 500 IDUs in four towns in north Bangladesh.
- 2) PFT members actively promote our project in their wider professional spheres which contributes towards ensuring safer injecting and safer sex activities

**Conclusions:** Involving local influential stakeholders and others has proven to be a very successful way to enable Light House to work in the harm reduction field of STI, HIV and AIDS and advocate on behalf of drug users. Their open support and participation helps to bring the message about HIV/AIDS, STI and harm reduction to the wider community.

## Mo.061P

### **Successful Experience of NGO "RAN" In Advocacy of The Rights of Drug Users By Modification and Additions in the Criminal Code**

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<sup>1</sup> Harm Reduction Association of Tajikistan, Dushanbe, Tajikistan

<sup>2</sup> NGO "RAN", Dushanbe, Tajikistan

**Issue:** Despite of decriminalization use of drugs in Tajikistan, Drug users very much were frequently instituted criminal proceedings at detection at them drugs in small quantity. During the period with 2000 on 2004, from total of criminal cases excited during the given period, about 65 % of criminal cases have been excited under basic five clauses of the Criminal Code of Republic of Tajikistan, the describing crimes connected to drugs.

**Approach:** For the decision of these problems, in 2003 NGO "RAN" initiated the project «Stigma, Legal Assistance, and HIV/AIDS Prevention» with support from IHRD.



**Key Points:** Alongside with granting of free-of-charge legal consultations, one of the main achievements of the project is successful advocacy which has led to entering of significant changes in Criminal Code concerning to terms of punishment depending on the quantity of the drugs which have been found out at detention. In Criminal Code in edition from May 17, 2004 after modification and additions, it is considerably reduced terms of imprisonment and the quantity of drugs is increased at which detection there comes the criminal liability.

**Implications:** Changes in Criminal Code, which have taken place due to the project "RAN", will allow lowering risk of arrest, violence used to Drug users on the part of law enforcement bodies. Successful experience advocacy can use others of NGOs.

#### Mo.062P

##### **Stigma, Legal Assistance, and HIV/AIDS Prevention**

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<sup>2</sup> NGO "RAN", Dushanbe, Tajikistan

**Issue:** Negative attitudes towards injecting drug users (IDUs) and people living with HIV/AIDS (PLWHA) dominate in Tajik society and this is a major obstacle to insinuate IDUs and PLWHA confidence and carry out legal assistance of their interests and rights.

**Setting:** After the assessment of the clients' rights violation level, Dushanbe harm reduction project, with the financial support from OSI, launched the project "Stigma, Legal Assistance, and HIV/AIDS Prevention" in June 2003.

**Project:** The project aims to provide free-of-charge legal consultations for needle/syringe exchange clients and PLWHA in 4 trust points. A half-year practice shows that most of the clients seek for assistance on the following issues: recovering lost documents (passports mainly), loss of domicile and blackmailing by workers of law enforcement agencies. Within a short project operating period, Tajikistan parliament has accepted into consideration our notions to modify and include articles in the Laws on Public Health, Drugs, Narcological Care and in the Criminal Code. Those motions cover abrogation of compulsory treatment and reducing amount for criminal liability, as well as introducing rehabilitation as alternative means to punishment.

**Outcomes:** The projects aiming to protect rights of stigmatized populations may play an important role in HIV prevention and advocacy of IDUs and PLWHA rights. Such projects are also to increase trust of IDUs and PLWHA to delivered services and add to more tolerant attitudes of society and law enforcement officers towards these groups.

#### Mo.063P

##### **Stigma and Discrimination on the Attitude of Drug-Users**

Tokombaev, Sherboto, RANAR, Bishkek, Kyrgyzstan

**Viewpoint and Commentary:** I am going to present a situation with stigma and discrimination existing in Kyrgyzstan for injection drug users including HIV +, and also to present the review of problems of the community connected with current legislation in the attitude drug-users.

Drug-users are subject of stigma on the part of a society. And PLWHA - drug-users appear under double pressure, and frequently they cannot independently solve the problems.

The Kirghiz society which experiencing the transit period and has kept separate cultural traditions, continues to concern hostilely to some members which behavior deviates the standard welfare norms. In particular to such groups concern drug-users, people from prisons. Stigma and discrimination concerning representatives of such vulnerable groups accepts the big scales and illegal forms.

On real examples I am going to show, as there is a work on promotion of interests of community of injection drug users, and also their problem and need.

Also I am going to present the results of research on stigma and discrimination of drug users in Kyrgyzstan.

I shall try to make the review of the practical measures directed on strengthening of activity of community of drug-users against stigma and discrimination, and also I want to give to you information for reflections and some helps which will help to support drug-users, and to help with self-organizing groups for promotion of own interests.

#### Mo.064P

##### **Tobacco Harm Reduction: Can it Work?**

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<sup>2</sup> Hunter College Program in Urban Public Health, New York, NY, USA

We propose that tobacco harm reduction can be applied to reducing the adverse health effects of tobacco without prohibition of cigarette smoking.

Methods now used to reduce the harmful effects of substance use fall into three categories:

- Prevalence reduction seeks to reduce the number of people using a substance.
- Quantity reduction attempts to reduce the individual's amount and frequency of use.
- Harm reduction tries to reduce the harmful effects of substance use without necessarily requiring a reduction in use at all.

The primary harm associated with substance use is often due not to the substance itself, but to its delivery method. Just as the syringe - not heroin - transmits HIV and HCV to the drug user, tobacco smoke - the delivery device for the substance nicotine - is the cause of many of the health problems associated with smoking. Methods are now available to counter the harmful effects of delivery devices without requiring abstinence from the substance (methadone for heroin users, nicotine replacement for smokers), but few other alternatives to abstinence have yet to be offered to smokers. Potential Reduced Exposure Products (PREP) such as moist oral snus, smokeless tobacco, low-nitrosamine cigarettes and other modified nicotine inhalation devices hold yet unexplored potential to greatly reduce the continually growing mortality and morbidity associated with smoking.

Tobacco kills an estimated 400,000 people annually in the United States. Despite tremendous public health effort, taxation, and statutory regulation, the prevalence of cigarette smoking declines from its level of 46 million by only 0.6 million per year. Methods to deliver nicotine without the adverse health impact of smoking would reduce tobacco-related morbidity and mortality. Although the tobacco industry's attempts at producing less harmful cigarettes might be self-serving, products that reduce smoke exposure while delivering nicotine hold promise and should be assessed. Moralistic opposition to smoking should not impede public-health efforts if harm reduction can be successful at lessening tobacco-related illness and death.

## Mo.065P

### Assesment of Health Care and Social Services Needs of Drug Users In Lithuania

Butkus, Kestutis, The Initiative of Drug Users' Mutual Support, Vilnius, Lithuania

Up to now in Lithuania while preparing health care and social services for drug users there were no researches made on their needs and their opinion on the issue was never asked.

NGO "The Initiative of Drug Users' Mutual Support" (IDUMS) in co-operation with the Social Research Agency carried out quantitative and qualitative investigation in 5 cities of Lithuania by inquiring 420 drug users regarding their experience in receiving health and social services. Their knowledge of Hepatitis C, Thrombocytopenic Acute and HIV/AIDS treatment possibilities was shown also.

Separate parts and results of the investigation have been presented during various round table discussions and conferences organized by the coalition of vulnerable groups "I can live" (the member of which is the IDUMS) in the municipalities of 6 Lithuanian cities. This allowed to officially express the opinion of the drug

users on the already existing and deficit health care and social services.

The said research is important not only as the first investigation of the drug users needs in health care and social needs, but also as the first investigation carried out by the organization, representing drug users themselves - the IDUMS. The results are being implied in the IDUMS advocacy activity striving to defend methadone program, seeking to make harm reduction services, HIV/AIDS diagnostics and treatment accessible to the drug users all over Lithuania, not only in some of the big cities. It is expected, that these investigations would help in decentralization of HIV/AIDS diagnostics and treatment.

## Mo.066P

### Fighting Social Exclusion

Janayeva, Assel, Soros Foundation Kazakhstan, Almaty, Kazakhstan

**Issue:** Program aims on building up a human right defending policy in respect to the vulnerable groups (IDUs, PLWHA, SW, LGBT Group and prisoners) in the field of HIV/AIDS in Kazakhstan.

**Setting:** Geographical location: The Republic of Kazakhstan, in big national centers as Astana, Almaty, Aktyubinsk, Chimkent, Kostanai, Karaganda, Kokchetav, Ksyl-Orda, Pavlodar, Petropavlovsk, Taraz, Temirtau, Uralsk.

**Intended Audience:** Non-governmental organizations operating in the field of HIV/AIDS/drug addiction, and their target groups:

- People living with HIV/AIDS and their relatives;
- Injection drug users and co-dependents;
- Commercial sex workers.

### Policy Goals and Program Priorities:

- Evaluation and monitoring of how the rights of the vulnerable groups are respected on the territory of Kazakhstan.
- Analysis of the current legislature in the field of HIV/AIDS regulating their rights, development of recommendations on creating and improving mechanisms providing execution of the law;
- Increasing the level of legal competence of the project participants and their target groups;
- Establishing network of services to protect human rights;
- Forming tolerant attitude of the society;
- Support of the court precedents on defending the rights of the vulnerable groups;
- Development of the constructive dialogue with the state force bodies working in the field covered within "Harm Reduction" projects.

**Outcomes and Lessons Learned:** Evaluation of the program implementation efficiency may be given in six analytical reports:

- monitoring of how the vulnerable groups' rights are respected
- changing of the level of the target groups' legal competence
- changing of the public attitude towards the problems and needs of the target groups
- precedents and textbook development
- Kazakhstan legislation and working out of recommendations to revise the current laws
- changing of the public attitude towards the problems and needs of PLWHA on palliative care

#### Mo.067P

##### **A Qualitative Study of Canada's First Legal Injection Drug Facility: Learning from Womens' Views of Vancouver's INSITE**

Hunter, Garson; Donovan, Kathleen; University of Regina, Regina, SK, Canada

**Issue:** This study was an exploration into the needs of women that attend "INSITE," a three-year pilot study supervised injection site. INSITE is the first government-sanctioned site for injection drug users to inject with medical supervision in North America. The pilot project was established to assess whether supervised injection sites - as part of a larger harm reduction approach - are an effective way to reduce the devastating human and financial costs of drug use. This study involved independently evaluating the needs of the women who attend this Vancouver pilot trial. In doing this study, the researchers has had the opportunity to tackle some of the broader issues beyond these trials by looking at the needs of the injection drug using women that attend INSITE.

**Approach:** Using qualitative research methods, unstructured interviews focusing on the needs of female users of the injection site were carried out in the 2nd year of the pilot (August, 2004). Interviews were conducted with 42 women who regularly attend INSITE to seek out their views on the program and to discover information that might improve this service, particularly for women.

**Key Points:** The results of these interviews indicate a general satisfaction with the existing service, but reveal a stark picture of deprivation. The data that stands out most vividly is the impoverishment facing the interviewees. A third of the participants said they do not have enough to eat every day. Another third stated that they were essentially homeless.

**Implications:** This study reveals a need for structural initiatives on a broader scale to confront the inequality facing drug injectors. Recommendations include further development of INSITE to include services that move

beyond harm reduction in the area of disease and overdose, and that include shelter, food and birth control.

#### Mo.068P

##### **Harm Reduction: the Brazilian Way**

Szterenfeld, Celia<sup>1</sup> Siqueira, Domiciano<sup>2</sup> Guanabara, Luis<sup>3</sup>

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In Brazil Harm Reduction (HR) has been used as a new paradigm in health education related not only to drug use but also to other fields, such as HIV and Hepatitis prevention and mental health issues.

Drug users, recruited and trained as community-based outreach workers, form the basis of a concerted effort from the bottom all the way up to the federal government. Drawing from resources earmarked for AIDS prevention, harm reduction strategies and techniques extend this objective to include advocacy of drug users rights in the context of the War on Drugs.

At the official level, HR has been adopted as a national public policy, and state and local laws have been issued to protect outreach workers from being accused of "promoting drug use". But with the ongoing repressive policies and drug laws users can be accused of drug dealing at anytime. This unconstitutional situation opens the debate about legalization in the center of the harm reduction movement.

This paper reviews the history of HR in Brazil from the drug user's point of view, presenting achievements and new challenges faced by its social movement. Educational materials as well as diverse cultural backgrounds from all five Brazilian regions will be presented. The organization of both harm reduction and anti-prohibitionist movements will be highlighted pointing out new pathways to future integration.

#### Mo.069P

##### **Medicalization And Harm Reduction: a Policy Dead-End?**

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<sup>2</sup> San Francisco Needle Exchange, San Francisco, CA, USA

**Issue:** In the United States, particularly since the passage of the Harrison Narcotics Tax Act in 1914, one of the central strategies for reducing harms associated with illicit drug use has been to advocate for drug use to be seen as a medical rather than criminal issue. The primary example of this has been the (largely successful) move to create 'addiction' as a disease. Other strategies developed within the harm reduction framework, such as needle exchange and naloxone distribution have also, for the most part, been framed in medical and/or public health terms.

**Approach:** Historical

**Key Points:** In this presentation, we will argue that while medicalization has some benefits, it also has negative consequences which are difficult to escape.

Further, we will argue that even those benefits which medicalization does genuinely offer to harm reduction are becoming less relevant as medical and judicial systems in the West increasingly become extensions of each other.

**Implications:** Policy responses to the war on drugs which attempt to re-locate drug use as a medical rather than judicial issue may have long-term implications which produce new harms for drug users rather than reductions in harm.

## Mo.070P

### Impact for Free Detoxification

Bhuiyan, Md. Nakib; Ahmed, Munir; Kamal, Md. Mostafa; CARE Bangladesh, Dhaka, Bangladesh

**Issue:** Bangladesh is one of the poor country of the word. The estimated drug users population is 3756 (RSA in 2004, conducted by CARE Bangladesh and MSCS in 9 districts). Among them the IDUs are 2402. The existing drug treatment facilities required long residential stay which often exclude the poorest and mostly marginalized who are unable to afford the treatment expenditure/fee. Besides the quality of that treatment centers is very low and fully commercial basis. Due to this the patients relapse rate is very high. The majority of the drug users preferred short term treatment facilities.

**Setting:** After providing the all sorts of pre-treatment counseling CARE HIV/AIDS Prevention Project referred to DUs at APOSH's drug treatment center. APOSH is the consortium member of HIV/AIDS prevention project. APOSH treatment system is fully non medical method, message and information regarding harm reduction program.

**Project:** CARE Bangladesh started its HIV/AIDS Prevention Project from the August 2004 in six district of Bangladesh among the DUs funded by UNICEF. The main activities of this project is NSEP, Condom promotion, STI and GH treatment, Advocacy, peer education, DRE, Drug treatment, IEC/BCC etc. HAPP started DUs refer to the detoxification center from January 2005. As of June 30, 2005 the number of DUs referred was 240.

### Outcome:

- 240 enrolled
- 4 expired
- 5 untraced
- 70 relapse
- 161 off from drug

### Lesson Learned/Recommendation:

- Detoxification plays an important role to reduce the risk of drug using practice as well as smoothly running the harm reduction program.
- Drug users need frequent treatment
- Free detoxification is very effective and attractive
- It is very important to building the partnership with other treatment center for more treatment coverage.

## Mo.071P

### National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada

Dabros, Linda<sup>1</sup> Perron, Michel<sup>2</sup> Lockhart, Nathan<sup>3</sup> Bassi, Marilena<sup>3</sup>

<sup>1</sup> Health Canada, Ottawa, ON, Canada

<sup>2</sup> Canadian Centre on Substance Abuse, Ottawa, ON, Canada

<sup>3</sup> Drug Strategy and Controlled Substances Programme, Health Canada, Ottawa, ON, Canada

**Issue:** All sectors of Canadian society are subject to the harms that can result from the problematic use of substances.

**Project:** This presentation describes the consultative process spearheaded by Health Canada, its primary federal partners, Justice and Public Safety and Emergency Preparedness Canada, and the Canadian Centre on Substance Abuse to develop a multi-sectoral National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances.

**Outcomes:** This presentation charts the progress of this multi-partner process that includes addiction and mental health specialists; physicians and health practitioners; organizations representing people who use drugs; non-governmental organizations; Aboriginal service providers; policing and enforcement representatives; federal, provincial, municipal governments, and many others. Successes and challenges encountered along the way are revealed.

**Lessons Learned:** Next steps, as well as the consensus and capacity-building strategies underpinning the consultations, and which are critical to the National Framework's long-term viability, are also highlighted.

## Mo.072P

### Reduce the Threat of an HIV in Bangladesh Through Awareness on the Serological and Behavioral Surveillance Data Pan Pacific Regional HIV/AIDS

Uzzaman, Hasan, Dristi, Comilla, Bangladesh

The spread of HIV AIDS disease in Bangladesh is in the process of diagnosis in different hospitals and clinics. Over 1500 patients have been identified while others have beyond the spell of health care centers. In 2005 it has been detected by serological surveillance that 4% HIV infection among injection drugs users in central

Bangladesh just short of the 5% mark of a concentrated epidemic. HIV remains low, <1%, among the other vulnerable group surveyed: men, women and transgender who sell sex, their male clients, gays and babies in brothels. Overall, among 1000 people tested in the surveillance, 0.3% was found to be positive. Recent study has been shown that >90% share needles and higher percent of men in Bangladesh buy sex that in other countries. Also identified that increases happened from foreigner, Second hand clothes from First world countries. Motivation and public awareness training has been initiated to stop the further spread of HIV among sex workers, drugs, injectors and other vulnerable people. This paper will address the findings and questions to assess the current situation and concluded that "It was embarrassing before to talk so openly about this but now we must because it is very risky."

#### Mo.079P

##### **Good Intentions, Bad Performance: The Narcosalas (SIFs) Conflict in Barcelona**

Ilundain, Enrique de Andres, Miguel Romaní, Oriol Borrás, T. Pallarés, J. Trujols, J. Grup Igja, Barcelona, Spain

Deeply rooted in the sequels of the demolition of Can Tunis -Catalonia's most infamous open drug scene-, Barcelona is undergoing a spread conflict and polemy about the implementation of low-threshold facilities addressed to contain a disastrous diaspora of most excluded injecting drug users (IDUs). With the recovery of visibility for a population that was 'hidden' until recently, residential and commercial areas are now rising in a not-in-my-backyard (NIMBY) war on drugs services, posing a new panorama for drug-related problems, strategies, and interventions.

This presentation tries to draw out an analysis of this process, its background and perspectives; settling some proposals of explanation, thus pointing at present trends, and recommendations for future, effective strategies.

#### Mo.080P

##### **A Study Of Changes in the Use of Opioid Drugs and the Related Interventions In Bam During the First Year After the Earthquake**

Farhoudian, Ali<sup>1</sup> Rahimi Movaghar, Afarin<sup>2</sup> Rad Goodarzi, Reza<sup>1</sup> Mohammadi, Mohammad Reza<sup>1</sup>

<sup>1</sup> National Research Center of Medical Sciences, Tehran, Iran

<sup>2</sup> Iranian National Center for Addiction Studies, Tehran, Iran

Opium use was traditionally prevalent in the southeast of Iran. Bam earthquake on 26 December 2003 has led to various predisposing factors for drug abuse. The aim of this study was to assess the changes in the preva-

lence of drug abuse, its pattern and health service status in the city of Bam and Baghchamak village during the first year after the disaster.

Five methods of qualitative study were used in this study: Focused group discussion, individual in-depth interview, ethnographic observation, mapping and photographing. Drug abusers, ordinary people, drug abuse therapists, and other key informants have been interviewed in ten groups and 69 individual in-depth interviews.

A high prevalence of drug dependency was reported in Bam and Baghchamak, especially among men. Opium was the most used illicit drug. Heroin was used rarely. Most of the interviewees believed that the opium and heroin use has been increased in Bam after the earthquake. An increase of drug use has been reported in the youth and women, as well. Injecting drug use and syringe sharing were occurred rarely. There was no active intervention for HIV prevention.

Like other disasters in the world, Bam earthquake caused an increase in drug use. There is an urgent need for planning to establish a rapid response to control the rise in drug use and minimize its negative effects.

#### Mo.081P

##### **The Role of Classroom Based Educational Behavior Change Interventions in the Prevention of Hepatitis C**

Panessa, Ciro<sup>1</sup> Johnson, Joy<sup>2</sup> Butt, Gail<sup>1</sup> O'Flynn Magee, Kathy<sup>2</sup>

<sup>1</sup> British Columbia Center for Disease Control, Vancouver, BC, Canada

<sup>2</sup> University of British Columbia, Vancouver, BC, Canada

**Issue:** To explore the role that classroom-based educational HCV prevention interventions, targeting youth, play in behavior change.

**Approach:** This exploration involves an analysis and systematic review of past prevention efforts in another blood borne communicable disease, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), in order to look to the future of HCV prevention. Behavior change theories utilized in past prevention efforts with HIV/AIDS are described and a picture of why behavior change has not occurred as a result of classroom-based interventions is set. With this foundation laid, future directions for effective classroom-based interventions in HCV are explored. Using Ecological Theory, a platform is provided from which recommendations for future HCV classroom based educational prevention interventions can be made.

**Key Points:** In the future HCV classroom based educational interventions could be more effective by going beyond previous goals of knowledge gain and attitude/beliefs recognition.

HCV classroom interventions should be part of coordinated plan that link with other intervention occurring at

a family/community level as well as at societal or provincial/federal government level.

Future HCV classroom-based interventions can improve on the evaluation of their interventions, especially in terms of using other measures besides self report questionnaires.

**Implications:** Hepatitis C prevention in Canada is in the early stages of development. It is only over the last decade that the scope and burden of this disease on the Canadian population has become apparent. It has been recognized that current prevention methods are disorganized and the theoretical basis behind many prevention interventions make unrealistic assumptions about the participants they are targeting. Ecological theory provides a systematic framework that can be used to coordinate future HCV classroom based behavioral change interventions. The future challenge for all those invested in HCV prevention is to implement and accurately evaluate this new model and disseminate the findings thoroughly.

## Mo.082P

### Mobile Unit For the Alcohol Correlated Harm Reduction

Carboni, Stefano<sup>1</sup> Cadoni, Andrea<sup>2</sup>

<sup>1</sup> LILA, Livorno, Italy

<sup>2</sup> Ceis. onlus Livorno, Livorno, Italy

The mobile unit "Occhio Bimbi" work on the area of the Leghorn's municipality. The project is financed by the Municipality of Leghorn and the Dependence's Department Asl 6, and is directed by a No-profit Organization network (LILA Livorno and Ceis-Comunità Livorno).

The project starts as a result of the evaluation of the increased alcohol assumption in young people, often correlated with other poli-assumption behaviors.

The mobile unit is equipped with a saliva ethil-test, which allow to work into night entertainment contest such as disco, disco-pub and party, where is register an high attendance of young people, promoting actions according to the harm reduction policy about alcohol abuse.

The mobile unit has started his work on July 2004, and is present on the Leghorn's road 2 times for a week, in especially in the weekend.

In the first year of activities has contacted about 3000 people of which 2000 have spontaneously make the ethiltest. About 60% of the sample has registered an alcohol level higher than the legal limit (in Italy is 0.5 gr/l).

This activities has been supported also by an observation's action on the trends and the "costumes and traditions" of the people of the night. By this activity has been registered a situation contrasting the common per-

ception of alcohol usage in the so called "night tribe", in particular the disco is normally painted as the major guilty of the alcohol correlated damage (such as the Saturday night car crashes). Through the research on night lifestyle the situation registered is very different: people leave disco with a alcohol level lower than the entrance. Other aspects underlined by the report of the research point the attention on the increased assumption of cocaine and smart drugs in correlations with alcohol assumption on young people, while the ecstasy assumption in young people is lower than how is perceived by the common and the authority perception.

## Mo.083P

### Public Health: Taking our Lead From the Experts - Canada's Youth

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<sup>1</sup> Public Health Agency of Canada, Ottawa, ON, Canada

<sup>2</sup> National Youth Planning Committee - Public Health Agency of Canada, Toronto, ON, Canada

Public Health Agency of Canada officials work closely with a group of young Canadians to ensure youth-driven discussions and to facilitate youth-specific symposia focused on disease prevention, care, treatment and support that is relevant and meaningful to young people across the country; and that are addressed through peer-based approaches that are led by Canada's youth in collaboration with governments. Focus is concentrated on diverse youth populations, often vulnerable and from marginalized communities (e.g. IDU, street—involved). While the genesis of this 'engagement model' concentrated on hepatitis C specifically, ongoing deliberation and collaboration between government officials and this group of young Canadian leaders contributes to a more integrated and holistic approach to disease prevention and the much broader health, social and behavioural determinants faced by Canada's youth — today and into the future.

Workshop participants will gain valuable insight into how the federal government actually works; and will take away specific examples (and 'how-to's') illustrating how the Public Health Agency of Canada's Hepatitis C Prevention, Support and Research Program actively engages youth and how youth play an active role in decision-making and policy development in the context of a federal government initiative.

**Mo.084P****Street-Involved Youth's Use of Crystal Methamphetamine**

Bungay, Vicky<sup>1,2</sup> Malchy, Leslie<sup>1</sup> Buxton, Jane<sup>3</sup> Johnson, Joy<sup>1</sup> MacPherson, Donald<sup>4</sup> Rosenfeld, Theo<sup>5</sup>

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<sup>3</sup> UBC and BC Centre for Disease Control, Vancouver, BC, Canada

<sup>4</sup> City of Vancouver, Vancouver, BC, Canada

<sup>5</sup> Community Researcher, Vancouver, BC, Canada

**Background/Objectives:** Crystal methamphetamine (CM) is a psychoactive form of methamphetamine that is inexpensive and easy to obtain. CM use is associated with euphoria, alertness, restlessness, a feeling of endless energy, sleep deprivation, depression, paranoia, acute psychosis, malnutrition, and increased risk of sexually transmitted infections including HIV. CM use is increasing at an alarming rate among street-involved youth. Little is known about their patterns of CM use, side effects they experience, and the ways in which they manage their drug use and survive on the streets. A small qualitative study was undertaken among street-involved youth in British Columbia to explore these issues.

**Method:** Semi-structured interviews were conducted with twelve youth in which they were encouraged to describe their experiences with CM and the relationship between CM use and living on the street. The data was analysed using thematic analysis.

**Results:** 4 key themes emerged: patterns of jib use, reasons for using jib, the downside of using, and managing jib use. Each theme revealed that the context of drug use could not be separated from being street-involved. The youth used CM to: stay awake to protect belongings, enhance social interaction, cope with negative emotions, and as an alternative to psychiatric medications. The negative consequences of CM use described included: deteriorating physical and mental health, exploitation, isolation and physical harm.

**Conclusions:** Their stories reflect that they are knowledgeable about their drug use and are capable of creatively adapting to, and coping with, many of the consequences it has for them. Resources such as social service agencies and health care professionals were not identified as helpful for them in relation to managing their drug use and its side effects. This data can provide some important insights into understanding the role that substance use plays in the lives of street-involved youth and the harms associated with CM use. These understandings are important to inform policy and program planning aimed at providing services for street involved youth using CM.

**Mo.085P****Minimising the High Risk Behaviour of Youth - an Initiative**

Ghosh, Gautam, BBWS, Kolkata, India and YES R.N.-East, Kolkata, India

This paper attempts at presenting the experience of a national level NGO in India that works with the Youth and Youth groups in north Kolkata (popularly known as Calcutta) areas in programmes related to the substance abuse prevention and prevention of STIs, STDs, HIV/AIDS. The operational strategies, backed by pre-launching surveys and research studies, adopted involves youth participation at every stages of the programme implementation and follow-up.

The programme has stressed on empowering youth based on (1) Knowledge/Information; (2) Values and Skills; (3) Resistance training; (4) Alternative-based and (5) Peer-led approaches. The following programmes with active involvement of youth and youth groups are in operation currently:

- Community sensitization on prevention of drug addiction, STIs, STDs, HIV/AIDS through use of Behaviour change communication tools
- Healthcare services, including detoxification, treatment of sexually transmitted diseases, counselling and referral.
- Social marketing of client preferred condoms.
- Reducing vulnerability of street and out-of-school children and adolescents through life skills training.
- Career options for young and adolescent boys and girls through vocational trainings and scope for mainstreaming into formal education.

**Results:**

- The programme enables reaching to about 1000 Students and youths and more than 3000 out-of-school, street and working vulnerable children annually with active involvement of 134 Young Street Educators and 24 Youth community leaders and volunteers.
- Health clinic services benefits more than 1200 patients annually.
- Condom use increased.
- Life skills benefited 155 female and 465 male adolescent annually at present.
- Annually 260 adolescent and youth are provided vocational training for gainful employment, including self-employment.
- About 1000 children and adolescent provided support for admission into formal schools.

**Conclusion:** Widespread awareness and improved knowledge coupled with options can indeed be effected by convergence of programmes and out-reach programmes using young people themselves to disseminate knowledge. In the context of achieving behaviour change

among young people, the support of the wider community is crucial

## Mo.086P

### Miscellaneous Use of Musical Performances to Build Awareness Among the Masses

Basu, Dolon, Sonata Foundation, Calcutta, India

**Issue:** West Bengal is a state of India Republic and it has a tradition of rich folk song. This music has been used as a media to create vicious conscious against HIV/AIDS. Our music is mainly deals with regular woman sufferings where HIV/AIDS occupies a strong field.

**Description:** The massive influence of folk song is to educate the general masses of West Bengal against HIV/AIDS. In spreading the issue-based messages to the people, our vision has consciously railed upon the innovative concept of ICE- Information Communication through Entertainment. The use of music and art has a far greater impact and leaves a lasting impression on the minds of the local grass hood people.

**The Project:** Several workshops has been conducted to arose direct consciousness to the general masses of our society with the help of folk songs and musicians working in the rural areas across several districts of West Bengal who are mainly working on such vital issues as HIV/AIDS, Child labour Atrocities of woman Immunization and Child care.

**Lesson Learned:** All the workshops elicited a positive response from each of the participants of our orientation camps who are particularly excited and enthusiastic about the concept of using art forms and music as a media for promoting awareness. It is very satisfactory to accept a huge positive response by adopting the concept of spreading messages of human right through their performances in public.

**Recommendation:** Almost 5% of population of India have been affected by HIV virus 86% of whom are caused by unsafe sexuality as a result many of them are giving birth to HIV+ children who can hardly be the guests for few days in our society. A strong & bold step has to be taken for the insensible people to make them educate & faithful on their love. The artistic expression will no doubt remove the curse of the fatal disease & social aviation from the social forever.

## Mo.087P

### Problem of HIV/AIDS Among Street Children in Kathmandu Valley

Ghimire, Kamala, Prerana, Kathmandu, Nepal

**Background:** Children are the backbone of the society as well as the nation. They are inspiration for society and deserve to grow in the healthy environment. Street children are of various categories on the amount of time

spent on the streets., the job they take up and their personal and family background.

Broadly speaking, street children are street based and live in the streets. They are among the high risk. and insecure group vulnerable to various exploitation and abuse. Without guidance, education and security they are heading for an obscure further. They are dipped into the problem of HIV/AIDS, Sexual abuse, drug addiction etc.

**Objectives:** The main objectives of the study was to assess knowledge, attitude, practice on HIV/AIDS among street teenagers in Katmandu Valley.

**Methodology:** K.A.P. Survey mainly quantitative approach have been criticized, data collection, focus grouped discussion, observation & Key Informant Interview was done during study period.

**Conclusion:** The study shows that great majority i.e. 65% of teenagers were sexually exposed and mean age of first sexual contact was 14, which was even low at the age of 12. 44% had experienced risky sexual practice. The recommendation of the study was domestic violence should be addressed. As intervention should be included with parents interaction. More study into the types and causes of violence and possible measures to address the issue should be taken.

## Mo.088P

### Effects of Boot Camp Program on Stages of Change and Abstinence Self-Efficacy among Thai Adolescents with Methamphetamine Use

Lirtmunlikaporn, Sumalee<sup>1</sup> Trinkoff, Alison<sup>2</sup> DeForge, Bruce<sup>2</sup> Haack, Mary<sup>2</sup>

<sup>1</sup> Chiang Mai University, Muang, Thailand

<sup>2</sup> University of Maryland, Baltimore, MD, USA

**Background:** Over the last decade, methamphetamine (yabaa) has become a drug of choice for Thai youths. There were 19,253 people with substance use disorders treated at the legal treatment center in 2000. After completing the treatment program, a high percentage (80-90%) relapse to their previous drug use behavior. However, measuring the stages of change and abstinence self-efficacy among adolescents with methamphetamine use have not been studied in Thailand.

**Purpose:** To determine whether the boot camp for Thai adolescents with yabaa use history affect their stages of change and abstinence self-efficacy.

**Methodology:** A pretest-posttest design was conducted on Thai adolescents with yabaa use. Four hundred and thirty-eight adolescents, between 12 to 21 years of age, who entered to boot camp in Thailand answered questionnaires which consisted of three parts: (1) background information; (2) the Stage of Change Readiness and Treatment Eagerness Scale (SOCRATES) assessing stage of change; and (3) the Drug Taking Confidence



Questionnaire (DTCQ) assessing abstinence self-efficacy. The entire questionnaire was translated into Thai.

**Results:** The findings showed that the adolescents' mean scores of Recognition and Ambivalence subscales of SOCRATES significantly decreased while the mean score of Taking Steps subscale significantly increased as a result of participation in boot camp. Adolescents' age, education, and pressure to get rehabilitation influenced changes in stage of change. Also the number of drugs used influenced changes in abstinence self-efficacy. Moreover, there was significant variation among the study sites for the stages of change and abstinence self-efficacy.

**Conclusion/Implication:** The results of this study will be useful for health care providers or other related professionals to better assess the stage of change and the abstinence self-efficacy before, during, and after the drug treatment program. Moreover, the results from the study could be used to help staffs create practical strategies and interventions that reduce drug-related harm among adolescents.

#### Mo.089P

##### **Brain Gym: Expanding Your Therapeutic Interventions**

Hyman, Paul; Barrett, Joan; Excel-ability Learning, Toronto, ON, Canada

Brain Gym(r) is a learning readiness program first used with children with learning disabilities and ADD/ADHD. The link between ADD and substance abuse is attracting increasing attention. The Addiction Research Foundation (Magner, 1996) reports that research in this area is being carried out at Yale, Harvard, Columbia and McGill universities. The American Psychological Association in their Journal of Abnormal Psychology, (Vol. 112(3) Aug 2003, 497-507) reported childhood predictors of adolescent substance use in a longitudinal study of children with ADHD by Brooke S. G Molina at the Western Psychiatric Institute and Clinic. Brain Gym is now a core stress management modality endorsed by the Centre for Addiction and Mental Health. It is a self-help tool of quick and enjoyable physical. It has been useful for clients to improve attention prior to various life skill sessions in a recovery program. Used as a group facilitation tool, it assists clients in restoring a feeling of calmness, control, to reduce hyperactivity and improve focus. Additionally, clients have reported successfully using Brain Gym activities to help themselves in moments of anxiety and/or cravings and to reduce triggers and symptoms of depression.

This is an experiential workshop designed for people who are interested in a quick sampling of basic Brain Gym movements and concepts providing practical hands-on tools to enhance their clinical skills. "To talk about Brain Gym is like talking about the Grand Canyon: it's not until you're there, do you experience its

true magnificence." Dr. Larry Grupp, Psychiatry Research Liaison, University Health Network, Associate Professor of Pharmacology, University of Toronto

Participants will learn how to incorporate this tool for specific client needs and with a variety of target populations. This workshop will be rich in ideas, full of wide ranging implications and applications. Participants will have fun as they learn about this dynamic, playful approach to ADD/ADHD and substance use.

#### Mo.090P

##### **A Study of Heavy Cannabis Use Among Young People in Greater Manchester in North West England: Emergent Findings**

Kenny, Steve; Carey, Neil; Manchester Metropolitan University, Manchester, UK

A key issue to emerge over the last two years has been the need to learn more about the nature, effects and impact of 'heavy' cannabis use on young people's lives. While the concept of 'normalization' of cannabis use by young people has been well documented, the experience of many young people's substance misuse services is that young people's cannabis use is a complex phenomenon that does not just involve the occasional, recreational use of a harmless drug of choice. It is increasingly evident that a smaller group of young people use cannabis relatively 'heavily' and experience associated difficulties.

The need to investigate young people's 'heavy' cannabis use has been exacerbated by the re-classification of cannabis in the UK and the concomitant media coverage, which has created mixed messages for young people, parents and other stakeholders. In particular, there appears to be uncertainty about the potential risks associated with different strains of cannabis; differing levels/kinds of use; different effects, and the different place and meaning associated with use by different young people.

In April 2005, a joint research project on young people's 'heavy' cannabis use was commissioned by eight strategic Drug Action Teams in Greater Manchester. The research team worked with the Drug Action Team Coordinators to identify key research questions, which required investigation in order to develop more informed, evidence-based harm reduction interventions.

The main aim of this paper is to present the emerging findings of the study. The paper outlines the identified key research questions; the methodology / methods adopted; and the emergent findings to date.

## Mo.091P

### What We Hear When Canadian Street Youth Talk About Their Use of Substances

Racine, Stephane; Flight, Jillian; Health Canada - Drug Strategy and Controlled Substances Programme, Ottawa, ON, Canada

**Background/Objectives:** Youth are a focus of Canada's Drug Strategy. Street youth are a vulnerable population not reached through regular monitoring activities. They are at high risk of harms due to a myriad of factors of which substance use is an important one. In this presentation, street youth's substance use and associated risk factors are examined.

**Methods:** Results are based on the Public Health Agency of Canada's Enhanced Surveillance of Canadian Street Youth (E-SYS), a comprehensive study monitoring street youth since 1999. Various outreach methods were used for recruitment from cities across Canada of 4728 street youth over three phases of data collection (1999, 2001, 2003). In-person interviews covered demographics, lifestyle, sexual practices, attitudes and knowledge of risk behaviours and family history. Results are contrasted with general population youth (CAS, CTUMS).

**Results:** When examining alcohol, street youth presented similar rates and patterns of use as general population youth. Street youth seemed to have slightly higher rates of use of non-injection drugs (including cannabis) but comparability is weak across surveys. Street youth present higher rates of daily use of tobacco (average 80% vs. 30%). As for IDU, about 20% of street youth report this behaviour which is non-reportable in general population youth.

Factors associated with substance abuse in street youth are: sex, age, having been in jail, abuse, dropping out or being expelled from school, parental drug use, ever/amount of time spent on the street.

**Conclusions:** Street youth are different from general population youth. This study increases our knowledge about this population not reached through standard monitoring activities providing helpers with an enhanced knowledge about street youth's substance involvement and associated risks and harms and enabling improvements to programs and services aimed at them. This study affords a better integration of street youth into the "global dialogue" about harm reduction.

## Mo.092P

### Youth Engagement in the Prevention of Problematic Drug Use: Linking Policy and Practice through the Engagement of Vancouver's Youth Community

Jimenez, Lanny, City of Vancouver, Vancouver, BC, Canada

**Issue:** Ensure meaningful youth involvement in the planning, development and implementation of policies

and strategies that effectively address the issues of the prevention of problematic drug use in Vancouver.

**Setting:** Vancouver, BC, Canada. The Youth Outreach Team and the Drug Policy Program of the City of Vancouver in partnership with the diverse youth community of this municipality, involve youth 13 - 24 in community and City initiatives that contribute to the development of a youth engagement strategy for preventing harm of psychoactive drug use.

**Intended Audience:** Youth and Adult allies from governments and community organizations, who are interested in learning how to meaningfully involve youth in civic processes that deal with policy and community issues around problematic drug use.

**Project:** The development of a youth engagement strategy in the prevention of problematic drug use in Vancouver is the result of a process that brings together youth, community organizations and city staff. This strategy is characterized by the active participation of youth from Vancouver and the integration of several elements that allow for meaningful youth engagement practices in policy development. These elements are:

- Political Commitment to involve youth in the decisions that are important to them. Reflected in the Civic Youth Strategy and the Prevention Plan documents of the City of Vancouver
- Diversity in communities involved and the approaches used to involve them.
- Resources / tools provided to the youth community which allow them to take action in their respective communities
- Youth friendly processes that tap into the passions of youth and create opportunities for knowledge exchange on concepts such as prevention, harm reduction, problematic drug use and effective practices.

**Outcomes:** Youth involvement in policy development and implementation creates a greater sense of inclusion within the youth population. This is reflected in the youth being empowered to do prevention work in their own communities, connecting initiatives, organizations and policies together.

[www.vancouver.ca/fourpillars](http://www.vancouver.ca/fourpillars)

[www.vancouveryouth.ca](http://www.vancouveryouth.ca)

## Mo.093P

### Uneasy Allies? A&D Prevention and Harm Reduction: Lessons from a Vancouver Initiative

Ripley, Lu, Vancouver Coastal Health, Vancouver, BC, Canada

This presentation will introduce a pioneering alcohol and drug (A&D) prevention initiative currently underway in Vancouver, exploring the practical implications of developing a 'harm reduction' approach in prevention initiatives for school aged children and youth.

**Background:** In 2002, an inter-sector approach to A&D prevention was initiative between Vancouver Coastal Health (VCH), Vancouver School Board (VSB), UBC and other partners. The goal is to enhance the prevention and brief intervention infrastructure for children and youth in school, to aid in preventing or delaying substance use, and to prevent substance use problems. The initiative is aiming to achieve change in the following areas:

- i. School Environment and Staff Education  
Increasing the capacity of administration, teachers and school staff to deal with substance related incidents.
- ii. Student Awareness, Knowledge and Engagement  
Enhancing student education so that it is consistent, age and culturally appropriate and reflects the lived realities of students.
- iii. Parent Awareness, Knowledge and Engagement  
Increasing parent/family awareness and skills to prevent and intervene in substance related incidents.

**Issues:** Harm reduction is an increasingly accepted philosophical approach in certain areas of A&D addiction treatment, but its influence in the area of prevention is less common. Recent research highlights the problems associated with incorporating harm reduction approaches into prevention programs for school aged children and youth. Particular issues include the means by which 'harm reduction' might be incorporated into prevention for school aged children and youth and how schools can best respond to the call for improved harm reduction approaches to A&D prevention programs.

**Outcomes and Lessons Learned:** Using an action research methodology, this presentation will canvas learning drawn from the initiative and include discussions of what went well, what could be improved, and the overall impact.

#### Mo.094P

##### Identifying Prevalence of and Risk Factors For HIV/Hepatitis C in British Columbia's Youth in Custody to Inform Harm Reduction Interventions

Buxton, Jane<sup>1</sup> Rothon, Diane<sup>2</sup> Krajdin, Mel<sup>1</sup> Remple, Valencia<sup>1</sup> Durigon, Monica<sup>1</sup>

<sup>1</sup> BC Centre for Disease Control, Vancouver, BC, Canada

<sup>2</sup> BC Correctional Services, Victoria, BC, Canada

**Background/Objectives:** Youth in custody are disproportionately affected by HIV and Hepatitis C (HCV) infection. In 1994 the prevalence rate of HIV in BC young offenders was estimated to be 0.25% but no estimates have been made since. The prevalence of HCV and risk factors for HIV, HCV and co-infection in this population has never been assessed.

**Methods:** From November 2005 to March 2006, youth aged 12-19 years entering, or resident in, three BC youth custody centres (Burnaby, Victoria and Prince

George) are invited to participate. Oral fluid is used as an alternative to serum for the detection of HIV and HCV. OraSure uses a treated pad placed between the lower cheek and the gum for two minutes to obtain an oral fluid sample, which is analysed in the same way as a blood sample.

Anonymous test results of 400 participants will be linked to an interviewer-administered questionnaire, which collects demographic, risk factor and resiliency information. A prevalence estimate with 95% confidence intervals of HIV and HCV and co-infection is estimated and logistic regression utilized to demonstrate the association between infection and variables of interest

**Results:** Development of the proposal has resulted in collaboration between BC Youth Custody Services; BC Centre for Disease Control-Communicable Disease Epidemiology, Services, Hepatitis Services and Laboratory Enterprise. Acceptability of OraSure is assessed. Prevalence of HIV and HCV and co-infection of youth in custody and risk factors are identified.

**Conclusions:** Nearly half of street involved youth have spent time in a custody centre, thus time in custody services provides an excellent opportunity to reach the vulnerable youth. By identifying risk factors for HIV and HCV infection, appropriate preventative and harm reduction interventions can be developed.

#### Mo.095P

##### Drug User Incarceration and Penile Modification - A Dangerous Partnering

Thomson, Nicholas<sup>1,2</sup> Sherman, Susan<sup>2</sup> Sirojrn, Bangorn<sup>3</sup> German, Danielle<sup>2</sup> Samuels, Aaron<sup>2</sup> Aramrattana, Apinun<sup>3</sup> Celentano, David<sup>2</sup>

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**Introduction:** Penile modification has been documented amongst groups in South East Asia. The prevalence, type, contributing factors and public health implications are less understood. The current study aimed to examine this phenomenon amongst young methamphetamine (known as yaba in Thailand) users and identify opportunities for targeted harm reduction interventions.

**Methods:** Researchers from Chiang Mai and Johns Hopkins Universities conducted rapid quantitative surveys (n=80) and qualitative interviews (n=30) amongst young yaba users investigating: prevalence, type and methods of modification; surrounding circumstances; and adverse outcomes.

**Findings:** 55% of those surveyed had modified their penis. Known as "fang-muk", the shaft is inlaid with smooth pearl shell, glass or ball bearings. Other modifications include; "Benz" "or "Volks" - scarring the head

of the penis into the Mercedes Benz or Volks Wagon symbol, and injection of fish or olive oil. In all modification types, 60% reported the use of a sharpened plastic toothbrush, with which a friend would incise either the shaft or head of the penis. Condom use is compromised by modification. 80% of modifications occurred whilst serving time in prison settings. The reasons for modifying included: boredom; experimentation; and perceived increased female pleasure. Females reported increased sexual excitement with modified penises.

**Implications:** Non-sterile practices with inadequate tools/unclean needles, poses great risk for procedural infection, HIV, STIs and sexual dysfunction. Incarceration of young male yaba users is greatly associated with modification. This requires not only urgent review of incarceration rates of young drug users but also health promotion around modification both inside and outside prison settings with particular education around the implications for STIs and condom use.

## Mo.096P

### **Drug Resistance Education Program-DRE Reduced Drug Demand Upon Youth: the First and Successful Drug Demand Reduction Activities in Bangladesh**

Gomes, Ronan; Ahmed, Munir; Uddin, Taslim; Alam, Md. Shakawat; Kamal, Md. Mostafa; CARE Bangladesh, Dhaka, Bangladesh

**Introduction:** Drug Resistance Education (DRE) Program offers preventive strategies to enhance those protective factors - especially bonding to the family, school and community - what appears to foster the development of resiliency in young people who may be at risk for substance abuse or other problem related behaviors. Drug Resistance Education was one of the new initiatives of HIV/AIDS Prevention Project designed to stop the influx of teenage school going drug users.

**Objectives:** The primary goal of DRE is to prevent substance abuse among school age children. The DRE program targets children at an age when they are most receptive to drug prevention education and before they are likely to have experimented with tobacco, alcohol, marijuana, inhalants or other drugs or to engage in violence. DRE seeks to prevent adolescent substance abuse, thus reducing the demand for drugs.

**Methods:** A DRE session has been carefully developed to ensure that students learn in a congenial atmosphere in friendly manner. Games, to ensure the maximal participation. Psychodrama and Role-play for effective realization. Increasing Coping Skills through Increased Assertiveness. Storytelling & question-answer for better understanding.

**Outcomes:** CARE has educated around 346 students through this program. The students now can cope with stressful situations and avoid peer pressures to experiment with tobacco, alcohol and drugs. They developed

their interpersonal and communication skills and spend leisure time more constructively. All of them are more aware of their responsibilities to their families to themselves and to society.

**Conclusions:** Drug Resistance Education (DRE) program provides the skills of recognizing and resisting social pressures to experiment with tobacco, alcohol and drugs. Now students have positive alternatives to substance abuse and other destructive behaviors (particularly gangs and violence) and able to show better resistance to peer pressure. Students are more aware of their responsibilities to their families to themselves and to society.

## Mo.097P

### **UFO Clinical Care for Young Street Based Drug Injectors**

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<sup>1</sup> UFO Study, San Francisco, CA, USA

<sup>2</sup> University of California, San Francisco, CA, USA

**Issue:** In San Francisco, young injecting drug users (IDU) have poor access to primary health care. Many have had experiences with the medical community in which they have felt demeaned and disrespected. These experiences have made them even more reluctant to seek care in medical settings.

**Setting:** The UFO Study (UFO) is a series of community-based studies of viral blood borne infections in young adult IDU in San Francisco.

**Project:** Study sites are open weekly daytime and evening hours 52 weeks a year, including all holidays, providing the consistency and stability that many young IDU's lives lack. Clinicians provide drop-in medical care and referrals for primary and urgent health care. Outreach workers assist with referrals for drug detoxification and treatment, mental health services, and other social services. Appointments are not required and other services include free food, clothes and hygiene supplies, Internet access, telephone use, outgoing mail, and mail holding.

**Outcomes and Lessons Learned:** The UFO nursing group is one of several styles of service delivery to street based drug users. Over time a network of providers have come together as something like a health care relay team to move street youth into care. Once a provider is identified as an understanding, trustworthy, reliable bridge to help, youth will access that help when they intuitively know they need it and they will maintain the relationships with those individual providers. Youth will return to regular medical care settings if there is just one sympathetic provider in that setting. We have learned that the choice to access care must come from the youth. There is a sense that their wishes for their own care are being respected; their intelligence, intuition and wish

for better health are understood to belong to them; their "readiness" is up to them.

#### Mo.098P

##### Research Into Cultures and Contexts of Ecstasy and Related Drug Use in Victoria, Australia: New Bases For Prevention and Harm Minimisation

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<sup>1</sup> Turning Point Alcohol and Drug Centre, Fitzroy, VIC, Australia

<sup>2</sup> Vancouver Coastal Health, Vancouver, BC, Canada

The need to develop comprehensive accounts of the cultures and contexts of illicit drug use has become well recognised in this country in recent years. Within the alcohol and other drugs (AOD) sector, it has been recognised that such cultural and contextual studies provide an important evidence base for the design and delivery of more effective policy responses to the problems associated with substance misuse in the community.

The aim of this research was to conduct qualitative research into the social and cultural contexts of ecstasy and related drug (ERDs) use and to make recommendations about prevention approaches that can be applied to ERDs users.

The methodology of the present research drew from a number of different traditions in qualitative research design including grounded theory, participatory action research and contemporary ethnography. Thus, data was collected via a range of methods including detailed observation in a number of diverse settings and contexts of ERDs use, interviews with approximately 'affinity triads' comprising three peers to develop more in-depth data, in-depth case studies documenting the views, perceptions and experiences of diverse Victorian ERDs users, and key expert interviews with representatives from organisations working with ERDs users, or who are familiar with the cultures and contexts of ERDs use in Victoria.

A number of key themes emerged from these data sources, including delaying first use, binge patterns of use, gender specific patterns of use, and rural versus metropolitan patterns of use. Implications of these findings for both prevention and harm minimisation strategies will be discussed.

#### Mo.100P

##### Comprehensive Community Based Harm Minimisation

Ganguly, Joy, Sahara Drugs and AIDS Programme, Churachandpur, India

**Issues:** Young people are the most vulnerable group to HIV/AIDS in Churachandpur, Manipur. Major transmission routes are Intravenous drug use, heterosexual sexual activity and underground prostitution. 90% of the PLWHA are IDUs.

**Description:** A youth centre was initiated, where IDUs and their families were counselled on HIV/AIDS and drug related issues. This was the first time where IDUs were registered on the substitution programme. Harm-minimization services coupled with counselling on safer injecting practices & protected sex, NSEP, condom distribution, OPD facility, abscess management, pre-post test counselling, referrals, home detoxification, nutrition supplements, follow-ups, family counselling, networking, 24 hours hospital care and a 24 hour help line were initiated as was seen the need to be.

**Result:** More than 314 clients were registered. A humane approach with voluntary counselling and more open services, other than only being related to HIV/AIDS with testing, proved to be person-oriented and successful in meeting the needs of the individual and the community. Various services existing were utilized to help individuals live healthier lifestyles.

**Conclusion:** A need to revamp interventions, review objectives for continued attention to programme design and implement means focused, to bring about the maintenance of quality, to ensure effective behavioral change in understanding the socio-cultural context. There is a need to improve and implement new harm minimization programmes/strategies to prevent further transmissions of HIV in young people.

#### Mo.101P

##### The Creation of Harm Reduction Association of Tajikistan

Abdullaeva, Zarina<sup>1</sup> Khidirov, Murtazokul<sup>2</sup>

<sup>1</sup> OSI Tajikistan, Dushanbe, Tajikistan

<sup>2</sup> Harm Reduction Association of Tajikistan, Dushanbe, Tajikistan

**Issue:** During activity of NGOs in Harm Reduction programs in Tajikistan has appeared the problem of independent development NGOs and coordination of their activity.

**Approach:** At financial support OSI Tajikistan, on base NGO "RAN" it is successfully created Harm Reduction Association of Tajikistan.

**Key Points:** The key purposes of creation of Harm Reduction Association of Tajikistan is the prevention and restriction of prevalence of a HIV/AIDS and others social - significant diseases among the population of Tajikistan, and also coordination of activity of the organizations representing services on HIV/AIDS and the further development of Harm Reduction programs in Tajikistan. Incorporation of the organizations in Tajikistan, working in area Harm Reduction programs and HIV/AIDS on a voluntary basis. Development of the mechanism of interaction of the Nongovernmental organizations with authorities of Tajikistan, the international organizations, the state organizations and other partners, maintenance of equal in rights partnership.

**Implications:** The creation of Harm Reduction Association of Tajikistan is of great importance for coordination of work AIDS service NGOs on preventive maintenance of a HIV/AIDS, and also improvements of quality of given services in Harm Reduction programs

## Mo.102P

### **Detoxification of ILWHA Makes Difference in a Resource Poor Setting Like Bangladesh**

Uddin, Taslim; Ahmed, Munir; Alam, Md. Shakawat; CARE Bangladesh, Dhaka, Bangladesh

**Issue:** Active participation of ILWHA (Injecting Drug Users living with HIV/AIDS) in the detoxification program initiates moderate change in HIV prevention of Bangladesh.

**Setting:** HIV is consistently increasing among IDUs (4%, Source National sero-surveillance). Similar findings validated by the cohort study of ICDDR,B and CARE Bangladesh. Moreover prevalence has reached 8.9% in couple of sites of Dhaka. Significant numbers of positive IDUs have been detected/identified during the cohort study. ILWHA are the major bridging population for spreading HIV. Intensified detoxification services needed for reducing transmission of HIV in a resource poor setting Bangladesh.

**Project:** First ever Detoxification camp for ILWHAs was arranged by CARE-B in 2003. Later another one-month long detoxification camp was arranged for them early this year. These camps were arranged to understand the challenges in regard to organizing such event. Twenty ILWHAs attended these camps out of which 4 has recovered from drug use while 16 others relapsed.

#### **Lessons Learned:**

- Longer-term camps needed for the ILWHAs to keep them away from the injecting practice and setting.
- Longer time period facilitates successful behavior change communication for them.
- Such event can be extremely economical in resource poor settings like Bangladesh.
- Trained and committed staff needed to conduct such camps. Trained medical professionals invaluable to such events.
- Community support needed for such camps.

## Mo.103P

### **Predictive Modeling of Treatment Completion in Drug Court**

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<sup>1</sup> University of Wisconsin-Madison Medical School, Madison, WI, USA

<sup>2</sup> University of Wisconsin-Madison, Department of Family Medicine, Madison, WI, USA

A drug court treatment program (DCTP) is provided in over 1000 jurisdictions in the United States. Health-

related outcomes during DCTP participation and their correlates have not been adequately examined. Data on 160 participants in a county-based drug court were examined. Binary logistic regression was undertaken to model important predictors of substance abuse treatment completion among these participants. No demographic covariates achieved statistically significant predictive value for treatment completion. Of other collected covariates, the only statistically significant predictor of treatment failure, while controlling for age and gender, was an alcohol use disorder (OR 0.17,  $p=0.004$ ). Conclusions include: Among participants in the Dane County drug court: (1) Substance use factors are of greater predictive value than demographic/social factors; and (2) alcohol misuse is of greater predictive value than illicit substance misuse. This finding is an important one, as alcohol use disorders are typically not addressed by drug court treatment programs.

## Mo.104P

### **Needle Exchange in the Scottish Prison Service: Practical Issues for Implementation**

Heller-Murphy, Stephen, Scottish Prison Service, Edinburgh, UK

Needle exchange in a prison setting will be difficult to establish, this discussion will focus on three areas:

- Prisoner need
- Management acceptance
- Staff attitude

Data from the latest Scottish Prison Service prisoner survey will be presented to highlight need.

Prison Governors and their management teams raised concerns over recommendations made by the SPS Addiction Adviser and her team to the SPS Executive Group. These recommendations will be presented and the concerns of Prison management discussed. Positive staff attitude is vital to effective implementation. A strategy for changing attitudes of prison staff will be discussed.

It is hoped that the information presented will form the basis for constructive debate and discussion

## Mo.105P

### **Evaluating the Effectiveness of a Bail Support Programme For Problematic Drug Users**

Thomson, Roderick; Bellis, Mark; McVeigh, James; John Moores University, Liverpool, UK

As part of a joint public health and criminal justice initiative, a Bail Support Scheme was established in Sefton, near Liverpool UK. The scheme aimed to divert problematic drug users away from being remanded in prison whilst awaiting trial, by enabling the courts to place drug users into a community treatment programme.

In order to evaluate the effectiveness of this new service all service users in the first year of the scheme were tracked utilising the Inter Agency Database run by John Moores University. As this database received pseudo-anonymised data from all treatment providers and a range of criminal justice agencies, the study was able to assess the progress of clients during the initial year of the service and for the subsequent 12 months. The database also enabled analysis of client contact with agencies in the year prior to contact with the Bail Support Scheme.

**Results:** The study showed that 18 of the 35 clients made significant progress following contact with the scheme with a further 4 clients making some progress in tackling their drug problems. The study also demonstrated that most clients had not been in contact with treatment agencies prior to being placed in the scheme.

#### Mo.106P

##### Patterns of Substance Among Recently Released Prisoners in Queensland, Australia

Kinner, Stuart, School of Population Health, The University of Queensland, Herston, QLD, Australia

**Objectives:** Prisoners as a group are characterised by chronic social disadvantage, poor mental health, high rates of substance use, a high rate of recidivism and increased rate of both fatal and non-fatal overdose. Nevertheless, little is known about patterns of substance use among recently released prisoners.

**Methods:** Using a prospective design, 108 male and 52 female prisoners in Queensland, Australia participated in interviews prior to release from custody, then 4 and 12 weeks post-release. Interviews explored patterns of drug use prior to, during and after incarceration, socio-economic status, physical and mental health, treatment, experience of overdose, risk-taking behaviour, criminal activity and other predictors of re-incarceration.

**Results:** Based on AUDIT scores, 45% of males and 19% of females were drinking at harmful levels prior to incarceration. 95% of males and 85% of females had a history of illicit drug use, with 69% and 54% respectively reporting a history of injecting drug use. 39% of males reported a history of drug use in prison, compared to 4% of females.

Illicit drug use was reported by 64% of males and 33% of females at 4 weeks post-release, and by 59% of males and 33% of females at 12 weeks post-release. At 12 weeks, 25% of males and 6% of females reported harmful drinking. Alcohol use prior to incarceration strongly predicted alcohol use post-release ( $p < .001$ ). Lifetime illicit drug use and injection ( $p < .001$ ) and illicit drug use and injection in prison ( $p < .01$ ) predicted illicit drug use and injection post-release.

**Discussion:** These findings highlight the persistence of harmful licit and illicit drug use among prisoners prior

to incarceration, during incarceration and post-release, and support existing evidence of a link between substance use and poor outcomes post-release. There is considerable scope for enhancing post-release services to prisoners in Australia and elsewhere.

#### Mo.107P

##### A Criminal, a Patient? US Drug Policies, Drug Users' Behaviors and Public Health

Mateu-Gelabert, Pedro; Friedman, Sam; Sandoval, Milagros; Bolyard, Melissa; Carey, Maslow; National Development and Research Institutes, Inc., New York, NY, USA

**Background:** United States policies regarding drug use rely mainly on the criminal justice system to punish and perhaps treat drug addiction. Such policies seldom emphasize public health goals aimed at preventing the spread of transmittable diseases (HIV, HCV and other STI).

**Method:** Ethnography (field work and 22 interviews) was conducted with heroin and cocaine users (17 IDUs) in Bushwick, an impoverished minority NYC neighborhood with high rates of drug trade and HIV.

**Results:** The criminal justice system treats drug use simultaneously as "crime" and "disease". Drug users have been the recipients of this dual response. All interviewed drug users had been repeatedly arrested and incarcerated. Most had received drug treatment under criminal justice supervision.

The threat of arrest and incarceration when they are in "the streets" leads respondents to hide their use. This leads to high-risk behaviors such as not carrying clean needles, injecting in shooting galleries, and/or sharing needles. In NYC, jail provides methadone treatment but prisons do not, leading to harsh withdrawals or risky use while incarcerated. When coerced into treatment, respondents remain in treatment only as long as the criminal justice system requires (e.g. remaining in treatment while on parole) and engage in drug binging thereafter. Many use illicit drugs while in treatment (e.g. combining methadone with other drugs).

**Conclusions:** The criminal justice response to drug use leads to an increase in HIV risk behaviors and to a less effective engagement with treatment. The inclusion of public health goals in implementing criminal justice drug policy (e.g. reducing sentences for users and dealers who engage in harm reduction practices, sustained support to avoid relapse) could ameliorate the public health risks of both drug use and drug policies.

## Mo.108P

### Substance Abuse and Corrections in Canada: An Environmental Scan and Gap Assessment

Thomas, Gerald, Canadian Centre on Substance Abuse, Ottawa, ON, Canada

Although all correctional jurisdictions in Canada have programs and policies for prisoners who use and abuse substances, with the exception of the federal Correctional Service of Canada (CSC), very little information about the extent and nature of these systems is available in the public domain. This paper presented an environmental scan of the substance abuse and corrections domain for all jurisdictions in Canada providing general information such as the number of institutions, size of the prisoner population and prevalence of substance users. In addition, information related to methods of prisoner assessment, substance abuse treatment programs, harm reduction programs, interdiction efforts and research projects are also presented and compared. The paper then uses this information to identify gaps in both processes and structures which may be limiting the effectiveness of efforts to deal with prisoners who use and abuse substances in Canada.

## Mo.109P

### Women, Drugs and Criminal Justice: Findings From the Drug Use Monitoring in Australia Study

Loxley, Wendy, National Drug Research Institute, Perth, WA, Australia

**Introduction:** Women make up a small but growing number of prison inmates, but there is less research on women in the criminal justice system than there is on men. Two national Australian studies examine the relationships between drug use and crime in criminal justice populations: the Drug Use Careers of Offenders (DUCO) study, a cross-sectional study of incarcerated offenders, and Drug Use Monitoring in Australia (DUMA), a 3-monthly monitoring study of police detainees.

**Objective:** to examine the characteristics of women in the Western Australian DUMA for similarities to women in DUCO, and ascertain what, if any, are the implications for early intervention to prevent the progression of criminality.

**Methods:** Analysis of DUMA data collected in Western Australia between 1999 and 2000: a sample of almost 3,000 detainees.

**Results:** Women make up 21% of the total sample, and Indigenous Australians 25%, but 40% of women are Indigenous. Compared to men, women are socially disadvantaged and more likely to have been detained for property and fraud or offences against justice procedures. DUMA women are heavily involved in drug use and compared to men less likely to have been involved in heavy alcohol use, but more likely to have used hero-

in. Indigenous women, conversely, are over represented in heavy use of alcohol, but less likely to have used illicit drugs. Women were heavily involved in drug and alcohol use immediately before the most recent detention.

**Conclusions:** These findings will be discussed in terms of the potential that exists for early and brief intervention with female detainees before escalation of their criminal careers. Police detention can be an appropriate venue for referring detainees to drug education and treatment as is done with the UK Arrest Referral Scheme. The particular characteristics and needs of Indigenous women in police custody in Australia will also be discussed.

## Mo.110P

### Should Prison Officers Be Involved in Delivering Drug Services to Prisoners?

Fountain, Jane; Roy, Alastair; Sundari, Anitha; Centre for Ethnicity and Health, University of Central Lancashire, Preston, UK

**Objective:** to discuss the implications of prison officers delivering drug services to prisoners.

**Methods:** a total of 187 prisoners, ex-prisoners, prison officers, and drug workers were interviewed in 8 of the 135 prisons in England and Wales, UK, using a semi-structured questionnaire. In addition, all 22 external drug service providers who deliver drug services to prisoners responded to a self-completion questionnaire.

**Results:** in the UK, there is a high demand for low threshold access drug services in prisons, which are delivered by civilian drug workers from community drug agencies, prison officers, or a combination of the two. However, several issues arise when prison officers are involved in delivering drug services, including:

- many have received little or no training in drugs work, and where they have, it is often inferior to that received by civilian drug workers;
- the two roles can conflict: in the extreme, a prison officer may be searching cells for drugs one day and delivering drug services the next; and
- a prison's operational priorities mean that prison officers can be redeployed for other work, leaving drug services short-staffed.

In addition, many civilian drug service staff experience difficulties working in the prison environment, where they can be treated with suspicion by prison officers and their work inhibited by, particularly, the focus on security that can result in a lack of access to prisoners and a disregard of privacy and confidentiality.

**Conclusions:** many prison officers feel ill-equipped to undertake the role of drug worker, and many prisoners are reluctant to engage with a drug worker who is also a prison officer. The result is a series of barriers that prevent some prisoners engaging with drug services.



**Mo.111P****Adapting Harm Reduction to the Policy Environment in Yunnan, China**Lu, Tianfu<sup>1</sup> Liu, Qian<sup>2</sup> Duan, Yong<sup>3</sup><sup>1</sup> China-UK HIV/AIDS Prevention and Care project, Yun County CDC, Beijing, China<sup>2</sup> China-UK HIV/AIDS Prevention and Care Project, Beijing, China<sup>3</sup> Office of UK/ASIA Yomnon, Kunming, China

**Issue:** Needle exchange and other harm reduction measures have recently been adopted in Yunnan province China as part of the response to a serious HIV/AIDS epidemic primarily among injecting drug users. However, it is sometimes challenging to implement harm reduction within the existing law enforcement framework. This presentation looks at how a project adapted harm reduction interventions to be effective in this environment.

**Setting:** Yun County of Yunnan Province is on the main drug traffic route, where there are many drug users. China-UK HIV/AIDS Prevention and Care Project started to carry out activities in the county in March 2005.

**Project:** Initially the project planned to provide needle exchange through peer educators. However, this approach foundered when a key peer educator was arrested and put into a compulsory detoxification centre. The local project office had to adjust to this situation, providing alternative needle exchange outlets at pharmacies and dispensaries. To avoid further conflict with law enforcement, these sites were also registered with the public security department. After compulsory detoxification, drug users in the community became more covert, making community-based peer education very difficult. Instead the project began to work with compulsory detoxification centres, involving police officers in interventions. More peer educators were also recruited to improve sustainability.

**Outcomes and Lessons Learned:** Peer education continues at compulsory detoxification centres, and police officers are involved in the project. Such support and understanding from law enforcement agencies is essential to operationalise harm reduction in the Chinese context.

**Mo.112P****ARHP Advocacy Approaches For Harm Reduction and Law Enforcement**Denham, Greg, Ha Noi, Vietnam

The A\$10.28 million, AusAID-funded Asia Regional HIV/AIDS Project (ARHP) is designed to help reduce the HIV related harm associated with injecting drug use. The Project targets regional action to strengthen the capacity of countries to take a more strategic and evidence-based approach to policymaking, planning and programming.

Activities will assist in the development of a supportive policy environment for capacity building and for trials

and scaling-up effective approaches in Myanmar, Viet Nam and China. A feature of ARHP is its strong commitment to advocacy for harm reduction approaches with law enforcement agencies.

ARHP has adopted a strategic approach towards advocacy aimed at police including the development and application of the following concepts and resources:

1. a comprehensive law enforcement curriculum on harm reduction approaches - this document has been adopted by law enforcement training institutions in each country
2. a law enforcement DVD and training package outlining the police role in reducing drug harm and preventing the spread of HIV/AIDS
3. a 'Guidelines for Addressing Police Concerns About Harm Reduction' this booklet addresses many of the questions frequently asked by police about harm reduction and 'operationalises' many of the issues facing police in supporting harm reduction
4. a two day seminar for senior police and narcotic officials from eleven countries in the Asia Region titled: 'Police Role in Combating HIV/AIDS in the Community' the program provided tailored information on: injecting drug use, HIV/AIDS, harm reduction and police approaches to supporting effective approaches and creating enabling environments for harm reduction

All of the above resources have been translated into Chinese, Vietnamese and Myanmar languages.

**Mo.113P****Rising Marijuana Arrests and Disproportionality by Race/Ethnicity and Class**Golub, Andrew<sup>1</sup> Johnson, Bruce<sup>2</sup> Dunlap, Eloise<sup>2</sup><sup>1</sup> National Development and Research Institutes, Inc., Burlington, VT, USA<sup>2</sup> National Development and Research Institutes, Inc., New York, NY, USA

During the 1990s, inner-city youths initiated an authentic harm reduction program. Growing up in the 1980s, they observed the ravages of widespread crack abuse including serious health and criminal justice consequences. In response, they framed marijuana-a much less potent but still illegal substance-as a symbol of their resilience and their drug of choice. However, the New York State Law Enforcement community did not respond to this shift in the same positive light. As arrests for controlled substances (including crack) modestly declined in the 1990s, arrests for marijuana soared.

This paper uses the official New York State database of arrests to explore trends over time in marijuana arrests and contrasts them with trends for controlled substances arrests, non-drug felonies, and non-drug misdemeanors. The database includes information on more than 10 million arrests from 1980 through 2003. The paper also analyzes the variation in arrests over time by

arrestee race/ethnicity and by location to measure the extent that the weight of this shift in law enforcement priorities disproportionately fell upon minorities living in poor areas.

## Mo.114P

### **Dodging Cops: Arrest Avoidance Practices of Blunt and Marijuana Users in New York City**

Johnson, Bruce<sup>1</sup> Golub, Andrew<sup>2</sup> Dunlap, Eloise<sup>1</sup>

<sup>1</sup> National Development and Research Institutes, Inc., New York, NY, USA

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Several hundred thousand marijuana and blunts users have been arrested for smoking marijuana in a public location, detained in police lockups for up to 24 hours, and punished in various ways since quality-of-life policing was implemented in 1995 throughout New York City. This presentation will delineate various practices and strategies by which blunt and marijuana users have subsequently organized their lives and developed informal harm reduction strategies to minimize their risk of arrest for marijuana possession.

Ethnographic research in New York City conducted in-depth interviews with nearly 100 experienced blunts/marijuana users; this information provides details about the norms and practices followed to avoid being arrested by police, and to minimize the sanctions imposed when arrested. Further, over 500 blunt and marijuana users completed questionnaires that inquired about their experiences with marijuana-related arrests and tactics for avoiding police. Most users reported complying with civic norms by not consuming marijuana in public locations where police might observe them. They also avoid consuming around nonusers who might complain to police about marijuana smoke. They increasingly rely upon delivery services, and make extensive efforts to conceal street sales. Nonetheless, African-Americans blunts smokers were more likely than white joint users to experience arrest and sanctions.

## Mo.115P

### **Injecting Drug Users' Experiences of Policing Practices in Two Mexican-U.S. Border Cities**

Ramos, Rebeca<sup>1</sup> Miller, Cari<sup>2</sup> Firestone, Michelle<sup>3</sup> Burris, Scott<sup>4</sup> Ramos, Maria Elena<sup>1</sup> Case, Patricia<sup>5</sup> Brouwer, Kimberly<sup>3</sup> Fraga, Miguel<sup>6</sup> Strathdee, Steffanie<sup>3</sup>

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**Background:** Research has suggested that law enforcement practices can affect behaviours of IDUs, but few

studies have examined the context of these effects, especially in Mexico. We undertook a qualitative study of IDUs' experiences of policing practices in two Mexican cities on the U.S. border.

**Methods:** In-depth interviews and brief structured surveys were conducted with 43 current IDUs residing in Tijuana and Ciudad Juarez, Mexico (24 men, 19 women). Topics included context of drug use, access to syringes and experiences with police. Field notes and transcribed interviews were hand-coded and analyzed to identify emergent themes.

**Results:** Almost all IDUs reported that it was common to be arrested and detained for carrying sterile or used syringes, or for having track marks. Most reported that they or someone they knew had been beaten by police. Interviews suggested 5 key themes: 1) impact of policing practices on accessibility of sterile syringes (fear of carrying syringes), 2) influence of police on choice of injection settings (e.g., shooting galleries), 3) police violence (physical and sexual abuse), 4) police corruption (e.g., payoffs), and 5) perceived changes in policing practices (police presence, corruption, violence).

**Discussion:** Behavior of some police officers in Tijuana and Cd. Juarez is inconsistent with legal norms and may negatively influence the risk of acquiring blood borne infections among IDUs. Although NGOs in both cities have experienced positive influences of police, the findings reported here are disturbing and suggest that implementing a comprehensive and successful HIV prevention program among IDUs in these cities will require interventions to influence the knowledge, attitudes and practices of law enforcement officers.

## Mo.116P

### **Sex in the City; an Integrated Response to Street Sex Worker Involvement in the Criminal Justice System Using Therapeutic Jurisprudence**

O'Reilly, Sharon, Inner South Community Health Service, St Kilda South, VIC, Australia

**Issue:** Street prostitution is illegal in Victoria 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, however fail to attend court resulting in 'Fail to Appear' (FTA) charges, often ending in imprisonment. This process of sequential incarceration increases the harms to SSW who experience many risks under the conditions in which they do sex work.

**Setting:** The project was established as part of the City of Port Phillip Local Drug Strategy in St Kilda, the location of the 'red light' district in Melbourne.

**Project:** This innovative diversion project aims to intervene to minimise contact with the criminal justice system and to maximise access to health and community

services including drug treatment programs. The project provides opportunities for SSW to 'exit' the SSW scene. The project developed partnerships with SSW, health services, St Kilda Police, local government and the Magistrates Court. It aims to minimise harms associated with SSW by using early intervention via the court setting as a platform for service access. St Kilda police have engaged formally through a memorandum of understanding, the magistrate's court through a commitment from the Deputy Chief Magistrate. The presentation will detail the project from the needs analysis to implementation of the model and evaluation outcomes.

**Outcomes and Lessons Learned:** The presentation will examine health and social outcomes for the SSW involved in diversion, in addition it highlights project features contributing to success;

- needing to involve key stakeholders and get buy in from police magistrates, health services and SSW.
- requires flexibility from magistrates in dispositions applied
- diversion can break the cycle of recidivism

It will track sentencing dispositions used in the court and discuss the underpinning concepts of diversion projects as they relate to harm reduction. This model of a 'problem solving court' can be implemented in other jurisdictions.

#### Mo.117P

##### The New Brazilian Drug Law Project: Echoes from the Dictatorship

Guanabara, Luiz, Psicotropicus/REFORMA/ABORDA, Rio de Janeiro, Brazil

Drug consumption in Brazil is concentrated on two illegal plants: cannabis and coca. All products derived from these two plants are also prohibited. As in the rest of the world, a taboo around illicit drugs prevails, and diverse psychoactive substances are lumped together in this category. In the 70s, when the use of these products in Brazil became more visible, 'drugs' meant cannabis, cocaine, opiates, hallucinogens, and some pharmaceutical, like amphetamine. Following the beginning of the dictatorship in 1964, the Narcotics Law (6368) was passed in 1976. It substituted the previous legislation, which was less repressive.

This law served international interests on the subject, mainly those of the United States. When a US congressional committee came to Latin America to discuss the "drug problem" with local authorities in 1973, they set up a working group divided into four areas: prevention, treatment, rehabilitation, and control and repression. The Narcotics Law is divided exactly along these same lines, based on the ideas of this commission, and developed during an exceptional political state, a military dictatorship.

With the new law in effect, police seizures began to increase, and so did supply and demand. As the criterion for making certain drugs illegal under Brazilian law is their capacity for causing dependence, in the end the only difference between legal and illegal drugs is that the latter are illegal.

On 11 March 2004, Congress approved Law Project 7134/02, which is now going through the Senate, where it will probably pass without major modifications. It's the same old law with a new makeup. As it does not go far enough in addressing legalization of production and sales of drugs, and users decriminalization, after its final approval, Brazil will continue to struggle with increases in violence generated by trafficking, and users will remain the favorite targets of corrupt police.

#### Mo.118P

##### One Step Forward, Two Steps Back: Advocating for Needle Exchange with the Los Angeles Police Department

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<sup>1</sup> Human Rights Watch, New York, NY, USA

<sup>2</sup> Clean Needles Now, Los Angeles, CA, USA

**Issue:** Police support for needle exchange programs is widely recognized as critical to program success.

However, departmental policy favoring needle exchange does not always translate into improvements on the street. Chronic problems of police abuse and impunity need to be addressed if clients are to feel comfortable seeking a service that suffers from ambiguous legal status.

**Setting:** Los Angeles is the second-largest city in the United States. The city has seen over 3,000 cases of HIV/AIDS from injection drug use since 1981. Seven needle exchange programs operate in Los Angeles with the endorsement of the Los Angeles Police Department (LAPD), although these programs are technically illegal. Police surveillance of needle exchange sites as well as arrests and searches of needle exchange clients have been frequently documented.

**Project:** In collaboration with the City AIDS Office and Human Rights Watch (HRW), Clean Needles Now (CNN) monitored cases of police interference with needle exchange services and urged police officials to issue a declaration supporting needle exchange. CNN also worked with an attorney to defend clients against drug paraphernalia charges and file complaints against officers. At the request of HRW, the sheriff of LA County convened a working group on policing and needle exchange and took the recommendations of the working group back to the LAPD.

**Outcome and Lessons Learned:** The LAPD in July 2005 issued a declaration ordering officers to cease interfering with needle exchange programs. However, arrests and searches of clients have continued. This project

demonstrates that collaboration between city officials, needle exchange programs, and an international human rights organization can effect policy changes at the departmental level, but further strategies are needed to ensure that these changes translate into improved conduct and accountability on the part of officers.

## Mo.119P

### Treatment Courts of Madison County, Alabama

Sherrod, Martha, State of Alabama, Huntsville, AL, USA

An exceptionally large number of child abuse/neglect and criminal cases are alcohol and/or drug related. The Court, in order to meet the needs of these families, adopted a multi-disciplinary team concept with agencies that service similar clientele to stop the underlying cycle of victimization. To that end, the Family Drug Court is designed to assist all the partnering agencies in meeting their individual service time clocks and to promote healthy families.

The Madison County Family Drug Court was the first family dependency court in Alabama. The Family Drug Court is devoted to dependency cases involving abuse or neglect where substance abuse has been identified as the primary contributing factor putting the children at risk. The Court was established to protect the safety and welfare of children while helping parents acquire the tools they need to become clean and sober, to stay clean and sober, and to become responsible caregivers. The failure of the parent to protect a child provides for procedures for referrals of complaints and allegations of dependency to DHR for investigation, reports, recommendations and procedures whereby children may be committed to the care of the Department. If the Court finds dependency, the parent can voluntarily agree to enter Family Drug Court but must also contract to comply with the terms and conditions of Family Drug Court. The participant agrees to the imposition of immediate consequences for failure to abide by the requirements of the program, thus enforcing accountability and establishing meaningful motivation for the parent.

This program has created a centralized referral source for families with substance abuse issues, and facilitates a rapid delivery of services for children at risk for abuse or neglect. The program goals are crime reduction, improved public health, protecting children from abuse and neglect.

## Mo.120P

### Relationship Between Substance Use and Perceived Help Among Young Offenders From Québec

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<sup>2</sup> Université du Québec en Outaouais, Gatineau, Québec, Canada

Drug and crime have frequently been associated. There are debates but no consensus about the nature of the relationship between these two phenomenon. Very little data exists in Quebec about the prevalence of substance abuse among young offenders or on the relationship between their criminal activity and substance use. Still, substance use is perceived as a factor hindering the capacity to establish a therapeutic relationship among young offenders. Data were collected as part of a study evaluating the impact of the intensive probation program of the Centre jeunesse de Montréal-Institut universitaire (Youth services). Measures were taken using: a screening instrument about substance use for adolescent (Germain, Guyon et Landry, 1999); a self-report questionnaire on criminal involvement (LeBlanc et al., 1997); a questionnaire on perceived help received during treatment (Cournoyer et al, 2002); and, the Level of Service Inventory (Hoge, Andrews & Leschied, 1995). Changes in the rate of substance use were monitored during and after treatment. Comparisons were made between this delinquent population (N=107) and youth from the general population health survey in Quebec. The relationships between substance use, criminal activities (prosecuted and self-reported) and perception of help received are presented and discussed. The utility of a harm reduction approach with young offenders will be discussed in light of the impact that substance use has on their criminal involvement and on their receptivity to treatment.

## Mo.123P

### Criminals, Gangs, Values and Attitudes: Crossing Borders thru Prohibition; Case: Columbia - Jamaica - Canada / USA / UK

Chang, Paul, Coalition for Ganja Law Reform / National Alliance for the Legalization of Ganja / NORML Jamaica / REFORMA, Laughlands, Jamaica

Jamaica has a unique ganja (cannabis) sub-culture with ganja-friendly individuals, homes, neighborhoods and communities. Due to prohibition these activities are illegal and those otherwise-lawful citizens are criminalized and forced to operate outside of the law, eroding police-community relations, and respect for the law.

Jamaica became a major ganja producer and exporter in the 1960's. The emergence of reggae music with cultural icon's Bob Marley and Peter Tosh praising the sacred plant, coupled with awareness of the Jamaican

RasTafari religion and ganja as its sacred sacrament, further legitimized the ganja culture and diminished the social stigmas against the plant. Jamaica ganja culture went international with reggae, crossing socio-economic-racial lines, and still carries global appeal.

The ganja culture exists within the Jamaica immigrant communities in Toronto/New York/Miami/London. Distribution of ganja was natural here, but forced by prohibition to operate underground and to link with indigenous criminal gangs.

In the late 1970's the Columbian Cocaine Cartels/CCC discovered Jamaica ideal for storage, repackaging and transshipment of cocaine. The CCC's moved into Jamaica forming networks and alliances with locals, with many members establishing homes on the island. A local cocaine market developed with the large tourist sector playing a role in demand. Illegal guns now flowed much more easily into the island. The explosion of the Jamaican gun culture came with the CCC's and the much-more-lucrative profits from the cocaine trade, in many cases replacing the peaceful "vibe" of the ganja culture. New values and attitudes towards the law emerged, with violent crime rising dramatically. This growth continues.

This violent-gun culture is now been exported from Jamaica facilitated by havens within the immigrant communities in the USA, UK and Canada.

#### Mo.124P

##### Enhancing Cultural Competence in Dealing With People With Drug Problems

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<sup>1</sup> Thames Valley University, London, UK

<sup>2</sup> Substance Misuse Service CNWL MHT-SMS, London, UK

The need for more and better quality services for people from black and minority ethnic groups (BME) with drug problems has widely been recognised. Service providers and members of BME communities acknowledge that cultural competence and specialist knowledge on substance misuse are needed to provide a high quality service to all problematic drug using people.

Cultural competence training is an effective way of dealing with diversity and ethnic and social inequalities in the provision of care and treatment services and to achieve cultural and behavioural change amongst provider staff and their organisation. Therefore, cultural competence training sits perfectly within the philosophy of harm reduction.

A multi-disciplinary educational module has been developed at Thames Valley University in partnership with CNWL MHT-SMS and support from local care and treatment partnership agencies with the aim to enhance cultural competence of professionals working with people from minority ethnic groups who have drug problems.

The development of the module has been informed by the findings of a local Rapid Need Assessment that brought together the views of people from the communities, families, service users and staff in a variety of services. A number of training needs were identified to make staff more culturally competent with the aim to improve the care for drug using clients from different cultures and backgrounds.

The purpose of this presentation:

- Demonstrate how the findings of the local needs assessment have informed the content of the module.
- Explore the usefulness of the concept of Cultural competence in dealing effectively with diversity and tackling ethnic inequalities
- Present and discuss the findings of the evaluation of this module.

##### Intended outcomes:

- An understanding of the importance of cultural competence and its application in the care and treatment of BME population with drug problems
- Recognising race and culture, and its influence on care and treatment.

#### Mo.125P

##### Qualitative Study on Drug Use and Syringe Sharing Among IDUs in Guangdong

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Qualitative study on drug use and syringe sharing among IDUs in Guangdong Yang Fang, Lin Peng, He Qun, et al. Guangdong Provincial Center for Disease Prevention and Control, Guangzhou 510300, P.R.China

Objective To examine the factors that may contribute to drug use and sharing of syringes. To develop targeting strategies against drug use and syringe sharing behaviors among IDUs in China. Methods The IDUs were recruited from detoxification centers and communities in Jiangmen, and in-depth interview was implemented to each subject, which lasted about 2 hours. The records of the interview were sorted, coded and analyzed according to different subjects by employing NUD\*IST4.0. Results 53 IDUs were interviewed, the results showed that using drug usually happened shortly after they enter society from school, 94.9% first used drug before 30 years old; 98.1% first used drug through breath. The main reasons for their drug use were making friends with drug users, negative affairs and curiosity; Most drug users resorted to injection as result of economic burden and pursuing high feeling; Non-accessibility of new syringe when drug sick happened, perceiving physical status of peers, ignoring health, lack of knowledge of sharing syringe and indirect sharing syringe accounted for syringe sharing; Adverse circum-

stance and lack of social support contributed to their relapse; 30.8% female drug users had the experience of prostitution. Conclusion Non-accessibility of syringe and lack of knowledge of syringe sharing contributed to syringe sharing, social marketing of syringe and needle exchange program are imperative under the situation.

## Mo.126P

### Indonesia Response to HIV/AIDS Crises Among Injecting Drug Users Is Under Construction

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<sup>2</sup> Indonesia HIV/AIDS Prevention & Care Project, Bandung, Indonesia

**Issue:** Indonesia has an explosive HIV/AIDS epidemic from the beginning of this century and it is in process to build its response. Our organisation has been a key element of this response, particularly pioneering NEP through NGOs and the public health system.

**Setting:** Indonesia is the 4th in population in the world, a predominantly Muslim country with strong views towards drug users and HIV/AIDS and has one of the main explosive epidemics of HIV/AIDS in recent years. Reported AIDS cases doubled from 2003 - 2004, and around 80% of the new cases in the last two years are among injecting drug users.

**Project:** IHPCP is a support project (AusAID based mainly) that works in partnership with the Government of Indonesia as well as with the Non-Governmental Organizations. The project defined three priorities for the next two years: increase Needle-Exchange-Programs; increase access for substitution therapy, particularly Methadone; and increase access to ARV for current IDUs with AIDS. Condoms and bleach are being implemented in some prisons across the country.

**Outcomes:** Yet, coverage of services has been very limited to less than 10% in Indonesia. Key interventions to prevent the spread of HIV among IDUs and to guarantee care support and treatment, is being stimulated by IHPCP especially in scaling up these services. It is still early to measure impact of the interventions that are in place so far, however the paper shows the current status-co of the Indonesian response to HIV/AIDS crises among injecting drug users and analyse the future challenges of the epidemic in Indonesia.

## Mo.127P

### High Risk Alcohol Use: Cultural and Socio-Economic Influences

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High risk alcohol use is associated with major health, social and economic costs, such costs arising from both

acute and chronic consumption. Concerns have been raised in relation to immigration, briefly summarised as whether immigrants moving from low risk to high risk consuming countries will increase their alcohol consumption to their detriment. The existing evidence on this issue is equivocal and depends upon which aspect of the population characteristics is being measured.

Data from a survey of immigrants from Italy, Malaysia or the United Kingdom, to Western Australia was analysed to cast light on this issue. Variables included in the analysis are age, gender, educational qualifications, marital status, income, occupation, religion and religious attendance, acculturation (as defined by Berry's model of acculturation attitudes) and country of birth.

High risk, acute alcohol consumption was less likely amongst older people, females, those who attended a religious ceremony at least once per month, and those born in Malaysia.

High risk, chronic alcohol consumption was more likely amongst those born in the United Kingdom, Catholics and those who attended a religious ceremony less than once every six months. Older people, those who attended a religious ceremony at least once per month, females and those born in Italy or Malaysia were less likely to be high risk consumers.

These results will be discussed in relation to how they help our understanding of alcohol use amongst immigrants and their implications for reducing alcohol-related harm.

## Mo.128P

### Gender Differences in Drug Use Behaviors in two Mexican-U.S. Border Cities

Mantsios, Andrea<sup>1</sup> Firestone, Michelle<sup>1</sup> Ramos, Rebeca<sup>2</sup> Lozada, Remedios<sup>3</sup> Brouwer, Kimberley<sup>1</sup> Case, Patricia<sup>4</sup> Miller, Cari<sup>5</sup> Latkin, Carl<sup>6</sup> Strathdee, Steffanie<sup>1</sup>

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**Background/Objectives:** HIV prevalence among IDUs in Mexico is reportedly 2-6%, but HCV prevalence is 95%. We studied the context of injection drug use among IDUs in the border cities of Tijuana and Ciudad Juarez and explored potential gender differences in drug use in both cities.

**Methods:** Guided in-depth interviews were conducted with 43 current IDUs in Tijuana and Ciudad Juarez (24 men and 19 women). Topics included types of drugs used, injection settings, access to sterile needles and environmental influences. Interviews were taped, transcribed verbatim and translated. Themes were identified

and transcripts were hand-coded. Content analysis was conducted to identify differences between male and female experiences and behaviours.

**Results:** Most women described buying drugs near their homes or through delivery systems they established with dealers, or someone they knew. Male IDUs reported buying drugs in many different places (shooting galleries, mechanic shops, markets). Most women reported preparing/injecting drugs inside homes and expressed the importance of using drugs in a safe place. All male participants reported injecting in shooting galleries or other injection locations (abandoned lots, houses, cars). Many women routinely injected with a male partner/spouse/friend and described sharing equipment/syringes and drugs exclusively with them. All men reported having shared syringes in shooting galleries, often with strangers. Half the women in Juarez and two women in Tijuana disclosed exchanging sex for drugs/money. Men reported witnessing exchange of sex/drugs in shooting galleries but few revealed they had personally done so.

**Conclusions:** Important gender differences emerged in terms of drug purchasing, injecting locations and the context of high risk behaviours in these two Mexican border settings. These findings highlight the potential importance of interventions aimed at personal networks or dyads for female IDUs, whereas venue-based interventions may be more appropriate for male IDUs.

#### Mo.129P

##### STEPS Outpatient Program Demonstrates Efficacy in Reducing Alcohol Use in Ukraine

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Alcohol abuse is of epidemic proportions in Ukraine, so as in Vinnitsya oblast. Care for persons with alcohol disorders, provided in Regional Narcological Dispensaries (RND), consists primarily of inpatient medical detoxification and short-term psychological care. The present study studied the efficacy of adding Twelve Step oriented four month outpatient and aftercare (STEPS) using a randomized controlled design. STEPS was hypothesized to have fewer days of alcohol use and fewer drinks per day than RND-only at two follow-up points. Ukrainian, mostly males (N=68) were recruited from the RND.

After approximately 30 days of RND treatment, controls were released and experimental participants entered 2 months of STEPS Day Treatment, 1 month of Aftercare, and 1 month of Sponsors Group. Follow up assessments were administered to all participants at 2 and 4 months

post RND release. STEPS Day Treatment included recreation therapy and used Project MATCH Twelve Step Facilitation manual focusing on Steps 1-3 and Aftercare Steps 4-9. Sponsors Group met weekly focusing on Steps 10-12. Difference variables for days alcohol used and drinks per day in past 30 between baseline (bl) and first follow-up (ff) and first follow-up and second follow-up (sf) were created and compared by groups. Average difference of days alcohol used between bl and ff was greater for STEPS (-13.4 days) than RND-only (-6.8) (T=2.27, df=47, p=.013). Difference in drinks per day was also greater for STEPS (-22.5 drinks) than for RND-only (+0.05) (T=1.71, df=46, p=.047). Differences for both groups were sustained at sf. STEPS outpatient treatment demonstrated efficacy in reducing alcohol use in Ukraine.

#### Mo.130P

##### Drug Use Behaviors Associated With Border Crossing Among Injection Drug Users Along the Mexico/U.S. Border

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<sup>5</sup> CENSIDA, Mexico City, Mexico

**Background:** Drug use in Mexico is concentrated along the U.S. border, an area also characterized by migration. We investigated the relationship between recent border crossing and drug use behaviors in two Mexican border cities.

**Methods:** In 2005, IDUs who had injected within the prior month in Tijuana and Ciudad Juárez were recruited by respondent-driven sampling, administered a questionnaire, and tested for HIV, HCV, and syphilis. Logistic regression compared IDUs crossing or not crossing the U.S. border within the last 6 months.

**Results:** Of 434 IDUs, 393 (90.5%) responded to questions on migration. Prevalence of HIV, HCV and syphilis was 2.8%, 96% and 9.2%. In the prior 6 months, 14% had crossed the border, 65% of whom crossed >once/month; 3.7% injected in the U.S. in last six months and 8.2% ever bought syringes there. Crossers and non-crossers did not differ by age, gender, city, income, age at first injection or HIV/STI prevalence (p>0.05). However, crossers were less likely to have recently seen a doctor when needed (46% vs. 60%, p=0.04) and more likely to have been in juvenile detention (50% vs. 35%, p=0.04). Compared to non-crossers, crossers were marginally more likely to have ever injected tranquilizers (17% vs. 8%, p=0.05) but less likely to have injected methamphetamine (26% vs.

38%,  $p=0.07$ ). In the last 6 months, crossers were more likely to have: smoked crack (54% vs. 26%,  $p=0.004$ ), injected cocaine (74% vs. 40%,  $p<0.001$ ) or injected speedball (82% vs. 56%,  $p=0.004$ ). Trends remained when adjusting for site.

**Conclusions:** Border crossings are common among IDUs in Tijuana and Cd. Juarez and are associated with different drug use behaviors. This underscores the importance of monitoring migration when developing interventions in border areas.

## Mo.131P

### Ritual Revisited: a Socio-Pharmacological Model of Controlled Drug Use

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**Background:** Most biomedical models of drug use emphasize the process of escalation and addiction. In contrast, the concept of ritual drug use emphasizes both social control and self-regulation. Zinberg introduced the notion of "ritual", combined with the theory of "set & setting" to describe also criteria of secularized drug-use practices.

**Methods:** Within the interdisciplinary research area "Dynamics of Ritual" at Heidelberg University the concepts of ritual and "set and setting" have been further elaborated upon. A model of ritual drug use has been formulated empirically based on 400 qualitative interviews with a variety of participants (aged between 14 - 60 years; from different social areas, e.g. secondary schools, party-scenes, medical and psychotherapeutic circles, and religious groups; using substances as cannabis, stimulants, ecstasy, opiates, hallucinogens) using a longitudinal study design. The resulting model creates a research tool that integrates the psychological, sociological and anthropological perspectives that are productive when considering actual drug-using practises.

**Results:** Rather than a dichotomy between ritual and non-ritual, a continuum of ritualized drug use could be analysed, varying in several dimensions. Examples for psychological dimensions of a ritual model are: motivational factors (e.g. hedonistic, auto-therapeutic, religious, spiritual), cognitive factors (e.g. ritual commitment, framing, ascribed meanings of drug effects, degree of self-reflection), behavioural factors (e.g. enforcing rules), needs of integration of the drug-experiences (e.g. social, psychological, physiological), modes of integration (different representational systems). Examples for cultural ritual dimensions are: places and times for drug use, symbolic arrangement of settings, temporal and spatial markers, symbolized behaviour (e.g. dancing, praying etc.), role allocation, ritual transfers (e.g. from South-America to Europe).

**Conclusions:** The model allows risk evaluation of actual drug-using practices according to a salutogenetic approach. In addition, the ritual model is a useful framework to develop specific secondary-prevention programs that follow the paradigm of harm-reduction, including self-awareness-programs and peer-education-programs.

## Mo.132P

### Bridges of Hope

Luu, Tuan; Cruz, Byron; BC Centre for Disease Control, Vancouver, BC, Canada

**Issues:** Immigrant and refugees arriving in Canada are faced with enormous challenges. Cultural, language, individual values and systemic differences between Canada and their country of origin can make it difficult to adapt. Many are forced to recreate an identity in Canada. For many this becomes an impossible task and they turn to substance use to bury traumatic memories or hide feelings of worthlessness and isolation. Some deal drugs to make money for their families back at home.

**Setting:** Projects and outreach were carried out in different ethno-cultural communities in the City of Vancouver, British Columbia, Canada.

**Projects:** Working in HIV and Sexually Transmitted Infection (STI) prevention, outreach health care workers from the British Columbia Centre for Disease Control Street Nurse Program will describe several initiatives they have undertaken working with youth and adults. They will describe their experiences working with a harm reduction approach in street and agency outreach with ethno-cultural communities. They will also describe projects they have undertaken with drug users and their communities including the Hepatitis C Peer Education Project, the establishment of a Latin American Network of Drug Users, the Oscar Rosales Friendship Support Group. The outreach workers will describe how they bridge the cultural barriers drug users encounter and how to work with cultural sensitivity. We will review the evaluations of these projects and lessons learned.

**Outcomes and Lessons Learned:** Through projects and street outreach the health care workers have created an awareness of the needs of the different ethno-cultural community groups. Awareness within different ethno-cultural community groups has also increased. As trust is earned stronger relationships with multicultural groups are established. We will share how testing for HIV and STIs increased during the Hepatitis C Peer Education Project.



## Mo.133P

**Harm Reduction Health Care in the Barrio**

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**Issue:** Providing culturally competent, multidisciplinary health care to the vulnerable population of homeless, undocumented Latino immigrants.

**Setting:** Mission Neighborhood Resource Center (MNRC) is a multidisciplinary center. Located in the Latino Mission District of San Francisco, our services are provided in a center of an epidemic of drugs, prostitution, and homelessness.

**Project:** MNRC is a harm reduction drop-in center offering clinic services twenty hours a week, staffed by bilingual/bicultural peer advocates (current and former drug users), case managers, counselors, medical providers, psychiatrist, and acupuncturists. The facility offers laundry, bathrooms, and showers.

At the clinic we serve predominantly undocumented Latino immigrants who face numerous barriers to care. Their cultural isolation, discrimination, low literacy levels, language barriers, high rates of personal trauma and PTSD, substance abuse, family isolation, and their legitimate distrust of institutional authority owing to immigration status, all discourage accessing health care. Several of the themes that have emerged in the literature on Latino health care are; Dignidad, respect for the common dignity of all humans; Personalismo, importance of feeling that there is some one person who knows you or is personally connected to you; Familia, importance of family in Latino culture and the need to recreate community in the lives of our marginalized patients. Providing health care in a setting where counselors and peers advocates are culturally competent helps reduce these barriers.

**Outcomes/Lessons Learned:** We are attempting to shift our emphasis from urgent to primary care to meet this identified need. This shift is forcing us to confront the limitations of a part time clinic with limited services and the challenges of navigating our patients through a complex system of referrals in other intuitions. Despite these limitations our multidisciplinary harm reduction model has enabled us to reach out and retain patients who have never previously had primary care.

## Mo.135P

**Hepatitis B Vaccine Uptake Among Injecting Drug Users in England 1998 to 2004: Are Prisons Driving Improvements?**

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**Background/Objectives:** England has a targeted, rather than universal, hepatitis B vaccination programme. In the mid-1990s, following concern about poor uptake among injecting drug users (IDUs), additional funding was made available in 1999 to expand hepatitis B vaccination in the community, and in 2001 a prison vaccination programme was instigated.

Two unlinked anonymous IDUs surveys were used to examine trends in vaccine uptake and sources of doses.

**Methods:** Uptake was examined by analysis of data from a series of annual cross-sectional surveys of IDUs recruited through drug services. Sources of vaccine doses were examined using data from a survey that recruited IDUs from community settings.

**Results:** There were 11,383 participations, by IDUs who had injected within the previous month, in the survey of those attending services between 1998 and 2004. The anti-HBc prevalence was 21% (2,360/11,383) and was stable over time. The proportion of IDUs reporting vaccine uptake rose from 27% (490/1800) in 1998 to 59% (717/1223) in 2004 (adjusted odds ratio: 3.7 (95% CI 3.16 to 4.34)). Course completion - proportion of IDUs, anti-HBc negative reporting uptake who had received 3 or more doses - increased from 48% (167/345) in 1998 to 63% (325/519) in 2004 (adjusted odds ratio 1.79, 95% CI 1.36 to 2.36). The community survey recruited 852 IDUs during 2003/04, prisons were the most common source of vaccine doses (38%) and then drug services (28%), with only 14% receiving doses through needle exchanges.

**Conclusions:** These data suggest that vaccine uptake among IDUs has improved substantially following expansion of provision, with a largest impact due to prison vaccination programme. However, transmission of hepatitis B continues among IDUs in England. There is a need to improve community vaccination provision for IDUs (particularly through needle exchanges) and targeting of the vaccine provision, and these will be discussed.

## Mo.136P

### Sexually-Transmitted Infections (STIs) in Injectors' Networks

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**Background:** Prior research shows that IDUs and other drug users have high rates of viral STIs and perhaps syphilis. We examine how sexual networks of IDUs and others are related to STI infection.

**Methods:** Data were collected on sexual partner (SP) networks and STIs for 391 non-MSM subjects in a poor minority NY City neighborhood. (68 men who have sex with men were excluded from this analysis.) Subjects were categorized by whether they are "borders" who sexually connect IDUs and non-IDUs: IDUs non-borders (have no non-IDU SPs); IDUs borders (have non-IDU SPs); non-IDUs borders (have IDU SPs); and non-IDU non-borders (no IDU SPs). Diagrams showing their sociometric networks in relation to infections and behaviors will be displayed.

#### Results:

	HIV+	HCV+	HBV+* vaccinate**	HBV	HSV2+ vaccinate**	HSV1+Syph+	Chm+
IDU non-borders (%)	18	78	60	5	62	82	4
IDU borders (%)	9	57	57	19	60	91	6
Non-IDU borders (%)	6	6	25	23	55	90	1
Non-IDU non-borders (%)	1	1	9	42	32	72	10
p	.0001	.0001	.0001	.0001	.0001	.0017	.0608 <sup>†</sup>
(chi-square( $\chi^2$ ) test for trend)							.0903 <sup>‡</sup>

\*Among the unvaccinated

\*\*Among the unexposed

† Exact test

Syph+ = Syphilis+

Chm+ = Chlamydia+

**Discussion:** HIV and HCV were widespread (and mainly concentrated) among IDUs, although non-IDU SPs of IDUs may have elevated infection rates. Hepatitis B and herpes types 1 and 2 were widespread among non-IDU SPs of IDUs as well as among IDUs. STI testing, prevention programs (including but going beyond education), and treatment should be offered in drug treatment and other facilities to IDUs and, where feasible, their SPs.

## Mo.137P

### Citric Acid Introduction at UK Syringe Exchange Schemes: an Assessment of Its Impact Using Matched Pair analysis

Beynon, Caryl; McVeigh, Jim; Chandler, Martin; Wareing, Michelle; Bellis, Mark; Centre for Public Health, Liverpool and John Moores University, Liverpool, UK

**Background:** Since changes to the UK's Misuse of Drugs Act (1971) came into effect in 2003, some syringe exchange schemes (SES) have been providing citric acid (CA). Using established monitoring systems we evaluate the impact of CA on the number of visits made and the number of clean syringes collected per visit.

**Method:** Eleven SES in the Cheshire and Merseyside region of England were identified as introducing CA. Profiles for injectors of heroin and/or crack in the six months before CA was introduced (pre CA) and the six months afterwards (post CA) were extracted. Wilcoxon signed ranks tests was used to compare visit rate and median syringes collected for individuals who were reported pre and post CA (n = 398 matched pairs). Additional analysis were used to eliminate the possibility that any changes were due to other factors (seasonal variations, on-going trends and other external influences during the study period).

**Results:** There was no significant difference in the median number of syringes collected pre and post CA. Visit rate significantly increased between the two periods from 4 (IQR 2, 10) pre CA to 5 (IQR 2, 11) post CA (P = 0.029). Additional analysis eliminated the possibility of changes being due to other factors.

**Conclusions:** Since the introduction of CA, injecting drug users are attending SES more frequently. This has positive harm reduction implications and the introduction of CA may be an important means by which to engage with service users more frequently. Furthermore, the provision of CA has not reduced the number of clean syringes given out despite limits on the amount of CA provided at each exchange. This is of key importance from a public health perspective and ensures that the main aim of SES, the minimisation of the risk of infection through sharing, is protected.

## Mo.138P

### The Role of Substance Use in Non-Drug Related Deaths: a Cross-Sectional Study of Drug Treatment Clients in England

Beynon, Caryl; McVeigh, Jim; Centre for Public Health, Liverpool and John Moores University, Liverpool, UK

**Background:** The introduction of the UK's drug-related deaths (DRD) strategy has seen the incidence decline from 1,565 in 2000 to 1,300 in 2003. However, DRD are clearly defined in the UK's Drug Strategy as 'deaths where the underlying cause is poisoning, drug abuse or

drug dependence and where any of the substances controlled under the Misuse of Drugs Act (1971) are involved'. This study aimed to identify all causes of mortality of a cohort of problematic drug users, to quantify the number of DRD, to identify residual causes and identify harm reduction measures.

**Method:** The national database of drug treatment clients (North West of England; 27,909 individuals in 2003/04) was interrogated to identify people reported as dying in 2003/04. Death certificates were obtained and underlying causes of death (International Classification of Disease v10) quantified.

**Results:** Of the 102 deaths, only 29.4% were classified as drug related. Non-DRD likely to be attributable to substance use included 16 due to infection, seven due to alcohol-related liver diseases, seven from forms of pneumonia and at least seven through suicide, in addition to individual cases of cellulitis, deep vein thrombosis, cerebral infarction, asthma and volatile substance inhalation.

**Conclusions:** The findings of this study have international relevance for those developing strategies to reduce DRD and for practitioners engaging with drug using clients. We highlight the role of substance use in non-DRD. Alcohol-related deaths indicate the co-addiction of many clients and suicides reinforce the need for integrated substance use and mental health treatment. Of key concern was the number of infection-related deaths of these drug treatment clients. Infection, reduced through attention to general health and hygiene and by stressing the importance of seeking medical attention at the earliest sign of a problem, may be the most potentially preventable cause of death of drug treatment clients.

#### Mo.139P

##### Prevalence of HIV Among Injection Drug Users in Russia; Results of Sociological Study

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In 2002-2005 researchers from The Biomedical Center (Russia), Yale University (USA) and Saint Petersburg State University with the support of local organizations, conducted a study on liquid drugs in 11 cities, presenting different regions of Russia. One of the research goals was studying of prevalence of HIV among IDUs.

The main method of collecting data was a semi-structured interview with IDUs. There were sections of questions on health issues, testing history and test results for HIV in a survey.

**Results:** 826 IDUs were interviewed, 73% were males and 27% were females. 86% of all participated in the

study had ever made tests for HIV (85,4% of males and 87,6% of females). In average men have been tested 10,9 months prior the interview, females - 9 months. 19,7% of them was tested positive. 14% of all HIV-infected participants have received treatment.

The level of testing for HIV and test results in the cities are different. In Novorossiysk (South of Russia) - 96,5 % of participants have been tested and 38% have positive results; Ekaterinburg (Ural)- 89,8% and 33,3% correspondingly; Moscow - 86,3% and 26,1% positive results; Irkutsk (Siberia) - 92,7% and 23,7%; St. Petersburg (North-West) - 97,7 % and 22%; Kazan (Privolzhskiy region) - 93,6% and 20 %.

**Conclusions:** There is high level of prevalence of HIV among IDUs around Russia. The majority of participants have not been tested voluntarily. They have been tested while at penitentiary or medical institutions. IDUs are not motivated to get tested even if the service is free of charge and anonymous. IDUs afraid the information about their HIV status can spread and they might be stigmatized. Obviously effective HIV preventive programs should include both adequate conditions for getting tested and treated along with making IDUs more motivated to care about their health and to get tested and treated.

#### Mo.140P

##### Efficacy of a Voluntary HIV and Hepatitis Prevention Programme in the Absence of Legal Access to Needles and Syringes Among Drug Users in Uppsala

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**Background:** The objective of this study was to analyse, in the absence of a legal needle exchange programme, the effectiveness of voluntary preventive programme comprising HIV as well as hepatitis counselling and testing in association with a vaccination programme against hepatitis A and B among all drug users in the remand prison of Uppsala county.

**Methods:** All drug users from the age of 15 years were offered on a voluntary basis HIV and hepatitis counselling and testing for HIV and hepatitis A, B and C. Susceptible individuals were offered vaccination against hepatitis A and B free of charge.

**Results:** During the first year, the program recruited 105 individuals (101 men, 4 women). 42 individuals admitted intravenous drug use, whereas 63 did not. The mean age of the IDU:s was 32.2 years which was significantly higher compares with the non-IDU:s (26.1 years,  $p < 0.05$ ). Among the IDU:s, 81% admitted sharing syringes, needles or cups with others. 62% admitted amphetamine use, 24% used heroin and 4% unknown

drug. Among non-IDU:s the most common drug was cannabis (33%), followed by amphetamine (14%) and LSD (3%). None of the tested individuals was HIV-positive. 67 % of IDU:s had hepatitis C compared to only 9% in the non-IDU:s ( $p < 0.0001$ ). The absolute majority of drug users were susceptible to hepatitis A and B. And 89% accepted the offer of hepatitis A and B vaccination, and the acceptance rate was similar among IDUs and non-IDUs

**Conclusions:** The data suggest that even in the absence of a needle exchange programme, a broad co-operation between public health, medical as well as social authorities and prisons and probation administrations can effectively reach individuals with heavy or lighter drug use, inform and motivate them to HIV and hepatitis testing as well as to accept hepatitis A and B vaccination.

## Mo.141P

### Modelling the Impact of Prison Vaccination on Hepatitis B Transmission Within the Injecting Drug User Population of England and Wales

Sutton, Andrew; Gay, Nigel; Edmunds, W; Gill, O; Health Protection Agency, Centre for Infections, London, UK

**Background:** Injecting drug users (IDUs) are a major sub-group both at risk from and responsible for the transmission of hepatitis B (HBV) in England and Wales. An increased knowledge of the transmission dynamics of HBV in the IDU population will help to inform policy making particularly targeted vaccination strategies.

**Method:** A deterministic, compartmental, mathematical model was used to describe the transmission dynamics of HBV in the injecting drug user population in England and Wales. The turnover of the IDU population was incorporated into the model. Heterogeneities associated with how the injecting career length of IDUs may contribute towards the transmission dynamics of HBV were also included. The model is used to predict the impact of alternative vaccination policies with particular attention paid to the impact of vaccinating IDUs while in prison.

**Results:** The base case model (that assumes that 50% of prison receptions are vaccinated by 2006) predicts that the incidence of HBV in IDUs might be reduced by almost 80% in 12 years, and the HBV prevalence (IDUs ever infected by HBV) may be reduced from approximately 18% in 2002 to 7% in 2015. A comparison of alternative vaccination strategies showed the additional impact of vaccinating on prison reception on HBV transmission compared to pulse vaccination whereby all the prison population is periodically vaccinated at one time.

**Conclusions:** The work here can inform as to the effect of alternative targeted vaccination strategies, and help to plan prospective treatment and other intervention

strategies. A greater expansion of the prison vaccination programme in England and Wales will have an impact on the transmission of HBV in the IDU population.

## Mo.142P

### Modelling the Cost-Effectiveness of Hepatitis C Screening on Prison Reception in England and Wales

Sutton, Andrew; Gill, O; Edmunds, W; Health Protection Agency, Centre for Infections, London, UK

**Background:** Many people with HCV are unaware of their infection and this poses a considerable barrier to treatment. In England and Wales where less than 1% of the population are Injecting drug users (IDUs), 97% of HCV reports are attributed to injecting drug use. As over 60% of the IDU population will have been imprisoned by the age of 30 years, prison provides an ideal location in which to offer HCV screening and treatment. The aim of this work is to examine the cost effectiveness of a number of alternative HCV screening strategies on prison reception

**Method:** A Markov decision analysis model, a model of the flow of IDUs through prison, and force of infection estimates were used to estimate the cost effectiveness of a number of alternative screening strategies. The model estimates the average cost of identifying a new case of HCV for each screening strategy and how these estimates may evolve over time as previously identified HCV positive individuals return to prison.

**Results:** The results suggest that administering verbal screening for injecting drug use prior to the administering of ELISA and PCR tests can have a significant impact on the cost effectiveness of HCV screening strategies on prison reception; Costing £1,057 per new HCV case detected when verbal screening for ever having injected illicit drugs is applied, compared to £1,379 when no verbal screening is employed. Sensitivity analysis demonstrated the importance of encouraging prisoners to accept ELISA testing on the programme cost-effectiveness.

**Discussion:** The work here demonstrates screening in prisons has the potential to identify large numbers of HCV infected individuals that may be otherwise unaware of their infection. These individuals can then be targeted for future intervention measures such as treatment or monitored to prevent future transmission.

## Mo.143P

### HCV Sero-Sorting in Young IDU (The UFO Study)

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**Background:** Serological sorting (sero-sorting), in which persons select sexual partners based on concordant serological (sero-concordant) status, has been reported

as a strategy used to reduce HIV transmission among men who have sex with men. Young IDU in San Francisco have a low prevalence of HIV, but a very high incidence of HCV infection. The goal of this study was to determine if young IDU sero-sort to prevent HCV infection.

**Methods:** We conducted a cross-sectional study of 266 young (age <30) IDU who had injected drugs in the prior month. Participants were recruited via street-based outreach, and were interviewed and tested for antibody to HCV (anti-HCV) at a community storefront. Interview questions included injecting behavior and HCV sero-status of  $\geq 3$  injecting partners. We defined sero-discordant partnerships as partnerships with persons with differing or unknown sero-status.

**Results:** The median age was 24, 25% were women, 26% were non-white, and one-third (33%) were anti-HCV positive. 221 (83%) reported on at least one injecting partnership, for a total of 469 partnerships. 64% of the partnerships were sero-discordant (20% were with persons with differing anti-HCV status and 44% with persons with unknown HCV sero-status). Sero-discordance did not vary by the anti-HCV status, sex, age, or race of the study participant. Injecting partnerships were more likely to be sero-discordant than injecting-sexual partnerships (66% versus 55%). Reported recent syringe and cooker sharing did not differ by partner sero-discordance/sero-concordance.

**Conclusions:** In this high risk population, many partnerships are sero-discordant, and most young IDU do not know the HCV status of their partners. Because injecting behaviors did not differ by sero-discordance, there appears to be little sero-sorting for HCV. Interventions to consider include partner HCV testing and sero-sorting to reduce HCV transmission.

#### Mo.144P

##### Patterns of Service Utilization in a Syringe Exchange Program

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**Background:** This study monitors a syringe exchange program (Malmö, Sweden), in which all visits and exchanges are registered anonymously, although some services e.g. HIV-tests and vaccinations need identification.

**Methods:** Two data sets are used. a) About 500 visitors were interviewed on childhood as well as present social situation, health, drug use, risk behaviors, social network and treatment experiences. Their visits as well as amount and types of services used were monitored during 40 months. b) All visits between 1989 - 2003 (177699 visits, 3660 users) were continuously registered, including serviced used.

**Results:** The visitors (mean age 35.5 ys, 71 % men) had used drugs 23 years and injected 16 years. Prevalence of HIV was low (2.3 %) but frequent on hepatitis B and C (61 and 86 %, respectively). The number of users who shared needles "last year" was 37 % and "last month" 19 %. Number of visits varied from 1 to 616, and the average visitor came once in two months. They collected 63 syringes per year (mean) and gave 44 (70 %) in return. Most visitors (86 %) used additional services, and in more than 40 % of the visits. Nearly all (98.5 %) tested for HIV; 36 % had physical examination, and 22 % other health care, 20 % met the counselor and 27 % vaccinated against Hepatitis B. This had a dramatic effect in reducing the relative risk for such infection (odds ratio 0,004). The second data set is currently being analyzed. The presentation will include various patterns of program utilization over time.

**Conclusions:** Utilization of the services varies to a great extent. Few visitors make the majority of visits. Most users do not visit frequently enough to supply their need of clean needles. Hence, there is still a high incidence of hepatitis. But the large majority seems to use the additional services. The development over time for diverse groups of visitors will be further explored in the paper.

#### Mo.145P

##### The Meanings of Substance Use in the Experiences of Gay and Bisexual Men: Implications for Harm Reduction

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Substance misuse, particularly poly-substance misuse, is common amongst gay and bisexual men and is associated with significant health risks (e.g., HIV transmission). Gay and bisexual men experience unique challenges which may contribute to this risk. The specific reinforcing aspects of alcohol and other drug use in gay and bisexual men have received little attention and this study aimed to enhance our understanding of substance misuse amongst this group. Gay and bisexual men were interviewed about their personal experiences with substance use, including how substance use transforms their emotions, thinking and behaviours, including sexual behaviours. Participants were recruited through gay specialist medical centres and sexual health clinics. Data were collected through a small focus group (n = 3) where general questions were asked about the effects of their substance use and later through one to one inter-

views (n = 17) involving more specific questions based on focus group data. Participants reported significant substance use, reporting use in the past three months: 80% alcohol; 80% marijuana; 40% amphetamines; and 40% amyl nitrate. The effects of these four drug classes were coded using a rigorous Consensual Qualitative Research (CQR) methodology. This process identified several key themes including the impact of substances on: cognitive abilities, mood states, sexual behaviour, social interactions, sexual safety, bodily effects, heightened sensation and sexual arousal. The findings are specifically discussed in relation to harm reduction strategies that can be implemented at various levels to reduce both substance use and secondary health issues amongst this group. Implications for public health initiatives and future research are also addressed.

#### Mo.146P

##### Prevention and Immunization Against Hepatitis

Costa, Thiago, Centro de Convivência "É de Lei", Santana de Parnaíba, Brazil

We work in a region of São Paulo's downtown commonly called as "crackland", where many crack users hang along together. Since I work aiming the harm reduction, I have as an objective these people's prevention against infectious diseases as Hepatitis, as long as this population presents itself extremely vulnerable not only by the worst hygiene and health conditions, but also by the lack of information.

Our method for immunization against infectious diseases, in this case the Hepatitis B, is provide access to the Basics Health Units, where these people can be gratuitously vaccinated against Hepatitis B. Provide the transportation and promote an assistant inside the Health service is extremely important, since many times these people do not receive adequate treatment and respect, probably because of their miserable social conditions, or only because of their drug use. As long as the Hepatitis B vaccination occurs in three phases, we assume the responsibility of taking the users back in their respective dates.

Besides the immunization, we also provide information and prevention materials against Hepatitis during our field working. These crack users built their own pipes with metal particles of the car's antenna and public telephones, and it gets really hot during the drug use, causing lesions and burn on their lips. Since it happens, and the sharing of the same pipe is a common habit among the crack users, the risk of contamination of Hepatitis, inclusively the B type, is extremely high. Our job is to inform them about this risk and distribute individuals cigarette-holders made of silicone, so that each one attaches its own cigarette-holder to the shared pipe. We also distribute crack pipes to stimulate that each person uses its own pipe, helping to avoid the per-

sistent sharing. We also have two kits for cocaine users, one for inhaled and the other for injection. These actions had a really good approval by the individuals, who by adopting this behavior promotes a satisfactory prevention.

#### Mo.147P

##### Cost-Effectiveness of Hepatitis B Vaccination in Injection Drug Users

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**Background:** Many drug injectors at risk for hepatitis B (HBV) are susceptible but have never been vaccinated. The annual estimated HBV incidence for injection drug users (IDUs) is 10%. We designed a randomized control trial to ascertain the feasibility and cost-effectiveness of HBV vaccination services for IDUs through syringe exchange programs (SEPs) in Bridgeport and Hartford CT and Chicago IL. The cost-benefit analysis is an important measure of the success of HBV vaccination programs.

**Methods:** Based on the ongoing three-year randomized controlled trial of syringe exchange-based HBV vaccination program in Bridgeport, Hartford, and Chicago, the relative costs of operating the program, and benefits in terms of savings from prevented acute HBV infections is investigated. The costs of this program calculated in this paper includes all elements of the campaign, including those provided free through this project, but which otherwise would cost money. Published and accepted estimates of infection rates, disease sequelae, and costs from the peer-reviewed medical literature are used to estimate the savings from prevented acute HBV infections.

**Results:** Analysis of successful targeted HBV vaccination proves cost-effective in preventing HBV infection in IDUs. Sensitivity analysis are conducted to probe the effects of variations in the prevalence and incidence rate of HBV among IDUs, in the rate of successful immunization, and in the cost of the vaccine.

**Conclusions:** Successful HBV vaccination for IDUs will prove cost-effective if expanded to reach susceptible IDUs in other communities through existing syringe exchange programs.

**Mo.148P****Policy in Practice: Increasing Supply of Needles/Syringes Does Not Necessarily Reduce Risk Behaviours**

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<sup>2</sup> Health Protection Scotland, Glasgow, UK

**Issue and Setting:** Prevalence of infection with HCV amongst the IDU population in Scotland is around 60% and transmission is still occurring. To help reduce sharing of needles and syringes (n/s) and prevent further transmission, new legal guidelines were introduced on the numbers of n/s that can be distributed.

**Change of Policy:** The guidelines introduced in December 2002 increased the numbers that could be distributed on any one visit to an exchange, to a maximum of 20 sets (previously 5 sets) on the first visit; a maximum of 60 sets (previously 15 sets) on subsequent visits and an exceptional upper limit of 120 sets (previously 30 sets) when facilities are closed.

A letter was issued from the Scottish Health Department informing all the relevant agencies of the changes. In Glasgow, the Scottish city with the highest prevalence of IDUs, an education campaign was launched informing IDUs of their new entitlement. Posters and cards were distributed to all exchange outlets and cards were inserted in all needles/syringes packs.

**Outcomes and Lessons Learned:** The change in guidelines governing the numbers of n/s was introduced to reduce the sharing of n/s that still occurs amongst IDUs in Scotland. However recent research has highlighted the fact that increasing the numbers of n/s available to IDUs is not enough on its own to change behaviours.

- After the change, IDUs were still asking for the same amount as they had previously.
- Findings indicate that IDUs did not generally wish to have any more n/s than they were currently receiving.
- The main reason for not wanting more n/s was that the current level was sufficient for their needs. However it was noted that half of these IDUs were re-using their own n/s; yet the education campaigning cards alerted IDUs to the risks involved in this.

**Mo.149P****Public Health Response to an Increased Prevalence of Community-Acquired MRSA (CMRSA10) in a Marginalized Population in Calgary, Alberta**

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**Background:** Between January-September 2004, 40 individuals with MRSA infections due to the CMRSA10 strain were identified in Calgary. Drug users, homeless or recently incarcerated individuals were at greater risk of infection; there was one death from necrotizing pneumonia. We initiated a study to measure the prevalence of/risk factors for colonization with CMRSA10 in this marginalized population in order to inform public health action.

**Methods:** Participants from this population were recruited at five study sites; trained study interviewers administered a PDA-based questionnaire and collected nasal, axillary and skin lesion swabs. Swabs were cultured; MRSA isolates were subjected to pulsed-field gel electrophoresis with identification of CMRSA10 isolates by comparison to a reference strain.

**Results:** The prevalence of CMRSA10 colonization was 5.5% in the 271 participants; 73.2% were male, age 16-75 years. Use of specific drugs, injection/smoking routes, shared paraphernalia, homelessness or recent incarceration were not associated with CMRSA10 colonization. CMRSA10-colonized individuals were more likely to: use drugs many times a day (OR 5.3 [1.6, 17.4]); go on drug binges (p=0.002); use drugs with a regular sex partner (OR 3.7 [1.2, 11.4]), strangers (OR 5.0 [1.3, 19.1]) or in hotels/motels (OR 5.1 [1.3, 20.9]); have a visible skin infection (OR 6.8 [2.3, 19.8]), Hepatitis C (OR 5.9 [1.3, 26.9]); to have taken antibiotics left over from an old prescription (OR 4.3 [1.1, 17.1]); or had their purulent skin infection(s) squeezed/popped/incised by another person (OR 6.7 [2.6, 17.1]).

**Conclusion:** Community-acquired MRSA is an emerging pathogen; public health actions are not well documented. As a result of this study, harm reduction-based education/counseling of this vulnerable population by outreach nurses has been modified to reflect these risk factors, as has messaging to front-line health care and social service providers.

## Mo.150P

### Needle Exchange Programmes Well Positioned to Scale-Up Essential Harm Reduction for Crack Smokers

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**Background/Objectives:** Recent research evidence suggests potential HIV and HCV transmission risks associated with the multi-person use of crack-smoking implements.

The objective of the current study was to examine crack smoking and related risk behaviors among a younger group of IDUs in Ottawa, the capital city of Canada, and a city with the highest provincial rates of HIV prevalence and incidence among IDUs and among the highest Canadian rates of HCV prevalence. Younger IDUs were considered to be less likely to be living with HIV and HCV and able to benefit from enhanced harm reduction initiatives to keep them safe from infection.

**Methods:** 459 active, street-recruited IDUs <30 years old consented to personal interviews and provided saliva samples for HCV testing between February 2004 and February 2005. Univariate analysis compared crack-smoking IDUs with non-crack smoking IDUs.

**Results:** Engagement in crack-smoking among younger IDUs was high: 75% had smoked crack in the 6 months prior to interview, 86% in the month prior to interview; frequency was also high: 46% smoked crack  $\geq 3$  times/week or daily. In terms of HIV- and HCV - related risk behaviors: 73% had shared crack-smoking implements in the 6 months prior to interview, 90% in previous month. HCV prevalence among crack-smokers was elevated (32.3%) compared with non-crack smoking IDUs (27.5%). Higher proportion of crack-smoking IDUs (82%) had ever accessed a needle exchange programme in any city compared with non-crack smoking IDUs (74%)  $p = 0.07$ .

**Conclusions:** Crack smoking is a common and frequent practice among younger IDUs. The multi-person use of implements to smoke crack, with documented associated HIV and HCV-related risk, is almost universal. As the vast majority of crack-smoking IDUs access NEPs, these programmes are well positioned to scale-up their harm reduction activities by implementing a safer crack-smoking initiative to include safer crack-smoking education and the distribution of safer-crack kits.

## Mo.151P

### Hepatitis B Seroprevalence Among Injection Drug Users: Results from a Study of a SEP-based Vaccine Campaign

Grau, Lauretta<sup>1</sup> Scott, Greg<sup>2</sup> Singer, Merrill<sup>3</sup> Marshall, Patricia<sup>4</sup> Seal, Karen<sup>5</sup> Heimer, Robert<sup>1</sup>

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**Background:** Many drug injectors at risk for hepatitis B (HBV) are susceptible but have never been vaccinated. This randomized control trial to ascertain the feasibility and cost-effectiveness of HBV vaccination services through syringe exchange programs (SEPs) in Hartford and Bridgeport, CT and Chicago, IL seeks to determine the relative effectiveness of a two-month versus a six-month vaccination schedule. analysis reported herein are for serologic testing.

**Methods:** Individuals were screened for eligibility at the local SEPs; they provided a blood sample and completed a brief demographic questionnaire. Hepatitis B serologies (i.e., anti-HBc, anti-HBs, and HBsAg) were performed at the Yale laboratories for CT participants and at a commercial laboratory for Chicago participants (abbreviated serotesting only). A more detailed questionnaire to assess self-reported HBV risk was administered to participants not previously infected or vaccinated at the time of their first dose of vaccine. Data from participant tracking records permitted comparison of completion rates between the study's two arms.

**Results:** Between May, 2003 and April, 2005, 1344 participants were screened. The sample was predominantly male (73%) and from racial/ethnic minority groups (77%). The mean age was 40 years (Range = 18 - 75). Approximately 43% of those screened were eligible for vaccination; only 6% of those sampled had been previously vaccinated, 50% were previously infected, and 1% were HBV carriers. Whites were most likely to be eligible (52%). Completion rates were significantly higher in the accelerated group (63%) than traditional group (49%;  $p < .02$ ).

**Conclusions:** Although HBV prevalence was high among the IDUs screened, a large number remain susceptible. HBV-susceptible IDUs are more likely to identify as Caucasians. Reaching those at highest risk of infection poses many challenges. SEPs are a promising venue for implementing public health campaigns. They are a trusted source for health promotion materials and messages within the IDU community.



**Mo.152P****Development of Needle Exchange Program (NEP) Best Practice Recommendations: a Service Provider and Academic Collaboration**

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**Issue and setting:** In Ontario, Canada, there is variation in service available at NEPs related to funding differences and/or lack of consensus about, or understanding of, the importance of specific practices and policies. Limited resources restrict the ability of these NEPs to synthesize scientific evidence to ground their practices, to advocate for increased resources and service complements and/or to defend program practices.

**Project:** To provide an evidence base for NEP practices, the Ontario Needle Exchange Coordinating Committee (ONECC) and academic researchers collaborated to develop NEP Best Practice Recommendations for Ontario NEPs. Working together, the group defined the scope of the project. The research partners reviewed and synthesized the evidence with priority placed on solid scientific evidence. However, to ensure the document was relevant to the Ontario context, a hierarchical approach was adopted whereby evidence from Ontario was reviewed first. When necessary, evidence from elsewhere in Canada and other industrialized nations was included. Practical guides, information sheets and other documents were also used to fill in where scientific evidence was lacking and also to ensure relevance to front-line work. NEP workers and scientific experts reviewed the final document.

**Outcomes:** The group produced a series of Best Practice Recommendations, grounded in evidence and practice, and focussed on the following: NEP effectiveness; start-up tasks; exchange, handling and disposal of needles and syringes; distribution of other equipment (i.e., cookers, filters, acidifiers, sterile water, sterile alcohol swabs, tourniquets and glass stems); program delivery models; safer injection, sex and overdose education; referrals and counseling; methadone maintenance; first aid for abscesses and skin problems; vaccination; medical testing services; relationships with law enforcement; and program evaluation. Each section was developed in plain language with accompanying scientific evidence and will be reviewed during the presentation.

**Mo.153P****Efficacy of Accelerated HBV Vaccination for IDUs at Syringe Exchange Programs**

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**Background:** Despite the existence of a safe and efficacious vaccine, hepatitis B virus (HBV) infections among IDUs remain common and vaccination coverage remains low. The low coverage has resulted from the lack of vaccination campaigns targeted to IDUs, the high cost of the vaccine, and a widespread belief that IDUs will not complete the three shot vaccine series. Finding strategies that can increase vaccine coverage is imperative.

**Methods:** A randomized trial was conducted to compare the standard six month vaccination schedule to an accelerated two month schedule, recruiting IDUs through syringe exchange programs (SEPs), and providing small fiscal rewards to promote completion of the vaccine series.

**Results:** Screening of 1344 IDUs identified 568 who were eligible for vaccination. Nearly two-thirds (n=364; 64.1%) returned and were randomized into the study. Three doses were provided to 63% of the those in the accelerated arm compared to 40% in the standard arm. IDUs in the accelerated arm were significantly more likely to receive all three doses (p < 0.02). Testing at seven months revealed that 73.1% of those completing the vaccine series achieved antibody titers deemed adequate to provide long-term immunization against HBV infection. The two arms had statistically equivalent rates of immunization. Efficacy, the product of the completion and immunization rates, was significantly higher in the accelerated arm.

**Conclusions:** HBV vaccination coverage can be provided to IDUs through SEPs with completion rates similar to those obtained in adolescent school-based and other venue-based vaccination programs. Vaccination programs should employ the accelerated schedule to maximize the percentage of susceptible IDUs who become protected.

## Mo.154P

### Primary Care Consultation in an IV Injecting Room in Geneva: a Practice Analysis (2002-4)

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Musset, Thierry<sup>3</sup> Hans, Stalder<sup>1</sup> Broers, Barbara<sup>1</sup>

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**Issues and setting:** in 2001 an injection room, Quai 9, was opened in Geneva. Drug users can consume there the products bought in the street, and attend, among different offers, anonymous and free primary care consultations. The consultations are held four hours a week by an physician, working in the network. In the absence of the medical consultant, primary care consultations are being assured by the injection room workers, nurses as well a social workers, which have received a training allowing them to do minimal cares and refer to hospital when needed. No follow up is offered.

**Project:** between 2002 and 2003, 1,114 different persons have frequented Quai 9, 70,594 injections have taken place. 1,713 consultations have been done, 36% by the doctor during her 4 weekly hours. Local complications of injections are the main corner of the purposes of consultations (more than 60%). For 11% the primary purpose of consultation was addiction, need of treatment referral or urgent hospitalisation in that context.

**Outcomes and Lessons Learned:** free medical consultations are valued in the injection room, even if about 70% of the people frequenting the structure are in touch with the treatment network. Even if the primary purpose of consultations is complication of injections, most of them are occasions to transmit notions about viral transmissions and harm reduction messages and to have an overview of the addiction situation. The fact that the physician comes out of its office to a consumption place is seen as an opening sign by drug users which probably helps them to confide their psychic and physical sufferings. This consultation is useful as much to take care of the sometimes very serious physical health problems as an opening gate on referral to treatment and harm reduction work.

2004 data will be discussed.

## Mo.155P

### Safe Injection Room in New York City

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HIV, hepatitis B & C, drug overdose, and other drug-related health problems still pose significant health risks to injection drug users (IDUs) and their sexual

partners, indicating the need for further development of innovative public health interventions. A relatively new intervention implemented in many countries around the world is a "safe injection room" (SIR). An SIR is a legal facility that allows people to prepare and inject drugs in a hygienic, anxiety free atmosphere under the supervision of medical personnel. This presentation will present responses of a sample of IDUs in New York City to whether they would use a SIR should one be implemented at Positive Health Project a needle exchange program located in mid-town Manhattan. The SIR would be part of a comprehensive harm reduction organization that offers needle exchange, outreach, HIV/HCV counseling and testing, mental health services, case management, drop in center and access to on-site medical care. The results of a study conducted at Positive Health Project will be presented which indicate that a majority of the IDUs sampled would use a SIR if one existed, and that those who would use the SIR are IDUs at the highest risk for contracting HIV/HCV and experiencing a drug overdose. This study is one of the first Positive Health Project is undertaking to implement the first SIR in the United States located at a needle exchange program with medical care on-site.

## Mo.156P

### Deep Tissue Infections in Injection Drug Users (IDUs)

DeVlaming, Stanley<sup>1</sup> Riddell, Rosemary<sup>1</sup> Cheng, Sylvia<sup>2</sup>

Raffa, Jesse<sup>2</sup> Grebely, Jason<sup>2</sup> Conway, Brian<sup>2</sup>

<sup>1</sup> St. Paul's Hospital, Vancouver, BC, Canada

<sup>2</sup> University of British Columbia, Vancouver, BC, Canada

**Background:** Injection Drug Users (IDUs) are at increased risk of serious infectious diseases, not limited to HIV and HCV, but including life-threatening bacterial infections. We report here on a case series of iliopsoas (psoas) muscle abscesses in one downtown hospital in Vancouver and compare these cases to the available worldwide literature.

**Methods:** We undertook a retrospective chart review of patients admitted to St. Paul's Hospital, Vancouver, to identify those in who presented with evidence of a systemic infection in the context of ongoing IDU. We included in this series only those with a diagnosis of psoas muscle abscess confirmed by CT examination. Chart review was used to determine the characteristics of these cases such as median duration of drug use, presence of bacteremia, causative organisms, length of treatment and HIV status.

**Results:** We report on 21 cases of psoas muscle abscess in IDUs over 5 years at one hospital in Vancouver. In each of the years 2000-2004 we identified 3, 0, 3, 6 and 9 cases meeting the definition for inclusion in the study group. Characteristics of these cases will be presented. Very few cases of these deep seated and difficult to treat soft tissue infections have been reported in

literature over the years. In 1992, a worldwide report only counted a total of 12 cases that year, in both IDUs and non-IDUs. A study at the John Hopkins University in 1995 reported 6 cases in IDUs in a period of 7 years. Similar case reports in other parts of the world like Norway documented 3 cases in IDUs over a ten-year study period.

**Conclusion:** Our identified cases, with 15 occurring in IDUs during a 2 year period, certainly represents a cluster that merits further investigation with significant implications for potential harm reduction interventions.

#### Mo.157P

##### **Stigma and Substance Use in Asian Gay, Lesbian, and Bisexual Youth**

Poon, Colleen<sup>1</sup> Saewyc, Elizabeth<sup>1,2,3</sup> Skay, Carol<sup>3</sup> Barney, Lucy<sup>4</sup> Homma, Yuko<sup>2</sup>

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<sup>4</sup> Chee Mamuk, Aboriginal Program, STD/AIDS Control Division, BC Centre for Disease Control Society, Vancouver, BC, Canada;

**Objectives:** To investigate the experiences of enacted stigma among Asian gay, lesbian, and bisexual (GLB) youth and to compare their substance use behaviours to those of their heterosexual (HET) peers.

**Methods:** The sample consisted of Asian Canadians from a province-wide stratified cluster survey of grade 7 through 12 students, the British Columbia Adolescent Health Survey of 2003 (weighted N = 50,513). Being targeted for stigmatizing behaviours (e.g., exclusion, harassment, discrimination), perceptions of safety at school, and substance use were compared between self-identified HET and GLB teens using ANOVA or chi square depending on the measure tested.

**Results:** Asian GLB boys and girls experienced a greater number of stigmatizing events and felt less safe in school compared to their Asian HET peers. GLB youth were more likely to report discrimination due to sexual orientation (33% GLB boys vs. 2% HET boys; 23% GLB girls vs. 1% HET girls) and more likely to be verbally harassed (boys, 42% GLB vs. 28% HET; girls, 41% GLB vs. 32% HET). GLB youth reported higher rates of substance use compared to HET peers. For example, GLB youth were more likely to report ever using marijuana, cocaine, or injected drugs (marijuana: 41% GLB boys vs. 19% HET boys; cocaine: 16% GLB girls vs. 3% HET girls; injected drugs: 2% GLB girls vs. < .5% HET girls). (For all comparisons,  $p < .001$ .)

**Conclusions:** The results indicate Asian GLB youth experience greater targeting for stigma than Asian heterosexual peers. The higher rates of substance use

reported by GLB youth suggest they may be using drugs as a means to cope with the stress of being stigmatized. Reducing sexual orientation stigma and violence in schools, and providing culturally-sensitive support for Asian GLB students, may provide an avenue for reducing drug use and drug-related harm among Asian GLB youth.

TUESDAY MAY 2, 2006

## Tu.BF.01

### Implementation of Respondent-Driven Sampling: Lessons from the Field

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Appropriate development and implementation of HIV prevention services for those at risk for HIV, Hepatitis B and Hepatitis C require gathering data on risk behaviors from a non-biased sample. However, many of these sub-populations often lack sampling frames. This hinders researchers from obtaining unbiased estimates. Most widely used sampling methods for recruiting injection drug users (IDUs) and others at high risk for transmitting HIV infection have a number of limitations. A relatively new sampling method, Respondent Driven Sampling (RDS), purports to overcome some of the limitations while effectively accessing "hard to reach" populations. Developed in 1997, RDS reduces biases associated with chain-referral sampling methods, (e.g., snowball,) by applying statistical theories (Markov chain and small network) and tracking links as respondents recruit their peers. RDS uses several peer recruitment waves to ultimately yield a sample with a composition independent of the initial staff-selected subjects. RDS is also reported to be relatively faster and less expensive than the other sampling methods. In recent years RDS has been used in a variety of settings to recruit a variety of populations at risk. RDS has been shown to obtain representative (population-based) samples of IDUs, sex workers and men who have sex with men.

This thematic session will focus on providing information based on implementation of RDS in various settings. Each presentation will highlight the successes and challenges of using RDS to recruit populations at risk to collect risk behavior data and/or provide prevention services. Presenters will discuss the reasons for selecting RDS for the study, how it was implemented in the field including seed selection and recruitment, recruitment of study participants, time it took to meet the desired sample size, the lessons learned, and the findings in terms of sample description (if available).

## Tu.BF.02

### Using Respondent-Driven Sampling to Recruit Injecting Drug Users in 24 US Cities: Lessons from the National HIV Behavioral Surveillance System

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<sup>1</sup> Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention - Surveillance and Epidemiology, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA

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**Issue:** Respondent-Driven Sampling (RDS) has previously been used to recruit injecting drug users (IDUs) in research intervention studies. We used RDS to recruit IDUs for a survey of HIV risk behavior among IDUs. We identified some considerations for RDS operations with a common protocol in multiple settings.

**Setting:** The study was implemented in 24 cities participating in the National HIV Behavioral Surveillance System (NHBS-IDU). A common protocol and standardized data collection instrument were used to recruit and interview IDUs. Staff recruited 8-10 initial participants (seeds) who then began the peer referral process. Participants received incentives for completing the survey and for recruiting other IDUs. The target sample size was 500 eligible IDUs from each city. Storefronts or mobile vans were used to interview participants.

**Project:** To monitor implementation and evaluate lessons learned, we made site visits and held conference calls with each project area. At weekly staff meetings we assessed progress and made adjustments to operational procedures.

**Outcomes and Lessons Learned:** Recruitment began slowly in some cities. Additional seeds were recruited by most of the sites. Cash instead of in-kind incentives facilitated recruitment. Hours and locations of field sites affected recruitment. For some sites, the recruitment required marketing in addition to peer referral. Lessons learned included raising awareness of the project prior to implementation, recruiting more seeds, and offering a variety of times and locations for interviews. Monitoring was required to make decisions about operational changes during implementation.

## Tu.BF.03

**A Comparison of Respondent Driven Sampling and Targeted Sampling for Recruiting Injecting Drug Users**Hall, T.<sup>1</sup> Cribbin, M<sup>2</sup> Abdul-Quader, Abu<sup>2</sup> Lansky, A.<sup>2</sup><sup>1</sup> Northrop Grumman, CDC Information Technology Support (CITS), Atlanta, GA, USA<sup>2</sup> Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention - Surveillance and Epidemiology, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA

**Background/Objectives:** In 2004, we conducted a pilot study in three US cities to compare the effectiveness of two sampling methods to recruit injecting drug users (IDUs) to participate in a survey about HIV risk behaviors. The goal was to choose one method for future data collection in the National HIV Behavioral Surveillance System (NHBS). The pilot study compared Respondent Driven Sampling (RDS), a peer-driven chain-referral recruitment method, and Targeted Sampling (TS) in which individuals are recruited through street outreach. We compared the two methods by examining characteristics of sampled IDUs, assessing the time and effort needed to recruit a set number of IDUs, and ascertaining the operational challenges of each method.

**Methods:** IDUs were recruited using RDS or TS during an 8-week period with a target sample size of 100 for each method. Data were collected on demographics and HIV risk behavior. Process data included participation rates and the number of hours needed to complete an interview. Qualitative information was collected to identify operational challenges.

**Results:** Target sample sizes were met in 8 weeks for both methods in 2 of 3 cities. Gender and age were similar for RDS and TS samples. RDS participants were more diverse by race/ethnicity and types of drugs used than TS participants. On average, 47% of individuals approached using TS were eligible for the study compared to 95% of IDUs referred through RDS. More staff hours were needed to obtain completed interviews using TS (2hrs) than RDS (1 hr). The challenges for implementing TS included accessibility of IDUs. A limitation of RDS was IDUs' reluctance to travel to the interview site.

**Conclusions:** Both methods were successful in recruiting IDUs. However, RDS produced a more diverse sample and was more efficient in recruiting IDUs. RDS was implemented in 24 cities in 2005 for NHBS.

## Tu.BF.04

**Respondent-Driven Sampling (RDS) to Recruit Active Injection Drug Users (IDUs) in a Binational Setting: Challenges and Lessons Learned**Robbins, Amy<sup>1</sup> Ramos, M.; Mueller, M.; Firestone, M.; Foster, L; Ramos, R; Baumbach, J; Strathdee, Steffanie<sup>2</sup><sup>1</sup> New Mexico Department of Health, Sante Fe, NM, USA<sup>2</sup> University of California San Diego, CA, USA

**Objectives:** The Paso del Norte region, consisting of Ciudad Juárez (CJ), in Chihuahua, Mexico, El Paso, Texas and Doña Ana County, New Mexico (NM), is home to a unique population of IDUs who often lead binational lives. To better understand harm reduction needs in this population, we conducted a study using RDS to determine the seroprevalence of selected communicable infections, risk behaviors and mobility patterns. These efforts enabled us to evaluate the practicality of RDS in two contrasting settings.

**Methods:** RDS methodology was used to recruit active IDUs from four sites in southern NM over 19 days in January - March 2005. In contrast, one central site in Ciudad Juárez, well known to the IDU community, served for recruitment over 39 days in February - April 2005. Information was collected on participants' drug use and sexual behaviors, knowledge of infectious diseases, level of engagement with syringe exchange programs, and mobility in and around the area.

**Results:** A total of 324 IDUs were recruited; 224 in CJ, 100% through RDS and 100 in NM, 83% through RDS. Nine seeds initiated recruitment chains in CJ compared to 31 seeds in NM and the median social network size varied from 20 peers in CJ to 10 in NM. Participants in CJ were recruited by friends more often than in NM (61.5% vs. 72.0%) and less often by family members (2.6% vs. 11.5%). Recruitment was slow in NM, while the study site in CJ experienced a deluge of recruits early in the RDS process.

**Conclusions:** Differences in geographical size, distribution of IDUs, study duration, and study site characteristics presented contrasting recruitment experiences in each location. The challenges and lessons learned from the use of RDS in these two settings will benefit others in developing similar studies in the future.

## Tu.BF.05

### Methods of Community Recruitment for Hidden Populations: Comparing 'Indigenous Field Worker' and 'Respondent-Driven' Sampling Approaches

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**Introduction:** There remains a need for research among non-treatment or community recruited samples of hidden populations such as injecting drug users (IDU) in order to better estimate the dynamics of HIV to improve access to treatment and services, including harm reduction.

**Methods:** This study compares two sampling methodologies "respondent driven sampling" (RDS) and "indigenous field workers" (IF) in order to investigate i) the relative effectiveness of RDS in reaching more marginal and hard-to-reach groups and ii) the relative efficiency of RDS in recruiting a sample at lower cost than IF. This analysis draws upon nine community-recruited surveys of IDUs undertaken in the Russian Federation and Estonia between 2001 and 2005. Sampling effects on the demographic composition and injecting risk behaviours of the samples generated are compared using multivariable analysis. Key demographic indicators and injecting risk behaviours were selected as outcome variables.

**Results:** Multivariable analysis indicated that RDS recruitment was more likely to select male IDUs (OR 2.7), IDUs who had attended higher education (OR 3.8), and those who had official residency permits for the city (OR 2.6) than IF recruitment. After adjustment, the recruitment method was not significantly associated with injecting risk behaviours. Our findings suggest that RDS does not appear to recruit more marginalised sections of the IDU community nor those engaging in riskier injecting behaviours in comparison with IF approaches. RDS appears to offer greater efficiency in terms of speed of recruitment, but proved less cost effective than IF approaches.

**Conclusion:** RDS appears to have some practical advantages over the IF approaches in the implementation of the field work. Further research is needed to assess whether the advantage of RDS in statistical terms justifies the increased costs and to what extent IF approaches lead to biased results if RDS produces a representative sample.

## Tu.BF.06

### Improving RDS Recruitment of IDUs: Lessons from Serbia and Montenegro

Johnston, Lisa<sup>1</sup> Rhodes, Tim<sup>2</sup> Andjelkovic, Violeta<sup>3</sup> Simic, Daniela<sup>4</sup> Jovic, Vladimir<sup>3</sup> Prodanovic, Ana<sup>5</sup> Judd, Ali<sup>2</sup> Simic, Milena<sup>2</sup> Platt, Lucy<sup>2</sup>

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<sup>4</sup> Institute for Public Health, Belgrade, Serbia

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**Introduction and Background:** Respondent Driven Sampling (RDS) has been shown to be a highly effective method for recruiting injection drug users (IDUs). However, the potential exponential sample growth associated with RDS can lead to a rapid increase in the number of IDUs attending interview sites at one time. This may result in overcrowding at interview sites, respondents having to wait for interviews and threats to staff by IDUs. We present methodological lessons for the implementation of RDS drawn from a survey of HIV prevalence and risk behaviours among IDUs in Belgrade and Podgorica, Serbia and Montenegro.

**Methods:** We introduced a controlled and systematic coupon reduction process into RDS recruitment in a survey of IDUs in Belgrade (n=400) and Podgorica (n=300). Eight IDU seeds started the recruitment process by recruiting up to three other IDUs from their social network. The coupon reduction method involved reducing the number of coupons from three to two at the third recruitment wave and then from two to one at the fifth wave, ending with no coupons distributed at the sixth and final wave.

**Findings:** Findings show that coupon reduction was effective in slowing the rate of recruitment. Coupon reduction also enabled the RDS study to end with fewer coupons remaining unredeemed once sufficient or optimum sample size had been reached. Additionally, coupon reduction helped ensure that most seeds formed chains that reached six waves. We found that coupon reduction was not effective without the use of an appointment system.

**Discussion:** Coupon reduction is a simple technique which assists in the management of the rate of RDS recruitment and helps ensure an effective termination of an RDS study as sample size is attained. We recommend this, along with an appointment system, as an integral feature of future RDS recruitment procedures for IDUs.

## Tu.BF.07

**Recruitment of Injection Drug Users in 3 Russian Cities using Respondent Driven Sampling for an HIV-related Behavioral Survey**

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<sup>1</sup> Family Health International, Arlington, VA, USA

<sup>2</sup> Stellit, NGO of Social Projects, St. Petersburg, Russia

**Background/Objectives:** Transmission of HIV through injection drug use (IDU) has been a leading cause of new infections in Russia since the beginning of the epidemic in the mid-1990s. There are few data on knowledge, attitudes, and behaviors related to HIV among IDUs in Russia, particularly outside of major metropolitan areas. We conducted an HIV-related behavioral survey among IDUs in three cities: St. Petersburg (SPB), Irkutsk, and Orenburg, Russia, where IDUs are highly stigmatized and repressed.

**Methods:** In July 2005, respondent driven sampling was initiated among 15-49 year old IDUs in the three cities for a cross-sectional interviewer-administered HIV-related behavioral survey to assess risk factors for HIV. Ten to eleven seeds were selected to start the sampling process. Recruiters received three coupons to give to their eligible peers and received non-monetary incentives for successful recruiting. Seeds were selected from governmental services for drug users and illegal drug selling points. Both mobile and fixed locations were used as study sites, which were located near drug selling points. A coupon manager was used to track the recruitment process, and network size and characteristics.

**Results:** A total of 633 IDUs were recruited from SPB (n=212), Irkutsk (n=210), and Orenburg (n=211). Recruitment varied widely in each city. The time required to reach the respective sample sizes were 8 weeks (SPB), 2 weeks (Irkutsk), and 10 weeks (Orenburg). Additional seeds (2) were needed in SPB due to minimal recruitment during the first 3 weeks. Data related to risk behaviors towards HIV/AIDS will be shared. Differences in seed characteristics, recruitment speed, demographic, behavioral, and network characteristics will be presented. External factors, such as the socio-cultural differences between the cities, which are dramatically diverse, that may have influenced recruitment time and characteristics will also be discussed. These varying characteristics in the cities include availability of HIV programs for IDUs, levels of repression, geographic location, and the size and strength of the networks. Another striking difference is the degree of police harassment and abuse faced by IDUs. Lessons learned regarding RDS implementation, such as incentives and study locations, in Russia will be shared.

**Conclusion:** The successful recruitment of IDUs in 3 Russian cities varied greatly. The network characteristics and differing socio-cultural environments may have

influenced the outcome of the recruitment process in the three cities.

## Tu.O1.2

**Police Drug Crackdowns, Harm Reduction, and Police-Related Violence: Results from a Qualitative Study of One New York City Precinct**

Cooper, Hannah; Moore, Lisa; Gruskin, Sofia; Krieger, Nancy; New York, USA

Arrests for drug possession in the USA have doubled over the past 25 years. Shifting trends in domestic drug-related police strategies have partially fueled this increase: between 1980 and the present, police departments have turned their focus from drug distributors and upper-level dealers to drug users and street-level dealers. To better understand the public health implications of this strategic shift, we conducted a qualitative study of the impact of a drug crackdown, a drug-user-focused police strategy, on the health of drug injecting and non-drug-using residents of one New York City police precinct in 2000. As with most NYC precincts in which crackdowns have been located, this precinct was impoverished and principally comprised of Black and Latino residents. Major study findings include (1) particular crackdown tactics, such as increased surveillance of local public spaces, hampered some injectors' capacity to reduce the harm of their drug use; (2) some crackdown tactics, such as frequent stops and searches, elevated the level of police-related violence experienced by both drug injectors and non-drug-users; (3) the crackdown's health effects were most severe for participants who were men and/or deeply impoverished; (4) many participants felt their community was targeted for a crackdown because of the area's extreme poverty and racial/ethnic composition; and (5) simultaneously, both injecting and non-drug-using participants raising children expressed support for police actions that reduced public drug activity. Placing this study within the broader context of research on policing and injectors' health, we recommend the implementation of strategies, designed by partnerships of community groups and governmental and non-governmental organizations, which reduce public drug activity without imperiling injectors' health or amplifying police-related violence. Possible strategies include improving access to drug treatment and establishing safe injection spaces.

## Tu.01.3

### Injecting Drug Users' Experiences of Policing Practices in Two Mexican-U.S. Border Cities

Ramos, Rebeca<sup>1</sup> Miller, C.; Firestone, M.; Burris, S.; Ramos, M.; Case, P.; Brouwer, K.; Fraga M.; Strathdee, S<sup>2</sup>

<sup>1</sup> Programa Companeros, Ciudad Juarez, Mexico

<sup>2</sup> University of California San Diego, San Diego, USA

**Background:** Research has suggested that law enforcement practices can affect behaviors of IDUs, but few studies have examined the context of these effects, especially in Mexico. We undertook a qualitative study of IDUs' experiences of policing practices in two Mexican cities on the U.S. border.

**Methods:** In-depth interviews and brief structured surveys were conducted with 43 current IDUs residing in Tijuana and Ciudad Juarez, Mexico (24 men, 19 women). Topics included context of drug use, access to syringes and experiences with police. Field notes and transcribed interviews were hand-coded and analyzed to identify emergent themes.

**Results:** Almost all IDUs reported that it was common to be arrested and detained for carrying sterile or used syringes, or for having track marks. Most reported that they or someone they knew had been beaten by police. Interviews suggested 5 key themes: 1) impact of policing practices on accessibility of sterile syringes (fear of carrying syringes), 2) influence of police on choice of injection settings (e.g., shooting galleries), 3) police violence (physical and sexual abuse), 4) police corruption (e.g., payoffs), and 5) perceived changes in policing practices (police presence, corruption, violence).

**Discussion:** Behavior of some police officers in Tijuana and Cd. Juarez is inconsistent with legal norms and may negatively influence the risk of acquiring blood borne infections among IDUs. Although NGOs in both cities have experienced positive influences of police, the findings herein are disturbing and suggest that implementing a comprehensive and successful HIV prevention program among IDUs in these cities will require interventions to influence the knowledge, attitudes and practices of law enforcement officers.

## Tu.01.4

### Are Police "Harm Reduction" Practitioners?

Thompson, Scott, Vancouver Police Department, Vancouver, BC, Canada

For the past decade the Vancouver Police Department has implemented and/or been part of a number of progressive initiatives that have arguably reduced harm to the drug user population in Vancouver's Downtown Eastside (DTES). These include aggressive enforcement in licensed premises to control the over service of liquor when it was learned there was link between alcohol consumption and heroin overdose deaths. Linking excessive alcohol consumption to the homicide rate and taking

enforcement action. Advocating, and becoming a "community activist" to pressure government to regulate the sale of rice wine and its removal from convenience stores in the DTES. Publicly supporting the "Four Pillars" and the Health Contact Centre as well as working with health authorities. Participating in the project teams for North America's first legal supervised injection site, and the North American Opiate Medical Initiative (NAOMI). Adopting an overdose response policy whereby police do not routinely attend drug overdose incidents. Creating innovative projects like "Lucille", "Raven" and "Haven" that targeted the infrastructure that perpetuates the cycle of crime, drugs and violence, that in turn, exploits and harms the most vulnerable citizens of the DTES.

All of these initiatives could be described as "harm reduction" and are not traditional law enforcement as it is defined in the "Four Pillars" model. This raises the issue of just what is harm reduction and who should be implementing it? Is it something only health authorities are responsible for? Does harm reduction only mean needle exchange and supervised injection sites and other health related services? Is the current definition of harm reduction too confining to the point where it may actually undermine public support? What role can police play in supporting and working with health authorities while balancing this with their policing and law enforcement role?

Inspector Thompson will raise these issues in the context of the VPD experience in the DTES during the past decade. The intent is to encourage a healthy and constructive debate about the role of police in the context of harm reduction.

## Tu.02.1

### A Powerful Process - Users Working with Government

Bennett, Susan, LCS Limited, Liverpool, UK

The active involvement of drug users, their care givers, family and friends is crucial to effective service development, the delivery of harm reduction services and the evaluation of outcomes which make a real difference to a users' quality of life. This presentation will look at the development of user involvement in government drug service agencies in the UK from the mid 1980's where it began in support networks for people with HIV and Hepatitis C, to the present day.

In the last year, in the UK, frameworks have been set up by the National Treatment Agency, a special health authority with delegated power from the government via the Department of Health, for hearing the voices of service users and their care givers. Funding is beginning to be released both nationally and locally to support the growth of user and carer involvement.

Using feedback gathered from service users as part of an Audit Commission national report which was pub-



lished in November 2004, the views of service users and their care givers expressed at conferences and workshops during 2005 and commentary from leading organisations which represent these views to local, regional and national government agencies, an objective analysis of the impact of such developments on the quality of services as perceived by service users and care givers will be presented. The pitfalls and challenges will be illustrated with recent examples from the UK and good practice summarised.

It will show how effective involvement is only achieved when those with power not only share it but enable systems and processes to be set up which promote the free flow of communication and action between the users at the sharp edge of harm reduction and those at every level up to the ultimate policy and decision makers.

#### Tu.02.2

##### **Developing A National Model Of Peer-Led Advocacy** Garratt, Daren, The Alliance, Dudley, UK

**Issue:** Although it is clearly documented that the optimum maintenance dose of methadone should be “up to a total of between 60 and 120mg”, the reality in the UK is that doses are on average less than 50mg daily.

**Setting:** Government funding will form the basis of a management and support structure that will enable us to develop a user led National Model of Peer Advocacy that will cover all the Drug Action teams in England.

**Project:** The Alliance has received funding from the Department of Health to directly employ 9 Regional Peer Advocates across every Government Region in England. It is a three-year recruitment programme with three regions being targeted per year. Further, the Government has also placed an expectation on local Drug Action Teams to develop autonomous local user advocacy services. It is anticipated that the Alliance will act as an umbrella organisation to support all these groups. In real terms this means that we've secured the go-ahead to develop a user-workforce of between 9 and 100+ salaried or volunteer peer advocates nationwide.

**Outcomes and Lessons Learned:** The project has not been launched yet, due to delays in the Department of Health drawing up contracts and releasing funds substantially less than those we were originally quoted. This means we've not had the financial capability to recruit advocates in line with the agreed timetable. However, by the time of the Vancouver Conference we will have our first three regions operational, and will be in the process of establishing the next three. This presentation will focus on the journey we have undertaken, and the lessons we have learned, from approaching the Department of Health to employing our first cohort of user Advocates.

#### Tu.02.3

##### **Using the System to Promote User Interests**

Woods, Joycelyn, National Alliance of Methadone Advocates, New York, NY, USA

The National Alliance of Methadone Advocates (NAMA) was organized in 1988 to advocate for the patient in treatment and prospective patients by destigmatizing and empowering methadone patients. Early discussions primarily focused on changing policy where it was believed that NAMA would have the greatest impact.

Users often do not see the opportunities that are available to make changes in policy. Why should they? Policy remains directed at making them outsiders! For policy change to be effective user advocates must learn to work and become accepted within the system. This presentation will discuss the various aspects of working with systems and how to use them to promote the interests of users and user organizations.

Fortunately NAMA had grown significantly when the “powers that be” made the decision to change the federal regulations governing methadone treatment. Therefore from the start a patient representative from NAMA was included in the various committees that were formed. As in all governmental process this task took over a decade and the expertise gained was invaluable in being accepted as a member of the methadone community where patients had been outsiders.

NAMA has developed some practical techniques for working within the system that are neither difficult nor expensive. While they require energy and preparation any organization can begin to develop strategies that will work for them.

1. Know who represents you at all levels of government - local, state, federal, political and oversight agencies.
2. Have a basic understanding of the various methods to change policy: legislation, rule making, agency policy change, etc.
3. Understand current public policies and their impact: know some numbers.
4. Know your constituents and maintain communication at the grassroots level.
5. Protect your integrity.
6. Policy and system change is ongoing, it really never stops.

## Tu.02.4

### Ongoing Funding for User Group Initiatives: Barriers and Bridges

Taylor, Brent<sup>1</sup> Breaux, Deb<sup>1</sup> Rowmanow, Carol<sup>2</sup>

<sup>1</sup> UNDUN Unified Networkers of Drug Users Nationally, Arden, ON, Canada

<sup>2</sup> SOLID - Society for Living Intravenous Drug Users, Victoria, BC, Canada

Illicit drug users are criminalized and stigmatized due to current status-quo drug policy worldwide, and thus, drug users remain a marginalized and difficult to reach population for traditional health and social service outreach. Trust around privacy and confidentiality, fear of discrimination, or a wish to avoid prosecution are very real issues which make many drug users understandably hesitant to identify themselves to non-drug using persons.

Peer-driven drug user groups provide a uniquely positive role in bringing harm reduction education and practical harm reduction programs within drug user communities. Health providers and government experts readily recognize that user groups do provide a critical role within harm reduction initiatives.

Readily recognized by word! What about acknowledged through funding?

Why are so few user groups provided with funding?

Which criteria inherent within current funding protocols place barriers before the establishing of peer-driven drug user initiatives? Are such barriers in protocol only, or do barriers go deeper? Might funding agencies not consider drug-users truly deserving, even though the contributions drug user groups can make are widely understood?

Creative good will is required for government to take positive steps to financially supporting the development of drug user groups. What changes in perspective will be required? How might change be facilitated? Where compromise is necessary, how might a process of dialogue be established? Should government be offering a capacity building program for drug user group development?

These are some of questions which will be explored in this workshop.

Practical issues such as application requirements, professional accreditation, co-sponsoring funding agencies, the question of salaries for person's dependent upon welfare or disability incomes, and other pertinent subjects will be discussed.

Presenters will outline their efforts to achieve sustained funding for their user group initiatives, sharing their frustrations and successes.

## Tu.03.1

### Pharmacological Mechanisms in Harm Reduction

Nutt, David, University of Bristol, Bristol, UK

Harm reduction works on many principles - the most common being to reduce the dangers associated with the criminal behaviour in order to obtain drugs and the dangers of blood borne infection through needle sharing. Methadone substitution is a example with proven utility against both criminality and infection. However there are a number of lesser known but potentially similarly important opportunities in harm reduction that emerge from a knowledge of the pharmacological and toxicological features of drugs and the neurochemical interfaces on which they act.

The fundamental pharmacology issues in harm reduction are the efficacy and safety of drugs and their substitute alternatives. The ideal drug treatment of drug misuse is a drug that has no adverse effects itself but blocks the reinforcing properties of street drugs so that their use is unrewarding. Naltrexone is the prototypical such agent for it is a full opiate antagonist so blocks the actions of any used street opiate. However naltrexone has two main drawbacks - it is not rewarding so there is little incentive for opiate addicts to use it and it can precipitate withdrawal if used soon after heroin. An alternative approach is to use drugs that have some agonist [pleasurable] actions but also act as an antagonist to heroin.

The best known of these is buprenorphine which, because it is a partial agonist it is much less likely to kill in overdose even if given i.v. and because it has high receptor affinity will block on top heroin use. Is it possible to achieve similar effects in other drug systems? There has been a long running attempt to find substitute drugs for cocaine and crack with little success so far. Some have been based on the theory that cocaine acts by binding to the dopamine uptake site so other more high affinity binding agents would block the action of cocaine. The other approach is to provide substitution for the pharmacological action of cocaine - presumed on the dopamine or noradrenaline systems - either by giving dopamine or noradrenaline mimetic agents such as other stimulants [e.g. methylphenidate] or agonists e.g. bromocriptine, modafinil. The cannabis antagonist rimonabant - a cannabis 1 receptor antagonist offers interesting prospects in the treatment of cannabis dependence and in theory benzodiazepine receptor antagonists e.g. flumazenil could be used in benzodiazepine dependence. In this latter dependence sometimes the prescribing of a substitute benzodiazepine with less dependence producing kinetic properties [e.g. oxazepam] may be useful.

The fact that many different drugs seem to act in part on the dopamine system may lead to harm reduction strategies targeting this system for drugs other than the

stimulants. Preliminary evidence for the dopamine agonist bromocriptine in alcohol dependence has been reported but the best example is the use of the dopamine/noradrenaline uptake blocker bupropion in tobacco dependence where it significantly reduces craving and relapse after stopping smoking.

Finally it is worth giving some time to consider the future of harm reduction strategies in particular vaccines against addiction - or at least addictive substances. Clinical trials are highly advanced for vaccines that block both cocaine and nicotine and in principle could be made for most abused drugs. Some rely on standard vaccine technology whereas others use more radical approaches such as delivery of antibodies by brain-directed viruses. Current plans for vaccine use are limited to patients who have failed more conventional therapies but in principle they could be used in anyone at risk even children. In this arena harm reduction becomes fundamentally a political rather than a scientific issue.

Further reading:

Foresight Drug futures 2025 - [www.foresight.com](http://www.foresight.com)

Lingford-Hughes A, Nutt D (2003) Neurobiology of addiction and implications for treatment. *Br J Psychiatry* 182: 97-100

Nutt D, Lingford-Hughes A. (2004) Infecting the brain to stop addiction?

*Proc Natl Acad Sci U S A*; 101:10416-21.

Nutt DJ (1997) Receptor pharmacology of buprenorphine. Buprenorphine - a substitution agent for the treatment of opioid addiction: a UK perspective.

*Research and Clinical Forums* 9-15

### Tu.03.2

#### Understanding the Ecstasy Market - a Case Study Of Queensland, Australia

Kinner, Stuart<sup>1</sup> Fowler, Greg<sup>1</sup> Krenske, Leigh<sup>2</sup>

<sup>1</sup> School of Population Health, The University of Queensland, Herston, QLD, Australia

<sup>2</sup> Queensland Crime and Misconduct Commission, Brisbane, QLD, Australia

**Issue:** The use of ecstasy (MDMA) has increased rapidly in many Western countries over the past decade, and there is growing evidence of both acute and more chronic harm associated with ecstasy use. Effective harm reduction initiatives for ecstasy users are contingent upon an understanding of not only the epidemiology of ecstasy use, but also the social and cultural contexts in which ecstasy use occurs, and the attitudes and behaviours of ecstasy market participants.

**Setting and project:** Building on an existing, annual drug monitoring system - the Australia-wide Party Drugs Initiative (PDI) - the present project aimed to better understand the ecstasy market in Queensland, Australia.

Information was triangulated from three sources: (a) a quantitative survey with 230 regular ecstasy consumers, (b) existing indicator data from health and law enforcement agencies, and (c) qualitative surveys with ecstasy consumers, ecstasy suppliers and ecstasy market 'regulators' (e.g., police, health and outreach workers).

**Outcomes and Lessons Learned:** Much of the dialogue concerning ecstasy focuses on only one side of the market: either demand (health-oriented research, epidemiology) or supply (law enforcement and supply-control policy). Much can be gained by reconciling these two perspectives and adopting a 'whole of market' view, simultaneously considering demand, supply and their interaction. At present, indicator data from health and law enforcement agencies are of little use in understanding ecstasy markets because (a) most ecstasy users do not have contact with these agencies, in relation to their ecstasy use, and (b) these data are not always collected in sufficient detail or with sufficient reliability to be of use in understanding the ecstasy market. Monitoring the ecstasy market therefore requires regular assessment of demand through engagement with ecstasy consumers, both through surveys of 'sentinel' populations and through population-wide, household surveys.

### Tu.03.3

#### Cannabis Withdrawal: from Practice to Research

Winstock, Adam, SSWAHS. NDARC, UNSW, Liverpool, NSW, Australia

Although international classification systems are yet to be convinced of the existence of cannabis withdrawal, an increasing number of clinicians, researchers and users are becoming aware of the fact that some people who use cannabis chronically experience a variety of unpleasant and aversive symptoms when they try to cut down or stop their use.

Research studies suggest 50-75% of treatment seeking cannabis users experience a variety of mostly non-specific mood and physiological withdrawal symptoms (irritability, aggression, insomnia, increased appetite and craving) that peak on day 2-3 and last for 7-14 days in most. While for many the severity of these symptoms is no worse than for nicotine withdrawal, for some (especially angry young men) the symptoms may be severe enough in some instances to warrant inpatient management. That no current medications exist to support users through this time has implications for treatment agencies.

This paper reviews the clinical syndrome and aetiology of cannabis withdrawal and considers practical and theoretical treatment options. The concurrent use of tobacco among many users will be considered. Extrapolating from treatments provided for other withdrawal syndromes and other approaches that have shown promise

in the treatment of other inhaled substances, this paper will give an overview of the research to date in this area. Preliminary results of an open label trial of lithium in the management for cannabis withdrawal will be presented and suggestions for supporting detoxification in the community (based on the authors NSW Detoxification Guidelines) will be presented.

## Tu.03.4

### Heroin Prescription in Canada: The North American Opiate Medication Initiative (NAOMI)

Marsh, David<sup>1</sup> Brissette, Suzanne<sup>2</sup> Anis, Aslam<sup>3</sup> Lauzon, Pierre<sup>4</sup> Brochu, Serge<sup>5</sup> Fischer, Benedikt<sup>6</sup> Rehm, Jurgen<sup>7</sup> Schechter, Martin<sup>8</sup>

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<sup>3</sup> CHEOS, University of British Columbia, Vancouver, BC, Canada

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<sup>6</sup> Centre for Addiction and Mental Health, Toronto, ON, Canada

<sup>7</sup> Department of Public Health Sciences, University of Toronto, Toronto, ON, Canada

<sup>8</sup> University of British Columbia, Vancouver, BC, Canada

**Background:** Chronic, untreated opioid addiction is associated with risks for overdose, infections including HCV and HIV, loss of regular social functioning, drug-related criminality, and extensive costs to the public health, welfare and criminal justice systems. The current standard of care, methadone maintenance therapy (MMT) can be effective, but not all MMT patients are retained in this therapy long enough to fully benefit. In addition, a significant number of heroin (or opioid) injectors reject this treatment completely. European studies found that the provision of prescription heroin resulted in enhanced treatment retention, reduced illicit drug use and improved health and social outcomes. A rigorous, randomized controlled trial is required to test the effectiveness of heroin-assisted therapy in the North American setting.

**Objective:** This randomized controlled trial (RCT) tests whether the closely supervised provision of injectable, pharmaceutical-grade heroin (with or without combination with oral methadone) is more effective than methadone therapy alone in recruiting, retaining, and benefiting chronic, opioid-dependent, injection drug users (IDUs) who are refractory to current standard treatment options.

#### Primary Hypotheses:

1. Among chronic, opioid-dependent treatment-refractory IDUs randomized to receive heroin, the proportion who accept and are retained in therapy at 12 months

or who are drug-free at 12 months, will be higher than those randomized to receive oral methadone alone.

2. Among such individuals randomized to receive heroin, the proportion who demonstrate reduced illicit drug use and criminal behaviour as measured by the Euro-ASI (Addiction Severity Index) at 12 months, will be higher than those randomized to receive oral methadone alone under an intent-to-treat analysis.

**Research Design and Methods:** This is a two-centre (Vancouver, Montreal) RCT involving a revised target of 250 participants. Participants must be chronic, opiate-dependent subjects currently using heroin and currently not in treatment. There must be a prior history of two or more attempts at opiate addiction treatment including at least one significant attempt at MMT. Eligible participants are randomized to injectable heroin (45%) versus oral methadone alone (45%). A subset of 10% are randomized to injectable hydromorphone (Dilaudid(tm)). Hydromorphone and heroin are given in a double-blind fashion through volume equilibration; the purpose of the hydromorphone group is to permit validation of reported illicit use of heroin through urine toxicology testing (HPLC) in this subset. Research visits are conducted quarterly and occur independently of treatment clinic visits. In addition to the primary outcomes described above, secondary outcomes include measures of specific drug use, physical and mental health, social integration and function, quality of life and cost-benefit/effectiveness of the interventions.

**Results to Date:** The trial is ongoing. As of February 2006, a total of 107 subjects had been randomized. Approximately 39% of participants are female and 31% are Aboriginal. The median duration of prior opiate use is about 14 years and roughly 80% live on the street or in unstable housing (hotels, hostels). Injectable opiate treatment thus far appears to be highly safe and very well accepted by the participants. The common adverse events, as expected, have been sedation and histamine reactions. There have been only three serious overdose/drug interactions in about 20,000 dose administrations with no sequelae. Only 4 subjects have been withdrawn from injection treatment, all due to behavioural violations. The presentation will also cover some practical clinical issues which have been encountered such as transfer from injectable medication to methadone during times of incarceration or hospitalization.

## Tu.04.1 (Film)

### Heroin Wars (Part One - Opium Convoy)

Cowell, Adrian; Menges, Chris; Channel 4 Television, UK

The 'Opium Convoys' picks up the story in the early 1960s when the Burmese Army seized power in a coup which abolished democracy for the next three decades.

The initial traffic in drugs was a way to finance revolution against the ensuring dictatorship and the film follows various guerrilla armies as they fight for control of the huge mule convoys which exported opium to the outside world. The US joined in on an all out-attack on the convoys and sent an invitation to the first 'King of Opium' to negotiate, only to have him arrested. The directors of this documentary started filming this episode in 1964 and what is uncovered is an extraordinary, fascinating insight of the trade in drugs with a specific focus on the Shan State of Burma. A historical gem that is remarkably eye opening.

#### Tu.04.2 (Film)

##### Happy Ending

Irizarry, Chris, HBO Young Filmmakers Lab, USA

Drugs have taken Chris's mum out of his life but not out of his heart. In this personal travelogue, he goes to Philadelphia in search of a happy ending. Winner of the Family and Society Award, USA.

#### Tu.05.1

##### Penalty Practice Towards Drug Users - Training Courses for Polish Judges and Public Prosecutors With Regard to Drug Law

Weck, Jonna, Malopolskie Stowarzyszenie PROBACJA, Kraków, Poland

Drug law in Poland is restrictive, which easily leads to the criminalization of drug users. Any possession of drugs is punished, irrespective of the amount of possession and the purpose of the possession. Due to this restrictive legislation, users experience serious health and social consequences since they are, amongst other things, discouraged from dealing with their addiction in a safe and responsible way.

A major problem in this respect is the lack of knowledge among Polish law practitioners with regard to offences related to drugs possession and use. Many drug user offences could be stopped at public prosecutor level and do not necessarily have to lead to further investigation or even imprisonment. Unfortunately this rarely happens. Law practitioners are insufficiently informed about the different issues related to drug use and the variety of alternative legal instruments (i.e. alternative sentences) which are available to them. Consequently the "weight" of drug user offences is wrongly interpreted and sentences are often inappropriate.

To counteract the above-mentioned problem, the PROBACJA Association organizes training courses for judges and public prosecutors. Each training course lasts three days and has about 15 to 25 participants. The participants get information on drugs, addiction, existing legislative regulations and practical solutions. The training attempts to create more insight into the

harmfulness of the current restrictive approach. In this way, the project contributes to changing and improving the practice of applying drugs law, without waiting for actual changes in this law. The project is the first of its kind in Poland - by the end of 2005, seven training courses will have been organized.

The presentation will critically analyse the project and its results. The focus will be on the participants of the training courses - they are a difficult, but also interesting target group to deal with.

#### Tu.05.2

##### Assessing The Impact of 'Coerced' and Comparable 'Voluntary' Treatment Options on Substance Use, Offending and Social Functioning

McSweeney, Tim, Institute for Criminal Policy Research, School of Law, King's College, London, UK

**Objectives:** Criminal justice referrals to drug treatment have grown exponentially in many developed countries during recent years. While much of the evidence base for the effectiveness of such approaches originates from North America, European research has in the past tended to be more equivocal. This session presents findings from a pan-European study.

**Methods:** Researchers recruited a random sample of 845 people who entered drug treatment at purposively selected research sites in five countries between June 2003 and May 2004: 427 (51%) of them having done so as part of a court order. Respondents were interviewed at intake to treatment and then again at 6, 12 and 18-month follow-up intervals. Over 200 qualitative individual and focus group interviews were completed with clients, and a range of health and criminal justice professionals.

**Results:** Provisional 6-month findings reveal that 'coerced' clients showed significant reductions in substance use, risk and offending behaviours, and improvements in health. Those entering comparable 'voluntary' treatment showed similar types of reductions and improvements. These data suggest that, in the short-term at least, 'coerced' treatment options can have comparable retention rates and outcomes, if other factors are statistically controlled.

**Conclusions:** Our findings suggest that 'coerced' treatment can be effective under some conditions as an alternative to imprisonment. The context in which these measures are applied is crucial, and differences between countries in treatment quality and availability can help explain variations in outcomes. In developing strategies for responding to drug-dependent persistent offending, governments face several challenges. First, expectations of 'coerced' treatment should be realistic: these options are not a panacea for tackling the wider problems of drug use and drug-related crime. Secondly, in the drive to provide treatment resources for offenders,

provision must not be compromised for the large proportion of dependent drug users who do not fund their use through crime. Thirdly, the principles underpinning provision for those who are involved in crime must remain principles of treatment, and not crime control.

## Tu.05.3

### Release From Jail: Moment of Crisis or Window of Opportunity for Female Detainees in Baltimore City?

McLean, Rachel<sup>1</sup> Robarge, Jacqueline<sup>2</sup> Sherman, Susan<sup>3</sup>

<sup>1</sup> Power Inside, Brooklyn, NY, USA

<sup>2</sup> Power Inside, Baltimore, MD, USA

<sup>3</sup> Johns Hopkins Bloomberg School of Public Health, Dept. of Epidemiology, Baltimore, MD, USA

**Background:** Despite documentation of incarcerated women's heightened HIV risk and prevalence, few such studies have focused on women in jail settings. We examined health and social conditions facing female detainees at the Baltimore City Detention Center.

**Methods:** Trained interviewers conducted anonymous quantitative surveys with a random sample (n=148) of female detainees upon providing informed consent. The survey focused on: sociodemographic background; health status; housing and neighborhood stability and social resource availability upon release.

**Results:** Participants were 70% African-American, 16% White, 9% Mixed Race and 5% Native American. Participants' median age was 37, the reported median income was <\$2,000 year, and 53% reported receiving a high school diploma or equivalent. Women reported a number of health conditions typical of underserved populations, including asthma (42%), sexually transmitted infections (39%), high blood pressure (19%), HCV (14%), diabetes (5%) and HIV (4%). Nearly half (46%) did not anticipate having a place to stay for at least 30 days upon release. Factors significantly associated housing stability upon release were: high Family Support Score (Adjusted Odds Ratio [AOR] 6.15; 95% Confidence Interval [95% CI] 1.76, 21.61), high Neighborhood Stability Score (AOR 4.41; 95% CI 1.25, 15.52), wanting a commercial sex worker (CSW) support group (AOR 0.25; 95% CI 0.10, 0.62); and identifying as bisexual (AOR 0.24; 95% CI 0.07, 0.75).

**Conclusions:** Female detainees represent one of urban centers' most marginalized populations. Short periods of detention represent a unique opportunity for interventions bridging corrections and public health institutions. Service providers should collaborate with local jails to provide a continuum of care for female detainees upon release that includes transportation, housing, residential drug treatment, employment, education, family reunification, childcare and domestic violence support. Special attention is warranted to lesbian and bisexual

women and CSWs, who may be especially marginalized from family and service-based support networks.

## Tu.05.4

### Caught in the Net: The Impact of Drug Policies on Women and Families in the United States

Small, Deborah<sup>1</sup> Etienne, Stephanie<sup>1</sup> Verma, Anjali<sup>2</sup>

<sup>1</sup> Break the Chains: Communities of Color and the War on Drugs, New York, NY, USA

<sup>2</sup> American Civil Liberties Union Drug Law Reform Project, Santa Cruz, CA, USA

U.S. federal and state drug laws and policies have had devastating, effects on women, particularly women of color and low income women. Reliance on the criminal justice system to reduce use, abuse and sale of illegal drugs has done little to curb the supply and demand of these drugs in the United States, but has led to skyrocketing rates of incarceration of women. Drug law enforcement not only targets drug users and low-level sellers but also people who may be "unwittingly, unknowingly, or peripherally involved in drug activity" as a result of a variety of laws that 'broaden the net'. A disproportionate number of those "caught in the net" are low-income women of color.

There are now more than eight times as many women incarcerated as there were in 1980. Between 1986 and 1999, the number of incarcerated women incarcerated increased by 888%, surpassing the rate of growth in the number of men imprisoned for similar crimes. Women of color, who use drugs at rates equal to or lower than those of white women, are more harshly affected by current drug laws and policies than any other group.

The criminal justice system is not designed to address the underlying causes of drug addiction in women. More than two-thirds of women incarcerated for drug offenses have histories of physical and/or sexual abuse and many suffer from untreated mental illness. It is imperative that policies be developed to address the broader social and economic issues that impact women's lives.

The presenters will review the results of a report they published on the impact of sentencing, drug law and criminal justice policies on women and their families and discuss alternatives that will reduce the harms of punitive policies on women and their families.

## Tu.06.1

### Between Courage and Hesitation - 20 years of Harm Reduction Politics in Switzerland

Hotz, Rudolf, Waedenswil, Switzerland

**Objective:** To show that Harm Reduction in Switzerland - since its beginnings 20 years ago - is based much more on the rationale for public safety and public order than on principles of Human Rights.

**Methods:** Describe the development of Harm Reduction strategies in Switzerland, from the first safe injection room in 1986 to a wide range and network of about 300 structures and institutions:

- safe injection (and inhalation) rooms in 8 cities
- housing, working, day care and syringe exchange projects in almost all regions
- more than 20 day clinics in which 1200 patients have access to prescribed heroin

Description of the current difficulties Harm Reduction strategies face:

- reduction of funds for existing institutions
- lack of support and funds for new projects (i.e. prescription of cocaine) and/or regional disparities

Analysis/assessment of the reasons for these difficulties:

- international level: pressure (and intimidation) from the INCB and several hardliner nations
- National level: failure to pass a new Law on Drugs in 2004, which would have established Harm Reduction as one further important pillar of Swiss drug politics (along with prevention, treatment/therapy and repression)
- Ethical level: failure to base Harm Reduction on a Human Rights discourse. - In the early 80s the open drug scenes and drug markets were of great public concern. However, the associated distress was centred around disturbed public safety and law and order and was much less oriented towards the life circumstances of drug users. Once out of sight - thanks to the development of Harm Reduction structures -, public and political attention quickly diminished.

**Conclusion:** To build, develop and sustain a solid foundation for Harm Reduction politics in Switzerland - and elsewhere - it is imperative to launch the discourse to one that is Human Rights based rather than public order.

#### Tu.06.2

##### **Practice to Policy, Influencing GoV Decision Making**

Delic, Milutin, HIV Prevention Network Serbia, Belgrade, Serbia

Balkan countries are historically opposing proactive and innovative concepts. Decision making process based on the historical prejudices coupled with constant political tensions and external pressures is not a supportive environment for the introduction of HR principles into deeply routed practices and habits. The HPVPI in Serbia (HIV prevention among vulnerable populations initiative) started in 2003 in close partnership with the Ministry of Health and National HIV/AIDS Commission, implementing the comprehensive set of activities including policy development, demonstration (pilot) HR project strengthened with capacity building and networking. In addition research component on IDUs, SWS and PLWHA backed with Imperial College (London)

offered full insight into dimensions and scope of demands for HR activities. The initiative was backed up with OSI technical assistance and UNDP Serbia and Montenegro. Developing partnership approach and constant inclusion of the relevant national decision makers into the initiative, the project robustly supported development of the national HIV strategy that fully recognizes HR principles, providing the equal validity to HR as to other approaches. A year after the strategy adoption, the GoV is funding methadone centers (3), NX programs and cost share with NGOs active in HR field implementation. NGOs, organised through the network, are now fully recognised as partners that enable the GoV to reach vulnerable populations and provide demanded services and support.

#### Tu.06.3

##### **Moving Mountains in China**

Murphy Richardson, Maureen, Family Health International, Beijing, China

**Issue:** Managing an Expanded Comprehensive Response to HIV/AIDS in China.

Managing an Expanded Comprehensive Integrated Response (ECIR) to HIV/AIDS in China is an enormously complex task but not an unmanageable one with the right structures in place. China has rapidly changed its policies and approaches for responding to a growing epidemic, using the lessons learned from the rest of the world to create a China-specific recipe for dealing with its situation.

**Setting:** The DFID funded China-UK HIV/AIDS Prevention and Care Project (HAPAC) in Yunnan and Sichuan Provinces created a successful model using the ECIR framework. ECIR allows combining of various components relevant to the specific most at-risk populations. The components adopted in China include Methadone, needle exchange, drop in centers for intravenous drug users and family support services, income generation, voluntary counseling and testing and HIV care and support for drug users, men who have sex with men and sex workers.

**Project:** The multi-sectoral models of China-UK HAPAC were developed over the past five years and are now being replicated in other parts of China. Over 80 counties in Yunnan and Sichuan Provinces employ the models to serve their most-at-risk populations.

**Lessons Learned:** A clear structure that allows coordination among the various government and non-governmental actors is necessary for creating an environment where comprehensive response will succeed. Systems can be put in place using simple, clear models that define roles and responsibilities and allow for local adaptation and consistency across locations. These model interventions can then be replicated across a

broader area, allowing for successful scale-up of HIV interventions.

## Tu.06.4

### The Role and Potentialities of NGOs Providing Harm Reduction Programs in Perspective Collaboration with State Institutions

Sobolev, Igor, NGO, Tallinn, Estonia

In Estonia, where the population is 1,4 million, 4895 cases of HIV infection were registered. Although the majority became infected through sexual contact, a large number were infected through intravenous drug use. This is the fastest path to an HIV epidemic, and Estonia CHOSE it. The HIV epidemic started in 2000. 1474 new HIV cases were diagnosed, and coincided with a rapid increase in problematic drug use. 80 % of new HIV cases were 15 - 25 years old, Russian speaking, IDUs are mostly heroin users. In started Ida-Virumaa which is most socially and economically disadvantage area. The main reason why Estonia continues to lead European statistics of HIV infection is due to the imperfection of the national system for HIV and drug prevention in early '90s. We are now witnessing the negative consciences of lack of action at that time.

The first Needle Exchange Program was started in Estonia in May 1997 as pilot project with help of Soros Foundation. Only in June 2001, 10 month after HIV epidemic started, by support of Ministry of Social Affairs and Foundation the wide IDUs counseling and NEP started in Ida-Virumaa and Tallinn, mostly involved to injecting drug using region of Estonia. It was at this point that we decided to found a NGO that would help drug dependent HIV positive people. Convictus Eesti was founded in Tallinn in October 2002. In October 2003 Ministry of Social Affairs offers as provide NEP in Tallinn making ascent to outreach workers composed from former drug users. It gives very good results and became good practice for future work in Harm Reduction Programs in Estonia. As of now the number of clients has reached 1800 and the number of visits per month has increased to 2000. In addition to NEP the Unit and outreach workers provide individual consultations on various aspects of drug addiction and HIV. Redirect people to relevant medical institutions, organize periodical HIV test provide free condoms and informational materials.

## Tu.07.1

### Drug Prevention Education: a Case Study of Secondary Schools of Bahawalpur, Pakistan

Nasir, Muhammad, Social Help & Research Organization (SHRO), Bahawalpur, Pakistan

In our communities, smoking is just one of the problems we face every day. We worry about many things - lack of jobs, poor housing, schools that don't teach our children, racism, drugs, and crime. All these problems need our time and energy.

But fighting against tobacco is something we can do right now. Why? Because smoking is a problem we can solve. Because smoking kills more of our people than anything else. We can end deaths and diseases from tobacco if we all work together. Then, we can use these skills to fight other problems that our community faces. As our people become healthier, we can do great things.

The use of drugs and narcotics is a social evil particularly in developing countries. The adolescents in schools and faculty teachers may be involved in the menace. There is no content related to prevention of drugs in secondary school curriculum in Pakistan. Social Help & Research Organization (SHRO) arranged an activity in secondary schools of Bahawalpur related to prevention of drug addiction. Two instruments 1 a check list 2 a questionnaire along with that check list) were used to investigate the approximate percentage of drug users in secondary schools and also to know about the possible causes of the use of drugs and to evaluate the effectiveness of the activity arranged by the researchers.

These activities contained the speeches of doctors, religious scholars, sports experts and social workers of NGOs, CBOs, Community Groups in order to persuade the addicted students and teachers and also to prevent the non addicted from this evil. Effectiveness of the activity was evaluated through the opinion of participants. Main findings of the study revealed that the percentage of addiction to Tobacco was high than other drugs.

According to the opinion of participants, the activity was useful and relevant in connection with prevention of drugs. It was also suggested that such activities may be included in secondary school curriculum.

## Tu.07.2

### Effects of Education and Dispositional Variables on American College Students' Attitudes toward Harm Reduction

Goddard, Perilou<sup>1</sup> Bonar, Erin<sup>2</sup> Ryan, Melanie<sup>1</sup>

<sup>1</sup> Northern Kentucky University, Highland Heights, KY, USA

<sup>2</sup> Bowling Green State University, Bowling Green, OH, USA

**Objectives:** To determine the impact of harm reduction (HR) education and dispositional variables (closed-mindedness and temperance mentality) on college stu-



dents' attitudes toward HR in the conservative American Midwest. Our work was triggered by MacCoun (1998), who hypothesized that American opposition to HR may be due to ignorance about the evidence supporting the approach (consequentialist opposition) or to dispositional characteristics that are not likely to be altered by evidence (nonconsequentialist opposition). We predicted that consequentialists would respond to education about HR and that closed-mindedness and temperance mentality (viewing drug/alcohol use as morally wrong) would be associated with nonconsequentialist opposition.

**Methods:** In two studies, students (Study One n=116; Study Two n=122) received either low (0 hours), medium (approximately 2.5 hours), or high (approximately 15 hours) exposure to HR information in introductory psychology, abnormal psychology, or drug policy courses, respectively. Students also completed the Need for Closure Scale (including the closed-mindedness subscale), the Temperance Mentality Questionnaire, and a measure of HR attitudes (Study One used a composite scale of attitudes toward eight HR strategies; Study Two used the Harm Reduction Acceptability Scale-Revised).

**Results:** In both studies, more exposure to HR information was associated with more positive HR attitudes than less exposure (Study One  $F [2, 113]=51.9, p<.001$ ; Study Two  $F [2, 119]=97.4, p<.001$ ). Higher levels of closed-mindedness and temperance mentality were significantly correlated with more negative HR attitudes in both studies (all  $r$ 's  $> -.23$ , all  $p$ 's  $< .02$ ). However, when we held the levels of closed-mindedness and temperance mentality constant via analysis of covariance, large main effects for HR exposure remained (all  $F$ 's  $> 33$ , all  $p$ 's  $< .001$ ).

**Conclusions:** American HR opposition may stem from lack of HR knowledge or from more enduring traits. However, education appeared to be a more powerful force than dispositions, surely a hopeful note for American HR advocates.

### Tu.07.3

#### **Pourquoi Commencer? (Why Start?) - a Media Campaign Aimed at Preventing Initiation of Drug Injection Among Street Youth (SY)**

Roy, Elise<sup>1,2</sup> Morissette, Carole<sup>2,3</sup> Haley, Nancy<sup>2</sup> Gutierrez, Natalia<sup>1,2</sup> Godin, Gaston<sup>4</sup>

<sup>1</sup> University of Sherbrooke, Longueuil, QC, Canada

<sup>2</sup> Montreal Regional Public Health Department, Montreal, QC, Canada

<sup>3</sup> University of Montreal, Montreal, QC, Canada

<sup>4</sup> Laval University, Quebec, QC, Canada

**Issue:** Drug injection is frequent among SY and as such, it is a serious public health concern. A media campaign project aimed at preventing initiation of drug injection among SY was developed in collaboration with community organisations (COs).

**Setting:** The downtown SY milieu, Montréal, Canada.

**Project:** After an extensive collaborative research work including consultation with SY on factors that favour initiation into injection drug use in their milieu, a communication plan was developed that identified the aim and objectives of the media campaign and the components which the campaign should target. The goal was to enhance existing resistance to injection observed among street youth. The main objectives were to increase youth's awareness of harmful consequences of injection and of their personal vulnerability. These consequences, identified from focus groups, were addressed in the campaign: drug dependence, loss of personal integrity, physical consequences, deterioration of social ties, death of friends, and loss of "everything". Diffusion strategies involved multiple channels such as posters in community based organisations, subways, restaurants or bar restrooms, fly postings on hoardings, visual stunts, distribution of promotional items displaying the campaign logo, etc. The campaign was launched in 06-13-05 and terminated in 08-29-05.

**Outcomes and Lessons Learned:** The course of the campaign was monitored carefully through a process evaluation based on continuous contacts with all concerned actors in the field (SY, COs, police, etc.). COs' participation was maintained throughout the campaign and most planned activities and events were realised with some minor adjustments. The campaign progressed as planned and was generally well received in the milieu. This success is attributable to the extensive efforts made to develop an intervention based on youths' and COs' perspectives and adapted to the reality of young street youth.

### Tu.07.4

#### **Preventing Initiation to Injecting Drug Use through Programs Targeting IDUs - PSI's Break the Cycle Program in Central Asia**

Bell, Marty<sup>1</sup> Gray, Robert<sup>2</sup>

<sup>1</sup> Population Services International, Almaty, Kazakhstan

<sup>2</sup> Population Services International, Tashkent, Uzbekistan

**Issue:** Opiate use & injecting are spreading rapidly in Central Asia. Unsafe injecting is the leading cause of HIV transmission in the region. With other regions of the former Soviet Union and Eastern Europe, Central Asia is part of one of the fastest growing HIV epidemic in the world.

**Intervention:** Working in collaboration with HIV prevention programs, PSI has created a unique model designed to reduce initiation of injecting drug use. The model works, on one hand, with "pre-injecting" youth (defined broadly as youth who socialize w/ IDUs) and, on the other, with the IDUs who play a role in transitioning "pre-injectors" into injecting. Evidence from Neil

Hunt's ground-breaking Break the Cycle program in the UK shows that interventions with IDUs can help reduce initiation of injecting drugs use among non-injectors. Working off this evidence base, this program to reduce initiation of injecting provides a new model by focusing not only on the at-risk population (the pre-injector) but also on the IDU who plays a role in the initiation process.

**Discussion:** The presentation will explore how the PSI intervention supplements existing HIV prevention programs by reducing adoption of IDU in the first place, and doing so in a developing country context that hopefully can be replicated in other developing country regions where increasing numbers of people are initiating injecting drug use.

## Tu.08.1

### **RIOTT in the UK: Randomised Trial of Supervised Injectable Opioid Treatment (Heroin And Methadone) at New Supervised Injecting Clinics**

Metrebian, Nicola; Lintzeris, Nicholas; Strang, John; National Addiction Centre, Institute of Psychiatry, London, UK

Maintenance substitution treatment using oral methadone has been demonstrated to be effective for most heroin users entering treatment. However there are some who do not benefit from such treatment. One response has been the use of injectable opioids - heroin and methadone - but there is limited evidence for its efficacy. Injectable treatment has been a feature of UK drug treatment (albeit a small one and dispensed without supervision) for over 40 years. Recently, the UK government called for more heroin prescribing and has funded pilot supervised injecting clinics. The need for research evidence has been raised. A trial is underway to examine whether providing injectable opioid treatment for individuals not responding to their current oral methadone treatment will result in greater reductions in illicit heroin use than providing optimised oral methadone treatment, and greater economic benefit per extra unit of resources invested in the treatment than only offering optimised oral methadone treatment. A multi-site randomised controlled trial to compare the safety, efficacy, and cost effectiveness of supervised injectable opioid treatment with "optimised" oral methadone for individuals who continue to inject heroin regularly despite receiving oral methadone treatment. One hundred and fifty clients not responding to their current oral methadone treatment will be recruited and randomly allocated to receive optimised oral methadone or supervised injectable methadone or heroin for six months. All injecting is supervised and clinics are open 7 days a week in order to facilitate this. This session will focus on the delivery of the supervised injecting services together with client and staff experiences, and

outcomes related to injecting practices. The research will better inform clinicians and policy makers as to how to respond to this patient group, and whether additional resources should be directed to the prescribing of injectable opioids (and supervised injecting services) or to enhancing the capacity for optimised oral methadone.

## Tu.08.2

### **Harm Reduction Ethics: Radical in the Beginning, Diluted by Politics Today**

Haemmig, Robert, Director of Integrated Drug Service, Bern, Switzerland

In the early 1990ies harm reduction advocated radically the principles of modern bioethics (Tom L Beauchamp & James F Childress, 1994):

Respect for autonomy

Nonmaleficence

Beneficence

Justice (in distribution of resources)

These principles get more and more acknowledged today by internal medicine, however, in psychiatry, where many of the drug users are treated, these principles are still far from being introduced. But drug users are also otherwise subjects to all kind of inflictions of breaches of these principles. Any pedagogic approach is disrespecting their autonomy, punishment aims at damaging them etc. Especially the marginalisation is due to the scientific literature a major factor for more serious diseases and contradicts the principles. Interestingly, these breaches of the ethical principles started with the adaptation of harm reduction as part of the official drug policy.

## Tu.08.3

### **Randomised Study on the Difference Between Prescribed Intravenous Diacetylmorphine vs. Oral Methadone: The Andalusian Trial (PEPSA)**

March, Joan Carles<sup>1</sup> Oviedo Joekes, Eugenia<sup>1</sup> Perea

Milla, Emilio<sup>2</sup> Carrasco, Francisco<sup>3</sup> Team, Pepsa

<sup>1</sup> Andalusian School of Public Health, Granada, Spain

<sup>2</sup> Hospital Costa del Sol, Marbella, Spain

<sup>3</sup> Servicio Andaluz de Salud, Almería, Spain

**Objectives:** Assess the efficacy of prescribed intravenous diacetylmorphine with oral methadone vs. oral methadone alone, both with medical and psychosocial support; in the improvement of physical and mental health as well as social integration among socially excluded opioid dependents patients for whom available treatments have being unsuccessful. The experimental drug prescription program in Andalusia (PEPSA).

**Methods:** This was an open randomised controlled trial, carried out in Granada, Spain, from February 2003 to November 2004. Sixty-two patients were randomised

(31 in oral methadone alone; control group and 31 in intravenous diacetylmorphine plus methadone; experimental group), 44 completed the treatment (21 control; 23 experimental) and 50 analysed (12 were lost for follow up) after 9 months. Comprehensive clinical, psychological, social and legal support was given in both groups.

**Results:** Both groups improved with respect to the total domain assessed. Those in the experimental group showed greater improvement in terms of physical health (mean ratio experimental/control = 2.5;  $p=0.034$ ), risk behaviour for HIV infection (mean ratio experimental/control=1.6;  $p=0.012$ ), heroin use in the street (mean ratio experimental/control = 2.4;  $p=0.020$ ), as well as the number of days free of drug-related problems (mean ratio experimental/control = 2.1;  $p=0.004$ ) and involvement in crime (mean ratio experimental/control = 3.2;  $p=0.096$ ). No differences in psychological or social adjustment were found between groups.

**Conclusions:** Medically prescribed intravenous diacetylmorphine is safe and feasible in the context under consideration. With the same medical and psychosocial intervention, patients in the experimental group showed greater improvement than the control group in those assessed areas that are directly linked to the use of injected diacetylmorphine under hygienic, controlled conditions, and within a legal framework. Certain patients who had found methadone ineffective in the past actually benefited from methadone treatment under comprehensive psychosocial, clinical and legal support.

#### Tu.08.4

##### Changes in Canadian Heroin Supply Coinciding With the Australian 'Heroin Shortage'

Wood, Evan<sup>1,2</sup> Stoltz, Jo-anne<sup>2</sup> Montaner, Julio<sup>1,2</sup> Kerr, Thomas<sup>1,2</sup>

<sup>1</sup> Department of Medicine, University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Aims:** The Australian heroin shortage has been attributed to increased law enforcement funding. Since western Canada receives heroin from similar source nations, but has not increased enforcement funding, we sought to examine trends in Canadian heroin-related indices before and after the Australian heroin shortage, which began in approximately January 2001.

**Methods:** For the years 1998 to 2003, we examined the province of British Columbia's fatal overdose statistics, as well as the number of ambulance responses to heroin-related overdoses that required the use of Naloxone in Vancouver's Downtown Eastside, where most overdoses are concentrated. As an overall marker of Canadian

supply reduction, we also examined the quantity of heroin seized during this period.

**Results:** There was a 35% reduction in overdose deaths, from an annual average of 297 deaths during the years 1998 to 2000, in comparison to an average of 192 deaths during 2001 to 2003. Similarly, use of Naloxone declined 45% in the period coinciding with the Australian heroin shortage. Interestingly, the weight of Canadian heroin seized declined 64% coinciding with the Australian heroin shortage, from an average of 184 kg during 1998 to 2000, to 67 kg on average during 2001 to 2003.

**Conclusions:** Massive decreases in several markers of heroin supply have been observed in western Canada coinciding with the Australian heroin shortage, despite no increases in funding to Canadian enforcement efforts and despite reduced Canadian seizure activity. These findings suggest that external global heroin supply forces, rather than increased funding to enforcement, may explain the Australian heroin shortage.

#### Tu.09.1

##### Public Health, Social Justice, and Human Rights: Latent Linkages Between Harm Reduction and Tobacco Control

Alcabes, Philip, Hunter College, CUNY, New York, NY, USA

This paper traces differences in harm reduction (HR) and tobacco control (TC) practices to diverging philosophies. Yet, areas of common ground offer bases for advocacy and organizing to improve public health, achieve social justice, and protect human rights.

HR began as a *practical* response to a public health problem in the *absence of policy*. By contrast, TC started with *policy initiatives without practical programs*. Each acquired unique philosophical freight as policy (pro or con) developed around HR and programs developed for TC.

HR advocates include libertarians and supporters of liberal justice. They are antagonized by smoking-cessation and moralistic anti-smoking advertising aspects of TC.

TC supporters include utilitarians, supporters of human potential, health advocates, and opponents of corporate capitalism. They are distanced by failures of HR to attend to personal, family, and social consequences of addiction.

HR-TC alliance will benefit all groups. It can be based on three elements common to both movements:

1. Improvements in public health (HIV/HCV/HBV control, cancer reduction) empower the marginalized to confront controlling political structures.
2. Contagion, cancer, and cardiovascular disease concentrate among the poor because of economic structures and concerted marketing policies; expansion of

social justice demands approaches that reduce all three health problems.

3. Human rights are compromised by impediments to full health and longevity. Both TC and HR support human rights by removing impediments and providing services to support fuller health.

## Tu.09.2

**Applying Harm Reduction Principles to Tobacco Policy**  
Sweanor, David, University of Ottawa Faculty of Law, Ottawa, Canada

Anti-tobacco policies worldwide are based overwhelmingly on an abstinence-only paradigm. This paper argues that this paradigm for tobacco control is largely the result of a moralistic orientation that coincides with the past thinking prevalent on other drug issues and has not stayed current with changes in our scientific understanding of the nature of cigarette smoking, and particularly the accumulated information on addiction and the use of nicotine administration as a form of self-dosing to treat a range of conditions. This paper maintains that tobacco and health policies are in the process of going through a paradigm shift consistent with the theory Thomas Kuhn outlines in *The Structure of Scientific Revolutions*. As with other paradigm shifts there will be much animosity generated and a significant struggle within the anti-tobacco community, but ultimately this could lead to one of the most significant breakthroughs in the history of public health. The presentation will focus on the causes and prevention of tobacco-related harm, the science behind cigarette use and the potential to look at various tobacco/nicotine products upon a continuum of risk. It will then outline a rational science-based and treatment-oriented approach to dealing with this area of policy that could benefit from lessons from other areas of drug harm reduction while simultaneously informing policy discussions on those other drugs.

## Tu.09.3

**Framing The Debate: Next Steps in Supporting Tobacco Harm Reduction**

Jahann, Sai; Bonnell, Roxana; Open Society Institute Public Health Program, New York, NY, USA

Within the Open Society Institute, the International Harm Reduction Development Program (IHRD) and the Tobacco Control Policy Program have worked successfully and separately: IHRD has focused on advocating for the health and human rights of people who use illicit drugs, particularly in the promotion of harm reduction principles; meanwhile, the Tobacco Control program has aimed to reduce smoking prevalence through policy initiatives such as tax increases and smoke-free legislation. OSI is interested in fostering dialogue between the two communities to identify common ground, develop a strategy for informing the public, and promote greater

acceptance and use of harm reduction philosophies within the tobacco control community.

Tobacco causes about five million deaths each year. Given this staggering situation, one would expect that the tobacco control community would actively pursue harm reduction interventions to reduce death and disease. Unfortunately this has not been the case. The tobacco control community, especially in the United States, has not been open to including harm reduction in its programs, and it exhibits an apparent unwillingness to think seriously outside the lines of abstinence-only interventions. These prejudices filter into training given to advocates in developing countries, who incorporate the abstinence-only philosophy into their local tobacco control efforts. As the burden of tobacco-related disease shifts increasingly to developing countries, the arguments for including harm reduction elements into tobacco control grow ever more compelling.

This presentation will discuss OSI's year-long process of initiating discussion and activity on tobacco harm reduction and will identify next steps for both the activist and donor communities to move forward on this issue. It will specifically address the following questions:

- How can we reframe the debate away from abstinence-only discussions?
- Who are potential partners in exploring this issue?
- What evidence is needed on tobacco harm reduction? How can we encourage it?
- What role, if any, do the tobacco and pharmaceutical industries play in these discussions and activities?
- How can we support this debate in developing countries?

## Tu.09.4

**Lung Cancer Prevention: Barriers to Participating in Programs Using Smokeless Tobacco For Smoking Cessation in Nigeria (West Africa)**

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<sup>1</sup> Department of Community Medicine, University College Hospital, Ibadan, Nigeria

<sup>2</sup> Division of Hematology/ Oncology, University of Massachusetts Medical School, Worcester, MA, USA

The use of smokeless tobacco (ST) as a smoking cessation method or as a means of reducing cigarette consumption has been proposed for many years. For smokers that are addicted to nicotine or unable to quit, it is important that they can take advantage of a much less hazardous form of nicotine and tobacco. Tobacco-based harm reduction programs may be a cheaper alternative in a setting with limited resources.

This study sought to explore problems associated with quitting and tobacco harm reduction among males, 17-65 years old, who had answered to the affirmative about being smokers (one hundred cigarettes or more in a life-

time) in a previous study. Focus groups discussions and in-depth interviews were conducted with open-ended questions on previous attempts to quit, motivation and methods that seemed to be the best in their opinion. We also looked at interest in smoking reduction and nicotine maintenance as an alternative to complete cessation. The discussions were audio taped, transcribed and coded using a computer-based qualitative software. Inter-observer reliability was 81%.

There were 87 participants in all. Sixty five (75%) of them did not want to explore chewing or sniffing tobacco due to fear of teeth discoloration, nasal irritation and nasopharyngeal cancer. Motivation to stop smoking worked in 55% of patients with significant co-morbidities compared to 16% in those without (P value <0.05). Other barriers to quitting were peer pressure and a feeling of loneliness. Some successful quitters had used a combination of quit methods such as prayer, fasting, nicotine gum, deep breathing and avoidance of alcohol and nightclubs. We observed that mainly participants who had major health problems and with difficulty in quitting are interested in exploring the smokeless tobacco option. Behavioural methods and more education about potential harm reduction of smokeless tobacco should be explored in this population of patients.

#### Tu.10.1

##### **Advocacy Through Reinforced Networking and Partnerships: ARV 4 IDU case**

Stuikyte, Raminta, Central and Eastern European Harm Reduction Network, Vilnius, Lithuania

Employment of less repressive and non-discriminative policies with regard to drug users and other vulnerable groups of population is a long-term goal of Central and Eastern European Harm Reduction Network (CEEHRN). Capacity building of members, networking and collaborative partnerships are the key elements that help addressing such issues as drug policy, sex work legislation and practices, prison health, hepatitis C treatment, HIV treatment for IDUs, etc.

Since 2002 CEEHRN actively started building links between harm reduction and HIV treatment communities and supported the HIV treatment activist movement in Eastern Europe and Central Asia. In 2004 it established informal international group advocating for anti-retroviral treatment for injecting drug users (ARV 4 IDU). Together with 200 drug user and AIDS activists, the coalition addressed WHO to ensure drug users are included in foreseen treatment scale up. In 2004-2005 WHO enlighten need to provide antiretrovirals (ARVs) to IDUs in non-discriminative way with relevant support. In 2005, in Ukraine CEEHRN through Harm Reduction Knowledge Hub partnership organized training for joint harm reduction and PLWHA teams on HIV treatment preparedness and harm reduction program involvement.

In late 2005 harm reduction programs are expected to start pilot projects to support treatment readiness and adherence for HIV-positive drug users.

Linking different initiative in HIV, drug, hepatitis C, sex work, reproductive health, human rights and other fields reinforce messages and help to use limited human and financial resources with the highest effect both in policy and in strategies and services. Using partnership networks also helps to mobilize support for reaction to policy changes and support in-country partners.

#### Tu.10.2

##### **A Year in the Life of a Global Fund Grant: the Thai Drug Users' Network (TDN)'s Experience**

Jintakanon, Seree, Thai AIDS Treatment Action Group, Thai Drug Users' Network, Bangkok, Thailand

In April 2003, the Thai Drug Users' Network (TDN) submitted an application to the Global Fund to Fight AIDS, TB and Malaria (GFATM) for a peer-driven HIV prevention, care and support project for injecting drug users (IDU). The US\$ 1.3 million proposal was submitted directly to the Fund and not via the Country Coordinating Mechanism (CCM), as a brutal drug war was being waged and fair consideration by government reviewers was unlikely. In a historic decision, the grant was awarded, with a first disbursement made in October 2004.

TDN and its three project partners, the Thai AIDS Treatment Action Group (TTAG), Alden House, and Raks Thai Foundation, are now charged with conducting harm reduction education, services and advocacy in an environment hostile to drug users and notorious for extrajudicial killings of people involved with drugs, the majority of which the government refuses to investigate. These community-based groups have faced significant challenges, from stigma to legal barriers to implementing key HIV prevention interventions, and from the Global Fund structure and culture as well. Ignorance and discrimination within the AIDS NGO community has further exacerbated their ability to promote harm reduction approaches. Yet the Grant has engendered unprecedented opportunities as well, for drug users to design and implement harm reduction services according to their own vision.

This paper will describe the front-line experiences of TDN and the three partners in reaching out to injectors in the midst of a drug war, and behind-the-scenes experiences contending with unanticipated Global Fund exigencies. In particular, TDN will describe how the project sub-recipients are using this project as a drug user capacity-building exercise to build model harm reduction services in Thailand and aggressively advocate for HIV prevention and treatment for this neglected and highly-vulnerable group.

## Tu.10.3

### Networking Among Drug Users and Drug Users Organizations

Pandey, Bijay, Recovering Nepal, Kathmandu, Nepal

**Issues:** There are several organizations in Nepal who are struggling to survive without any governmental and international donors thus they have to charge drug users for treatment and rehabilitation. Lack of collaborative voice of drug users and organizations that are working for drug users.

**Setting:** IDUs and DUs from four regions of Nepal. Consultation meetings were held in each region and IDUs leaders were invited for the meeting. An election was held to choose the leaders.

#### Outcomes:

- An advisory board of ten members were formed in each region and as a result there are forty advisory members and 13 executive members were formed for Recovering Nepal.
- Now the advisory board them design there own programs in the region and conduct advocacy activity locally.
- Resource allocation is being done regionally as well as nationally.
- IDUs advocated for specific policy change with methadone, syringe exchange programs.

#### Recommendation:

- IDUs should be provided an opportunity to be involved in policy and program; so that leadership & advocacy among IDUs are strengthened.
- A harm reduction response requires that IDUs are involved as true leaders and designers of programs. IDUs need to develop and implement their own programs which requires an openness to look at creative harm reduction strategies. It is critical that IDUs themselves are the leaders of harm reduction programs.
- A comprehensive program should be implemented which should consists treatment and rehabilitation of drug users, substitution therapy and needle exchange program should be implemented simultaneously.
- There are more thirty rehabilitation centers in Nepal most of them are run by drug users themselves, some efforts should be made to upgrade those grass root organizations because no of them have received any sorts of financial and other supports till date.

## Tu.10.4

### Drug Users Working in Vancouver's Supervised Injection Site: On the Inside

Buchner, Christopher; Evans, Sarah; Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** Evidence demonstrates that public health interventions may experience a greater degree of success in engaging their target population when members of that

community are involved in delivering the service.

Experience in Vancouver, British Columbia dictated that in implementing North America's first legal Supervised Injection Site, active drug users had to be actively involved in its daily operation.

**Setting:** In 2003, after a decade of community activism, Vancouver saw the opening of its first legally sanctioned Supervised Injection Site. Its service model was based upon the experiences of those operating in other jurisdictions. However few had the active involvement of members of the target population, injection drug users them selves.

**Project:** In the planning of the SIS, extensive consultations with various injection drug using communities took place (women, aboriginal, youth, etc.). Supplemental surveys were conducted to inform the operational model of this much anticipated health service. Much of the direction given by injection drug users' consulted, was that they wanted to see peers involved in the service delivery. Drug user unions and community groups were involved in developing the Peer Program for the SIS. Today, the Chillout Lounge (post-injection area) of the SIS is staffed and operated by Peers. In the "Chill" Peers conduct counselling, give referrals, distribute refreshments and act as a liaison between their peers and the professional service providers (RNs, counsellors and healthcare workers).

**Outcomes:** The Peer Program in Vancouver's SIS contributes in many critical way to the overall success of the program. Peers set culture that contributes to accessibility. Peers help establish standards of behaviour. Peers provide services in a manner that clinicians and other professionals cannot. Most importantly though, the Peer Program ensures that this vital service can be integrated into the community in which it is situated and can reflect the lived experience of its participants.

## Tu.11.1

### Acknowledging Pain in Drug Dependency: Analysis of Opioid Use in Patients With Chronic Pain

Orgel, Michael<sup>1</sup> Littlewood, Peter<sup>2</sup> Colvin, Lesley<sup>3</sup>

<sup>1</sup> Edinburgh Community Drug Problem Service, NHS Lothian, Edinburgh, UK

<sup>2</sup> Edinburgh Harm Reduction Service, Edinburgh, UK

<sup>3</sup> University of Edinburgh, Edinburgh, UK

**Issue:** Persistent pain effects approximately 10% of the general population but may be higher in patients with drug dependency, although there is a lack of knowledge about the true prevalence of this problem. There are many barriers to effective pain treatment with clinical experience indicating that inadequate pain relief is particularly common. Adequate relief of pain is a basic human right for all patients.

Guidelines from the British Pain Society outline "best practice" for using opioids in patients with chronic non-

malignant pain, which state that problem drug use does not preclude the therapeutic use of opioids.

Involvement of a specialized service with experience of managing these patients is recommended. More information is required as to the frequency of these issues and analysis of how joint working can facilitate clinical management.

**Setting:** This project took place in NHS Lothian covering Edinburgh and the surrounding region, population of approximately 1 million. The clinical services involved are NHS Lothian Substance Misuse Treatment Services and the Lothian Chronic Pain Services. To facilitate joint working between specialists a combined clinic has been set up between these services.

**Project:** This presentation will report on the establishment of an innovative combined chronic pain/ substance misuse treatment clinic. This integrated clinic arose in an attempt to resolve difficulties with managing patients with chronic pain and drug dependence in parallel. The goal of working together was to ensure more rapid assessment and appropriate management. A survey of opioid use in this patient population was commenced to define the extent of the problem at a local level and to assess compliance with national guidelines.

**Outcomes and Lessons Learned:** Development of the combined clinic has improved liaison between specialist services and aided in development of defined care pathways. Initial analysis of the survey of chronic pain and substance misuse will be presented.

#### Tu.11.2

##### After The War on Drugs - Controlling Drugs in a Post-Prohibition World

Wodak, Alex<sup>1</sup> [Kushlick, Danny](#)<sup>2</sup> Polak, Freek<sup>3</sup>

<sup>1</sup> Director of IHRA, Darlinghurst, NSW, Australia

<sup>2</sup> Director of IHRA, Bristol, UK

<sup>3</sup> Many and Varied, Amsterdam, The Netherlands

This is a follow up to the highly successful panel session in Belfast, "Widening the Agenda - Planning Harm Reduction in a Post-Prohibition Era". As you can see it has not been finalised and we would expect some more presenters to take part than are currently mentioned. The following is little more than notes that Alex Wodak and I put together. It does, however, constitute the basics of the session. Much of the work for this is outlined in Transform's publication 'After the war on drugs - options for control', which can be seen at: [www.tdpf.org.uk](http://www.tdpf.org.uk)

We would like a day or at least half a day session, divided into three sections:

- 1 A session on what the objectives of effective, just and humane drug policy should be.
- 2 A session on what the arrangements would look like for a 'least worst' drug policy. Specific options for control: who would produce the drugs - pharmaceutical

companies, the State, suppliers of health foods? And who would 'gatekeep' them - doctors, pharmacists, licenced retailers?

- 3 A session on how to achieve a legally regulated and controlled drug market. Strategic and practical issues.

We will ensure that at least 40% of the total time is taken up with plenary Q&As and do this in a way that makes it easy to publish something from it.

Amongst others we also expect that Ethan Nadelmann and Donald MacPherson will take part in the second and third sessions.

We will also involve users and people from developing countries.

#### Tu.11.3

##### Perspectives on Pain Management and Drug Dependency

[Orgel, Michael](#)<sup>1</sup> Colvin, Lesley<sup>2</sup>

<sup>1</sup> Edinburgh Community Drug Problem Service, NHS Lothian, Edinburgh, UK

<sup>2</sup> University of Edinburgh, Edinburgh, UK

Persistent pain effects approximately 10% of the general population but may be higher in patients with drug dependency. There is a lack of knowledge about the true prevalence of chronic non-malignant pain co-existing with drug dependency. Many of these patients might be considered appropriate for opioid analgesic therapy, however there are many barriers to effective pain treatment. Adequate relief of pain is a basic human right for all patients.

Clinical experience indicates that inadequate pain relief is particularly common in patients with chronic pain and drug dependency. We propose that a session focussing on the international dimension of these problems be held at the Vancouver IHRA 2006 conference. In addition to the UK (Scottish) perspective on these issues, the challenges facing countries of the third world regarding these issues and the serious dilemmas of physicians facing arrest in the US could be highlighted.

#### Tu.11.4

##### Training A&E Staff to Treat Drug Users for Both Pain & Withdrawal

[O'Neill, Sandra](#)<sup>1</sup> McLaren, Damian<sup>2</sup>

<sup>1</sup> Redoubt Drug Treatment, Training & Consultancy, Pinner, UK

<sup>2</sup> Lambeth Drug Action Team, London, UK

**Background:** A hospital Accident and Emergency department requested a basic training programme for staff to attend whilst on rotation through that department. Emergency Medical Services often fail to treat drug users presenting with abscesses, DVT, etc., appropriately, underestimating the value of early intervention

in minimising harm and the opportunity to act as a conduit into drug treatment.

**Approach:** Develop a training course which would inform A&E staff about the basics of treating drug users for both pain and withdrawal and which would also focus on a paradigm shift allowing the A&E staff to look at the individual as a person in need rather than as a drug user with a self-inflicted injury. The course needed to address basic drugs awareness, basic assessment skills, treatment guidelines already in effect protecting the hospital staff, opiate equianalgesia, tolerance vs. addiction and the roles of empathy and congruence in gaining the trust of the user in order to ensure that effective care can be provided.

**Course Topics:**

- Understanding Drugs & Drug Users
- Recognising Signs & Symptoms of Drug Use in Clients Presenting for Acute/Urgent Care
- Basic Assessment & Onward Referrals to Appropriate Drug Treatment Services, Needle Exchange, etc.
- Understanding the Roles of Empathy & Congruence When Treating Drug Users
- Managing Pain & Withdrawal in Drug Users

**Conclusions:** There appear to be two major reasons that drug users either fail to seek emergency medical care or self-exclude; 1) that A&E staff often see these injuries as 'self-inflicted' and thus fail to treat the user with appropriate pain relief and opiates for withdrawal; and 2) that drug users are reluctant to wait hours and risk withdrawal whilst in care. When appropriately educated, A&E staff can both treat the user for the immediate crisis and serve as a gateway into harm reduction.

**Tu.11.5**

**An Update on Drug Overdose Cases at the Sydney Medically Supervised Injecting Centre (MSIC), May 2001 – July 2005**

Jauncey, Marianne E<sup>1</sup> Salmon, Allison<sup>2</sup> [van Beek, Ingrid](#)<sup>1</sup>

<sup>1</sup> Sydney Medically Supervised Injecting Centre, Sydney, NSW, Australia

<sup>2</sup> National Centre for HIV Epidemiology and Clinical Research, UNSW, Sydney, NSW, Australia

**Objectives:** A key public health benefit of supervised injecting facilities is the reduction in morbidity and mortality associated with drug overdose. This presentation will describe the clinical presentation, management and outcomes of all drug overdose events at the Sydney MSIC for the period May 2001 to July 2005.

**Methods:** Comprehensive clinical data are recorded at the Sydney MSIC for every overdose event, both for diagnostic purposes, and to assess response to clinical intervention. These include pulse oximetry (to measure arterial oxygen saturation of haemoglobin) and Glasgow Coma Scale (to assess level of consciousness). Data are

also collected regarding risk factors for overdose and were reviewed for the period May 2001 to July 2005.

**Results:** There were a total of 1512 drug overdose events, all of which were successfully managed without fatality on site at the Sydney MSIC. There were 1364, (90%) cases associated with the injection of heroin, and 252 (17%) required the therapeutic administration of naloxone (Narcan). Oxygen saturation levels at initial presentation ranged from less than 20% to over 90%, and Glasgow Coma Scales ranged from 3-15. The rate of overdose is 5.9 per 1000 visits. There were 67 cases of cocaine toxicity and the remainder were benzodiazepine-related and morphine-related overdoses.

**Conclusions:** A supervised injecting facility is in the unique position to intervene very early in the natural history of a drug overdose and thereby reduce subsequent morbidity and mortality.

**Tu.12.1 (Film)**

**Hope**

[Luwang, Liechii](#), SASO and Shalom, Imphal, India

This film tells the truth about the People Living with HIV/AIDS in Manipur, India. 'Hope' is a space where they freely expressed their feelings and expectations while fighting against HIV/AIDS in the conflict situation of Manipur. Their liberty of being alive is enlightened by the humanitarian touch of the project. The hollow space of their hearts and lives were filled by the unforgettable loves of the Pathway Project, showing the high hope to survive. PCI (Project Concern International) join hands together with SASO (Social Awareness Service Organization) and Shalom (Society for HIV/AIDS and Lifeline Operation in Manipur) provides the impulse for these very poor people to survive. Manipur continues to experience a severe epidemic of HIV and AIDS, substantially impacting upon the drug injecting community, their non-injecting partners and their children.

**Tu.12.2 (Film)**

**Drug Users Perspectives**

[Powis, Neville](#); [Tanguay, Pascal](#); Asian Harm Reduction Network, Asian Multinational

In 2003 there were around an estimated 13.2 million injecting drug users (IDUs) worldwide. Around 25% of all injecting drug users live in South and Southeast Asia. Stigma and discrimination remains an enormous barrier to effectively fight the twin epidemics of injecting drug use and HIV/AIDS. This short film gives a voice to drug users and ex-drug users in five Asian countries: Cambodia, Thailand, Iran, Pakistan and Indonesia. They talk frankly about their drug use experiences, their lack of knowledge in avoiding the sharing needles and of the social stigmatisation, discrimination and marginalization they have experienced.



**Tu.12.3** (Film)**Scottish Prisons Service Harm Reduction**

Heller-Murphy, Stephen; Christie, Tim; Scottish Prisons Service, UK

A film produced to show to every prisoner on entry to prison highlighting the help one can expect and the risks associated with heroin use. This film was made in response to the need to reduce drug related death following release from prison. The film format is of interviews with six prisoners discussing their overdose experience and what interventions have helped them with their drug use whilst in prison.

**Tu.13.1****Drug Law in Practice in a Polish City**

Sobeyko, Justyna<sup>1</sup> Leszczyszyn-Pynka, Magdalena<sup>2</sup> Duklas, Tatiana<sup>3</sup> Bejnarowicz, Piotr<sup>1</sup> Parczewski, Milosz<sup>2</sup> Burris, Scott<sup>4</sup> Case, Patricia<sup>5</sup> Lazzarini, Zita<sup>6</sup> Chintalova-Dallas, Repsina<sup>7</sup>

<sup>1</sup> Infectious Diseases Prevention Association, Szczecin, Poland

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<sup>3</sup> "TADA"- Health Promotion and Social Risk Prevention Association, Szczecin, Poland

<sup>4</sup> Temple University Beasley School of Law, Philadelphia, PA, USA

<sup>5</sup> Harvard Medical School, Boston, MA, USA

<sup>6</sup> Director of Division of Medical Humanities, Health Law and Ethics; University of Connecticut Health Center, Farmington, CT, USA

<sup>7</sup> RPAR Project, Alexandria, VA, USA

**Background:** In the 1990s, after intense debate, Poland's drug laws were amended to criminalize possession and sale of small amounts and to provide a broad range of treatment alternatives to incarceration. Research was conducted in Szczecin to determine how these policies were being implemented in northwest Poland.

**Methods:** Using a community based action research method called Rapid Policy Assessment and Response, a research team guided by a Community Action Board collected written laws and policies, conducted focus groups (3), and key informant interviews (23) to learn how these policies were being applied in practice. Results were triangulated with published research and available statistics.

**Results:** The reported actual practice in law enforcement and drug treatment differs dramatically from the law "on the books". Drug treatment is not routinely offered, even when the law requires judges to impose treatment on those convicted. In 2001, 2741 cases legally required treatment, but in practice, only 39 (1.4%) were mandated to treatment. Qualitative interviews with legal professionals confirm the rarity of treatment. Although free legal aid is mandated by law,

defendants can rarely obtain it. Interviews with police suggest that drug laws are primarily used for obtaining information and maintaining control of drug users.

**Conclusions:** Poland has had an abstract debate about drug policy and law, but implementation of drug treatment as an incarceration alternative has not occurred. While there seems to be little enthusiasm in the judiciary or among prosecutors for locking up drug users, there is also little interest in encouraging treatment. Because drug laws are used primarily as leverage for information, drug users remain a hidden population with little access to drug treatment. The intent of the law was to promote treatment for convicted drug users, and these are not in place to prevent or minimize drug-related harms.

**Tu.13.2****Reducing Self Harm Amongst Drug Using Inmates In the Following Major UK Prisons: HMP Wormwood Scrubs, HMP Holloway/YOI and HMP Pentonville**

Tutty, Steve, Imperial College, Thames Valley University, Her Majesty's Prison Service, UK Home Office, Department of Health and National Health Service, London, UK

A large proportion of those who misuse drugs in the UK come into conflict with the criminal justice system. For many people this may mean a custodial sentence and for others their custodial sentence becomes a criminal justice revolving door cycle. The prison population represents a very good opportunity to access drug misusers for treatment and prevention work. Self-harm has become a major topic of importance in the context of the management of those incarcerated within the prison estate.

Central and North West London NHS Mental Health Trust are currently working in partnership with three major London prisons including HMP Wormwood Scrubs, HMP Holloway/YOI and HMP Pentonville. We have worked at HMP Wormwood Scrubs for more than two years where we have achieved some of the lowest self-harm figures per thousand treatment episodes in the UK prison estate. We are now yielding comparable figures across two further London Prisons. The evidence and data suggests that these figures have been primarily achieved with the introduction of the following:

- Prescribing protocols comparable to best practice guidelines in the UK
- Psychosocial interventions including harm reduction groups, gym activities and counselling
- An integrated approach with all of our colleagues throughout the prison estate
- Teaching and Training for all staff involved with this vulnerable prison population
- Prioritisation of health education
- Development of care pathways

- Development of dedicated staff teams
- Regular supervision and appraisal for all staff
- Development of a culture which recognises the custodial limitations but highlights the need for respect and dignity
- Introduction of a Clinical Governance Framework

The UK Prison Service Strategy clearly identifies great concern regards the management of this very vulnerable population with much focus on reducing self-harm, quicker access to treatment and the provision of treatment comparable to the NHS Standards.

The outcome of this presentation should be to develop greater awareness and understanding of this most complex issue concerning Harm Reduction for those misusing drugs within a custodial framework

### Tu.13.3

#### Cohort Study in Prison

Lapshyna, Viktoriya<sup>1</sup> Gagarkin, Nikolay<sup>2</sup>

<sup>1</sup> Nikolaev Charitable Foundation Blagodynist, Nikolaev, Ukraine

<sup>2</sup> Ukrainian Network of Drug and AIDS Services in Prison, Kiev, Ukraine

**Objectives:** To determine the rate of HIV/AIDS prevalence among prisoners in Ukraine a study has been conducted within the framework of 2 projects implemented in 2004-2005. Two Ukrainian prison colonies specialized for drug addicted inmates from 2 regions with the highest level of HIV infection prevalence were selected for the study.

**Methods:** Cohort study of blood samples.

In December 2004 blood samples for HIV test were taken from 400 prisoners in 2 colonies (200 tested inmates per colony in Donetsk and Nikolaev regions).

In July 2005 the same persons were examined again to detect new cases of HIV infecting under conditions of closed penitentiary institutions.

Number of officially registered drug users in both selected groups was no more than 16%.

This was accompanied by sociological study of behavioural risks.

**Results:** Official statistics for Olshanskoe prison colony 53 are as follows: in December 2004 there were 1350 inmates, 185 people (13%) registered as HIV-infected. The cohort study shows: 29% of the tested inmates are HIV+.

Official statistics for Donetsk prison colony 27: in December 2004 there were 1649 inmates, 27 people (1.6%) registered as HIV-infected. The screening has detected 35% of HIV+ among the tested inmates.

According to 60 interviewed prison staff representatives and inmates, main risks of getting HIV-infected for prisoners are injection drug use (50% of respondents) and homosexual contacts (50%).

**Conclusions:** HIV prevalence rates in penitentiary institutions reflect situation among general population in the region. This high concentration of HIV-infected people in the limited space poses an extremely high risk for the inmates and personnel. Intensive prevention measures are needed.

**Recommendations:** implementing Harm Reduction program in prison; individual and group psycho-correction of risky behaviour and rehabilitation work among IDU prisoners.

### Tu.13.4

#### Harm Reduction in European Prisons - What Do We Advocate For?

Spacca, Edoardo, European Network for Drugs and Infections Prevention in Prison, Pristina, Kosovo - UNMIK

Harm reduction projects and interventions are undisputed effective practices to protect the health of individuals and communities in the vast majority of EU Member States, yet when it comes to Prisons we often witness a jump back to pre-harm reduction age, with denials of risk situations and health hazards. Why is this the case?

The presentation will give a brief overview of the policies and interventions in the EU Member States, as analysed through a number of research projects carried out by the European Network on Drugs and Infections Prevention in Prison in the past five years. It will then challenge the audience to discuss cultural and political barriers that so far have prevented or limited the introduction of harm reduction services in prisons and closed settings in many countries. The final objective of the discussion will be to gather views on possible strategies to overcome the resistance to effectively introduce harm reduction in Prisons across Europe, i.e. which advocacy strategies to use in order to market harm reduction in prison as an effective public policy, with advantageous (political, health, social) returns to policymakers, prison staff and communities. Where should we focus? Should we advocate for this approach from a human rights based perspective, from a public health angle or rather from a criminal justice one?

### Tu.14.1

#### Drug Dealing Among a Cohort of Injection Drug Users in Vancouver

Kerr, Thomas<sup>1,2</sup> Small, Will<sup>2</sup> Li, Kathy<sup>2</sup> Montaner, Julio<sup>1,2</sup> Wood, Evan<sup>1,2</sup>

<sup>1</sup> Department of Medicine, University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background:** A growing number of cities throughout the world are implementing drug policy approaches that have been characterized as "balanced". These policies

typically emphasize the equal importance of enforcement approaches that target drug dealers and health-focused interventions that focus on drug users. However, these policies often fail to recognize the overlap between these populations and the role enforcement approaches play in generating health-related harm among drug users.

**Methods:** We evaluated factors associated with drug dealing among participants enrolled in the Vancouver Injection Drug User Study (VIDUS) using logistic regression and also examined the specific drug dealing roles assumed by those participating in drug dealing.

**Results:** In total, 68 (17%) of the 407 active injection drug users seen between December 2004 and June 2005 reported participation in drug dealing. Factors associated with drug dealing included: recent incarceration (OR = 2.9; 95%CI: 1.4 - 6.0); frequent heroin injection (OR = 2.5; 95%CI: 1.4 - 4.6); frequent cocaine injection (OR = 2.0; 95%CI: 1.1 - 3.8); and recent overdose (OR = 2.7; 95%CI: 1.0 - 7.3). The most common drug dealing roles assumed by participants included: direct selling (82%); middling (35%); and steering (19%).

**Conclusions:** A substantial proportion of high-intensity IDU in this cohort participate in drug dealing. Those participating in dealing tend to high risk drug users, including frequent injectors and those with a history of overdose. These findings suggest that greater attention should be given novel approaches that serve to coordinate enforcement and health-focused interventions in complementary fashion.

#### Tu.14.2

##### Legalisation vis-a-vis Harm Reduction

De Greiff, Gustavo, Latin American Drug Policy Reform Network REFORMA, Mexico D.F, Mexico

The legalisation of cocaine, heroin and marijuana should be understood as a way to create a legal framework for the cultivation of the plants from which they are extracted, their production and commercialisation, accompanied by educational campaigns that dissuade abuse and by the provision of medical attention to addicts. It should never be understood as an invitation to consume.

Regulation can take place in different ways: either establishing a state monopoly of the three activities: cultivation, production and commercialisation, or of some of them, leaving the others to be carried out by natural persons or legal entities, that would operate with licenses and under state supervision. The sale of drugs can be regulated by medical prescription or it can simply be tolerated, in limited quantities, to adults. Besides, advertisement to increase consumption could be prohibited, special taxes as well as quality controls

could be imposed, regular reports could be produced to authorities, etc..

Legalisation, is necessary in respect of the principle of individual freedom as well as because of empirical reasons, due to the failure of the prohibitionist policies, that are normally described with the expression "war on drugs". Prohibition has had numerous and severe collateral effects (unintended consequences) like the strengthening of organised crime, the death of innocents in the crossfire between competing gangs, corruption in police, army and legal apparatus, ecological destruction in countries where the plants are grown from which drugs are extracted, violation of the international law (non-interference in the domestic affairs of nations, peaceful solutions to controversies, respect of the national sovereignty), violation of civil rights and others.

Policies of harm reduction have become quite successful, through the provision of syringes and other instruments used in the consumption of drugs, as well as other ways to promote public health. We believe that in a context of legalization, this policy would obviously be more effective, and it would be able to reach larger groups of consumers.

#### Tu.14.3

##### Post Prohibition: a Public Health Approach for Controlling Currently Illegal Drugs

Haden, Mark, Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** Many critics suggest that drug prohibition has proved unsuccessful at reducing availability of drugs and it has produced significant unintended health, social and economic harms. A new paradigm is needed which reduces the harms caused by currently illegal substances and their prohibition.

**Approach:** This presentation is exploratory as it investigates a policy aspect of the harm reduction debate.

**Key Points:** This presentation will examine strengths and weaknesses of the public health and human rights models and how they could intersect to create foundational principles for a regulated market for currently illegal drugs. It will note how this approach is different from the process of legalization. It will explore specific public health regulatory options that could be used to control both access to, and context for use, of substances in a way that reduces the harm to individuals, families and society as a whole. The lessons learned from regulating other substances (i.e. alcohol and tobacco) will be examined. The incremental and evidence based steps needed to move in a systematic way towards a new regulated market paradigm will be detailed. Finally this presentation will explore the difference between legal, social, sacred and administrative mechanisms for regulating the environment, amount

consumed and an individual's behaviour when using drugs.

**Implications:** Our society is slowly moving in the direction of acceptance of the ineffectiveness of drug prohibition. What is now needed is a realistic discussion of post prohibition options of drug control, which reduce the harm to all of our society. This presentation moves the process forward by exploring foundational principles, specific public health tools and other mechanisms of control, which could be used in a new paradigm.

## Tu.14.4

### The Challenge of 2008

Oomen, Joep, ENCOD (European Coalition for Just and Effective Drug Policies), Antwerpen, Belgium

In the Spring of 2008, the United Nations will organise a meeting on which the key agreement made at UNGASS 1998 - a ten-year strategy to reduce significantly the supply and demand of drugs - will need to be evaluated.

This meeting is a challenge for all those who wish to reform current drug policies. A critical mass is needed to ensure there will be a public debate around this UN meeting and around the question if the current regime based on the three UN Conventions should continue.

Due to several reasons the global drug policy reform movement is split up into different fragments. In order to construct the critical mass, this movement needs to obtain a common analysis and build a coalition among organisations that work throughout the world, both on supply and demand issues.

The concept of harm reduction, combined with that of benefit promotion, could be the common denominator of this coalition.

In order to prepare 2008, there have already been encounters between the people working on drug policy reform in the several continents. Some of these encounters have led to concrete proposals. The IHRA Conference in Vancouver 2006 is an excellent opportunity to present these proposals and try to fill out the details.

## Tu.15.1

### HIV Infection Among Injection Drug Users in Northern Thailand After the Launch of the War on Drugs

Aramrattana, Apinun<sup>1</sup> Quan, Vu<sup>2</sup> Wiboonnatakun, Kanokporn<sup>1</sup> Vongchak, Tasanai<sup>1</sup> Latkin, Carl<sup>2</sup> Srirak, Namtip<sup>1</sup> Keawwichit, Rassamee<sup>1</sup> Rungruegthanakit, Kittipong<sup>1</sup> Sherman, Susan<sup>2</sup> Celentano, David<sup>2</sup>

<sup>1</sup> Chiang Mai University, Chiang Mai, Thailand

<sup>2</sup> Johns Hopkins School of Public Health, Baltimore, MD, USA

**Background:** The War on Drugs (WOD) in Thailand had impacts on drug supplies and demands which subsequently might have impact on HIV infection among

IDUs. We investigated HIV infection rates and associated risks among active IDUs in northern Thailand after the launch of the WOD.

**Methods:** As part of a phase-III HIV behavioral intervention trial, from June 2004 to August 2005, through peer referral, we invited current IDUs (thereafter called index IDUs) in 3 sites to participate in a screening visit which comprised of an interview and HIV counseling and testing. The index IDUs were also asked to invite other IDUs whom they injected drugs with (network members [NMs]) to participate in the study.

**Results:** A total of 357 index IDUs and 113 NMs completed screening visits. Among index IDUs, the overall HIV prevalence was 19.9%, but varied significantly ( $P < .0001$ ): prevalence was higher in Ngao district (27.3%) and Chiangmai city (25.8%) than one in Samoeng district (7.0%). Among NMs, the prevalence (8.9%) had a similar geographic pattern: higher in Ngao district and Chiangmai city (13.6% vs. 3.7%). In multivariate analysis, after adjusting for sex, network status, and injection frequency, HIV infection was associated with age 25 or older (adjusted odds ratio [AOR] = 3.2, 95%CI = 1.6-6.6) and remained differing geographically, associated with IDUs who lived in Ngao district and Chiangmai city (AOR = 4.5, 95%CI = 2.2-9.1).

**Conclusions:** HIV infection rates among IDUs in this study are lower than rates documented before the WOD (30.0%), but remain elevated. The HIV infection is more common among older IDUs and has significant geographic variations. While further studies are needed to explain the variations, thorough risk assessments in diverse geographic areas may help plan and maximize impacts of HIV prevention and care programs for IDUs in this region.

## Tu.15.2

### Cross-border Epidemic of HIV Among IDUs of Himalayan West Bengal, India

Sarkar, Kamalesh; Bal, Baishali; Mukherjee, Rita; Saha, Malay; National Institute of Cholera and Enteric Diseases, Kolkata, India

An epidemiological study was conducted in June 2004 to find out the epidemiology of HIV infection among injecting drug users (IDUs) of Darjeeling District of West Bengal, eastern-India. This was a community based cross-sectional study. A total of 228 study subjects (IDUs) were included from all four sub-divisions of the district. Informed consent followed by personal interview, followed by blood testing using unlinked anonymous procedure was done. The study revealed that overall HIV sero-prevalence among IDUs was 11.8% ( $n=27$ ) [95% CI: 7.9 - 16.7], while sero-prevalence of hepatitis-C was found to be 47.7% ( $n=97$ ). Prevalence of HIV was higher in hills (13.5%) compared to that of the plains (9.2%). It also revealed that most IDUs (75.3%)

used 'brown sugar' as their major addictive substance followed by injection Morphine. Sharing of injecting equipment was found to be as high as 67% among IDUs and sharing of drugs from common ampoules was found to be 35.5% of the studied subjects (n=93). Most of them (96%) were found to clean their injecting paraphernalia by plain water. Most IDUs (98%) were found to inject intravenously. About 52% IDUs visited sex workers one or more times within last 1 year and 15% (n=14) reported to suffer from sexually transmitted diseases (STDs) during the same period. All heard about HIV/AIDS but 69% of them knew that apparently healthy looking person might have HIV infection. HIV was found to be associated significantly with age of the injectors and duration of injecting practices. The study revealed the epidemic of HIV and HCV among IDU population at this bordering district of West Bengal, eastern India, for the first time that requires urgent intervention at local, national and international level.

#### Tu.15.3

##### **Correlates of Receptive Needle Sharing among Injection Drug Users in Dushanbe, Tajikistan**

Strathdee, Steffanie<sup>1</sup> Stachowiak, Julie<sup>2</sup> Stibich, Mark<sup>3</sup> Tishkova, Farida<sup>4</sup> Molognii, Vladimir<sup>5</sup> Latypov, Alisher<sup>5</sup> Beyrer, Chris<sup>2</sup>

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<sup>3</sup> AIDS Infoshare, Houston, USA

<sup>4</sup> Tajik Ministry of Health, Dushanbe, Tajikistan

<sup>5</sup> None, Dushanbe, Tajikistan

**Objective:** Tajikistan is the poorest of the former Soviet republics. Adjacent to Afghanistan, it is situated on a major heroin trafficking route and is experiencing a rapid rise in HIV infection among IDUs. We identified correlates of needle sharing among IDUs in Dushanbe, Tajikistan's capital.

**Methods:** In 2004, current IDUs recruited through street outreach underwent an interviewer-administered questionnaire and antibody testing for HIV, HCV and syphilis.

**Results:** Of 489 IDUs, the majority were male (84.7%) and of Tajik (49.1%) or Russian (29.7%) ethnicity. Median age and age at first injection were 32 and 26, respectively. Prevalence of HIV, HCV and syphilis was 12.0%, 61.3% and 15.7%, respectively. The proportion reporting receptive and distributive syringe sharing in the past 6 months was 25.4% and 28.1%. Factors independently associated with recent receptive needle sharing were history of opium smoking (AdjOR: 1.59; 95% CI: 1.06-2.39), injecting >once/day in the last 6 months (AdjOR: 1.99; 95% CI: 1.36-2.91) and prior entry into drug treatment (AdjOR: 1.55; 95% CI: 1.05-2.29).

**Conclusions:** The association between needle sharing and history of drug treatment suggests that drug treatment clinics in Tajikistan (which primarily offer drug-

free detoxification) are attracting an especially high risk subset of IDUs. Efforts to introduce opiate agonist treatment using methadone or buprenorphine are urgently needed in Tajikistan, in addition to other interventions to reduce the spread of blood borne and sexually transmitted infections which could be offered in conjunction with drug treatment.

#### Tu.15.4

##### **Experiences with Drug Treatment Among Injecting Drug Users (IDUs) in Dushanbe, Tajikistan**

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**Background:** Injecting drug use, especially heroin, has reached epidemic levels in Tajikistan, a former Soviet republic bordering Afghanistan. Addiction treatment in Tajikistan has its roots in the former Soviet medical system. No opiate agonist treatment is currently available.

**Methods:** 491 current IDUs in Dushanbe, Tajikistan were recruited using street outreach. The subjects were tested for HIV, hepatitis C and tested and treated for syphilis. A behavioral survey was conducted that included a section on prior experience with drug treatment. Qualitative interviews were conducted with a subset which also inquired into the subject's history of drug treatment.

**Results:** 186 (37.9%) participants had been enrolled in drug treatment prior to the survey with a mean of 3 treatment experiences averaging 22 days (IQR 12-30). Of these, 34.4% had undergone "full isolation" drug treatment, 14 without any medication to ease withdrawal symptoms; 40 (21.5%) underwent inpatient detox without any medication; 26 (14.0%) had been enrolled in outpatient drug treatment. On average, participants' last attempt at drug treatment was completed 20 months before the interview (IQR 3-24). Subjects reported an average period of 51 days (IQR 3-40) after completing drug treatment before relapsing. Of the overall sample, 43.5% reported feeling they had "no current need" for drug treatment, 37.2% had "some need", and 16.9% reported "great" or "urgent" need. Individuals who had undergone drug treatment were significantly more likely to inject more than once per day (Adj OR: 1.73; 95% CI: 1.18-2.53) and report less fear of law enforcement (Adj OR: 1.48; 95% CI: 1.02-2.16).

**Conclusions:** Drug treatment in Tajikistan consists largely of inpatient detox programs often without the assistance of medication. Subjects reported multiple failures of drug treatment. Expansion of drug treatment to include evidence-based drug treatment protocols (e.g., methadone or buprenorphine maintenance) is critical in Tajikistan.

## Tu.16.1

### Medecins Du Monde Program in Myanmar. a Survey of Ten Years of Action in Kachin State: From Needle Exchange to Methadone Treatment

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In 1996, MDM opened a project office in Myitkyina, Kachin State, a hotbed of injecting drug use. Myanmar, one of the worst HIV-AIDS hit countries (339,000 PLWHA) has 250,000 IDU and the worst prevalence of HIV among IDUs in the world (90%).

MDM has developed a discreet work of prevention and care. Due to the political difficulties and the clandestinity of drug use the access to the hidden population needs a strong organisation of health educators, peer education and outreach work in the shooting galleries to provide information, needle exchange and HIV prevention. Two Drop-In Centers: Moegaung and Ubyit and OW in Hopin have opened in 2004/2005 offering services (prevention, care and support, pre and post test counselling, HIV testing) to a growing number of clients. In Kachin State, MDM sends on teams of outreach workers to 3 townships, 20 shooting galleries. Between 2003 and 2004, the number of visits has grown from 1198 to 1424, given syringes from 135,729 to 225,533, with 80% of return rate. During the same period, the number of visits by clients of the DICs has grown from 1599 to 4881; Voluntary Confidential Counselling and Testing has gone from 150 in 2003 to 356 in 1st half of 2005), and the number of PLWHA in our DICs from 218 visits in 2003 to 873 visits by 1st half of 2005.

In May 2005, official authorization to start Methadone Therapy in Kachin was signed. The project is developed by MDM with the MOH and the Provincial Detox Center. The clinic/DIC of Moegaung will be providing at the end of 2005 substitution treatment to 50 in the 1st year and 65 patients in the 2nd year. MDM is simultaneously putting up an ART program which will start in Myitkyina in 2006. Long term goals include as a pilot project the possibility of combining Anti Retroviral Treatment and Methadone Substitution Therapy for IDUs and their families in Kachin.

## Tu.16.2

### Factors predicting One and Two Year Retention in MMT in Ontario, Canada

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**Objectives:** Analyze factors predicting 1 and 2-year retention in methadone maintenance in Ontario, Canada.

**Methods:** Data (n=9555 episodes) were drawn from a population-based treatment registry and analysis were performed using episode-weighted data. We estimated a binary logistic regression model with duration of 365 or greater and 730 days or greater as the dependent variables. Independent variables included: age, gender, region of residence, practice type, episode number, ever-transfer between providers, linear and quadratic time trend.

**Results:** The odds of remaining in treatment for 365 days or more decreased for repeated episodes of treatment, but increased with age and number of transfers during a treatment episode. The positive effect of the number of transfers was non-linear and tended to level off with higher numbers of transfers. The odds of remaining in treatment for 730 days or more increase with age vary by region and provider type, but decrease with increasing number of treatment episodes.

**Conclusions:** In comparison with other studies, these analysis show much higher rates of retention in methadone treatment but suggest repeat episodes may not be as beneficial as existing research suggests. However, analysis indicate that transfers between providers may play a critical role in prolonging retention in methadone maintenance treatment.

## Tu.16.3

### Buprenorphine Entry Into Substance Use Treatment (Project BEST)

Bruce, Robert Altice, Frederick, Yale University AIDS Program, New Haven, CT, USA

Many current models of substance abuse treatment require the patient seeking services to initiate the process and to navigate a system in order to obtain treatment. This may require a greater level of organization than some with mental illness or substance use may be able to maintain. Bringing services to this patient population either through active street-level recruitment or mobile medical clinics may bring into care a population otherwise unable to access treatment.

The Community Health Care Van is a mobile medical unit that provides health services that are linked to a

local syringe exchange program. The CHCV operates five days per week and travels to four distinct neighborhoods that are disproportionately affected by poverty, substance use and HIV/AIDS and provides a number of prevention and treatment services including buprenorphine (BUP). The goal of this project is to increase access of BUP to marginalized and out-of-reach populations with or at high risk for acquiring HIV by bringing opioid agonist therapy into neighborhoods of use and to the patient.

This program has currently served 126 opioid dependent patients, 22 of whom are HIV-infected. Key components of this program are a street-level case management staff able to engage with patients using motivation enhancement therapy to assist in motivating the patient to engage in treatment. Additionally, rapid assessment and initiation of treatment with buprenorphine were important. Delaying treatment resulted in dramatic fall-out. Rapid identification and linkage to psychiatric services has become critical as patients entering into treatment will often fail in their treatment if psychiatric care is delayed or lacking. Of the 22 HIV-infected patients, 10 required acute (within the first seven days) psychiatric treatment. Anxiety and depression were the most prevalent disorders treated, but 4 patients described auditory hallucinations requiring antipsychotics. Finally, scheduling must be flexible to accommodate the patient. When intervening with individuals with multiple co-morbidities on the street-level, they can struggle to keep specified counseling or psychiatric appointments.

#### Tu.16.4

##### Experiences with Piloting Methadone Maintenance Therapy in Liangshan, China

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<sup>2</sup> China-UK HIV/AIDS Prevention and Care Project, Beijing, China

**Issue:** This presentation explores the experiences of one of the first pilot methadone maintenance clinics in China.

**Setting:** The Government of China decided to open a number of pilot methadone maintenance clinics in early 2004, as part of the country's response to HIV/AIDS. One of the sites chosen was Xichang in Liangshan, Sichuan province. This is a small city situated in a remote area of South-western China with a concentrated HIV epidemic among heroin users, many of whom are members of ethnic minorities.

**Project:** The China-UK HIV/AIDS Prevention and Care Project assisted and complemented government efforts to set up a pilot methadone clinic in Xichang, building on the platform of existing project activities such as

needle exchange and peer education among injecting drug users in the city. Activities included establishing the clinic; training staff; installing equipment and instruments; development of methadone supply channels; recruitment of eligible drug users; and charge of RMB 10 per day for each methadone client.

**Outcomes and Lessons Learned:** Methadone maintenance treatment was provided for more than 400 drug users by July 2005; 70% of methadone clients gave up heroin; the rate of needle sharing was reduced to 5%; and over 20 methadone clients found jobs. Government and policy support is key to the establishment of methadone clinics; trust from drug users is fundamental to the operation of methadone clinics; and standardised management is essential to the success of methadone clinics.

#### Tu.17.1

##### Inventing Addiction: The Cocaine Scare of the 1880s, the Crack Scare of the 1980s and the Figure of the Addict

Fleck, Alexine, Department of English - University of Pennsylvania, Philadelphia, PA, USA

The concept of addiction is often traced to medical discussions about opiate use in the early 1900s. The word appeared in the 1880s, however, in reference to fears about what one journalist called the "cocaine crazed negro," who's drug use supposedly made him an excellent marksman and immune to bullets. Almost exactly a century after the cocaine scare of the 1880s, there was a similar burst of anxiety about crack-using racial minorities in some American cities. These two events highlight the persistence of the myth of the drugged, hyperviolent black man in the American imagination. In my presentation, I examine the crack scare of the 1980s in the context of the cocaine scare of the 1880s with two questions in mind: how did the racial prism through which addiction appeared affect contemporary notions of the term? How might a return to the history of the term help destabilize the way we think of addiction today?

The addiction I found in early medical and journalistic literature is socially constructed and disturbingly inflected through class, gender and race prejudices. Although often considered alternatives to each other, medical and legal discourses on addiction actually work together to construct a rigid figure of the addict with limited agency and, paradoxically, increased (criminal) culpability. We can see traces of both scares even in more contemporary representations of addiction, in part because those representations are most often produced by medical and legal experts rather than drug users. I argue that addiction's very instability opens the ground to return to the voice and experience of the user, who has the most to teach and the most at stake. My presentation draws from

research in the field of literary studies to imagine ways that those of us in the humanities might contribute to the vibrant and necessary field of harm reduction.

## Tu.17.2

### Hidden Biases and Harm Reduction: Reflections on the Rhetoric of Modern Intoxication Policy

Allman, Dan, Centre for Research on Families and Relationships, School of Social and Political Studies, The University of Edinburgh and HIV Social, Behavioural and Epidemiological Studies Unit, Department of Public Health Sciences, University of Toronto, Edinburgh, UK

**Issue:** Do some governments tend to bias harm reduction policy away from a full acceptance of intoxication in both its licit and illicit forms?

**Approach:** Examining state discourse at both its pragmatic and semantic levels, this paper critically applies elements of social, anthropological and political philosophy to reflect upon possible hidden biases in the rhetoric of dominant harm reduction policy.

**Key Points:** Much current writing describes constructs of substance use and intoxication as alterations of consciousness almost universally found within human societies (Courtwright, 2001; Davenport-Hines, 2001; Walton, 2001; Edwards, 2004). Yet, convention as frequently reflected within social and government policy tends to codify certain altering intoxicants as cultural taboos (Murdoch, 1945). Although one might envision a modern harm reduction perspective as an idealised acceptance midpoint on a continuum between condemnation and condonation, nevertheless one frequently locates its ultimate goal as implicitly favouring a narrative of treatment to cessation to abstinence - despite explicit policy rhetoric to the contrary. As an analytic exercise, it can reveal a contradictory and biased concept of Utopia (Levitas, 1990); one which envisions the *better* world as including only sanctioned forms of intoxication at the expense of others.

**Implications:** Faced with prevailing policies intent on regulating acceptable intoxication through moral positioning, activities like needle replacement, safer injection facilitation and pharmacotherapy can be viewed as mechanisms which wrestle the traffic and consumption of illicit intoxication away from shadow economies (Bhattacharyya, 2005), toward more formal economic structures controlled by national governments and corporate elites (Habermas, 1984). Among this paper's conclusions is that one outcome of such potentially hidden biases within dominant harm minimisation policies may result in less benefit than that which is rhetorically professed.

## Tu.17.3

### The Development of Peer-driven Intervention for Individuals Requiring Assistance with Injection

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Receiving assistance with injections is a common practice among illicit injection drug users (IDU) that carries significant risk for health-related harm, including increased risk for HIV infection and overdose. The Vancouver Area Network of Drug Users (VANDU) is a drug user-run organization focused on political activism, advocacy and the provision of peer support programs for IDU. In response to the ongoing problem of assisted injection and related government inaction, VANDU has developed a peer-driven intervention to address the risks associated with this dangerous practice. The VANDU Injecting Team has been initiated as a harm reduction strategy for IDU who require assistance with illicit drug injections. The Injecting Team, in collaboration with VANDU's existing outreach-based Alley Patrol Program, provides education regarding safer assisted-injection and instruction on how to self-inject to those who need it. The effectiveness of this intervention will be evaluated through an ongoing prospective cohort study of local IDUs. We will report on the specific activities of the Injecting Team, the evaluation methodology, and the evaluation results to date. Drug user-driven activities have been shown to reach vulnerable populations that are not adequately served by existing public health programs. The VANDU Injecting Team has potential to address a significant gap in current programs for IDU by providing peer education and support to those requiring assistance with injections.

## Tu.17.4

### Drug Dealers and Communities

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**Introduction:** Political debate tends to portray drug sellers as predatory outsiders who 'prey on' local communities. In reality low-level sellers and many users are overlapping groups. Misconceptions about local drug markets can and do obstruct the development of effective policies and positive harm reduction measures.

**Methods:** 68 interviews with users-dealers, dealers, runners and collective buyers were conducted from four areas. Treatment and criminal justice professionals and 800 local residents were also interviewed. A range of secondary source data and observational material were also gathered.



**Results:** The research highlights the ambiguities that exist in the relationships between local drug markets, sellers and communities. The research found that the markets were, to different degrees - linked with the legal and illegal economies of their 'host' communities, and that they had varying relationships with their local areas - sometimes symbiotic, sometimes parasitic. Many sellers were from the communities in which they sold drugs, and the participation of young people varied across the markets. Though their activities caused concern, sellers were - to a greater or lesser extent - also bringing money and cheap goods into their neighbourhood. Residents' concerns about drugs were mostly focused on the negative reputation that the market gave their area, and the violence associated with it. Residents had mixed views about what should be done, however, the majority felt that the police were not able to tackle the market by themselves, and that the wider community had a role to play.

**Discussion:** Strategies for tackling drug markets risk failure if they are premised on the assumption that they are caused solely by criminal outsiders. Policy needs to focus more on the circumstances that stimulate drug markets. Drug selling is one of a number of neighbourhood problems, on its own it's not sufficient to create neighbourhood decline. Government policy makers and harm reductionists need to have a greater understanding of the dynamics of drug dealing if they are to reduce the harm to both communities and individuals.

#### Tu.18.1

##### **Supporting Organizations of People Who Use Drugs: Lessons from the International Harm Reduction Development Program**

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**Issue:** A key principle of harm reduction is that people who use drugs are themselves best placed to articulate their needs and define the behavioral, social, political, and economic factors constituting risks that harm reduction seeks to address. Yet in most parts of the world, sustained involvement of drug users in policy development is severely limited.

**Setting:** In Eastern Europe and Central Asia (EECA), the International Harm Reduction Development Program (IHRD) of the Open Society Institute (OSI) provides funding and technical assistance for organizations of people who use drugs. The recent emergence of forceful, articulate community activists among people who use drugs has begun to have a substantial impact on both public policy and the shape of the harm reduction movement.

**Project:** A central strategy of OSI has been to build capacity among community organizations to participate

in the development of laws and policies affecting them. In 2001, IHRD launched a program to support organizations of people who use drugs. A new funding and training program was established in 2004, based on the Tides/ITPC/OSI Collaborative Fund for HIV Treatment Preparedness, which involves community advocates directly in grant making and peer-based technical assistance.

**Outcomes:** The twelve 2005-06 IHRD-supported organizations of people who use drugs have initiated a diverse range of health services and national advocacy. They have increasingly become engaged with regional and global policymaking through the UN system, EU and CIS HIV/AIDS fora and other mechanisms. This paper will review the major accomplishments of user groups in EECA and examine the organizational structures that have grown in the region to support national and cross border collaboration. We will provide recommendations targeted to donors, harm reduction agencies, and activists seeking to facilitate the greater involvement of people who use drugs in policy development, with the aim of increasing international collaboration around drug user community participation.

#### Tu.18.2

##### **Advocacy for Access to Treatment for Drug Users** Dumitriu, Camil, Bucharest, Romania

INTEGRATION is the only non-governmental association formed of present or former drug users in Bucharest, legally founded in 2005.

Experts in this field, state that Romania, which was previously a transition area for drugs, has instead become a market for drugs. The last rapid assessments of the intravenous drug using population from Bucharest showed that around 30.000 people use drugs (1% of the Bucharest population). In Romania there are many barriers preventing IDUs from accessing health care services and information for reducing the harm caused by injecting drug use. First, the fact that the drug use is illegal. Secondly, the stigma of drug use and the consumer's life-style create social barriers for IDUs, when they attempt to access social and health services. Thirdly, the access to sterile equipment is limited because in pharmacies syringes are not sold.

In Romania, as in other countries, access to drug dependence treatment and HIV/AIDS prevention and care services are limited for injecting drug users. Moreover, users of illicit drugs are commonly marginalized by communities and usually attempt to remain hidden from the authorities.

Empirical evidence provided by social workers revealed that severe human rights abuses IDUs face impede their access to prevention and treatment programs, fuelling the epidemic.

As previously mentioned INTEGRATION is the only association formed of present or former drug users in Bucharest and we believe that we are the most suitable to ask and to sustained our rights. We conclude that we need the experience, to learn how to work in this field, in order to do advocacy activities. For achieving our project's goals, we strongly need lobby and advocacy skills. In order to upscale the grassroots harm reduction activities, there is a strong need for policy and advocacy backup experience.

## Tu.18.3

### **Which Strategy Defending Drug Users' Interests is Better - Drastic Demonstrations or Purposeful Public Relations?**

Augulyte-Butkuvienė, Lina; Kestutis, Butkus; The Initiative of Drug Users' Mutual Support, Vilnius, Lithuania

It is known long ago, that drug users can successfully participate in advocacy activity - actively lobbying adoption of laws, taking part in other actions which help to reach beneficial results for them and society. What ways are the best for such purposes - to hold unusual demonstrations, attracting society's and mass media's attention or to chose some other moderate way?

The severe attack against methadone program started in Lithuania in spring of 2005 year.

This attack was expressed by mass media, parliamentarians, officers of Health Care Department, etc. The danger that methadone will not be included into the National Health Program arose.

Members of the NGO "The Initiative of Drug Users' Mutual Support" (IDUMS) considered the ways to defend methadone. The IDUMS admired extreme actions held by the Russian organization FrontAIDS and thought of something similar to attract society's attention to drug users' problems. However intuition prompted that such action could do more harm then benefit in this particular case.

It was clear that lack of information on harm reduction was one of the main reasons why this attack had started. Therefore the other strategy was chosen. Members of IDUMS and their relatives participated in press conferences, talk shows on TV, gave interviews to radio and magazines, actively participated in round table discussions, organized by the coalition "I can live".

Methadone program patients from two towns gathered signatures and handed them to the President of Lithuania during his visit to Kaunas' Center of Addictive Disorders. Consequently, official negative speeches about methadone came to the end.

Drug users in co-operation with other peers - partners from the coalition of vulnerable groups, some members of Parliament provided weighty information about use of

methadone and the necessity to have methadone programs here and now.

## Tu.18.4

### **Innovative Tactics to Advocate User's Rights in Hungary**

Sárosi, Péter, Hungarian Civil Liberties Union, Drug Policy Coordinator, Budapest, Hungary

Repressive drug laws, scare tactics of police raids and tabloid media news represent a great challenge to successful harm reduction strategies all across Central-Eastern Europe: they produce more harms than any of the risk reduction services can prevent. There is a need to invent new, community-based methods to advocate the human rights of drug users and empower civil society and vulnerable populations to fight back.

Since its inception in 1994 the Hungarian Civil Liberties Union (HCLU) has been a leading NGO in the field of drug policy reform advocacy in Hungary. Besides its "traditional" legal aid service and impact litigation activities the HCLU introduced innovative tactics in cooperation with the affected communities. One of these projects is the Civil Obedience Movement (PEM), which aimed to pressurize political decision makers with protest actions based on passive resistance. This project was implemented by a drug user's group with the legal assistance of HCLU. Our other initiative is the Media Monitor Project (MMP) which targets drug related tabloid articles and reports in the Hungarian electronic, broadcast and printed media. MMP attempts to raise journalists responsibility and mobilize communities and professionals against stigma and biased "drug war" rhetoric. Another important tool in harm reduction advocacy is the utilization of the Freedom of Information Act (FOIA) to break down ignorance and initiate open discussions on the cost-effectiveness of recent police actions.

The presentation will give a short overview on the positive and negative outcomes and evaluate the feasibility of these projects in the long run.

## Tu.19.1

### **Stepping Stones - a Model and Course to Assist Families**

Trimingham, Tony; Munro, Bruce; Family Drug Support, Willoughby, NSW, Australia

Stepping Stones is a 27 hour course run over 9 sessions or 2 weekends that guides families through the process of dealing with drugs in the family. It recognises the value of families in the process and how given awareness, education, coping skills how families can make a positive difference. Using solution focussed methods, action learning and motivational interviewing the model also incorporates a new stages of change model for fam-

ilies with the key stages of Denial, Emotion, Control, Chaos and Coping.

This workshop will overview the model and course and provide participants with valuable insight into the needs and importance of family support. The course also includes an important measuring tool for assessing the families progress through the process.

#### Tu.19.2

##### **In My Life: a Book of Stories From Families Who Support a Family Member During Treatment For Illicit Drug Use**

Schultz, Meriel<sup>1</sup> Schultz, Lance<sup>1</sup> Trimmingham, Tony<sup>2</sup> Simmons, Sandra<sup>3</sup> Little, Claerwen<sup>3</sup> Sayer Jones, Moya<sup>4</sup> Rolon, Jim<sup>5</sup>

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<sup>5</sup> Jim Rolon Photography, Sydney, NSW, Australia

**Issue:** It is often said there are three categories of parents with regard to supporting a family member with a drug-related issue: those who do not want to know; those who would like to help but don't know how; and those who try many different approaches.

The book explores the experiences of a range of family members in the latter two categories.

**Approach:** The book is funded by the Australian Government Department of Health & Ageing, in response to previous research, Barriers and Incentives to Treatment for Illicit Drug Use, undertaken by members of the consortium.

Written by a professional writer, the stories are drawn from interviews with family members, which explore personal, interpersonal, organisational and societal aspects of life connected with illicit drug use. Professional photography is also used to create a sense of the experience and journey for each of the participants.

The book is in publication and will be made available at the IHRC.

**Key Points:** The book is strengths-based and explores the experiences, coping mechanisms, difficult decisions and tenuous journeys that family members follow when supporting those with a drug-related issue.

The primary audience for the book is the families of others who are undergoing treatment for illicit drug use. The book is also a useful tool for health professionals and allied workers. Dissemination of the book will occur through a series of workshops held across Australia targeting the health and welfare sector, family support groups and the media.

**Implications:** The shared experience is expected to inform and improve treatment service management interaction and support for families, and to enable the

media to focus on the strengths and positive aspects that families can bring in the maintenance of their relationships with family members who are undergoing treatment for illicit drugs use.

#### Tu.19.3

##### **Fatherhood, Problem Drug Use and Harm Reduction**

Whittaker, Anne<sup>1</sup> Barbour, Rosaline<sup>1</sup> Elliott, Lawrie<sup>2</sup>

<sup>1</sup> University of Dundee, Dundee, UK

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**Background:** A key objective of policy and practice is to reduce harm to children affected by parental problem drug use. Compared to drug-using mothers, drug-using fathers have been largely ignored by researchers, policy makers and service providers. Consequently little is documented about their needs, beliefs or behaviours with regard to fatherhood, and what interventions might help or hinder their positive involvement in family life.

**Objectives:** This study aims to answer the following questions:

- 1) How do drug-using fathers socially construct fatherhood within the context of problem drug use?
- 2) Do these constructions have an impact on the lives of drug-using fathers and the way in which they engage with services?

**Methods:** This qualitative study, based in Scotland, involves in-depth interviews with a purposive sample of drug-using fathers, both during partners' pregnancies and within a year following the birth. Data analysis situates their accounts within wider drug policy and child welfare discourses.

**Results:** Fathers reported multiple health and social problems associated with drug use, socio-economic deprivation and social exclusion. Findings suggest that drug-using men view fatherhood as an opportunity to make positive changes to their life and to reduce harmful drug use, appealing to both the language and philosophy of harm reduction. Their accounts however, highlight the gendered nature of professional practice in relation to parenthood, tensions between drug treatment and child protection goals, as well as gaps in service provision.

**Conclusions:** Although fathers have an important role to play in the health and wellbeing of the family as a whole, policy and practice remains largely focussed on drug-using mothers. The transition to fatherhood is an important life event and may present an opportunity to build on drug-using men's motivation for change. A more coherent approach to service provision needs to be developed in order to reduce paternal drug-related harm.

## Tu.19.4

### **From Grief to Action: Families as Community Activists**

Hall, Nichola, Vancouver, BC, Canada

#### **Well-known Facts:**

- a person addicted to substance abuse is more likely to recover and rehabilitate if assisted by loving and supportive family and friends
- the media like "personal experience" stories and are always drawn to the suffering of families or others connected to a tragedy
- politicians respond to these media stories and the increased public awareness that results from them, as well as direct pressure from well informed and experienced citizens/voters.

"From Grief to Action", a Vancouver-based "association of families and friends of drug users", was begun by a group of people who recognized the power in these facts. Families and friends can contribute to harm reduction in a number of different ways, including fighting stigma and marginalization by drawing attention to the wide diversity of people who may suffer from addiction; advocating for improved and increased services; helping to educate everyone from health professionals to members of the general public about the true nature of substance abuse and the reasons behind it; and participating in the design and delivery of prevention models.

This workshop will describe the evolution of FGTA and explore ways in which similar groups could work towards harm reduction in other communities.

## Tu.19.5

### **Supporting Families Affected by Substance Misuse - a Harm Reduction Approach**

Darby, Annie, North East Lincolnshire Primary Care Trust, Grimsby, UK

The author will demonstrate how she and her small multi-agency Team adopted a holistic approach to supporting children & families affected by substance misuse. By utilising a harm reduction approach in its broadest sense, they have shown that this does not just have a positive effect on the user but the children as well.

The author heads up a small team of five professionals. Her own Post - Specialist Health Visitor for Substance Misuse - This is the lead role for the team, and assesses and evaluates referrals etc and plans service delivery  
Community Outreach Nurse - this role addresses the general health needs of drug users including childhood immunisations, contraception, hepatitis immunisations etc.

Child & Family Support Worker - this role works with parents looking at minimising the negative effects of their substance use on their children, i/e Child safety, routines, inclusion etc.

General Support Worker - this role helps families access and integrate into mainstream child & family services  
Carer Support Worker - this role supports those caring for drug users and their children.

#### **The team's main aims are to:**

Encourage drug users and their children to access and integrate into mainstream services.

Promote resilience in the children of drug users, so they may be less vulnerable to drug use themselves

Promote harm reduction strategies in drug users, which not only protects them, but their children & families as well.

The author accepts this is a small-scale initiative in a small part of the UK, but it has provoked local & national interest.

## Tu.19.6

### **Funeral Support on The Death of Drug Users Makes The Harm Reduction Program Acceptable to The Community - an Insight**

Rashid, Harun; Uddin, Taslim; Alam, MD. Uddin; CARE Bangladesh, Dhaka, Bangladesh

**Issue:** Death of drug users in the street is very common as most of the DUs live in the street deserting from their family and the funeral support on the death of DUs assists the Harm Reduction Program to be acceptable by the community.

**Setting:** CARE Bangladesh launched its harm reduction program among the DUs of Dhaka City in 1998 aiming to reduce the impact of HIV epidemic based on a rights centered approach. As a part of the program, it included the funeral support to the death of the DUs from the beginning but the activity was strengthened in 2004 with a view to provide this social support to the vulnerable DUs of Dhaka City.

**Description:** As a rights centered approach, the program promotes responsible and safe behavior of people most at risk of contracting HIV through behavior change communication, NEP, creation of an enabling environment, empowerment, STD awareness and treatment, condom promotion etc. With these, the program initiates to support in the funeral of the death I/DUs that includes identifying of the dead body, find out the guardian of the death I/DU and ensure full support in the burial procedure. In most cases, program involves the community people in these activities that gain their attention on the program as well as the other activities of harm reduction approach like NEP, which often makes them confused about the approach. The Program provided full support in 39 cases where the dead bodies were handed over to their guardians or at the presence of them buried with religious deliberation.

**Lesson Learned:** This social support makes the community rallied behind the program as well as plays a vital role in advocating the harm reduction program.

**Tu.20.1** (Film)

**Get the Facts: Hepatitis C**

Mc Neil, Christopher; Sylvestre, Diana; Organization to Achieve Solution in Substance Use, USA

Peer based educational video about hepatitis C. Created in four parts: Part 1; the basics of hepatitis C. Part 2; Its effects on the liver. Part 3; Testing. Part 4; Treatment. Appropriate to be shown in both a clinical and non-clinical setting. This film is designed especially for injecting drug users and to be screened as a single session viewing or modular viewing over the span of four separate screenings. The film is fast paced and contemporary.

**Tu.20.2** (Film)

**La La Land and Tattoo**

Gabb, Liss, Arts and Culture Program, North Richmond Community Health Centre in Partnership with the Vietnamese Community Australia, Australia

The two short films were created by and with two groups of Vietnamese young people aged 15-18 years in inner city Melbourne, Australia. The young people worked in collaboration with professional artists, filmmakers and animators, to create two films which are fast paced and feature live action, animation, and original music. Vastly different in style and content each film offers accessible information to young people about the dangers of Hepatitis C transmission. 'Tattoo' has been created by Vietnamese young people living on or associated with the Richmond public housing estate in inner city Melbourne. 'La La Land' has been created by a group of Vietnamese young women living in the western suburbs of Melbourne.

**Tu.20.3** (Film)

**On the Street Where you Live**

Coutinho, Ettiene; Tellis, Eldred; Sanklap Rehabilitation Centre, India

The film depicts the plight of injecting drug users in Mumbai. The financial capital of India, Mumbai attracts migrants from all over the country and many of them end up living on the streets. Many turn towards drug use within a few months, end up as scavengers, and live in abject poverty. In a fast paced city like Mumbai, people are on the move throughout the day and have begun looking at drug users as part of the garbage in which they are found. Even Public hospitals had begun to shun these citizens from the 'margins' of society. In this context, the outreach efforts of Sanklap Rehabilitation Trust and the services provided at their 'low threshold' drop in centre have received a 'thumbs up' from the

drug users who access the services in large numbers. Needless to say, the appreciation also translates of transformed human beings because of a 'Sankalp' - 'Resolve'.

**Tu.20.4** (Film)

**Breaking the Cycle**

Bird, Nick, Victoria Police, Australia

This training film is made in a documentary style aimed at raising awareness of the diversion initiatives in Melbourne, Australia. The diversion initiatives are alternatives to a court appearance. The film articulates the processes required when using the programs and the benefits for doing so. The film contains comments from police and health workers in relation to drug use, drug treatment and an overall support and encouragement for the use of the programs. This film was a part of a communications strategy launched in 2003 which aimed to increase the use of the diversion programs. This communications strategy accompanied with on-going training and awareness raising has significantly increased the use of both the Cannabis Cautioning and the Drug Diversion programs by police.

**Tu.20.5** (Film)

**Rough Edges**

Boldiston, James; Dos Santos, Francisco; Australia

Francisco Dos Santos is a youth worker in Dandenong, an outer suburb of Melbourne, Australia. The area has a reputation as being a hotbed of drug related crime and low economic standing. This is an inaccurate appraisal as Dandenong is also a cultural melting pot and a lively centre of activity. In an urban and developed first world city, Francisco sees a pattern of drug abuse and health issues that spreads from generation to generation: Alcohol, violence and drug use are often passed on in families where poor education and poverty are evident. 'Rough Edges' dramatically captures Francisco's experiences as we follow a drug dependent person's life from birth. The fundamental message is that if there is blame, it should not be to the individual, but to the society that allowed the cycle of harm to continue.

**Tu.20.6** (Film)

**There's Always Dreams**

McAloon, Bridget; Nguyen, Hoang; Open Family Australia, Incorporated, Australia

In September of 2005, young people engaged in outreach programs at the Open Family youth service in Footscray, a disadvantaged area of Melbourne known for its street drug scene, were involved in creating a short film as part of the Beanbag Net Centre initiative. The Beanbag Net Centres are sponsored by the Inspire Foundation, and provide learning and social opportuni-

ties for young people through free Internet and computer access, multimedia training, and the use of a movie camera and digital editing equipment. In the film, four young people talk candidly about their experiences of being attracted to heroin and why they started using. They also discuss their repeated attempts to detox, with the support of Open Family street outreach workers, and their experiences whilst using heroin. This is foremost a story of hope, however, as the young people tell of their dreams for a 'normal' future. A powerful and moving film, these young people tell their own stories, and their dreams for rebuilding their lives.

## **Tu.20.7** (Film)

### **Out of Crime and Into Treatment- the Drugs Interventions Programme in Hartlepool, UK**

Carter, Joe; Perryman, Susan; Hartlepool Drug Intervention Programme, UK

Hartlepool (in North-Eastern England) has one of the highest rates of Class A drug use in the UK. The film 'Out of Crime and Into Treatment' was commissioned by the Hartlepool Drug Interventions Programme to be shown to community groups, schools and other agencies, and shown in the arrest referral suite whenever someone was arrested for a drug related crime. The film aims to dispel some of the myths about drug addiction, presenting a new approach to guide users into specifically tailored treatment programmes. It follows three heroin users who have been prolific offenders as they go through the new Fast-Track treatment being pioneered in Hartlepool. With a special focus on what drugs can do to people, this documentary is both heart breaking and uplifting.

## **Tu.21.1**

### **So What Happens Next?**

Trace, Mike, Beckley Foundation, Surrey, UK

Mike Trace will speak from the perspective of a European NGO that has worked with partners to minimise the impact of US government antipathy to harm reduction philosophies and programmes on other governments and international agencies. He will describe how the diplomatic and ideological differences that have come to a head in the last 18 months have been handled by the various key players, and what challenges remain for Harm Reduction advocates in the coming years. These challenges will be addressed under 4 headings:

1. How to ensure consistent support from UN agencies to Harm Reduction principles within drug policies.
2. How to assess the needs and priorities for international support to Harm Reduction programmes.
3. How to encourage donor countries and institutions to invest to a greater degree in these programmes.

4. How can practitioners, advocates and NGOs direct their efforts to influence these processes.

## **Tu.21.2**

### **US, UN and Drug Policy**

Cohen, Jonathan, Human Rights Watch, New York, NY, USA

Since 2004, the United States government has made opposition to needle exchange and harm reduction a growing feature of its foreign policy on HIV/AIDS. This trend reflects a larger U.S. hostility toward HIV-prevention strategies that acknowledge and attempt to mitigate the harms of certain "risky" behaviors-be it illicit drug use, non-marital sex, or prostitution-rather than promoting abstinence-only and zero-tolerance approaches. As such, it serves as a flash point for deeper controversies around the role of ideology versus evidence in HIV prevention, the importance of multilateralism in global health policy, and the value of community-driven responses to HIV/AIDS. It should come as no surprise that governments and civil society from many countries revolted when U.S. officials indicated their intention to oppose references to needle exchange in United Nations documents at the 2005 Commission on Narcotic Drugs and the Programme Coordinating Board meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Successful civil society efforts to resist U.S. pressure yield valuable lessons for future controversies over HIV-prevention, particularly leading up to the tenth anniversary of the UN Special Session on Drugs in 2008.

## **Tu.21.3**

### **The Politics of Global HIV/AIDS Prevention And Harm Reduction: The Brazilian Experience**

Chequer, Pedro, Brasilia, Brasil

The latest version of the UNODC policy framework, which is followed by other UNAIDS co-sponsors, suggests that the intersect between HIV and drug use should be dealt with through a combination of outreach services, HIV/AIDS education, condoms, drug dependency treatment (including substitution treatment and, where appropriate, rehabilitation), voluntary HIV testing/counselling, and psychosocial support.

Brazil has adopted a considerably more comprehensive approach, in line with its long-standing ethical and human rights framework and the latest scientific evidence. Harm reduction is, alongside condom promotion, one of the pillars of the Brazilian HIV/AIDS prevention framework. This framework, though, has come under increasing attack in recent years. In 2005, for example, Brazil was forced to decline a US\$ 39 million, 5-year grant from USAID because it contained a proviso that demanded institutions receiving USAID funding to explicitly condemn and oppose prostitution. This

requirement would undermine the country's efforts to fight HIV/AIDS, which have traditionally included policies that seek to engage, and not repress or persecute, commercial sex workers, injection drug users, men who have sex with men and other vulnerable groups.

It would be convenient to believe that this pattern changed substantially with the arrival of a different administration at the White House in 2001. However, while this policy may have gained a greater moralistic connotation under the current administration, it has been more or less consistent throughout the last several years, focused exclusively on demand reduction.

The decision taken by the Brazilian Ministry of Health was guided not only by human rights framework, but also by substantial research showing the success of consistent condom promotion to control HIV transmission. By the same token, Brazil is a staunch supporter of harm reduction because it has yielded remarkable results, including a 65% decline in the number of drug use-related AIDS cases from 1993 to 2003. While it is important to retain a multi-dimension framework for international advocacy, the current assault on condom use in favor of alternative methods has showed once again that results are the most powerful tool for public policy managers.

#### Tu.22.1

##### **FIX: The Story of an Addicted City**

Wild, Nettie; Carson, Betsy; Canada

'FIX' is a powerful documentary which chronicles the fight to stop the drug death toll and manage Vancouver's addiction issues. Wild, whose previous works received awards from the Berlin International Film Festival and the International Documentary Association, guides her story through the eyes of Vancouver Area Network of Drug Users activists Ann Livingstone and Dean Wilson, former mayor Philip Owen, businessman Bryce Rositch and Vancouver Police Department Sergeant Doug Lang. Filmed over 18 months, the documentary explores the struggle to open a safe injection centre. According to former mayor Owen, who is often present at film screenings, more than 50,000 Canadians have seen 'FIX' in theatres and several hundred thousand more have seen the film on television.

#### Tu.23.1

##### **Models of Drug User Groups: Exploitation or Empowerment**

Livingston, Ann; Liang, Gregory; Tobin, Diana; Vancouver Area Network of Drug Users, Vancouver, BC, Canada

We plan in this session to bring people who use(d) drugs who are involved in creating and running drug user groups together, to present in a panel format describing user groups: membership, governance struc-

ture and what they are tasked with in their area of the world.

In order to stimulate a discussion of both the strengths and vulnerabilities of drug user groups, we will pull together user/former users who work in needle exchanges and safe injection sites as workers or volunteers to analyze and discuss the conditions and issues that might isolate and exploit them and to outline a manifesto for drug user groups and experiential workers that both protects their rights and reassures funding bodies about insurance and legal liability

Furthermore we identify and acknowledge drug user groups and experiential workers' unique skills and contributions to the harm reduction movement.

#### Tu.24.1

##### **Education in the sphere of Health Promotion in Central Asian Prisons**

Vezhnina, Natalia; Turekhanov, Yagdar; AIDS Foundation East-West (AFEW), Almaty, Kazakhstan

**Issue:** Education is a key component of all HIV/AIDS prevention programs and skilled human resources are the most important element in ensuring the effective and timely relay of health promotion messages and information.

Penal system staffs have to be skilled and experienced in order to address the issues of infectious diseases and drug use related risk in the specific context of prisons.

State educational institutions and structures need to be directly responsible for the development and implementation of training for prison staffs to guarantee the sustainability and the ownership of the process.

**Approach:** AIDS Foundation East-West (AFEW) has been invited by prison authorities of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to support intervention related to health promotion in prison. In its approach, AFEW seeks to involve, prison authorities and civil actors in the planning, implementation and monitoring of project activities. The intervention includes an HIV/AIDS and drug use information and educational component targeting inmates and prison staff.

**Key Points:** A joint analysis performed by national prison authorities and AFEW has demonstrated, in all four countries, the absence of systematic educational course for inmates and prison staff on specificity of infectious disease in prison setting. The analysis also demonstrated the absence of structured mechanism for transitional management of ex-prisoners suffering of infectious disease and or IDUs background.

**Implications:** Within its ongoing projects in Central Asia, AFEW has supported the set up of resources centers within Ministry in charge and National Working Groups on Health Promotion in Prisons as forum and tools for improving and institutionalize the penal educational sys-

tem. Based on the analysis results outlines of national guidelines for prison health has been elaborated, multi-sectoral programs for transitional case management system will be developed. In pilot setting, innovative services such as social bureaus for ex-inmates, NEP in prison, will be supported.

## Tu.24.2

### The Impact of Online Harm Reduction Training

Domb, Mindy, SPHERE, HCSM, Inc., Amherst, MA, USA

**Objective:** To develop and implement an online harm reduction (HR) course, which builds participant capacity to integrate HR by increasing HR awareness and knowledge, improving familiarity with the internet as a source of HR support, and emphasizing training implementation and the use of HR skills.

**Methods:** SPHERE developed the technological components, created curricular goals and objectives for a 6-week online curriculum that emphasized implementation. Marketing the course, "Integrating Harm Reduction into Drug and Alcohol Treatment", involved multiple electronic mechanisms. Applications for professional Continuing Education Units (CEUs) were submitted and approved as an incentive for participation. Evaluation consisted of pre and post-course surveys, evaluations at program completion, and homework assignments that measured comprehension and capacity. Modifications were made after each cycle based on experience and participant suggestions.

**Results:** In its first three cycles, the course enrolled 103 people, with 78 (76%) people completing it. Of the completers, 61 (78%) received CEUs. Enrolled participants represented 26 states, Puerto Rico, and four countries. In evaluations, all students reported the course helped them achieve their goals; learning objectives were met; the curriculum was engaging; and the technology was easy to use. The vast majority of students said they would recommend the course and shared their integration plans. Responses indicated enhanced interest and capacity in implementation; these responses will be shared during the presentation.

**Conclusions:** With the absence of distance learning on HR, limited availability of in-person HR trainings, and the controversy silencing HR education, an online HR course that offers 12 CEUs is an attractive and accessible training option. Vigorous electronic marketing strengthened recruitment and resulted in a geographically diverse participant population. This program is an effective approach to offer drug and alcohol treatment counselors across the country a professional opportunity to acquire HR awareness and information and practice HR skills.

## Tu.24.3

### Uptown,Downtown: the Drug Handbook

Desjardins, Lisa, Streetworks, Edmonton, AB, Canada

The mission of the Streetworks program (Edmonton, Alberta) is "People who use injection drugs and/or work in the sex trade will have the harm reduction resources they need to be safe and healthy." The goal of the program, at the front-line level, is to provide or enhance the skills, knowledge, resources and support people need to lead safer and healthier lives. Uptown, Downtown: the Drug Handbook was developed with the help of our 'Natural Helpers,' a group of service users from a variety of cultural backgrounds, age, and drug-use histories. The program has undertaken a number of user-involved projects over the years. In every case, the community members have become healthier, take better care of each other, and some become motivated to stabilize or quit their drugs. It is a concept we have used many times to develop all of our resources; to view these, go to [www.streetworks.ca](http://www.streetworks.ca). Many of these resources have been utilized worldwide. The handbook itself explains drugs from a Harm Reduction perspective- utilizing medical/ pharmacological knowledge, as well as 'street knowledge.' The user-group decided on the format, pool information, stories, and artwork used in the 60 page booklet. The specific drugs included were cocaine/crack, speed, crystal methamphetamine, ecstasy, opiates, benzodiazepines, barbiturates, marijuana, acid, and mushrooms. Other harm reduction topics include general tips for safe drug use, women and drug use, mental health, treatment and quitting, diseases, and overdose/naloxone. The group reported a greater sense of community, enthusiasm, and passion for its purpose as a result. This presentation will describe the development of the project and provide examples from the final work itself.

## Tu.24.4

### Creatively Utilizing a Harm Reduction Approach in Small, Northern Canadian Communities and Why We Need Harm Reduction in The North

Peters, Heather<sup>1</sup> Self, Bruce<sup>2</sup>

<sup>1</sup> University of Northern British Columbia, Quesnel, BC, Canada

<sup>2</sup> College of New Caledonia, Quesnel, BC, Canada

**Issue:** The two authors have worked at a grassroots level in three small communities in the northern interior of British Columbia, Canada. Populations and behaviours that have benefited from harm reduction approaches in urban areas (such as intravenous drug use, sex trade activities, etc) also happen in small communities, but are often hidden. Mainstream people in these communities typically deny that their communities have these same issues, often actively preventing the use of harm reduction measures as not being relevant. In addition,



small communities have other issues that are not usually a concern in larger centres (such as lack of anonymity when accessing services), which also benefit from harm reduction approaches.

**Setting:** The setting includes three small, northern communities in British Columbia, and the presentation will be relevant to others working in smaller communities, as well as to those working with rural people who have migrated to urban centres.

**Project:** The authors have worked together, albeit in different contexts, to provide a range of harm reduction based services to youth and other marginalized populations. One author will discuss his work as a street outreach nurse and the other, her work of operating a youth centre for marginalized youth in the community.

**Outcomes:** Harm reduction has often been focused on the visible issues of urban areas with little recognition of the need for such approaches in smaller communities. Harm reduction work in small communities necessitates walking a fine line that is acknowledges the work (and power) of mainstream people and organizations while providing harm reduction services as needed. The work entails educating the community on the issues and on a harm reduction approach, as well as finding creative ways of meeting the needs of clients. The successes of these programs, as well as their challenges, will be discussed.

#### Tu.25.1

##### Concurrent Mental Health and Substance Use Disorders in Youth

Kang, Shimi<sup>1</sup> Barrowclough, Mycal<sup>2</sup> Smith, Patrick<sup>3</sup> Barker, Linda<sup>4</sup> Kinvig, Deborah<sup>4</sup>

<sup>1</sup> BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> British Columbia Children's Hospital, Vancouver, BC, Canada

<sup>3</sup> Provincial Health Services Authority, Vancouver, BC, Canada

<sup>4</sup> Provincial Youth Mental Health and Substance Abuse Program, Vancouver, BC, Canada

##### Objectives:

- Understand the epidemiology and outcomes for concurrent mental health and substance use disorders within the child and adolescent population.
- Awareness of the pitfalls and challenges in assessing, diagnosing and treating youth with concurrent disorders
- Identify the non-pharmacologic and pharmacologic treatment options available with respect to harm reduction.

In recent years, it has become evident that concurrent mental health and psychiatric disorders are common and carry a high burden of disease in terms of medical disability, misdiagnosis, treatment delay, social instability and inefficient use of scarce services. An evidence-

based, comprehensive and integrated approach is essential for treatment of this complex problem.

This workshop will focus upon the general principles of assessment and management for concurrent disorders. The workshop will begin with an introduction of the etiology, prevalence, comorbidity and outcomes for children and adolescents with concurrent disorders. Assessment issues will then be examined including screening and common obstacles to accurate assessment. Diagnostic difficulties will be considered, including the relationships between substance use and psychiatric symptoms, and the ways substances can precipitate or mimic psychiatric disorders. Treatment will be explored next. An overview of non-pharmacologic interventions and Pharmacotherapy will then be discussed beginning with the current knowledge and important issues to consider when choosing a therapy for patients with concurrent disorders within the principles of harm reduction. This presentation will conclude with a discussion of lessons learned in clinical practice by the course leaders, followed by a question and answer period.

Pre-reading:

Substance Abuse and Mental Health Services Administration. Treatment Improvement Protocol Series. Rockville: US Department Health and Human Services; 2004:

(a)Series 35: Enhancing Motivation for Change in Substance Abuse Treatment.

(b)Series 34: Brief Interventions and Brief Therapies for Substance Abuse.

Best Practice: Treatment and Rehabilitation for Youth with Substance Use Problems. Ottawa; Health Canada; 2001.

#### Tu.001P

##### Educational Program

Gurung, Dil, Community Support Group, Pokhara, Nepal Educational program in Nepal is very backward comparing with other countries of lack of educational program, Nepal is facing lots of problems so, Nepal is in very critical condition because lack of education program means people always remain uneducated and unknown about new facilities and new way of life that other countries are gaining every day. So, being backward in education program our country has always remained undeveloped and facing problems every day.

As we are in 21st century we should focus educational program such as in H.I.V. and drugs abuse. Being unknown about this people are always suffering and facing problem.

In Nepal every day 31 people are being infected by H.I.V and every day drugs users are increasing this is because we don't have any educational program on these topics. Due to this crime rates is also increasing.

In order to prevent drugs addiction, H.I.V infection we should focus educational program featuring these topics. Drugs addiction and H.I.V. educational program should be given from schools levels, so. When boys and girls at school gets education on these topics they will know about drugs addiction and how it effects humans physical, mental spiritually and be able to know about how H.I.V is infected also many things about H.I.V because people have very wrong concept about H.I.V.

As we see that awareness program are being conducted but H.I.V. and drugs topics should be kept at schools levels as basic studies subject so that people get aware from very beginning. This will help a lot in prevention on people getting addicted and people being infected. Hence, we see that educational program has become very necessary on these topics drugs addiction and H.I.V.

## Tu.002P

### **Increasing Motivation Among Harm Reduction Projects** Eryomina, Olga, AFEW, Moscow, Russia

**Issue:** A multi-faceted approach to project management is required in order to raise the performance level of harm reduction projects and achieve successful results for outreach teams. One of the fundamental components of good management is to ensure that project employees are motivated.

**Setting:** There are approximately 80 harm reduction projects currently active in Russia. A distinctive feature within these projects is the high rate of staff turnover in outreach teams, which decreases the effectiveness of their work. There are several reasons for this situation, including low salaries, lack of equipment in project offices, burnout syndrome, etc. A large number of outreach workers cannot see clear goals in their work, which causes a diminished level of interest. This situation results into reduced motivation among project employees towards their work as a whole and harm reduction work in particular.

**Project:** The Harm Reduction Training Project designed and implemented special training programmes for outreach workers and training centres aimed at increasing motivation among employees. The following topics are covered: employee motivation to work (particularly harm reduction work); formulating organisation goals and specifying them for each team member; personal effectiveness and self-motivation. All the topics are covered in relation to realistic project activities.

**Outcomes and Lessons Learned:** Thus far, four motivational training sessions were carried out by the Harm Reduction Training Project for 50 people in the framework of the GLOBUS project. One training fully focused on the problems of motivation. Monitoring of staff turnover in projects indisputably proves the relevance of

the current training structure as project managers have noted more stability among personnel and the effectiveness of their work has significantly increased.

## Tu.003P

### **Behavioural Change Communication as a Campaign Strategy Against Drug Abuse and Harm Reduction**

Oseni, Musedig, Youth Campaign Against Drug Abuse(YOCADA), Lagos, Nigeria

**Issue:** Majority of young people in developing countries who engaged in different form of drug abuse are not aware of the inherent danger involved in the use of drugs. Most young people are influenced by their peers without any form of drug education by parents or school. Out-of-school youths are more prone to abuse of drugs because of their socio-economic status. There is virtually no intervention programme aimed at this vulnerable population group in many cities in Nigeria.

**Project Description:** A behavioural change communication (BCC) campaign strategy was chosen as an intervention programme among motor park attendants, petty traders at bus-stops, drivers and unemployed youths popular known as "Area boys" in Lagos. The project was carried out at Oshodi, Ikeja and Mile 2 areas of Lagos state.

Peer education trainings were held and over 100 youths were trained as peer educators across the project sites. The peer educators carried out group and individual educational sessions about drug abuse, HIV/AIDS and harm reduction. They also gave out educational materials to their peers and make referrals to other service providers in the cases of clients who are in need of drug rehabilitation and other supports.

**Conclusion:** The BCC strategy involved youths as role models and is a very useful way of educating young people, especially out-of-school youths with little or no formal education. Most project beneficiaries showed that with correct information available to them they can make better decisions on things affecting their lives.

## Tu.004P

### **Risk Behavior For Drug Use and AIDS Infection: an Internet Questionnaire Coupled With Short Education Texts For Portuguese Speakers**

Strazza, Leila; Azevedo, Raymundo; Massad, Eduardo; Carvalho, Heraclito; University of Sao Paulo, São Paulo, Brazil

**Objective:** To give the information to the population, besides the opportunity that they can have in recognize their own vulnerability to HIV infection.

**Methods:** We have created an educational sexual behavior's Internet homepage. Questions have been developed in Portuguese for two different age groups - adolescents

and adults. Reaching the end of each stage, the computer puts to them texts based on Skinner's (1972).

**Results:** The most important result reached is about the high prevalence of drug use reported in both groups. Even some risk behaviors were detected, as sexual and unsafe sex habits. Others results will be presented further in the meeting. These results show the necessity to improve strategies to reach these people that apparently have no risk to get injured with their sexual and drug use behavior.

**Conclusion:** Risk behavior surveillance for HIV/AIDS is generally made for injecting drug users, prostitutes and prisoners, for whom, the prevalence is expected to be higher than in general population. Much effort has been put on them and in its objectives has been successful, but left out most of the population at risk for HIV infection. Different approach strategies like that must be encouraged, in order, to help people to identify their own weakness in order to avoid injury easily avoidable.

#### Tu.005P

##### Children of Substance Misusing Parents - Putting Policy into Practice

Barlow, Joy, STRADA - University of Glasgow / DrugScope, Glasgow, UK

**Issue:** In 2003 the Scottish Executive published 'Getting Our Priorities Right - Good Practice Guidance for Working with Children and Families Affected by Substance Misuse'. The National (Scottish) Drugs Strategy (1999) called for the development of joint working protocols to support the implementation of this Guidance. This initiative was supported by the Advisory Council on the Misuse of Drugs (UK wide) in a report entitled 'Hidden Harm - Responding to the Needs of Children of Problem Drug Users' (2003).

Whilst these documents and their wider policy context (child welfare and protection and drug/alcohol misuse), called for inter-agency working, neither of the documents set out explicitly how under-developed joint working should be implemented. This project was set up to fill that gap and implement these policies.

**Setting:** The Lanarkshire Alcohol and Drug Action Team and two Councils' Child Protection Committees commissioned STRADA to write protocols tailored to the needs of each area/authority, and to provide training at various levels to support inter-agency implementation.

Lanarkshire spans both urban and rural areas to the South West of Glasgow. The presentation will describe

- The prevalence of drug / alcohol misuse
- Experience of inter-agency working
- The inter-face between child welfare and protection, and drug / alcohol misuse.

**Project:** Protocols were developed from 2002 with the support of an advisory group, and published in 2004.

Briefings were delivered on the protocols for senior managers and practitioners in different professions and agencies. More 'in depth' workshops over two days were delivered to front-line workers who would be directly responsible for implementing the protocols. The presentation will briefly describe the content of the protocols and the learning objectives of the briefings and training.

**Outcomes and Lessons Learned:** Evaluation of the training at six and twelve months will be described.

Opportunities for and barriers to the implementation of the protocols will be discussed, and the implications for replication at a national level will be described.

#### Tu.006P

##### A Content Analysis of Fifty Key Documents Concerning Harm Reduction Advocacy

Beckius-Johnson, Amy, University of South Dakota, Vermillion, SD, USA

This paper provides fifty of the most relevant documents concerning harm reduction advocacy. A content analysis is used to categorize and present an objective view of the body of knowledge currently available. These articles come from many forums including journal articles, commentary and government documents and offer a distinctive perspective of global harm reduction advocacy.

Harm reduction strategies covering many topics from many international organizations are outlined. These documents will be presented in a manner to be used for text-retrieval of full-text articles online.

#### Tu.007P

##### The "Safer" Crack Use Initiative Project - An Overview and Early Findings

Bungay, Vicky<sup>1,7</sup> Buxton, Jane<sup>2,8</sup> Susan, Boyd<sup>3</sup> Jodi, Loudfoot<sup>4</sup> Leslie, Malchy<sup>5</sup> Johnson, Joy<sup>1,6</sup>

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**Issue:** Crack use has been associated with increased risk of HIV/AIDS, STI's, tuberculosis, Hepatitis C, and lung damage and many social factors including violence, poverty and unstable housing. Individuals who use crack cocaine are often more isolated and have more unmet health needs than other substance users. Although crack use is increasing in Vancouver, there are

very few services that are directed at reducing the harms associated with crack use and improving the health of crack users. As a result, the Safer Crack Use Coalition of Vancouver partnered with researchers from UBC and CARBC and developed a three year pilot project aimed at increasing our understanding of ways to help reduce the harmful effects of crack use and provide outreach services to marginalized populations.

**Setting:** The project is situated in Vancouver's DTES. Target audience is street-involved crack users.

**Project:** Phase I involved working with street-involved, crack using women to create safer crack kits. Kit construction occurred in a safe environment and relevant health and social services were available to the women as well as meals and shower facilities. Phase II includes distribution of over 10,000 safer crack kits by outreach workers. The aims are to provide the kit and enhance the relationship between users and service providers. Kits contain relevant drug paraphernalia, vitamins, condoms, contact information for emergency and outreach services, and educational material concerning "safer" crack usage.

**Outcomes:** Evaluation is a key component of this project with the goal towards providing service providers and policy makers with relevant empirical knowledge concerning drug practices among crack users and the effectiveness of safer crack kit construction and distribution as an outreach and harm reduction initiative. Key objectives of the project and processes involved in the operationalization of this project (e.g., conception, establishment of the community-academic partnership, challenges faced by the project team during implementation) are presented. Preliminary early findings including feedback from women participating in kit construction and other users are included.

## Tu.008P

### Features of the Harm Reduction Program Among Men Having Sex With Men - Injection Drug Users

Yaromin, Oleg, NGO "Vstrecha", Minsk, Belarus

Increasing drug abuse and ongoing HIV epidemic spread remain the key social problems of today. NGO Vstrecha, among its other activities, addresses the particularly vulnerable group of injection drug users among the MSM. Drug users among the MSM are the most exposed to the risk of being infected with HIV, as there are two probable sources of the infection for them: syringe and homosexual intercourse.

The turnouts of social studies in Belarus have called for urgent measures to address these problems in concern with the target group and reduce the potential hazards to the people. Thus, the survey "Aspects of Drug Users-Sexual Practices" was done in 2003 under the local

IHRD-funded project (the turnouts thereof were presented by me at the IHRD conference of 2004 in Melbourne). The study showed that 3.6% of the injection drug users have homosexual practices, and 7.1% pursue bisexual conduct. Also, according to the turnouts of the patrol epidemiological monitoring by skin and venereal disease prevention service jointly with NGO Vstrecha, injection drugs are administered by 7.3% of men having sex with men.

According to the aforementioned studies, the most malignant situation related to the MSM IDU has been observed in the town of Svetlogorsk. It is this spot that has been chosen as the likely site for the hazard-reduction programme on MSM - IDU. There have been selected 2 volunteers: one of those had taken drugs for six years, being known among other drug users as a homosexual. In spite of the IDU community's unanimous disapproval of this man's homosexuality, many of those knowing that he is a home-made drug pharmacist, offer their sex for a drug shot. Another outreach volunteer is considered to be a trustful person in his MSM community. So he has access to gay fellows taking drugs though considering themselves straight (toward drugs).

During the 6-month period the project has enveloped 154 representatives of this particular target group.

## Tu.009P

### Evaluation of Drug Related Harm Reduction and Safe Sex Campaign Among Youth in Rural Areas of Punjab, India

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**Objective:** To access the level of awareness regarding drug related harm and high risk sexual behaviour - evolving area specific awareness campaign and to see the impact of education program.

**Methods:** Data was collected through a questionnaire survey. The samples were chosen on the basis of random sampling from a heterogenous population. Baseline study was done to see the level of awareness regarding drug related harm and sexual practices. Education program was started with the help of audio cassettes containing information regarding drug related harm and awareness on STD's/HIV AIDS and small group discussions. Impact of the campaign was assessed with indices like increase in use of condoms and decrease in drug intake.

**Results:** In the initial study 68% rural youth were ignorant about STD's, HIV AIDS and drug related harm. 55% started drug intake under peer influence. 19% started taking drugs as an adventure and to feel the kick. 70%

of drug users were visiting CSW's under influence of drugs and only 17% used condoms. After the education campaign 27% totally stopped visiting CSW's. Out of those going to CSW's 67% started using condoms. 48% alcoholics decreased the intake of alcohol and 7% totally gave up. 31% decreased the intake of opium and poppy husk and 3% totally stopped poppy husk.

**Conclusion:** The study shows the need for rural area specific education programs especially with the help of audio visuals. Involving the NGO's and religious institutions is of great help.

#### Tu.010P

##### Respondent Driven Sampling of IDU in Metropolitan and Rural Areas of NZ. Identifying Risk Behaviour of a Hidden Population

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<sup>2</sup> Southland Injecting Drug User Risk and Health Research Project, Dunedin, New Zealand

**Background/Objectives:** Active IDU frequently suffer from both low utilisation and adherence to the principles of harm reduction. Combining harm reduction and peer education have been shown to improve the long-term health of IDU. Within NZ there are hidden populations of IDU who have established patterns of risk behaviour due to limited access to peer based harm reduction initiatives. The purpose of this study was to interview such a population and identify any shortfall in harm reduction programmes and to provide a basis for improved service provision.

**Methods:** Recruitment of IDU to a harm reduction projects is best done by peers. This study used a simple echelon-based recruitment process whereby active IDU are interviewed about their drug use and associated behaviours and provided with harm reduction education. These same IDU then recruit other IDU to the programme. Data were collected by way of anonymous questionnaire, facilitated as an interview. Data collected included ethnographic, health and education as well as precise information about their drug use and risk behaviour.

**Results:** A sample of 200 IDU were interviewed. Risk behaviours most commonly reported included needle sharing, non-filtration of drugs and unprotected sex. Retention in the needle exchange programme increased with the use of peers and by the provision of evidence based health education. The incidence of HIV and HCV infection amongst active IDU were consistent with previous studies of New Zealand cohorts.

**Conclusions:** Populations of IDU who do not have regular exposure to harm reduction programmes are at

greater risk of contracting blood borne infections.

Needle exchange is effective in preventing the re-use of needles and syringes. Coupled with peer-based education the health benefits to IDU and the community are compounded and the cost benefit ratio to the community is close to 20:1.

#### Tu.011P

##### Youth Programs Development and Harm Reduction in Uzbekistan

[Djakhangirova, Merem](#), Drug Demand Reduction Program, Tashkent, Uzbekistan

What is the percentage of people in Central Asia who believe that teenagers should receive comprehensive sexuality education? How many in Uzbekistan believe young people should have complete information about drugs and that they should know how to use safely if they're going to use?

In this abstract I would like to address those risks. The above approaches, commonly known as positive sexuality and harm reduction, combined with a youth development approach should be among the leading approaches for the most HR programs currently working in Central Asia.

This abstract will focus on the importance of comprehensive sexual education, using a positive sexuality approach taking into account specifics of Uzbekistan's culture and mentality.

Although some harm reduction approaches and philosophies may not be controversial all over the world, there is much opposition to them in Central Asia. One of the tenets of a positive sexuality approach is that young people deserve information that is not based on fear and shame. Contrary to this approach is the push toward abstinence-only-until-marriage principle common in this country. This principle fails to provide complete and accurate information offers stereotypes about gender, sexual orientation and family structures and counts on fear and shame as effective educational tools. Another example is the concept of homosexuality. Majority of population simply do not address sexuality outside of heterosexual intercourse.

My stance is that teenagers deserve healthy sex lives and need them in order to become healthy adults. If young people receive negative messages during their youth, what would make us think that they could suddenly change and believe differently once they are married? What if they choose not to marry? A healthy sex life does not necessarily include sexual intercourse, but young people must be presented with the range of options to be able to make informed, healthy decisions.

## Tu.012P

### Let Harm Reduction Be Beyond Harm..

Aung, Kyaw; De Maere, Willy; Singh, Siddharth; Tun, Thinzar; Win, Nwe; Asian Harm Reduction Network, Yangon, Myanmar

Implementing a Monitoring & Evaluation system in an environment where basic necessities (like electricity) and modern telecommunication are still beyond reach of most people is a serious challenge. Furthermore, agencies/individuals involved in harm reduction field work give M&E the least priority (if any). Nevertheless, implementing a user friendly M&E is a 'conditio sine qua non' to upgrade programmes, share evidence based experiences with other (implementing) partners and address challenges of the environment in a hard to sell and often controversial harm reduction concept.

The Asian Harm Reduction Network (AHRN) started under the Fund HIV/AIDS Myanmar a comprehensive harm reduction program for (injecting) drug users, their families and their partners in 2004. A DIC, with PHC, NSEP and Outreach was set up in a small hill side town in Northern Shan State.

Integrating a user friendly M&E system has been instrumental to measure all activities undertaken in the service delivery, from quantitative data to measuring client's satisfaction. Frequent training and follow up raised the level of comfort of all team members to record and evaluate their personal attempts to reach out to the hidden drug users and upgrade their range of comprehensive services. Sharing the data has been helpful in upgrading what are new types of services in other areas of Myanmar. Furthermore the data has been used to inform central and local officials on the programmes and has been instrumental as an advocacy tool to expand programmes in a restrictive environment.

Information gathered through M&E also could be used for international funding in a politically sensitive environment.

Limited access to electricity or low computer skills are no excuse to forego the development of an M&E system, since the benefits far outweigh the drawbacks.

## Tu.013P

### Behaviour Change Communication Strategies at Reducing High-Risk Behaviour Among Low-Literate Drug User Communities

Ghosh, Gautam, BBWS and YES R.N.-East, Kolkata, India

High-risk and vulnerable population for drugs and substance abuse are often found in marginalized low-literate communities. In addition to low literacy rates, they have limited access to information and services. The situation is glaring in Kolkata (popularly known as Calcutta) metropolitan city in India that has one of the highest number of slum-dwelling population in the world with

multi-lingual, cultural and religious background, and largest number of low-literate population among these communities. Reaching out and communicating with them on complex issue of drugs and substances pose a major challenge to healthcare professionals and workers.

This paper attempts at presenting the experiences of a national level NGO in India that runs in north Kolkata a Government of India supported centre and endeavours at curbing the high-risk behaviours of drug users, especially their vulnerability to HIV/AIDS. The NGO conducted Situational Analysis and Operational Research Studies on high-risk behaviours of substance abusers. The twin studies pointed at developing effective IEC materials in order to effectuate change in the behaviour of the low-literate audience. Underlying the BCC process was the understanding that individuals and communities pass through a number of stages when learning about and adopting new behaviours.

Accordingly the development of audio-visual and print materials initiated to convey vital information and stimulate discussion on the issues. Simultaneously attempt at enhancing the visual literacy levels were made.

#### Results:

- More than 2 thousand street children, adolescent and youth reached through 59 youth club and CBO network.
- Sensitised the vulnerable groups towards adopting safety and precautions.
- Trained a band of 20 Peer Educators and built their capacity.
- Promotion of condom use and avoidance sharing of syringes and needles.
- Better working relationship developed among the primary audience and other stakeholder groups.

**Lessons Learned:** BCC strategy for low-literate audience will require use of carefully pretested pictorial materials with minimal text and other audio-visual modes, supplemented by enhancing visual literacy levels of the target audience.

## Tu.014P

### Making It Work - Using Peer Based Interventions in Needle Retrieval Campaigns

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**Issue:** In 2001 the provincial government of British Columbia altered the needle exchange policy from one-for-one exchange to a needs based approach. The policy was a response to the growing rate of HIV and HCV in the drug using communities of Vancouver's Downtown Eastside. While this is a positive policy change, the inadvertent result has been a significant increase in the

numbers of inappropriately discarded needles on the streets of Vancouver.

**Setting:** It is estimated that the Greater Vancouver Area has over 12,000 injection drug users, 4,700 of them residing in the Downtown Eastside. VCH distributes an average of two million needles a year. Vancouver Coastal Health, in partnership with the City of Vancouver, also coordinates the needle retrieval program for Vancouver, including data collection and analysis.

**Project:** The campaign's initial success has been the engagement of users in all aspects of the process. Beginning with the development of the needle exchange agreement (Making it Work) to peer led training to integrate the information into the ongoing work of the needle exchange program. To further engage users, a contest was hosted to identify an appropriate slogan. Using the winning entry "Make it your Gig to Return your Rig" a number of items were developed to advertise the campaign (matches, stickers, etc.). There was also a time-limited incentive program attached to the campaign. The incentive campaign is designed to be an annual event.

**Outcomes:** The campaign has been successful because of the engagement of users as partners in the campaign. Users developed the needle exchange agreement document, the slogan, and they are the primary distributors of the materials. We expect to report positive effects in our tracking of inappropriately discarded needles.

#### Tu.015P

##### **Intervention of the Reducing of Damages in the Health Institutions, Aiming at Insertion of the Drugs Users in the Public Services**

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<sup>1</sup> Acquaintance Center "É de Lei" (Centro de Convivência É de Lei), São Paulo, Brasil

<sup>2</sup> Centro de Convivência "É de Lei", São Paulo, Brazil

**Issue:** The difficulties of drug users finds when trying to access health services, including the prejudice and the discrimination that many of them suffer inside the institutions.

**Setting:** Deteriorated region on the center of São Paulo, know as "Crackolandia" due to the big number of drug users, dealers and sex workers. The activities take place on the health services nearby the area of intervention of the institution. The population accessed by the project is composed by poor people, from both genders and the age differing from 7 to 60 years, living on the streets or small hotels, and this intervention is with the health professionals that access this population.

**Project:** Qualify health professionals to deal with the population of drug users on an effective way, inside the perspective of the harm reduction, and to make those professionals capable to create and to keep bonds

between the population of drug users and the public health system. The right to the public health system must be universal, for all the citizens, with a special treatment that considers the particularities of this population. This happens trough workshops using the manual of harm reduction, videos and illustrative posters selected by the harm reducers, presentation of statistical data, survey of the most relevant points to be mentioned when talking about health professionals and the current situation of health assistance, and also the problem of the drugs and its illegality in the country.

**Outcomes and Lessons Learned:** This action affirms the harm reducer role as a mediator between the population and the health services, for a joint action, aiming at a bigger social inclusion of the drug users and a progress in the work of harm reduction, considering that health promotion and health prevention are not separated from the assistance and the rehabilitation (when needed).

#### Tu.016P

##### **From Cough Syrup to Crack: Youth Drug Education for the Real World**

Montoya, Antonia, University of New Mexico/ Partysmart (N.NM chapter of Dancesafe)/ New Mexico AIDS Services, Albuquerque, NM, USA

**Issue:** The majority of drug education offered in schools is limited to illegal drugs, alcohol and tobacco and most target youth who have not initiated drug use. Since most school-aged youth have initiated alcohol, tobacco and/or illegal drug use and virtually everyone has used over the counter (OTC) products and/or prescription drugs; it's time for harm reduction, school-based drug education to help reduce the risks associated with all drug use. The School and Community Drug Talk Program brings this seemingly controversial education to schools by utilizing peers and by addressing not only illegal drugs but all drugs.

**Setting:** This program takes place in school classes, clubs and groups outside of schools.

**Project:** School and Community Drug Talks is a reality-based, peer-facilitated drug education intervention by and for youth. The intervention was founded on the theories of Harm Reduction and Popular Education. Assumptions: youth have information and skills to make informed decisions to improve their lives, each person is an expert in their own life, all people will use drugs (including alcohol, tobacco, prescription and OTC drugs) and informed decision-making will reduce potential risks. The intervention empowers youth to utilize their knowledge to think critically, make decisions about drugs and to discuss drugs in a safe environment with peers.

**Intervention Details:** A student receives training to become a peer facilitator. The peer facilitator recruits

student assistants, coordinates with teachers, and implements the intervention. The intervention consists of a group, peer dialogue on drugs including how to get good information, how to weigh the information, and how to use the information to help self and others. All interventions use process evaluation, including an instrument to assess dialogue. PartySmart administrators provide the facilitation training; assist with evaluation, coordinating with teachers and more.

**Outcomes and Lessons Learned:** The primary challenges are reliance on volunteers, confidentiality and privacy, fears from school administrators and teachers about harm reduction and lack of sufficient primary drug education programs.

## Tu.018P

### Pattern of Drug Abuse Prevention

Reja, Md. Zaidi Reja, EPSAH, Bogra, Bangladesh

**Background:** Though Bangladesh is not a prime drug producing country but geographically its location is in the middle of the golden triangle and golden crescent. Bangladesh, India and Myanmar have common border. A good quantity of drug transferred to different country through Bangladesh. As a result Bangladesh is becoming as a major drug consumer country.

**Objectives:** The objective of this study is to assess the personal characteristics and behavior pattern of the drug addicts, to study social, cultural and economic background, to identify psycho-social aspects.

**Methodology:** In this study 392 drug dependent cases were evaluated, who came to EPSAH center, Bogra, Bangladesh for treatment and rehabilitation program out of 392 addicts, where 376 were male and 16 female. The result was rigged out through taking the stories behind the histories of the drug addicts, interviewing the victims, guardians and the close relatives.

**Results:** Findings are as follows -

**Behavior:** The Drug Abuser shows different behavior in different situations such as:

**Mental:**

- Unruly and imbalance attitude,
- Non-coordination of thinking,
- Extreme depression
- Suicidal tendency
- Fatigue and frustration etc

**Physical:**

- Loss of immunity,
- Deterioration of ability to work.
- Tuberculosis.
- Extreme inflammation of liver
- Contamination of blood etc.

1) Sources:

Stranger, Neighbor, Relative, Friend

2) Ages:

Most are young age group.

3) First initiative:

Friend/peer group pressure, family disharmony, frustration/failure in love,

Unemployment, physical disorder, failed to achieve high ambitions, easy access to drug, poverty, frustration in business and others.

4) Duration:

Few months to 20 years.

5) Type:

Cannabis, heroin, cough syrup, alcohol, injection drug user & multiple drugs.

**Conclusions:** Today drug abuse is a great social problem for human society. A large number of drug addicts and their guardians do not know that addiction can be cured by treatment with rehabilitation program. Appropriate policies and practice should be found out to save the coming generation.

## Tu.019P

### Injecting Drug Using Sex Workers: Practical Issues in Reducing Harm

Burrows, Dave, AIDS Projects Management Group, Sydney, NSW, Australia

The paper is based on a book to be published in early 2006 by WHO called "Where sex work, drug injecting and HIV overlap: Practical issues for reducing vulnerability, risk and harm". Sex workers who also inject drugs are at increased risk for HIV infection and many other harms.

The paper outlines a set of principles for designing programs to address the HIV prevention needs of sex working injecting drug users as well as providing a step-by-step approach to design such programs.

It suggests that sex working injecting drug users can be approached through one of three program designs:

- adaptation of existing sex worker HIV prevention projects to address the specific needs of sex workers who inject
- adaptation of existing harm reduction programs to address the specific needs of drug users who do sex work
- establishing specific programs aimed at injecting drug using sex workers.

Monitoring and evaluation for such programs is also briefly discussed.



## Tu.020P

**Drug Use in Rwandan Community: Pharmacies' Sale and Prescriptions Survey at Butare, Assessment of Country Needs on Harm Reduction Policies**

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In the present study, a profile of 8456 doctors' prescriptions collected within one month period in 22 pharmacies in Butare health district. The aim of the study was to identify urban and rural differences, if any, in the self-medication rate, socio-demographic data, prescription costs, types of drugs purchased.

Self-medication, expressed as the percentage of the total population that self-medicates, was found to be high in rural areas (63%) compared with urban areas (43%), and the global rate of self-medication was startling (59%).

The self-medication rate was high in young men (<25 years) with figures of 61.33 % than in adults (≥ 25 years old) with figures of 39.77 %. There was a statistical significant difference between young men (< 25 years) and adults (≥ 25 years old) in matter of self-medication ( $p \leq 0.001$ ). This difference was found in rural residents and in urban people.

According the type of drugs, we have found that analgesics and antipyretics drugs were highly represented (36.2 %), followed by drugs for infectious disease (29.5 %) antiallergics, antiasthmatic, antitussives drugs (12.3 %), cardio-vascular drugs (9.3 %), Various hormones and contraceptives (3.3 %), psychotherapeutic drugs (2.9 %), needle and others medical consumables (1.8 %), and miscellaneous including Nutritional products (4.7 %). We have noted that in young men the purchase of needle (found at 0.6 % in the whole surveyed pharmacies) and some drugs like opioids and oxytocines is higher than in old men, with a statistically significant difference. A higher proportion of patients from rural areas (80%) purchased all the prescribed drugs compared with those from urban areas (54%). The results of this study emphasize the need for comprehensive measures, including information, training, legislation and education at all levels of the drug delivery system, to rationalize drug therapy by improving prescribing patterns and influencing self-medication. Information on pharmaco-epidemiology is particularly important in developing countries where a rational drug policy has not been adopted.

## Tu.021P

**Recreational Ketamine Use and the Role of Insider Knowledge: an Exploratory Study**

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<sup>1</sup> Lancaster University, Lancaster, UK

<sup>2</sup> Salford University, Salford University, UK

The authors will discuss the first findings of an exploratory study of recreational ketamine use by young adults in the UK. Addressing a 'reluctant reflexivity' in drug research, this study has been designed to explore not only the emergent phenomenon of recreational ketamine use in the UK but also the ways in which insider knowledge of a specific drug can affect the research process in general and the relationship between researcher and researched in particular. Access, consent, design, data collection, analysis, interpretation and broader understanding of the research subject will be considered through the use of an 'insider' researcher (self defined regular ketamine user) and a 'straight' researcher (with no ketamine experience by the researcher, friends or close associates). The challenge for respondents of attempting to verbalise their (essentially non verbal) psychoactive experiences in interviews with the 'straight' researcher is contrasted with the 'insider' researcher through the process of repeat interviews, a method which builds on the repeat interview design of the study by Davies whereby a 'straight' and a heroin-using interviewer interviewed the same group of heroin users. The significance of explicit/implicit pre-existing insider knowledge, the fluctuating degrees of immersion in the field, the maintenance of 'user/professional' boundaries and the broader challenges of reflexivity are explored in relation to the overarching question of what is presumed to count as 'knowledge' in drug research.

## Tu.022P

**Illicit Drug Issues in Asia: the Challenges and Responses**

Reid, Gary; Devaney, Madonna; Baldwin, Simon; Centre for Harm Reduction, Burnet Institute, Melbourne, VIC, Australia

**Objectives:** A comprehensive situation analysis and country profile of Brunei Darussalam, Cambodia, China (including Hong Kong and Macao), Indonesia, Laos, Malaysia, and Myanmar. Philippines, Thailand and Vietnam were undertaken. The research covers a broad spectrum of drug-related issues, from law enforcement to research to policy to treatment and harm reduction. The focus is upon unsanctioned use of all drugs.

**Methods:** The project was desk based. Data sources included published and unpublished literature (over 800 articles and reports accessed) and information from over 250 key informants and institutions in Asia and elsewhere.

**Results:** The number of people using illicit drugs overall in Asia has increased. In some countries such as China and Indonesia this has been dramatic. Injecting of drugs other than heroin is not common, but a substantial rise in the use of amphetamine type substances as the most popular illicit drugs is causing serious alarm in the region. An increase in the number of female drug users (commonly associated with sex work) has been identified in some nations. HIV-related injecting risks are widespread, coupled with drug users experiencing high rates of multiple sexual partners and low rates of condom use. HIV infection among IDUs remains high (HIV prevalence among IDUs in Vietnam, Indonesia, Malaysia, China, Thailand and Myanmar are commonly above 50%). A common policy goal of reducing drug use, often to zero, impacts severely upon drug users. A common belief is that drug users should be treated, but many are coerced into inadequate treatment regimes with negative outcomes. Harm reduction programs remain minor in scale.

**Conclusions:** The illicit drug trade and use of drugs in Asia is complex and impacts on every level and sector of society. Harm reduction activities are developing, but need to be mainstreamed and scaled up.

## Tu.023P

**A Pilot Study Using the Internet to Study Patterns of Party Drug Use: Processes, Findings and Limitations**  
Miller, Peter, Institute of Psychiatry, Denmark Hill, UK

Since the 1990s there has been a rise in both the prevalence of party drug use in Australia and the use of party drug related web sites. This study investigates whether it is feasible to recruit and survey party drug users via the internet. Participants were directed to a web site where they completed a brief, structured internet-based survey. 460 responses were received over 31 days, one of the largest samples of party drug users in Australia reported thus far. The sample predominately consisted of young, male polydrug users. It was concluded that it is feasible to recruit and survey current party drug users via the internet and that this method is quicker and cheaper than traditional survey methods. Though samples are not necessarily representative, this method is ideal for the monitoring and identification of emerging drug trends. Other limitations and advantages are discussed.

## Tu.024P

**Illicit Drug Use and Responses in Six Pacific Island Countries**

Devaney, Madonna; Reid, Gary; Baldwin, Simon; Power, Robert; Centre for Harm Reduction, Burnet Institute, Melbourne, VIC, Australia

**Issue:** The presentation outlines the illicit drug situation in six Pacific nations: Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu.

**Approach:** The presentation is based on the "Situational analysis of illicit drug issues and responses in Asia and the Pacific", commissioned by the Australian National Council on Drugs Asia Pacific Drug Issues Committee.

The situational analysis was a comprehensive desk based review; data sources included published and unpublished literature (76 items) and information from 103 key informants.

**Key Findings:** A range of psychoactive substances have been used traditionally across the Pacific region.

Cannabis is the by far the most common and widespread illicit drug used. Drugs such as heroin, methamphetamines and cocaine are not commonly used due to their high cost compared to the average income.

Presently, there is no overall regional or country based illicit drug policy for the Pacific and few treatment programs.

**Implications and Conclusions:** Currently, limited data exist to aid understanding illicit drug use and the harms associated with it use in the Pacific Islands. This review highlights the urgent need for strategic alcohol and drug research in the Pacific as a foundation for development of policy.

## Tu.025P

**Problematic Use of Hard Drugs By (Former) Asylum Seekers and Illegal Migrants**

Bransen, Els; Hoogenboezem, Geeske; Blekman, Judith; Trimbos-institute, Utrecht, The Netherlands

**Background and Study Objectives:** A study in 2003 in Utrecht, one of the bigger cities in the Netherlands, showed that 15% of the marginalised users of heroine and/or cocaine belonged to the group of (former) asylum seekers and/or illegal migrants. This, and observations of workers in addiction care, prompted us to do a further investigation in two smaller Dutch towns. Leading question was if high risk use of hard drugs by aforementioned group is also a problem in smaller towns (thus a national problem) and if so, what we can do about it.

**Method:** The method of inquiry was Rapid Assessment and Response. This method is adequate for investigating acute problems that need a quick answer. The heart of the method is data collection from different sources, triangulation of information and cooperation between researchers and people concerned with a view to devel-

opment of the response (policy, interventions). The inquiry contained: study of documents and interviews of key figures. We interpreted the data in collaboration with the key figures and local policymakers.

**Results:** High risk use of hard drugs by (former) asylum seekers and/or illegal migrants is not restricted to big cities. Although there are no exact figures, in Nijmegen it concerned 15-30 persons by estimation, mostly unmarried young men. According to the key figures they are living in bad circumstances, often homeless, without income, having problems with the law and drug related health-problems. Their situation is for a big part the result of (changes in) the policy towards refugees, that have become a lot more severe the last years. Doing the RAR has activated local parties to cooperate in addressing this problem.

**Conclusions:** A growing group of (former) asylum seekers is trying to survive living at the fringes of society. This makes them vulnerable for high risk drug use and thus infectious diseases. Harm reduction strategies are necessary for this group.

#### Tu.026P

##### **Doubling of Methamphetamine Use Among Literally Homeless Adults**

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**Background:** Methamphetamine use is associated with risky sexual behavior and HIV transmission. The extent to which methamphetamine use has increased in at-risk populations, such as the homeless, has not been described. It is important to determine which sub-populations are using this drug and what the temporal trends are, to determine where to focus prevention efforts.

**Methods:** We studied 2013 literally homeless adults recruited at 11 service providers in population-based samples in San Francisco in three time periods: 1996-1998, 1999-2000 and 2003. Semi-structured interviews and tests for antibody to HIV were conducted. We examined trends by year in recent (30-day) methamphetamine use and report p-values for trend tests.

**Results:** The median age of the participants was 42 (IQR 36-48), 23% were women, 26% were non-white, and the median duration homeless was 2.4 years (IQR 0.67-6). 9.6% of participants had used methamphetamine in the prior 30 days, with the proportion increasing from 7.4% in 1996 to 16.5% in 2003 ( $p < 0.01$  for trend). Methamphetamine use significantly increased among the men (8.5% to 18.6%  $p < 0.01$ ), but not among the women (5.1% to 8.0%,  $p = 0.38$ ). Among the men, methamphetamine use increased significantly in

all racial groups, ages, and increased among those who drank heavily, used crack cocaine, injected drugs and among those who did not engage in those behaviors. Methamphetamine use increased in both HIV positives and negatives, with current methamphetamine use among HIV positive men increasing from 10.7% in 1996 to 38.5% in 2003.

**Conclusions:** Methamphetamine use among homeless men doubled in only seven years, and affected homeless men of all ages and racial categories. The dramatic increase among HIV positives suggests that interventions to prevent the transmission of HIV need to account for increasing methamphetamine use among those infected.

#### Tu.027P

##### **Cannabis Normalization and Stigma**

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**Background/Objectives:** Recent work by Howard Parker and other drug researchers suggests that use of cannabis by youth and young adults is becoming normalized in many western cultures. Factors cited as evidence of normalization include the drug's prevalence, availability, and accommodating attitudes of non-using peers. Social tolerance of cannabis is another indicator. However, users still experience a stigma that reflects cultural ambivalence about drugs and a need to better understand societal reactions to drug use in a normalizing framework.

**Methods:** Cannabis users' experiences of stigma are reported based on follow-up of eligible respondents recruited from a random household survey of adults. The sampling procedure resulted in completion of 137 semi-structured interviews with experienced users in metropolitan Toronto.

**Results:** Several types and sources of stigma are apparent in narratives constructed in response to probing for examples of intolerance and social disapproval. The most pervasive of these were a lack of understanding and misinformation about the drug's acute and long-term effects. Another form of stigma was based on the longstanding presumption that cannabis is incompatible with conventional role expectations.

**Conclusions:** The findings from this study of experienced mainstream users are discussed with reference to normalizing cannabis and the implications for drug policy and research. A divide between respondents' individual experiences and authoritative discourses on cannabis is evident. This enduring disconnect complies with Link's distinction between flexible- and proto-normalism. The latter reaction to social change enables processes of stigma by reducing complex, diversified

behaviour to simplistic emphases on social trends, norms, and statistical patterns. Harm reduction's public health slant is prone to do likewise, undermining its capacity to counter social stigma. Flexible normalization is called for to foster understanding of determinants of drug use, and policy responses more in tune with users' perceptions of drug harms, benefits, and risks.

## Tu.028P

### **Abuse of Alcohol, Drugs, Smoking and High Risk Sexual Behaviour Among Youth in the Rural Areas of Punjab State of India**

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**Objective:** To assess the drug patterns and high risk behaviour among rural youth in Punjab state having highest consumption of alcohol in India.

**Methodology:** The data was collected through a questionnaire survey conducted in the age group of 15 years to 30 years. The samples were chosen on the basis of random sampling from a heterogeneous population.

**Results:** 63% of rural youth were habitual to alcohol and drugs like opium, poppy husk, and smoking. 47% of them were chewing tobacco. 21% were taking oral drugs like diazepam, ibuprofen, codeine, and alprazolam. 7% were injecting drugs like diazepam, pathedine, diclofenac, morphine, and anabolic steroids. 56% of youth were having multiple sexual partners and only 17% were using condoms.

**Conclusion:** The study shows the necessity of tailoring awareness and prevention programs specific to the cultural features

## Tu.029P

### **Patterns of Cocaine Use in São Paulo / Brazil: the Nature and Extent of Consumption After HIV Impact**

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The object of this research is to understand the patterns of use of cocaine and its derivatives, the nature and extent of the user networks in the City of São Paulo. After a period of insertion in the drug networks and circuits, we selected members of different networks and social segments to interview as key informants to provide descriptions of the cocaine scene in São Paulo. We researched use patterns and their consequences, drug availability, community reactions to use and general views on violence and the law. The research combined a series of qualitative approaches such as participant observation, structured interviews, and discourse and network analysis. We were particularly interested in exploring the users' life styles and life structures as well

as personal and socio-cultural factors that contribute to problematic or unproblematic uses (Zinberg, Bieleman, Cohen, MacRae, Ericson, Diaz). The interviewees reported significant changes in administration methods in two directions: 1- the abandonment of injecting in favour of sniffing and smoking; 2- the increase in the use of crack cocaine in the younger and lower income groups. We noted significant reduction in injecting in the territories and circuits we studied (Republica, Consolação and Jardins areas). This leads us to believe this may be a response to the impact of the HIV/AIDS epidemic. It is interesting to note the nature and the extension of the "non problematic" use of cocaine, i.e. more sporadic and recreational use, in contrast to habitual uses of cannabis or alcohol.

## Tu.030P

### **Patterns of Drug Use in Dunedin, New Zealand**

Farquhar, Stephen; Fawcett, Paul; Recreational Drug Use and Harm Reduction Research Group, School of Pharmacy, University of Otago, Dunedin, New Zealand

**Issue:** Intravenous drug users (IDU) are a well established group within the community. The reasons for choosing this form of drug use are as varied as injecting techniques and type of drugs used. Strict boarder controls in New Zealand mean that drugs like cocaine and heroin are in short supply. Therefore IDU frequently resort to the diversion of prescription pharmaceutical for their supply. This practice requires IDU to develop a greater degree of innovation than their peers in other countries.

**Approach:** Patterns of drug use vary widely throughout the world. Those drugs commonly associated with IDU include heroin, cocaine and methamphetamine but in New Zealand where these drugs are in short supply IDU divert prescription pharmaceutical. Such behaviour increases the risk associated with injecting drug use with an associated increase in morbidity and mortality. In response to this pattern of drug use, we have utilized a network of IDU educators to provide naive drug users with information.

**Key Points:** Injecting drug use is associated with a well documented set of health problems such as HIV, HBV, HCV and phlebitis-related disorders. The demand for injectable drugs in NZ is always much greater than the supply - a situation that results in injecting practice that is somewhat hazardous. Such practices include the injection of vodka, poppy seed tea, food condiments, hydrocarbon-based products as well as plant extracts and crushed tablets.

**Implications:** Our research with a cohort of IDU has identified patterns of drug use associated with significant morbidity and mortality. The short supply of injectable drugs has resulted in a decreased threshold for risk-associated behaviour by local IDU and an

adverse pattern of health issues within the local cohort. Deaths have been reported following the intravenous injection of crushed tablets, food condiments and hydrocarbon products.

#### Tu.031P

##### **Poppy Seed Tea: Preparation and Composition of a Legal High**

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**Background/Objectives:** Poppy seed tea is an infusion of poppy seeds in water. In New Zealand it is a cheap, legal and convenient source of opiates. Anecdotal reports suggest the effects of the tea depend on the method of preparation. This study investigated how users prepare poppy seed tea and how the method of preparation affects opiate content.

**Methods:** A questionnaire collecting information about users of poppy seed tea, their history of consumption and method of preparation was circulated to the 12 Needle Exchanges in New Zealand. The various methods of preparation were duplicated in the laboratory and the teas analysed for opiates.

**Results:** A total of 74 questionnaires was received. Making tea involved taking about 1 kg of seeds and adding up to 3 litres of water with or without lemon juice or citric acid. Seeds were either rinsed or left to soak for up to 24 hours. In the laboratory, tea produced from Premium Australian Blue Poppy Seeds (150 g) in water (650 mL) for 60 minutes contained morphine (~16 mg), codeine (~700 µg) and thebaine (~130 µg) but no papaverine or noscapine. Rinsing extracted a significant proportion of opiates and soaking longer than one hour did not improve opiate yield. Preparation using hot water resulted in lower extraction of opiates probably due to decomposition.

**Conclusions:** The results show that using dilute acid and a larger water-to-seed ratio increases extraction of opiates whereas using hot water reduces it. Simply rinsing the seeds extracts a significant proportion of opiates. Extrapolation to tea prepared from 1 kg of seeds suggests the dose of morphine in a typical brew could be as high as 100 mg. A knowledge of the concentration of opiates in poppy seed tea and the effects of different methods of preparation should aid consumers to use it more safely.

#### Tu.032P

##### **Inclusion of Heroin Smokers in Harm Reduction Program Is More Effective: Experience in Dhaka**

[Islam, S.M.](#); Alam, Md. Shakawat; Ahmed, Munir; Uddin, Md. Taslim; CARE Bangladesh, Dhaka, Bangladesh

**Issue:** The drug switching practice of heroin smoker (HSs) might be a chance of unsafe injection as well as IDUs coverage is more difficult when they use heroin. Unsafe sex practice is the common phenomenon in the HSs.

**Setting:** CARE Bangladesh has been operating a harm reduction program among the injecting drug users since 1998. Initially the intervention was only covered the IDUs. But it was found that there is 3 times more number of heroin smokers than IDUs. Around 17,000 HSs are in the same drug spots along with the IDUs in Dhaka City.

**Project:** Part of the influx to injecting drugs results from people switching from other forms of drug use mainly heroin. Once HSs switch to injecting, infection with HIV can be extremely swift if it is already present in the community. Anecdotal evidence points to the likelihood that HSs also inject from time to time when they are unable to obtain their drug of choice. This must be prevented at all costs if Bangladesh is to avoid widespread HIV infection among drug users. The NASROB study 2002 indicates that 87% of IDUs to smoke heroin. Their condom use rate is very poor virtually HSs are more sexually active other than IDUs. In this regard, CARE-B has been initiating to intervention among the HSs since 2002. Different areas of Dhaka city 5 DICs have been established exclusively for the HSs. In the existing IDU DICs have been providing the service to HSs simultaneously. They are getting DIC facilities including resting, bathing, indoor game, education on HIV/AIDS, doctor's facilities as well as we are providing condom free of cost.

**Lesson Learned:** Increasing knowledge level on HIV/AIDS, increase consistency condom use and safer injecting and safer sex practice is going on among HSs.

#### Tu.033P

##### **Not a Problem: Study of Controlled and Occasional Heroin Use**

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**Background:** Little is currently known about hidden populations of occasional and controlled heroin users. Most of these users are not in touch with treatment services and most hide their use from those around them. It is important to examine this subset of users. Understanding the ways they use heroin helps us to understand the nature of dependence more fully, and it

also points to tactics for helping dependent heroin users control their drug usage

**Methods:** We conducted an online survey of 123 users and in-depth interviews with 51 users. Qualitative interviews focused on views, beliefs, practices and strategies employed to control and manage heroin use.

**Results:** Controlling heroin use is a complex process achieved by a range of different strategies. Respondents took great care over where they used heroin and whom they used with. Avoiding those who used in the 'heroin scene' and being discrete about their use enabled them to maintain identities with no associations with uncontrolled use. Non-dependent users tended to follow rules that enabled them to restrict the frequency with which they used. Dependent users aimed to contain the amount of heroin they used on a regular basis, to ensure that their use did not intrude into their everyday work and social routines.

**Conclusions:** It is incontestable that heroin can have a devastating impact on individuals, families and the wider community. However, heroin affects people in different ways and some people, in certain circumstances, can effectively manage their heroin use so that it causes them few problems. Learning about controlled heroin use could be used to help reduce problem drug use. It is important that this fact is recognized and that constructive lessons are drawn from it.

## Tu.034P

### An Ethno-epidemiology of Injecting Drug Use Among High-Risk Youth in Ireland

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**Background:** Despite a levelling-off in heroin uptake rates since the peak of Ireland's 1980s opiate epidemic, Irish drug surveillance data point to a sustained incidence of injecting drug use amongst marginalised youth. Although available epidemiological data have played an important role in monitoring the prevalence and range of medical consequences (HIV, HBV and HCV) associated with injecting drug use, little is known about the social course of initiation into injecting drug use or about the risk environments, economic exchanges and social groups in which youth initiate injection.

**Methods:** This recently initiated study aims to address gaps in previous research on injecting drug use in Ireland through the adoption of an ethno-epidemiological framework. Conceptually, the research is informed by Anthropological ethnography, drawing theoretically from systems ecology and incorporating social, behavioural and environmental variables in understanding both community and individual health outcomes. The

study will recruit 40 young people between the age of 18 and 25 years who initiated heroin use within the last two years and will use many of the approaches routinely employed in Anthropological fieldwork, including both extensive ethnographic observation and ethnographic (life history) interviewing.

**Results:** The research will develop social and epidemiological descriptions of the types of physical environments and social groups in which youth initiate heroin use, the administration practices they employ, their rationale for employing these administration strategies (particularly injection) and their experience in drug-related help-seeking.

**Conclusions:** This study shifts the focus from documenting characteristics and effects of the drug itself (heroin) to identifying the variable practices, materials and social settings with which young drug users orchestrate the use of illegal drugs. This approach challenges the notion of 'drug injection' as a uniform epidemiological category and focuses, instead, on understanding risk behaviour within a personal history located within larger historical, social and economic contexts. Implications for the reduction of heroin-related harm are discussed.

## Tu.035P

### On the Edge: Methamphetamine in Two Mexican-U.S. Border Cities

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**Background/Objectives:** Mexico manufactures 70-90% of all methamphetamine entering the U.S. Since information is scant on MA use in this setting, we studied the context of methamphetamine use among IDUs in the border cities of Tijuana and Ciudad Juarez.

**Methods:** A short structured survey and guided in-depth interviews were conducted with 43 current IDUs in Tijuana (N=20) and Ciudad Juarez (N=23). Topics included types of drug used, injection settings, access to sterile needles and environmental influences.

Interviews were taped, transcribed verbatim, translated and themes identified and coded using Atlas.ti. Content analysis was conducted to identify site differences related to methamphetamine use.

**Results:** In the prior 6 months, almost all respondents in Tijuana reported injecting methamphetamine either alone and/or in combination with heroin whereas very few respondents reported methamphetamine use in Juarez. In both cities, smoking using converted light bulbs ("focos") was reported in addition to injection. In

Tijuana, methamphetamine manufacturing techniques were described; one respondent described his own injuries related to production. Side effects of methamphetamine were described and one respondent identified shared 'focos' as a potential tuberculosis risk. In Tijuana, many respondents listed multiple slang names for methamphetamine, average prices, and specific selling locations suggesting widespread knowledge about methamphetamine. In Juarez, few respondents reported specific knowledge; several noted that methamphetamine was not established there. Adjacent cross border US cities in both Tijuana and Juarez were cited as important sources for methamphetamine purchase and use.

**Conclusions:** Tijuana has an established core of methamphetamine users whereas Juarez may have an emerging methamphetamine problem. In addition to harm reduction efforts, different kinds of interventions may need to be targeted to each city. In Tijuana, robust treatment efforts are needed, while in Juarez, prevention/education efforts may be more appropriate to stem the incursion of methamphetamine in this high-risk community.

#### Tu.036P

##### Drug Market Perceptions and the Effect on Injection Behaviors Among Injection Drug Users (IDU) in Mexico

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**Introduction:** Local drug market factors (e.g., supply, purity) may affect drug use behaviors. We hypothesized that perceptions of reduced drug supply and purity are associated with higher injection frequency among IDUs in Mexico, where 30% of heroin and 70-90% of methamphetamine entering the U.S. originates.

**Methods:** In 2005, IDUs in Tijuana and Ciudad (Cd.) Juarez were recruited through respondent-driven sampling and interviewed on injection risk behaviors and perceptions of the drug market. Logistic regression was used to identify associations between drug market perceptions and injection frequency in the past 6 months.

**Results:** Of 434 IDUs recruited, 335 reported their perceptions of the local drug market. Median age was 34, 92% were male and median time since first injection was 13 years. Most primarily injected heroin alone

(43.9%), 26.6% injected heroin/cocaine; 29.5% injected heroin/methamphetamine (the latter exclusively in Tijuana). In the last 6 months, 48.7% felt drug purity had decreased; 48.2% felt drug supplies had decreased. Adjusting for site, primary drug(s) used and income, IDUs who reported lower drug purity were twice as likely to inject >once/day (adjusted odds ratio [AOR]: 2.4; 95% CI:1.2, 4.7); there was no association with drug supply. Stratifying by site, perceived purity remained independently associated with high injection frequency in Tijuana but not Cd. Juarez.

**Conclusions:** Preliminary analysis suggest that perceived drug purity is associated with factors that may increase vulnerability to blood-borne infections. Associations were strongest for methamphetamine injectors in Tijuana. Despite issues of temporality, these findings suggest that monitoring drug market factors may provide insights about IDU behaviors and specific intervention needs, (e.g., expanded syringe accessibility, efforts to discourage injection). Although relationships between drug market factors and IDU behaviors has been studied among heroin injectors, further research is needed on market trends affecting methamphetamine injectors.

#### Tu.037P

##### Drug Careers in Young Amsterdam Drug Users: Transitions From Cocaine to Heroin

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<sup>2</sup> Health Service of Utrecht, Utrecht, The Netherlands

**Background:** The number of young opiate users in methadone treatment programs is low and decreasing; in 2003 only 6% of clients at the Health Service of Amsterdam was < 30 years. Especially among young drug users, cocaine has become increasingly popular. However, the extent to which they switch to heroin or to injecting drug use is unknown.

**Methods:** Data were collected from participants enrolled in the YODAM (Young Drug Users in Amsterdam study) from 2000 until 2003 who were younger than 30 years and had used illicit drugs at least 3 times a week during the previous 2 months. Of 188 participants, 114 paid 516 six-monthly follow-up visits. Person-time techniques were used to quantify transitions from use of cocaine to heroin and from non-injecting to injecting.

**Results:** At entry, 50% was younger than 27 years and 33% had ever injected. While 98% had ever used cocaine regularly, only 67% had also used heroin. Incidence of heroin use was 9/100 person-years (PY)(95% Confidence Interval (95%CI) 4-21) and of starting injecting 2/100 PY (95%CI 1.2-7.0). Ten percent of visits at which frequent drug use was reported was followed by a period of less frequent use where

after 51% was followed by a relapse. Drug users with a history of injecting were more likely to have continued their drug use at a follow-up visit. In contrast, users of cocaine only more often stopped their drug use at follow-up compared to those who had also used heroin.

**Conclusion:** Although (base) cocaine is the most popular drug among young drug users of Amsterdam, incidence of opiate use remains relatively high. Moreover, polydrug users are more likely to continue their drug use. In addition to transitions towards injection drug use, this may lead to further spread of bloodborn viruses and other health threats such as overdose.

## Tu.038P

### The Prevalence of Low-Frequency Heroin Injection Among Street-Recruited IDUs

Kral, Alex; Lorvick, Jenifer; Gee, Lauren; Wenger, Lynn; RTI International, San Francisco, CA, USA

**Background:** With heroin use, it is generally assumed that physiological dependence, multiple daily injections and a deepening of dependence over years are the norm. In the 1970's, Norman Zinberg pioneered the study of what he termed "controlled heroin use." Little work has been done in this area in the US during the past three decades.

**Objective:** To assess the prevalence and factors associated with low frequency heroin injection (low-FHI) among street-recruited injection drug users (IDU) who are not in drug treatment. To assess the one-year trajectory of heroin use among low-frequency heroin injectors.

**Methods:** We analyzed data from an epidemiological study of street-recruited IDUs in San Francisco in 2004. To assess prevalence and factors associated with low-FHI, we selected all heroin IDU who were not in drug treatment (N=616). Low-FHI was operationalized using US Federal Government's definition of non-hardcore heroin use, which is 1-10 heroin injections in past 30 days (including heroin alone or in combination with stimulants). To assess one-year trajectory of heroin frequency, we selected a sub-sample of low-FHI for whom we had data one year later (n=80).

**Results:** Seventeen percent of street-recruited heroin IDU who were not in drug treatment reported using heroin at low frequency (n=107). Comparing low-FHI to higher frequency heroin users, they were more likely (p<0.05) to be HIV positive and inject methamphetamine, and less likely to be homeless or use syringe exchange programs. At one year follow-up, our data showed that 33% of low-FHI users stayed low-FHI, 26% were no longer using heroin, and 41% reported higher frequency heroin use.

**Conclusion:** Low-frequency heroin injection is prevalent among street-recruited IDUs. This has implications for drug treatment and prevention programs.

## Tu.039P

### Methamphetamine Use Is High Among Young Injectors in San Francisco, However, Temporal Trends Do Not Change Over Time (1998 to 2004): UFO Study

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**Background:** Methamphetamine use is reportedly increasing and has been associated with increased risky sexual behavior and HIV incidence among men who have sex with men (MSM). Trends in methamphetamine use in other at-risk populations, such as young injection drug users (IDU), have not been described. We examine trends in methamphetamine use among young (<30 years) IDU in San Francisco, paying attention to age and gender groups.

**Methods:** 925 young IDU were recruited by street outreach methods yearly from 1998 through 2004 (except 2002) and screened for participation in prospective studies of HIV, HBV, and HCV infections. We examined baseline data from structured surveys for: ever injected and recently injected (last 30 days) use. Trends were also examined by non-injection use, age and sex (MSM-IDU, male non MSM-IDU and female IDU).

**Results:** From 1998-2004, 1480 participants were screened; median age was 22 (IQR 20-25), 28.8% were women, and median duration of injecting was 5 years (IQR 2-7). From 2000-2004, the proportions reporting methamphetamine injection ever was 84.6%, 81.8%, 84.7%, and 83.3%. The proportions reporting recent methamphetamine injection (1998-2004) were: 53.3%, 36.4%, 53.6%, 60%, and 55%. Older (> 22 years) vs. younger (<22) participants reported higher proportions of methamphetamine injection ever (85.9% vs. 81.7%) and recently (51.8% vs. 49.9%), but differences were not significant. Methamphetamine injection use varied significantly by sex: MSM-IDU had higher ever and recent use (92.5% and 60.5% respectively) compared to male non MSM-IDU (81.7% and 50.0%), and female IDU (78.6% and 46.6%).

**Conclusions:** Methamphetamine use in young IDU has been high since 1998. Despite recent reports of increasing methamphetamine use, no temporal trends were seen in this population to suggest that use has increased in 5 years. It is possible that the methamphetamine epidemic was underway among young IDU earlier than among other risk groups.



## Tu.040P

**Increasing Use, and Associated Harms, of Crystal Methamphetamine Injection Among Injection Drug Users**

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**Background:** The present study was conducted to evaluate the trends in use and correlates of crystal methamphetamine injection among a cohort of injection drug users (IDU) in Vancouver.

**Methods:** We conducted a prospective analysis of factors associated with crystal methamphetamine injection among participants enrolled in the Vancouver Injecting Drug Users Study (VIDUS). Since serial measures for each individual were available, variables potentially associated with syringe borrowing were evaluated using generalized estimating equations (GEE) with logit link for binary outcomes.

**Results:** Overall, 1587 IDU were enrolled into the VIDUS cohort between May 1996 and December 2004. The proportion of IDU who reported injecting crystal methamphetamine during the last six months increased significantly since 1997 (Cochran-Armitage trend test,  $p < 0.001$ ). In multivariate GEE analysis, crystal methamphetamine injection was independently associated with younger age (Adjusted Odds Ratio [AOR]: 4.77), syringe borrowing (AOR = 1.62), syringe lending (AOR = 1.40), and daily crack use (AOR = 1.30).

**Conclusions:** The present study indicates that crystal methamphetamine injection in Vancouver may be on the rise. Findings that crystal methamphetamine use was associated with younger age and syringe sharing indicate that this group is at risk for many harms, and targeted prevention and treatment strategies are urgently needed.

## Tu.041P

**The Most Recent Injection of Ketamine Among Young Injection Drug Users (IDUs) in Three U.S. Cities**

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**Background:** Injection drug users (IDUs) are an important hidden population to reach from both epidemiological and harm reduction standpoints due to HIV risks and other unanticipated medical consequences. Current drug surveillance systems in the U.S. frequently under-report emerging drug use. Ketamine, a "club drug" pop-

ular among youth in the U.S. and U.K. as an intranasal anesthetic, has been identified as a drug increasingly common among a new hidden population of IDUs. However, ketamine injectors rarely appear in sentinel data.

**Methods:** We deployed an ethno-epidemiological approach - a combination of participant observation, targeted sampling, and semi-structured protocols - to recruit a sample of 126 young ketamine injectors (16-28 years old) during 2004 and 2005 from sites in New York, New Orleans, and Los Angeles. The semi-structured protocol focused on recent ketamine using events and HIV risk behaviors.

**Results:** The sampling methods resulted in a high-risk population of young IDUs: 100% had a history of homelessness; 91% had been arrested; and 51% had been in drug treatment. Regarding the most recent injection of ketamine, 52% injected liquid ketamine, while 45% injected powder ketamine. Intravenous injections (55%) were more typical than intramuscular injections (42%). A high percentage self-injected: 87%. Syringes were most commonly acquired by self (53%), by a friend (37%), or by a stranger (10%). The following risk behaviors were reported: receptive syringe sharing (6.3%); syringe reuse (11.1%); shared cooker/cotton (47.7%); and shared ketamine vial (66.1%). Self-reported rates for infectious diseases were as follows: HIV (0%) and HCV (17.5%).

**Conclusions:** The results demonstrate that ethno-epidemiology is an effective research methodology for identifying hidden populations of IDUs. The findings suggest important variability in drug forms and modes of administration compared to other injectable drugs, such as heroin or cocaine. Furthermore, the findings indicate that young IDUs engage in a wide range of risk behaviors when injecting ketamine and should be targeted for specific harm reduction interventions.

## Tu.042P

**Slow Initiation of Yaba (Methamphetamine) Use Among the Youth of Dhaka City: Needs to Draw More Attention**

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**Issue:** To address drugs related problem comprehensively, it is essential to follow-up drugs scenario and coping the program with new dimension.

**Approach:** the commentary is based on mostly secondary data source including literature review, Newspaper clipping and database.

**Key points:** Till 1970s Cannabis smoking, drinking of locally made alcohol, *Tadi* (a sort of palm juice) was socially acceptable/ tolerable drugs in Bangladesh. In early 1980s the phensidyle (codeine cough syrup) and heroin took place in country made substance. From 1990s Bangladesh is facing new dimension of drug using practice through injecting of buprenorphine with/or other pharmaceutical and heroin. Very recently another type of drug indicates the new phenomenon in drugs culture of Bangladesh. The YABA- tablet form of methamphetamine which is illegally comes from neighboring country is being escalated popularity among affluent young group of capital city Dhaka. Secondary data shows, YABA came in Dhaka in 1999. At the beginning each tablet had cost of US \$ 25 and was hard to take from a few places in Dhaka. But now it is available at only US\$ 5. Both demand and supply are increasing rapidly. Due to its' stimulant action, the young and affluent phensidyle and heroin users are getting use to YABA. The major shifting of drugs scenario seems that day-by-day the more harmful drugs are being taken place in traditional, low-cost and less harmful drugs.

**Implications:** Gradual use of neuro-stimulant drugs instead of or along with neuro-depressant drugs is an issue of concern. Harm reduction strategies need to prudent attention to the implications of this drug on drug users, health professionals, law enforcement agencies etc.

## Tu.043P

### Poly Drug Use - Taking on the Treatment in Primary Care

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**Introduction:** Patterns of drug use in the United Kingdom have been subject to variation in recent decades. Heroin use has been steadily increasing, especially since the 1980's. Other 'downers' have become more prominent particularly benzodiazepines. The use of cocaine and more recently crack cocaine is becoming increasingly commonplace. New drugs such as ecstasy and ketamine have also had a more prominent position in the last 5-10 years. Alcohol and nicotine have been, and remain the most commonly used addictive substances. Cannabis is becoming increasingly normalised in society.

Of particular importance in these changing patterns of drug use is the emergence of poly-drug use, which we define as the concurrent use of more than one drug including alcohol. This development has been fuelled by increased availability, the emergence of new drugs and the introduction of more potent formulations of tradi-

tional drugs such as crack cocaine. Drug users combine drugs, in order to seek new feelings, to heighten the experience of the primary drug or sometimes to reduce its negative effects.

Poly-drug use - dependent use

Using combinations of drugs is rapidly becoming the norm in those seeking treatment and those in treatment. Common combinations in the UK are: heroin and cocaine: cocaine, methadone, heroin and benzodiazepines, both usually with alcohol and cannabis.

People using one drug can predict its effect, but this becomes more difficult when they are taken in combinations. The risks become much harder to define and users may be unaware of the risks.

Can we successfully manage poly drug use in a primary care service?

In primary care we treat the person rather than the drug. We have high retention rates and keep people in treatment whatever they are using and wherever they are on their treatment journey. We need to ensure treatment is as flexible as possible and include substitute prescribing and non-prescribing options and involve users in their own treatment package.

## Tu.045P

### Seroprevalence of HBV, HCV and HIV Infection Among Intravenous Drug Users in Shahre-Kord, Iran

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**Background/Objectives:** Injection drug use(IDU)is one of the most significant risk factors for viral hepatitis and human immunodeficiency virus (HIV) infection. The present study was performed to evaluate the prevalence of hepatitis(B - C) and HIV infection in IDUs and to Identify risk factors for these infections in this group in Shahre-Kord,Iran.

**Methods:** this study was conducted in 2004. The study population consisted of a convenience sample of 133 IDUs in a voluntary drug treatment center. Information of demographics and HBV ,HCV,HIV- related risk behaviours was obtained through an interviewer -assisted questionnaire. IDUs serum samples were screened for HBV,HCV , HIV infection using enzyme-linked Immunosorbent Assay (ELISA). All HIV positive samples were confirmed by western blotting.

**Results:** Of the 133 IDUs, 1(0.75%)was HIV+,15(11.2%) HCV+and 8 (6.2%) were HbsAg+.

The prevalence of HCV and HBV infected IDUs was 33.4 and 31.13,respectively. Using Chi-Square test it

was found that there was significant correlation between using shared syringe and infection ( $p < 0.05$ ).

**Conclusions:** This is the first prevalence study of HCV, HBV and HIV infection among IDUs in Shahre-Kord. We concluded that drug users have an elevated prevalence of HCV, HBV and HIV infection among IDUs in Shahre-Kord. On the other hand, the main risk factors associated with HCV, HBV and HIV infection are injection drug addiction.

#### Tu.046P

##### **Differences in the Social Networks of Ethnic Vietnamese and Non-Vietnamese Injecting Drug Users and Their Implications For BBV Transmission**

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Between September 2001 and July 2002, 199 IDUs completed an extensive questionnaire covering their personal and behavioural characteristics, and were asked to describe members of their injecting network and introduce them to us. Network members were defined as people who had injected drugs with the interviewee, at the same time and in the same location, at least once during the previous six months.

This paper explores ethnic differences in distribution of hepatitis C virus infection risk using social network analysis and molecular epidemiology in the social networks of 49 ethnic Vietnamese injecting drug users (IDUs) and 150 IDUs of other ethnicities recruited in Melbourne, Australia.

The study found that ethnic Vietnamese IDUs were more highly connected than non-Vietnamese IDUs, and more likely to be members of dense injecting sub-networks. More related infections were detected in IDUs with discordant ethnicities than were captured in the social network data; nonetheless, most dyads and most IDU pairs with related infections had matching ethnicity, confirming that mixing was assortative on that criterion. Mixing was not obviously disassortative by risk; low-risk Vietnamese IDUs reported injecting more frequently than did correspondingly low-risk non-Vietnamese IDUs, but results for other measures were reversed or equivocal.

Our data suggest that ethnic Vietnamese IDUs are at elevated risk of blood-borne infection, a conclusion supported by their high (90%) Hepatitis C anti-body prevalence.

#### Tu.047P

##### **The First Ever National Assessment of Problem Drug Use in Afghanistan**

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**Back ground:** During recent years UNODC, and Afghan communities themselves have expressed concern about the escalation of problem drug use in Afghanistan particularly among vulnerable at-risk groups such as the unemployed, poppy cultivators, the war-disabled, ex-combatants, IDPs, refugees women and children. As a reliable data on drug abuse did not exist, it was therefore necessary to conduct this assessment to enable relevant organizations to develop reasonable and realistic intervention strategies for addressing drug abuse in the country.

**Study objective:** To conduct assessment of the nature, extent and pattern of drug abuse for development of reasonable and realistic intervention strategies for relevant organizations.

**Methodology:** the assessment is based on a Rapid Situation Assessment (RSA) methodology that uses a combination of qualitative and quantitative data collection techniques.

1500 drug users and 1500 key respondents (professionals) from 32 provinces of Afghanistan were interviewed for the assessment.

**Results:** The initial information of the assessment revealed that heroin, opium hashish pharmaceutical drug and alcohol are being used by thousands of Afghans including women across the country.

- The use of scorpion tail, snack heads, some local psychoactive plants (Datorah) and Majoon (a mixture of hashish, opium, honey, fruit seeds) and Bahangawa a mixture of cannabis, milk, sugar and poppy seeds) Etc) is also used by some poly-drug users..
- heroin and alcohol use is common in the cities while opium and hashish is particularly used in rural areas. Pharmaceutical drug use is mostly women's problem.
- Most of the returning Afghan refugees, from Iran and Pakistan, bring the habit of heroin use with them.
- preparations of opium were reportedly used as self-medication for a range of illnesses.
- Most of IDU share needles and syringes, thus increase the risk of HIV/AIDS, Hepatitis and other blood-borne diseases.
- Depression, tension, anxiety disorders, stress, insomnia and body pains were the most frequently cited reasons for drug use.

#### Tu.048P

##### **Factors Associated With Symptoms With Injection Site Infections in England: Findings From a Multi-Site Survey**

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<sup>3</sup> Health Protection Agency, London, UK

**Background/Objectives:** Injection site infections have been causing growing concern in the UK. There have been increased reports of severe group A streptococci and other bacterial infections among injecting drug users (IDUs). These infections cause considerable levels of morbidity. However, little is known about frequency of these infections or the factors associated with them.

**Methods:** Data on reported symptoms of injection site infections from a community-recruited survey of IDUs were examined. IDUs who had last injected in the previous four weeks, were recruited during 2003/04 from 6 locations. Multi-variable analysis were used to explore factors association with symptoms.

**Results:** Of the 952 participants 344 (36%) reported having had either an abscess or open wound at an injection site in the previous year. In the multi-variable analysis these symptoms were associated with: female gender (43% of women had symptoms, adjusted Odds Ratio (adjOR) 1.6, 1.1-2.3); having injected into legs (42%, adjOR 2.3, 95%CI 1.7-3.2), groin (54%, adjOR 1.5 95%CI 1.1-2.1), and hands (53%, adjOR 2.0, 95%CI 1.4-2.8) in last year; cleaning needles/syringes for reuse (39%, adOR 1.5, 95%CI 1.1-2.2); injecting crack (45%, adjOR 1.6, 95%CI 1.2-2.2); being anti-HCV positive (adjOR 1.8, 95%CI 1.3-2.4); and previously receiving prescribed substitute drug (42%, adjOR 1.8, 95%CI 1.3-2.5). Of those reporting a symptom 67% (229/341) reported seeking medical advice; 48% (162) attended an emergency department; and 37% (127) were admitted to hospital.

**Conclusions:** Injection site bacterial infections are common, and are associated with reuse of syringes, particular injection sites, and crack injecting, with one in seven of the IDUs reporting hospital admission annually. The potential cost to the health service is substantial, and more targeted and better-delivered prevention is clearly indicated.

## Tu.049P

### Drug-Related HIV Epidemic and Harm Reduction Strategy in Beijing, China

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**Background:** Drug problems reemerged in the late 1980s in China. However, Since 1990s, drug abuse spreads quickly across mainland of China. HIV epidemic occurred with the drug expansion. It was estimated that infecting drug abuse (IDU) accounts for about 70% HIV infection in China. In Beijing, though HIV infected through IDU only account for 42% of total reported cases, there are high risk of HIV/AIDS transmission

among drug abusers. We summarized HIV epidemic situations and high-risk behaviors among drug abusers to make out harm-reduction strategies in Beijing.

**Methods:** Sentinel surveillance among drug abusers was carried out since 2000, and surveillance was carried out twice annually at a drug-treatment center. Demographical and risk behaviors data, sera samples were collected by voluntary filling form.

**Results:** The first HIV case transmitting through IDU was reported in 1993. HIV prevalence varied with surveillance year. In general, HIV prevalence is less than 5% among Beijing resident, however, prevalence from other provinces' participants was higher than that from Beijing resident at every surveillance year. In 2001, above 5% participants from other provinces were identified with HIV. Most of drug abusers aged between 20 and 40. Heroin is the preferred drugs for participants. About 40% drug abusers reported ever injecting drug, and 20% of them ever shared injecting needles or syringes. 13.71% drug abusers had sex through drug trade. About 7.59% participants never used condom on sex activity.

**Conclusions:** HIV/AIDS risk of further transmission continues existing among drug abusers of Beijing. To effectively prevention HIV transmission among drug abusers, HIV harm-reduction strategies should be quickly implemented. There are two methadone-replacement programs and one needle exchange program has been developed in Beijing, and programs make good progress. But now programs only cover a few of drug abusers, it should pay more efforts to review programs and attempt to improve the coverage rate of programs. In addition, behavioral and psycho treatments should be simultaneously implemented to improve the compliance.

## Tu.050P

### HIV Risk Behaviors Among Female IDUs in Developing and Transitional Countries

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<sup>2</sup> World Health Organization, Geneva, Switzerland

**Objective:** Female IDUs may be particularly stigmatized with respect to both illicit drug use and HIV/AIDS. This may lead to increased rates of risk behaviors.

**Methods:** As part of the WHO Drug Injection Phase II Study, risk behavior and HIV seroprevalence surveys of IDUs were conducted in Lagos, Nairobi, Beijing, Hanoi, Penang, Kharkiv, Minsk, St. Petersburg, Bogota, Gran Rosario, Rio de Janeiro, and Santos. Subjects were recruited through community outreach in all cities, and from drug treatment entrants in Asian and Eastern European cities.

**Results:** The percentages of females ranged from 0% to 26%. Several sites indicated difficulties in recruiting female IDUs. Within sites female vs. male comparisons

of HIV risk behaviors showed only three significant differences in injection risk behavior but 14 significant differences in sexual risk behaviors. All significant differences were in the direction of greater risk behavior among females.

**Conclusions:** Female IDUs in developing and transitional countries comprise a particularly high-risk group for both acquisition and transmission of HIV/AIDS. HIV prevention programs should not inadvertently increase the social stigmatization of this vulnerable group.

#### Tu.051P

##### **A Decade of HIV and HCV Prevalence and Risk Behaviour Surveillance Among IDUs: the Australian Needle and Syringe Program Survey**

Glenday, Kathleen; Thein, Hla Hla; Shourie, Swati; White, Bethany; Li, Jiong; Maher, Lisa; National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW, Australia

**Background:** Australia has an international reputation for early and extensive uptake of harm reduction measures, opening its first Needle and Syringe Program (NSP) in 1986. Over the past decade, the Australian NSP Survey has been the key surveillance mechanism for HIV and HCV and related risk behaviours among IDUs.

**Methods:** Annual, cross-sectional survey, conducted over a one week period since 1995. The number of participating sites has increased from 21 (1995) to 52 (2005). Clients attending participating sites during the survey week are invited to complete an anonymous questionnaire on injecting and sexual risk behaviours and provide a capillary blood specimen for HIV and HCV antibody testing.

**Results:** From 1995 to 2004, annual participation numbers ranged from 1072 to 2694, with 65-68% reporting male gender, 81-87% reporting heterosexual identity, 4-9% reporting Indigenous background and 13-19% reporting imprisonment in the last year. The median age ranged from 27-32 years. The proportion of IDUs <25 years increased between 1995 and 1998, followed by a gradual decline, coinciding with fluctuations in heroin availability.

HIV antibody prevalence among IDUs has remained <2% since 1996, with the prevalence highest among men who have sex with men (14.3-31.5%). Anti-HCV prevalence has remained high over the 10 year period (49-63%), with some variation between years. Anti-HCV prevalence was consistently higher among IDUs with a longer injecting history and older age. Reuse of someone else's needle and syringe in the last month declined from 29% in 1995 to 16% in 2004.

**Conclusion:** The Australian NSP survey has been a valuable surveillance mechanism, with considerable public health impacts over the past decade. It confirmed the

heroin epidemic and associated changes in anti-HCV prevalence and risk behaviours and is a strong evidence base for informing policy and practice in harm reduction, prevention and treatment services for IDUs in Australia.

#### Tu.052P

##### **Description of Syringe Distribution Networks in Medium Sized US City**

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**Objectives:** to describe the syringe distribution networks operating around an underground Syringe Exchange Program (SEP) that utilizes secondary distribution as a primary method for distributing sterile syringes.

**Methods:** injectors were interviewed who receive syringes from the underground SEP either directly through contact with program volunteers or indirectly through someone else (secondary distribution). Respondents were contacted through program volunteers or introductions by other respondents. Network data is ego-centric, defined as persons R gave a syringe to or received a syringe from in the previous 30 days.

**Findings:** the majority of syringes distributed each month by the SEP go through 2 core distributors. 81 "Core-distributor-connected" respondents receive syringes from the core distributors and 61 "Non-Core-connected" do not. Respondents in both Core-connected and Non-Core-connected groups may be 'End-points' (N=63) who do not give syringes to any one else or 'Transit-points' (N=79) who both receive and give syringes. Not surprisingly, Transit-points report larger networks (dyad N=404) than End-points (dyad N=156). A higher percentage of respondents in the Core-Connected group function as Transit-points than in the Non-Core group (62% vs 50%). Core-connected Transit-points are more likely than other groups to report injecting with a used syringe in the previous 30 days (22% vs 0-10%). The presentation will describe the characteristics of the sample overall, variation in demographic characteristics and risk behavior associated with membership in each Set and roles as End- or Transit-point, and variation in dyadic characteristics of network relationships according to Set and respondent role in syringe transactions.

**Conclusions:** Secondary exchange/distribution is encouraged by many SEPs in order to expand access to sterile syringes, and syringe distribution networks mediate HIV risk through relationships between network members. It is important to know more about the relationships through which syringes are distributed, and factors

affecting risk behavior within syringe distribution networks.

## Tu.053P

### Tracking the Impact of Harm Reduction on Blood-Borne Virus Seroprevalence Among Attendees of New Zealand Needle Exchanges

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**Objective:** To provide contemporary seroprevalence data on HIV, HBV, and HCV among New Zealand injecting drug users (IDU), and to examine trends in seroprevalence and risk factors over time by comparison with previous national seroprevalence surveys in 1997 and 1998.

**Methods:** In November 2004, IDU clients attending nine peer-based NZ needle exchanges completed anonymous questionnaires, and provided finger-prick blood samples. Four hundred and twelve people completed questionnaires and matching blood samples were obtained for 403 people.

**Results:** Four respondents tested positive for HIV (1%). Almost two thirds (61%) of respondents tested were not immune to HBV. The prevalence of HCV was high (70%) and strongly associated with age and duration of injecting. Higher rates of HCV were found in males and those who had been on a methadone programme. No association was found between HCV status and ethnicity or recent injecting behaviours. Eighty-eight percent had been previously tested for HIV, 91% for HCV and 65% for HBV but many were unaware of, or didn't understand their results.

The majority of respondents (94.5%) obtained their injecting equipment from a needle exchange. Half reported using a new needle and syringe every time they injected drugs and another 40% reported doing so most of the time. Sharing of other equipment such as spoons and tourniquets was reported by 40% of respondents. Approximately half did not use condoms with new sexual partners, or with casual sexual partners, and most did not use condoms with regular sex partners.

**Conclusions:** Seroprevalence of HCV is high among NZ IDU and has changed little since 1998. However, the prevalence of HIV remains among the lowest in developed countries. Risky sexual behaviour is still highly prevalent amongst IDU, though there have been positive changes in their injecting behaviours. These results represent both some measure of the success of the needle exchange programme to date, and significant challenges for the future.

## Tu.054P

### A Global Overview of HCV Among IDU/Drug Users Worldwide, 1998-2005: a Desk Review

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Prevention and Care among IDU in Developing and Transitional Countries, Lisbon, Portugal

<sup>3</sup> IHRA, London, UK

**Objective:** To review evidence on HCV infection and HVI/HCV co-infection among IDU and drug users worldwide, with a special reference on developing and transitional countries and to identify gaps of information.

**Methods:** Desk review on the extent of HCV and HIV/HCV co-infection among IDU, drawing on published and 'grey' literature in combination with expert consultation and relevant databases (review period: 1998-2005). There were three key review indicators: a) HCV prevalence among IDU and/or drug users; b) HIV/HCV co-infection among IDU and/or drug users; and c) HCV incidence among IDU and/or drug users.

**Results:** 199 relevant data sources were identified. Data indicators were reviewed in all UNAIDS' regions, with great variability depending on the region, country and indicator. The region with most information was Western Europe and the one with least, Sub-Saharan Africa. Findings show high prevalence of HCV among IDU and drug users across the regions. HCV prevalence >90% were found in specific sites of: Bulgaria China, Canada, Estonia, Germany, India, Italy, Malaysia, Nepal, Pakistan, Poland, Portugal, Puerto Rico, Russia, Switzerland and Thailand. The review identified a number of factors associated with lower HCV prevalence in some studies, including: gender; earlier or better access to NSP; testing of mixed samples (that is, samples also including drug users with unknown route of administration of drugs). The recruitment setting did not appear a very important source of variability. High HIV/HCV co-infection among IDU (that is, >50%) was found in specific sites of: Buenos Aires, Brazil, China, Croatia, Iran, Nepal, Poland, Slovenia and Spain. There was scarce information on HCV incidence.

**Discussion:** With HCV prevalence among IDU and/or drug users over 50%, found in 38 out of the 58 countries, the need to approach ways to stop/reduce/reverse this epidemic is irrefutable. Need for further research not only in countries with not data but in many other with insufficient and/or out-of-date information.

**Tu.055P****HIV Prevalence and Risk Factors Among MSM in Khanh Hoa Province, Viet Nam**Truong, Minh<sup>1</sup> Ton, Toan<sup>2</sup> Tran, Kim Oanh<sup>2</sup> Colby, Donn<sup>3</sup><sup>1</sup> Khanh Hoa Health Service, Nha Trang, VietNam<sup>2</sup> CHEC of Khanh Hoa Province, Nha Trang City, VietNam<sup>3</sup> Harvard Medical School, Boston, MA, USA

**Background:** In the last two years, there has been more attention given to MSM and HIV risk in Viet Nam. However, the research done to date is limited in scope and geographic coverage. There is currently no other data on HIV prevalence among MSM in other locations in Viet Nam.

**Method:** A quantitative survey of MSM was conducted in Khanh Hoa province using RDS as the sampling methodology. 295 MSM were recruited in province. Men answered a questionnaire about sexual orientation, sexual risk behavior, knowledge and attitudes about STD and HIV. A blood sample (3ml) was taken for HIV testing using an Elisa test (Genscreen BIORAD).

**Results:** Median age was 24. Sexual orientation was 13% heterosexual, 42% bisexual and 44% homosexual. Condom use with male partner was high (70-82%) but lower with female sex workers (60%). Many MSM also have sex with women: 44% ever had vaginal sex and 36% in the last 6 months. Many MSM have been reached by peer educator programs, but very few had previously been tested for HIV. None of the men in this survey tested positive for HIV.

**Conclusions:** The MSM peer education program should continue and make efforts to reach MSM outside of the rural areas. A majority of MSM are bisexual or heterosexual in orientation. Peer education programs must make efforts to reach out to these men and not only concentrate on homosexual or gay-identified men. In addition, MSM peer educators must be knowledgeable about and be able to counsel MSM on heterosexual sex. Very few MSM in Khanh Hoa have had HIV tests.

**Tu.056P****Building Street Drug Sample and Analysis Databases for Research and Early Warning**Michelow, Warren, MindBodyLove, Keeping the Door Open, Iboga Therapy Society, AIDS Vancouver, Vancouver, BC, Canada

**Issue:** Researchers investigating health issues related to illegal street drug use must account for drug quality, strength, contaminants and adulterants in their results. Options include ignoring these factors; explicitly making assumptions that drug quality and strength remain "constant" over the investigational period; collecting and analysing drug samples themselves, or using relevant research done by others.

**Approach:** This presentation will critically analyse specific methodological issues concerning health research related to street drug use. It will further describe how some of these concerns might be addressed through the creation of street drug sample and analysis databases for researchers, and how the analysis data obtained might support an early warning system for users.

**Key Points:** Currently, most Canadian researchers have little option but to exclude considerations of drug quality factors, but users know that some health issues may be related to changing street drug quality, composition or adulterants; e.g. overdose, leucoencephalopathy, psychosis.

Existing sample bases maintained by Canadian law enforcement authorities are inadequate for these purposes for many reasons. Analysis results are not made publicly available to either researchers or street drug users who might also benefit from early warnings of potentially hazardous product in circulation.

Ideally, local, cross-sectional and longitudinal street drug sample bases and analysis data, appropriately structured, documented and maintained on an ongoing basis, would be available to health researchers for correlation with contemporaneous data from their specific investigations.

This presentation will discuss the creation of, and how ongoing development of such databases could facilitate more penetrating and accurate research into health issues that might ultimately correlate with drug constitution, contaminants or adulterants. National drug laws and methodological considerations related to sample acquisition and analysis will also be considered.

**Implications:** Without properly accounting for these factors research data and results might be confounded, and avoidable harm to users will continue.

**Tu.057P****Correlates of Sterile Material Use For Drug Preparation and Injection Among Injection Drug Users**Morissette, Carole<sup>1</sup> Cox, Joseph<sup>1</sup> De, Prithwish<sup>2</sup> Tremblay, Claude<sup>1</sup><sup>1</sup> Montreal Public Health Department, Montreal, QC, Canada<sup>2</sup> Dept. of Epidemiology & Biostatistics, McGill University, Montreal, QC, Canada

**Background:** The sharing of blood-contaminated drug preparation and injecting equipment among injection drug users (IDUs) is the major risk factor for bloodborne infections such as hepatitis C virus (HCV). The objective of this study was to identify factors associated with using sterile drug preparation materials (i.e. filter, container, water), given their potential health benefits for IDUs.

**Methods:** Active IDUs were recruited April 2004-January 2005 from syringe exchange and methadone

treatment programs in Montreal, Canada. A structured questionnaire collected information about demographics, drug preparation and injection (e.g. the use of sterile and non-sterile materials), self-reported HCV status, and harm reduction behaviours (e.g. using health care and prevention resources). The frequency of using each sterile material during the past month was dichotomized as "half the time or more" versus "less". Logistic regression was used to examine variables in relation to using each material.

**Results:** Among the 321 subjects, mean age was 33 years, 70% were male, and 91% were Caucasian. Sterile filters, containers, and water were used at least half the time by 24%, 24%, and 73% of subjects, respectively. Using sterile filters was significantly associated with having more than high school education (OR=2.78), injecting alone (OR=2.74), older age at first injection (OR=1.08) and injecting heroin (OR=4.85). In addition to the above, sterile container use was associated with older age (OR=1.11) and being HCV-negative (OR=4.17). Using sterile water was associated with injecting everyday (OR=2.98), not lending water (OR=3.27), and being HCV-negative (OR=2.26).

**Conclusion:** The promotion of sterile materials could address risks specific to drug use practices, while continuing to promote safer injecting among young, HCV-negative IDUs, and those who inject with others. The results also suggest a possible subsample of IDUs who are more prone to practicing safe injecting by using sterile materials and restricting material sharing.

## Tu.058P

### **Injecting Drug Use: the Driving Force Behind HIV Epidemic in Pakistan. Where Is the Epidemic Heading to..**

Emmanuel, Faran, HIV/AIDS Surveillance Project - NACP., Islamabad, Pakistan

**Issue:** HIV/AIDS Prevalence data indicate a concentrated epidemic among IDUs in Pakistan which ensue an outbreak reported among IDUs in Larkana. Recent data from major cities including Karachi, Lahore, and other parts of the country is suggestive that the epidemic is rapidly spreading within the entire country. A meta-analysis of the existing IDU literature was conducted to ascertain conduits of HIV spread, and suggest measures to be put in place for an effective control of the epidemic.

**Approach:** Several strategies including Medline and internet literature search, search through data bases, manual iterative reviews of reference lists in the papers and meetings with AIDS control programs were conducted to obtain available research reports on IDUs in Pakistan. Additional information was sought for, through contacting donor organizations, NGO's, multiple research institutions and individuals having experience

of working for IDUs and HIV/AIDS in the country to obtain reliable data. Data were formulated to identify various channels through which HIV infection could be transmitted to the general population.

**Key Points:** Positive IDUs can infect their peers through group sharing of needles and injecting equipment (58% to 90%) and getting help from professional injectors (37% to 80%). Infection can reach the wives and girl friends (33% to 60%) and commercial sex partners (21% to 73%) through unsafe sex (60 to 92%). Upto 20% of the IDUs reported exchanging sex for drugs and money, while another 20% reported of selling blood for money, which forms an important route of HIV spread to the general population.

**Implications:** Despite of a national HR program, Pakistan has been unable to contain the epidemic among IDUs. Immediate attention should be paid to the channels identified above to strengthen and expand services by including treatment and rehabilitation facilities for IDUs to prevent the epidemic becoming generalized.

## Tu.059P

### **Blood Borne Virus Prevalence and Voluntary Confidential Testing among Injecting Drug Users: Impact of Country of Birth**

de Souza-Thomas, Leah<sup>1</sup> Ncube, Fortune<sup>1</sup> Hope, Vivian<sup>2</sup> Barnett, Sharon<sup>1</sup> Parry, John<sup>1</sup>

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**Background/Objective:** There have been recent concerns about increases in the HIV and hepatitis C (HCV) among injecting drug users (IDUs) in the United Kingdom (UK). An overall rise in HIV diagnosis in the UK, especially among heterosexuals, has in most part been associated with migration from higher prevalence countries. The possible impact of migration on the prevalence of HIV and HCV among IDUs and Voluntary Confidential test (VCT) uptake is thus explored.

**Method:** Data from the national unlinked anonymous survey of IDUs that collects oral fluid samples for antibody testing and behavioural and demographic data was examined. Data on the participant's country of birth has been collected since 2003.

**Results:** During 2003/04 the prevalence of anti-HCV amongst UK born participants was 37% (1658/4450) compared to 55% (237/432) among those born elsewhere. This difference remained after adjustment for age, gender, recruitment location, treatment status, previous imprisonment, needle exchange use and injecting duration: Odds Ratio (adj-OR) 2.1 (95% CI 1.6-2.8). Whilst anti-HIV was 0.8% (34/4450) in the UK born compared to 7% (32/432) in those born elsewhere, adj-OR 7.2 (95% CI 3.7-13.9). There was a significant difference in both HIV and HCV VCT uptake. Of those born



in UK 62% (2710/4378) reported a HIV VCT compared to 68% (277/406) among those born outside of the UK ( $p=0.01$ ). VCT for HCV was also found to be higher in injectors born outside the UK (73% 9302/4140) in contrast to those born in the UK (64% (2760/4290)) ( $p<0.001$ ).

**Discussion:** These findings indicate that blood borne virus prevalence is much higher among IDUs born outside of the UK, and this needs to be considered when interpreting overall prevalence data. The reasons for migration to the UK need to be explored, but may relate to access to treatment. There is a need for appropriately targeted services.

#### Tu.060P

##### Estimation of the Prevalence of Injecting Drug Users in Moscow, Volgograd and Barnaul: Implications For HIV Prevalence and Prevention

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**Introduction:** We estimate the number of injecting drug users (IDU) in Moscow, Volgograd and Barnaul to examine the implications for HIV prevention and intervention coverage.

**Methods:** Estimates for 2003-4 were obtained using capture-recapture techniques. Data sources were identified that recorded data on IDUs, including: Drug Treatment; Accident and Emergency; Infectious disease hospitals; Toxicology; HIV case reports; and Police drug testing. Individuals were matched by year of birth, sex, initials and district of residence to identify subjects on one, two, three or more data sources.

**Results:** In Barnaul, credible preliminary estimates were generated for the sample stratified by sex, but preliminary unstratified estimates could only be generated for the whole sample for Volgograd and Moscow. We estimated the number of unobserved male IDUs in Barnaul to be 4,692 (95% CI 2,739-8,035), a total prevalence of 3.4% in the population aged 15-44 years. We estimated the number of female IDUs to be 803 (95% CI 3,111-2,076), 0.6% of the population aged 15-44 years. In Volgograd, we estimated there are 9,162 IDUs (95% CI 5,497-15,270), giving a total prevalence of 2% of the population aged 15-44 years. Less reliable estimates were found in Moscow, the range of estimates varied considerably due to a lack of matches across the data sources. Preliminary findings suggest there are 38,473 unobserved IDUS (95% CI 30,960-47,809), a total prevalence of 0.7% in the population aged 15-59

years. The estimates were analyzed alongside HIV prevalence data obtained from a community recruited sample of IDUs in each city. Findings suggest that only 3.5% of HIV cases amongst IDU in Moscow are diagnosed, 30.4% in Volgograd and 23.5% in Barnaul.

**Discussion:** Further data are needed to support the Moscow estimate. Findings indicate a large population of IDUs in these cities not in contact with services and unaware of their seropositive status.

#### Tu.061P

##### Common Needle Sharing Behaviors in Drug Injecting Networks in Rural Chiang Mai, Thailand

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**Background:** Among injection drug users (IDUs), HIV prevalence may not consistently reflect the risk of future HIV infection. We reported risk behaviors among IDUs in a rural area with lower HIV prevalence and compared with the risks among IDUs in an urban area with higher HIV prevalence.

**Methods:** From June 2004 to August 2005, we invited IDUs in a rural district ( $n = 114$ ) of Chiangmai province and IDUs in Chiangmai city ( $n = 221$ ) to participate in an interview and HIV counseling and testing. Multivariate logistic regression was used to compare HIV risk behaviors (injection frequency, drug use networks, sexual networks, frequency of sharing needles) among IDUs who had not been infected with HIV in the two areas.

**Results:** The HIV prevalence in the rural area was 7.0% and in the urban area was 25.8%. Among the IDUs in rural area, 43.5% reported having directly shared needles with the median of 3 other IDUs (range = 1-11) in the past 6 months (v.s 20.9% in the city). Of 59 IDUs (40.5%) who had sex with at least 1 sexual partner in the past 6 months, 54 (92.6%) reported no condom use or inconsistent condom use with 1-6 sexual partners. In multivariate analysis, after adjusting for sex, injection frequency, number of partners in injection and sexual networks, compared to IDUs in the city, IDUs in the rural area were slightly older (adjusted odds ratio [AOR] = 1.05, 95%CI = 1.03-1.08) and directly shared needles with a significantly larger drug-injecting networks (AOR = 1.49, 95%CI = 1.1-2.0).

**Conclusions:** The HIV prevalence fails to reflect current HIV risks among IDUs in the rural area. The common sharing practices in larger drug-injecting networks in the rural area suggest that rapid HIV transmission in this drug use community be possible.

## Tu.062P

### Second Generation Surveillance among IDUs conducted in two regions of Russian Federation: Altai Territory and Volgograd Region

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**Background/Objectives:** The current passive HIV-surveillance system does not provide detailed risk behavior information. This study was done to determine prevalence of HIV and HCV among injecting drug users and describe risk behaviors associated with further spread of these infections.

**Methods:** Sentinel surveillance among IDUs recruited through syringe-exchange programs and AIDS centers in Barnaul, Biysk, Rubtsovsk, Volgograd, Volzhsk conducted in 2005. This study consisted of two parts: interview to collect data on injecting, sexual and other risk behaviors and collection of blood samples for antibody testing of HIV and HCV.

**Results:** A total of 788 IDUs (males 74.4%, females 25.6%) were enrolled into the surveillance. The mean age of initial injection was 20.5% and 39.5% of IDUs reported to begin injecting at 15-19 years old. The average duration of injecting was 6.4 years. HIV prevalence varied from 3% to 74% between cities and HCV from 23.1% to 99%. Regardless of the fact that 97% of IDUs reported to have an access to clean needles and 97.8% knew that HIV could be transmitted through contaminated injecting equipment, significant proportion of interviewees continued to share syringes 42.8% and 48% lend used syringes. Average number of sexual partners for the last 12 month was 3.5. Never used condoms with regular partners 62.4%, with commercial partners 17% and with casual partners 36.5% interviewees.

**Conclusions:** The high level of risky injecting and sexual behaviors demonstrated in the surveillance shows that potential for further HIV transmission is significant. Widespread interventions focusing on behavior change through counseling, peer education as well as on syringe exchange are required to prevent further transmission of HIV. It is also critical to enroll sexual partners of IDUs into the prevention programs.

## Tu.063P

### Maintenance of a High Intention to Avoid Starting Drug Injecting Among Street Youth: a Longitudinal Study

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**Objective:** To identify the factors explaining the maintenance of a high intention to avoid starting drug injecting among street youth.

**Methods:** A prospective cohort study of street youth aged 14 to 23 years was initiated in Montreal in July 2001. A total of 858 street youth were recruited in community organisations and followed-up every six months. Respondents who never injected drugs (n = 432) were asked to complete an interviewer-administered questionnaire assessing psychosocial variables based on social cognitive theories as well as epidemiological and socio demographic variables.

**Results:** As of March 2005, 167 participants had completed the baseline interview and four follow-up interviews. Among this group, 75 (46%) were classified as stable high intenders (i.e.: score of 5 on the 5-point scale at each measurement time). The Generalized Estimating Equation (GEE) analysis indicated that classification in the stable high intention group was significantly associated with high values on the following variables with respect to avoid starting drug injecting: attitude (OR: 2.5, CI95% : 1.4-4.8); felt no pressure to start injecting (OR: 2.0, CI95% : 1.0-3.8); perceived behavioural control (OR: 1.9, CI95%: 1.2-3.04); moral norm (OR: 1.8, CI95% : 1.1-2.8) and role belief (OR: 1.8, CI95% : 1.0-3.1). None of the socio-demographic and epidemiological variables contributed to this prediction. In addition, stable and unstable groups differed on several behavioural and control beliefs.

**Conclusions:** The results of this longitudinal study clearly demonstrates that youth who maintain a high intention to avoid starting injecting drugs hold more favourable cognitions over time. This information should be used for designing interventions aimed at the prevention of initiation into drug injection.

## Tu.064P

### HCV Prevalence and Incidence Status as Predictors of HIV Seroconversion Among IDUs

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**Background /Objectives:** Since 1995, the SurvUDI network has monitored trends in HIV prevalence and incidence among IDUs in the province of Quebec and the city of Ottawa, Canada. Hepatitis C virus (HCV) surveillance was added to the network's objectives in 2003 when it became part of the national I-Track network. This analysis aims at identifying predictors of HIV seroconversion, including HCV prevalence and incidence status as potential predictors.

**Methods:** Active IDUs (past six months), recruited via harm reduction/health programs, give informed consent, provide saliva samples and answer a questionnaire on their recent behaviours (past six months). HIV- and

HCV-antibody testing is performed (HCV testing: retrospectively for 1997-2003; prospectively since then). Multiple participations are allowed, but not within six months. Predictors of HIV seroconversion were identified using multivariate Cox regression analysis.

**Results:** Among the 1380 repeaters recruited between October 1997 and June 2003, prevalence and incidence rates were: HIV: 15,9% and 3,3 per 100 person-years; HCV: 60,4%; 27,1 per 100 PY. Independent predictors of HIV seroconversion, adjusting for area of recruitment, were: 1) Age <25 years and injecting for <6 years: Adjusted Hazard Ratio=1,0; older, less experienced injectors: AHR=3,6 [95% confidence interval: 1,4-9,1]; younger, more experienced injectors: AHR=2,0 [0,64-6,5]; older, more experienced injectors: AHR=1,5 [0,61-3,9]. 2) Injection with syringes previously used by someone else: AHR=2,1 [1,3-3,5]. 3) Injection with strangers: AHR=1,6 [0,94-2,8]. 4) Being HCV-infected: AHR=7,9 [2,4-25,9]. 5) Being an HCV seroconverter: AHR=4,1 [1,0-16,6].

**Conclusions:** HCV prevalence and incidence are the strongest predictors of HIV seroconversion, suggesting that they are more reliable markers of blood exposure than reported injection behaviours. The latter might be affected by social desirability and the fact that questionnaires cover six months, although interviews might be further apart.

#### Tu.065P

##### **Aging of Substance Using Population and Medical Complications: Global Trends**

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**Issue:** In Switzerland harm reduction measures and opiate maintenance treatment have been introduced at large scale since the early nineties. Epidemiology of medical complications related to drug use have changed over the last 15 years

**Setting:** University Hospital in Geneva, in- and outpatient medical consultations for substance users by GPs

**Project:** observational study of patient profiles and causes of medical consultations (12 year period)

**Outcomes and Lessons Learned:** former heroin addicts in opiate maintenance treatment in Geneva are a rapidly aging group (over 35 years old). There is a relative decrease of medical consultations for infectious problems but an increase in consultations for drug interactions (especially long QT-syndrome) due to polymedications, complications of liver cirrhoses, and diseases related to unhealthy diet, physical inactivity and smoking (obesity, diabetes type II, hypertension, low-impact

fractures, chronic bronchites). Patient education and harm reduction should go beyond safe injecting advice, to also address general life style factors

#### Tu.066P

##### **High Prevalence of HIV and Associated Risks Among Community-Based Injecting Drug Users in Tehran, Iran**

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**Background:** HIV infection rates have reached epidemic proportions amongst injecting drug users (IDUs) who visited drug treatment centers in Tehran. However, there is little information about the prevalence and associated factors with HIV infection among community-based IDUs there. This study aimed to determine the prevalence of and correlates of HIV-1 infection among community-based IDUs in Tehran, Iran.

**Methods:** In October 2004, people who inject drugs were recruited from a drop-in center and neighboring parks and streets in *Shoosh* area of Tehran. Participants were interviewed about their socio-demographics, drug use characteristics, history of incarceration, and sexual history. Specimens of oral mucosal transudate were then collected from participants to be tested for HIV-1 antibodies. Logistic regression analysis was conducted on the association between the demographic and behavioral factors with HIV-1 infection.

**Results:** 213 (including 207 male) IDUs participated in the study. Prevalence of antibody to HIV-1 infection was 23.2% (48/207) among male IDUs. A history of shared use of injection utensils inside prison was the main behavioral correlate of HIV-1 infection in the multivariable analysis [adjusted odds ratio, 2.45; 95% confidence interval, 1.12-5.61].

**Conclusions:** The prevalence of HIV-1 infection has reached a record high among community-based injecting drug users in Tehran. The fact that a history of shared drug injection inside prison is the main behavioral correlate of HIV-1 infection among community-based injecting drug users underscores the necessity of urgent and comprehensive harm reduction programs for both imprisoned and ex-prisoner drug users in Tehran, Iran.

## Tu.067P

### Relation Between Temporal Increases in Both Unsafe Sex With Casual Partners and Crystal Methamphetamine Use in a Cohort of Young Gay Men

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**Background:** Previous studies of gay men associate unprotected anal intercourse with casual partners (CP-UAI) and use of crystal methamphetamine (CM). However, the extent to which recent increases in CP-UAI may be attributed to CM use is not known.

**Objective:** To relate the increasing trends in both CP-UAI and CM use among gay men.

**Methods:** Prospective cohort of 261 HIV-seronegative gay men followed stably between 1997 and 2002. CP-UAI and CM use were defined as any during the previous year. Adjusted odds ratios (OR) with 95% confidence intervals (CI) were computed using generalized estimating equations. Lifetable methods were used to estimate cumulative incidence.

**Results:** During 5 years follow-up, an estimated 54.8% and 28.4% of men reported any CP-UAI and any use of CM, respectively. Increases in CP-UAI (from 19.2% to 25.5% of men annually,  $p=0.02$ ) and in use of CM (from 11.5% to 15.5% of men annually,  $p=0.02$ ) were significant, as was the overall association between CP-UAI and use of CM (OR 1.56, CI 0.98 - 2.48).

However, the trend in CP-UAI was independent of CM use (adjusted OR 1.07 per annual visit, CI 0.99 - 1.15) and CM use was reported during only a small percentage of those [58 (18%) of 316] study visits at which CP-UAI was reported (only half of these reported CM use before or during sexual encounters). CM use was reported at 113 (12%) of 931 study visits without mention of CP-UAI. Of note, fewer than 10% of individuals' transitions from no CP-UAI one year to some CP-UAI the next mentioned any use of CM.

**Conclusion:** In this cohort of young HIV-seronegative gay men, recent increases in CP-UAI were independent of CM use. Elimination of CM use would yield only a small reduction in the proportion of similar men reporting CP-UAI.

## Tu.068P

### Behavioural, Virological and Immunological Correlates of Hepatitis C Infection; the Networks II Study

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**Background/Objectives:** Networks II (N2) is a highly innovative collaboration between leading Australian virologists, immunologists and epidemiologists. N2 builds on an earlier study of the hepatitis C virus (HCV) in the social networks of IDUs (networks I - N1). N1 produced several important insights, including that IDUs' social networks do not accurately predict infection pathways; that infection with multiple HCV genotypes may be common; that change in dominant genotype is rapid; and that some IDUs remain HCV-free despite injecting and sharing with infectious partners. N2 builds N1 via deeper investigation of all these phenomena, with the ultimate aim of generating novel data that facilitate HCV vaccine development.

**Methods:** Since July 2005, social network methods have been used to recruit a cohort of young ( $\leq 25$  years) or beginning ( $\leq 3$  years) IDUs - either HCV-unexposed or with uncomplicated infection histories - from across Melbourne (Australia). Eligible people are interviewed at 3-month intervals for ~ two years, providing 50mls of blood plus behavioural and network data each time; ineligible network members are interviewed but not followed. Blood samples are tested for HCV, HBV, HIV and antibodies to each, and HCV RNA sequenced for eventual phylogenetic analysis.

**Results:** By early October 2005 over 140 IDUs had been recruited, most eligible for follow-up (commencing shortly). By February we will have three measurements for over one hundred IDUs, enabling calculation of incidence rates, determination of rates of change of HCV genotype, and identification of individuals at high risk but lacking HCV infection; immunological analysis relating to these potentially HCV-resistant IDUs will also be available. Preliminary observations of identical epitope responses in samples from some apparently HCV-exposed and unexposed recruits support our research direction.

**Conclusions:** We are confident that our results will greatly advance understanding of the dynamics of HCV infection and be the foundation for eventual development of a vaccine.

## Tu.069P

**Prostitutes and Injecting Drugs: Potential Threat For HIV Epidemic in Central-A, Bangladesh**

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**Background:** Over the last two rounds of national surveillance on HIV/AIDS, among all the high-risk groups sampled, HIV prevalence was found the highest (4%) among the injection drug users in the central part of Bangladesh. This abstract explores a picture of the injecting drug use practices of female/male prostitutes, including hijras, and some client groups sampled in the central part of Bangladesh during the last two rounds of Behavioral Surveillance.

**Methods:** Two stage probability sample.

**Results:** In last two rounds of BSS, female/male prostitutes had, on average, 11 to 44 clients per week and consistent condom use with clients in the past week was less than 15%. 20-30% of the Female prostitutes reported that they had taken drugs (other than alcohol) in the last year. Among those who reported taking drugs, only 1 to 4% had injected drugs. However, the FPs reported 15 to 40% of their clients injected drugs. Almost one out of every five women acknowledged that they knew either their commercial or non-commercial sex partners inject drugs. Since there is an enormous amount of sexual interaction with clients every week and low condom use, FPs are also at risk for HIV transmission through their contact and network with injection drug users.

**Conclusion:** A high level of needle-syringe sharing, injection drug use practices, low condom use, and a large number of sexual partners among the prostitutes and their clients (especially the injection drug users) may increase HIV rates in sex workers, due to existing networks. To avert or delay an HIV epidemic, existing intervention programs for female/male prostitutes and their clients should include drug use and prevention components to properly address HIV prevention.

## Tu.070P

**The Natural History of Injecting Drug Use**

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**Objective:** To describe the life histories and events in the drug using careers of a cohort of drug injectors in Edinburgh. Pilot study to test the methodology for tracing and successfully achieving adequate data collection. Research questions include the following: an estimate of lifetime drug use cessation rates; patterns of use

recovery and relapse; explore the effect of health and social interventions on outcome (drug related death, cessation, other drug use, other health indicators of and patterns of service use.)

**Methods:** For the pilot study 30 patients were selected randomly from a cohort of 800 patients. These individuals were traced using the central database and National Health Service records. They were interviewed after permission was granted by their current general practitioner. Instruments included a "life grid" questionnaire and a standardised format questionnaire on drug alcohol and tobacco use as well as details of life events.

**Results:** Nineteen out of a possible total of 25 interviews were achieved. Five dead patients had data constructed from old case records. Findings suggested that these methods might be successful in a larger study on the same cohort. Key findings included extensive adverse childhood experiences, multiple long-term drug use including alcohol and tobacco and serious health impact, particularly from the effect of blood borne viruses.

**Conclusions:** It is possible to get access to case records and personal details using this approach. It is also possible to achieve interviews for the majority of patients identified. Results will be presented showing life time drug use, prison experience, medical histories and outcomes of treatment. Funding is now available for the larger study and this is underway.

## Tu.071P

**Crack-Use Among Injecting Drug Users (IDU) in Victoria, BC**

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**Background:** Sharing of crack pipes has been suggested as a route of transmission for blood-borne pathogens, particularly hepatitis C (HCV). Burnt lips resulting from hot pipes could provide a portal of entry or exit of the virus. Several Canadian cities have therefore adopted crack pipe distribution programs as a harm reduction measure. The objectives of this research were to estimate the prevalence of crack smoking among IDUs in Victoria, to determine if an association exists between pipe sharing behaviours and HIV/HCV status, and to determine if this population would accept crack pipe distribution.

**Methods:** Victoria participates in a national, multi-site, enhanced surveillance program which monitors trends in HIV/HCV prevalence and associated risk behaviours among IDUs. Respondents complete an interviewer-administered questionnaire about drug use, needle and

equipment sharing practice, and sexual behaviours. A blood sample was collected for HIV/HCV. In 2003 additional questions relating crack use were added to the questionnaire. A descriptive analysis of the data specific to disease status and crack smoking was carried out.

**Results:** Approximately 68% of respondents reported using crack in the past 6 months. Ninety percent of those who smoked crack also shared pipes, and 31.9% suffered burnt lips. The prevalence of pipe-sharing among HIV(+) and HIV(-) was 88.4% and 90.5%, respectively. Similar prevalence was found for HCV(+) (89.4%) and HCV(-) (91.8%).

Forty-six percent of HCV(-) and 26% HCV(+) respondents reported burning lips from crack pipes in the past 6 months. Seventy-five percent of IDU who smoke crack would like pipes distributed and the majority of these respondents preferred glass pipes.

**Conclusions:** High rates of pipe sharing exist among those who are infectious with Hepatitis C and HIV. An association between pipe sharing and blood-borne pathogens could not be demonstrated. Users would accept distribution of crack pipes.

## Tu.072P

### Initial Trends in HIV and Hepatitis C (HCV) Prevalence and Associated Risk Behaviours Among Injecting Drug Users (IDU) in Victoria, British Columbia

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**Background:** Victoria participates in a national, multi-site, enhanced surveillance program to monitor HIV/HCV-associated risk behaviours in the IDU population. Two phases have been completed (2003 and 2005) in the city. The objective of this analysis was to describe trends in seroprevalence and risk behaviours that may have occurred over the two study phases.

**Methods:** Subjects were recruited through a needle exchange site and an emergency shelter. Information on drug use, needle and equipment sharing, sexual practices and demographics were collected during an interviewer-administered questionnaire. A finger prick blood sample was collected and tested for HIV/HCV. Descriptive analysis was carried out of risk behaviours and drug use in relation to disease status for various subgroups in each phase.

**Results:** HIV prevalence decreased from 15.4% to 12.5% from Phase I to Phase II. HCV prevalence increased from 68.5% to 73.8%. Equipment sharing among all groups increased between phases from 26% to 50%. Passing of used needles among HIV(+) respondents decreased from 39% to 7%. On the other hand,

injecting with previously used needles among HCV(+) individuals increased from 22.5% to 34.4% and was higher than HCV(-) respondents. In Phase I, 30% of subjects reported that the street was the place where they had most often injected in the past six months. Respondents who had lab-confirmed cases of HIV and who self-reported as being negative, did not know status, or had not been previously tested, decreased from 27.8% (Phase I) to 23.3% (Phase II). However, respondents who had lab confirmed cases of HCV and were not aware of their status increased from 20.5% to 24.3% between phases.

**Conclusions:** Passing of used needles among HIV(+) respondents decreased from 39% to 7% between phases. Passing of used needles and equipment among all other groups remained high. Individuals unaware of their disease status are at risk of transmitting to others given the high sharing rates. This information is relevant to service providers for planning harm reduction strategies.

## Tu.073P

### Determining the Feasibility and Acceptability of a Safe Injection Site Among Injecting Drug Users (IDU) in Victoria, British Columbia

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**Background:** Victoria is considering a safe injection site (SIS). An understanding of characteristics associated with its acceptance or rejection, by the IDU population, is required to ensure the facility is accessible to those who require its services. The objectives of this study were to characterize risk behaviours and disease status of injecting drug users according to their level of acceptance of a SIS and obtain information related to additional services deemed necessary by the population who are mostly likely to utilize this resource.

**Methods:** Victoria participates in a national, multi-site, enhanced surveillance program which monitors trends in HIV/HCV prevalence and associated risk behaviours among the IDU population. A blood sample is collected and tested for HIV and Hepatitis C, and respondents complete an interviewer-administered questionnaire asking about risk behaviours. Questions relating to the acceptability of a safe consumption site were also included in 2005. Data on risk behaviours and HIV/Hepatitis C status were summarized and stratified by acceptance or rejection of a safe injection site.

**Results:** Seventy-two percent of IDUs in this survey report they would use a SIS. Frequent injectors (those who inject at least once/day) would utilize a site more often than those who inject occasionally (once a week or

less). Twenty-seven percent of HIV(-) respondents report using other people's needles, and the majority of this group indicate they would use a SIS. Seventy-five percent of HCV(+) respondents who share used needles also report they would use a SIS. A safe environment, respondents considered referrals to other services, and prevention of overdose additional important features.

**Conclusions:** There is a high level of acceptance for a SIS among the IDU in Victoria including those at particularly high risk of transmitting or acquiring HIV/HCV. The IDU population as a whole would likely access and benefit from SIS services.

#### Tu.075P

##### **Researcher and Consumer Conflict in Public Health Research on Illicit Drugs: Mobilising Consumer Participation on Applied Ethic**

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<sup>2</sup> Australian Injecting & Illicit Drug Users League (AIVL), Canberra, ACT, Australia

<sup>3</sup> Victorian Drug User Group (VIVAIDS), Melbourne, VIC, Australia

**Issue:** The reduction of illicit drug related mortality and morbidity depends in part on engagement with marginalised groups, scientific and methods innovation and public health advocacy. New harm reduction initiatives have at times challenged society (e.g. heroin prescription, supervised injecting rooms, restricted alcohol availability in defined communities). Significant ethical challenges exist along this frontier of innovation, though the harm reduction speciality area of public health has proceeded without due attention to these. One consequence is conflict between researchers and consumers in this area, with increasing consumer disquiet about certain aspects of the research endeavor and withdrawal of consumer support for studies in some jurisdictions.

**Approach:** This paper will explore examples of recent conflict concerning: consumer consultation and participation at the formative stages of research; dissemination of research findings to consumers; negative impacts of research findings for consumers; and ethics review and monitoring processes. Drawing lessons from recent developments in relation to indigenous health research ethics, new public health ethics and human genetics, this paper argues for consumer participation on applied ethics issues in harm reduction research.

**Key Points:** We propose an applied communitarian model of ethics engagement to promote participatory and sustainable dialogue on the ethics of innovative public health research. Key questions include: Can an applied communitarian ethics be defined for harm reduction? How might it help to promote dialogue on the ethics of innovative harm reduction research with marginalised groups? Can applied communitarian ethics

define a new identity politics for marginalised groups? What are the potential costs and benefits?

**Implications:** Greater ethics engagement can strengthen research integrity and quality and also build consumer trust. Applied communitarian ethics may help to define a positive territory of authority for communities in relation to research, and encourages us to consider values and ethics alongside technical issues when planning for community consultation.

#### Tu.076P

##### **The Ethics of Cannabis Prohibition**

Tousaw, Kirk, UBC Faculty of Law, Vancouver, BC, Canada

This paper argues that cannabis prohibition ("Prohibition") is an unethical and immoral social policy. Prohibition is unethical for a variety of reasons that can be roughly divided into three categories. These categories correspond to the uses made of the cannabis plant for medicinal, spiritual and recreational purposes.

Prohibition is unethical vis-à-vis medicinal users because it blocks the vast majority of medicinal users from accessing safe and effective medicine. Health Canada was forced into adopting, and revising, its medical access program yet only a handful of medicinal users in Canada have been able to achieve legal status. The rest are criminalized, forced into the black market to obtain medicine of uncertainly quality and potency, and often are unable to obtain cannabis at all.

Prohibition is unethical from a spiritual perspective because it prevents Canadians from using cannabis as part of their spirituality or as a sacrament. Many cultures and many religions have turned to psychoactive plants, including cannabis, for divine inspiration, awakening and revelation. Under current Canadian law, no exception from criminal prohibition exists for these spiritual users, thus denying them the ability to fully explore and experience their beliefs.

Prohibition is unethical in its restriction of recreational use because the state should not use the criminal law to punish non-harm-causing people. In order for the state to ethically use its most coercive power against its citizens, it must have some basis for believing that those citizens are causing (or creating a significant risk of) harm to others. Harm to self is not a sufficient justification.

Tu.077P

## HIV/AIDS Prevention with Drug Harm Reduction Program

Sharoon, Kashif; Azeem, Asher; Caritas Pakistan Lahore, Lahore, Pakistan

Caritas Pakistan Lahore has started the project "HIV/AIDS prevention with Drug Harm Reduction Program" for the street drug users. The project was funded by DFID - Futures Group Europe from April 2003 to June 2005.

Baqa Drop-in Center program was providing following services to the street drug users.

1. HIV/AIDS prevention Services
2. Medical Services
3. Entertainment
4. Social Services
5. Detoxification
6. Rehabilitation

After the completion of the program several ethical lesson were learned. They are as follows.

Provision of HIV/AIDS and STI prevention services are important components of the package This should be focused and given high priority, as knowledge is the first step towards the behavior change process.

Once you start providing the harm reduction services, the expectation of the clients goes high and they start demanding food and clothes. The harm reduction service package is more focused on HIV/AIDS and STI prevention there is a strong need to focus on some strategies to reintegrate these drug users in the society.

Behavior change communication is a slow process and it should be planned for longer duration. Our program build the confidence of the drug users in the area and they were utilizing the services once the present services discontinued it will take more efforts to restart the services and build the confidence of the users.

The program developed a referral system for treatment and testing (HIV, HEP.B and C) services with govt. hospitals. Although we were able to test and get treatment for a number of clients but some times its get difficult to get services from the govt. hospitals.

Majority of the drug users are unskilled and once they undergo detoxification and try to reintegrate with the society finds difficult to earn enough to fulfill their basic needs.

Drop-in centers should not be closed and provision of services should be continued to the clients in the target areas other wise clients will lose their confidence.

Tu.078P

## HIV Prevention Research Among IDU in Prevention-Limited Settings: Ethics, Human Rights, and Research Priorities

Beyrer, Chris, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

**Issue:** Research is needed to develop and test safe and effective HIV prevention tools for IDU, including pre-exposure prophylaxis, HIV vaccines, drug treatment, and social and behavioral interventions. Prevention trials require at-risk participants and so are often implemented in prevention limited settings where HIV incidence is high, and by agencies, including US funded efforts, which limit prevention tools including needle and syringe exchange. These intertwined realities have led to marked conflicts in HIV prevention research internationally and have ethical, human rights, and public health implications.

**Approach:** A review of current HIV prevention trial controversies in Thailand and other settings, using research ethics, human rights, and epidemiologic approaches.

**Key Points:** Ongoing and emerging epidemics of HIV among IDU globally suggest that we need to implement the tools we have and to develop and test new ones. Research ethics calls for trials in which all participants are provided the highest achievable standard of care, including prevention technologies like condoms and clean needles, with known efficacy for prevention. Yet many settings where HIV is spreading among IDU limit prevention by law or policy, and lack or ban effective drug treatment. Rights violations against drug users compound both the lack of prevention and disease risks. Public health demands that where interventions cannot be implemented, researchers seek politically and socially feasible alternatives, like vaccines. IDU and their advocates must demand prevention and treatment globally, but may reduce IDU relevant research if trials are leveraged in attempts to change government policy.

**Implications:** Advocates and researchers need to work closely and strategically to achieve the shared goals of ethical conduct of trials, reduction in rights violations, and relevant research for IDUs. Where governments limit prevention, advocates and donors will have to work with researchers to support prevention outside restrictive laws and policies.



**Tu.079P****The Tenofovir Prevention Trial in Thailand: A Drug Users' Perspective**

Suwannawong, Paisan<sup>1</sup> Kaplan, Karyn<sup>2</sup>

<sup>1</sup> Director, Thai AIDS Treatment Action Group (TTAG)/Co-Founder, Thai Drug Users' Network (TDN), Bangkok, Thailand

<sup>2</sup> International Advocacy Coordinator, Thai AIDS Treatment Action Group (TTAG), Bangkok, Thailand

In 2005, the Thai-US CDC Collaboration received approval from three ethical review boards for its protocol to conduct a Tenofovir (TDF) Pre-Exposure Prophylaxis (PREP) Trial among injecting drug users in Bangkok, Thailand. However, the Thai Drug Users' Network (TDN) and other AIDS advocacy organizations protested the lack of real community involvement in the protocol design, and apparent ethical breaches such as the failure to provide clean injecting equipment despite use of a placebo with half the study group.

Efforts to engage trial investigators directly to revise the protocol and ensure appropriate standards of prevention, care and treatment for the target group proved fruitless, leading TDN to engage in more urgent interventions that included direct action and demonstrations, open letters, appeals to the trial sponsors and relevant organizations such as the Bill and Melinda Gates Foundation and UNAIDS, yet have not led to mutually acceptable compromise.

Drug users in Thailand have participated as subjects in numerous research studies sponsored by Thai and international agencies, yet were not involved in research design, implementation or dissemination. TDN has documented cases of substandard informed consent procedures, standard of care, and access to appropriate services in the context of these trials. The lack of enforceable mechanisms to ensure redress for such instances, or even fair consideration of the community perspective on such cases, demonstrates the clear need for accountability of the scientific community to international standards of research and community involvement, and for increased investment in partnerships with community-based organizations to conduct pre-trial preparedness initiatives to avoid undue breaches of ethics in the name of science and to maximize the potential benefits of research locally, not just internationally.

**Tu.080P****Dangers of Methadone Pills Injections**

Daniel, Ksenija: Mustac, Petra; NGO, Zagreb, Croatia

UHO is short for user help organization. We exist since 2000 and are active in outreach work with needle exchange, advocacy and legal advices. UHO also has a web page [www.uho.hr](http://www.uho.hr) which is very active where users help each other with experiences and sharing knowledge.

In Canada we will like to speak about damage done with injecting methadone pills what is a common practice in Croatia, our viewpoint at this issue and the ethics of this problem. We will present a slide show of the damage done and our suggestions on how to change the inhuman laws which are enforced right now.

**Tu.081P****Making Values and Ethics Explicit: What a Code of Ethics Would Contribute to Harm Reduction**

Fry, Craig, Turning Point Alcohol & Drug Centre, Fitzroy, Melbourne, VIC, Australia

**Issue:** Harm reduction initiatives often challenge society by testing the boundaries of evidence and policy, and stretching our moral imagination (e.g. heroin prescription, supervised injecting rooms). Significant ethical challenges exist in all spheres of harm reduction, though the movement has largely proceeded without due attention to these. What is needed is a way to promote greater ethics engagement.

**Approach:** This paper will examine: the context of ethics in harm reduction; unique ethical challenges in harm reduction work; the current low profile of harm reduction ethics and implications; opportunities for making values and ethics explicit. It draws from contemporary debates at the intersections of harm reduction and public health ethics, and the author's recent ethics research into the place and practice of ethics in the alcohol and other drug field.

**Key Points:** There is a need for greater ethics engagement in harm reduction. A harm reduction code of ethics is an important first step. Codes of ethics are an essential tool for any profession or specialty field, representing a sign of maturity and signalling responsibility and preparedness for ethics engagement around accepted standards. A harm reduction code of ethics could assist practitioners in balancing diverse value sets and ethical perspectives in relation to the ethical challenges encountered. It may also facilitate debate on key ethical dilemmas, and the development of applied ethics resources (e.g. guidelines, professional development).

**Implications:** A commitment to making harm reduction values explicit requires that we consider applied ethics as a tool (in the same way we think of scientific, empirical, clinical and other practice tools) to enhance, rather than restrict, harm reduction practice. As well as having important governance applications, applied ethics in harm reduction may be utilised to enhance public health policy, practice and research outcomes for all outcomes for all stakeholders.

Tu.082P

## Reflections on Ethics, Research and Health Care - Reworking the Ethics Committee For Marginalized Populations

Chakraborty, Nibedita, York University, Faculty of Environmental Studies, Toronto, ON, Canada

This presentation is a reflection of methods to improve marginalized populations' participation in the medical research that occurs in their communities. Using examples from the author's past working as a street nurse in the Downtown Eastside of Vancouver, theoretical underpinnings, and the move towards empowering clients; the author explores methods of incorporating client participation from the research development phase to strong interaction with the research ethics boards. This creates research that is more ethical and welcome in the community as well as making sure that knowledge exchange occurs between academic researchers and the communities that they are working within. The recommended changes would also allow marginalized communities to learn about research and hopefully decrease suspicion of researchers, and empower clients to learn how to protect their rights as research subjects.

Tu.083P

## A Decent Proposal: Using Ethnography to Explore the Experiences of Street Sex Workers Who Inject Psychostimulants

Hudson, Susan; Maher, Lisa; National Centre in HIV Epidemiology and Clinical Research - University of New South Wales, Sydney, NSW, Australia

**Issue:** One of the target outcomes of research in the harm reduction field is effective interventions which benefit both specific sub-populations and the general population. The ways in which research is conducted, however, can have significant implications for the types of interventions recommended and, more importantly, potential benefits for the population under examination. Street sex workers who engage in injecting drug use are a regular target for involvement in research. All too often however research with this population is conducted in a manner which is directive and potentially exploitive.

**Approach:** This paper will critically explore the contribution that an ethnographic approach can make towards harm reduction. Ethnography can comprehensively assist in investigating and informing the implementation of new harm reduction interventions. More significantly, it is an approach that documents local knowledge including emic beliefs and indigenous risk reduction practices. Ethnographic research has the capacity to explore and utilise the lived experiences of vulnerable populations, providing practical insights into the social and cultural meanings that shape daily practices such as injecting drug use.

**Key Points:** The discussion will emphasize the importance of documenting the risk reduction methods that marginalised groups engage in as a matter of course in their daily lives. Learning from, rather than imposing on, target populations will be reiterated. The way in which informal peer education can be utilized will also be explored as an effective intervention that also serves to empower rather than oppress. The benefits of this type of research in the field of harm reduction will be examined through a newly commenced study of Street sex workers who inject psychostimulants and work in the Kings Cross area of Sydney, Australia.

**Implications:** We suggest that through ethnographic endeavour the true voices of those participating in the research are more likely to be heard, which in turn lends itself to a more likely investment in any proposed harm reduction interventions. Responsible research should seek to inform, but more importantly challenge misunderstandings and misrepresentations.

Tu.089P

## Expansion of HIV Prevention Work Among Idus and Bridging Populations in Murmansk Region (Russia)

Tsereteli, Zaza<sup>1</sup> Bailuk, Fedor<sup>2</sup>

<sup>1</sup> STAKES, Tallinn, Estonia

<sup>2</sup> Murmansk AIDS Centre, Murmansk, Russia

Russia has one of the highest rates of HIV infection in the world. By December 2004, the Russian Federation had reported some 300,000 HIV cases. Of the HIV cases with documented transmission routes, more than 80 percent are attributable to injecting drug use. Murmansk Region is on the 4th place of highly infected areas in North-West Russia. The total cumulative number of registered cases in Murmansk Reion by the end of April 2005 is 1414.

Murmansk is a city of currently 335.000 inhabitants (down from approx. 500.000 ten years ago) north of the polar circle on the Kola Peninsula.

The purpose of the project is to make services preventing the spread of HIV/AIDS available to high-risk groups in the Murmansk region. The activities of the project are carried out through Low Threshold Support Centre (LTSC), which serves both IDUs and bridging populations. The cornerstones of the project are as follows: the harm reduction approach (syringe/needle exchange and counseling/referral), outreach work, developed in state-municipal partnership, and a uniform methodology of epidemiological data gathering.

The local Centers have been able to reach the previously hidden populations (mainly through outreach work). Counseling scope increased markedly, indicating that the LTSCs indeed filled an important gap in the existing services.

Thus the scope of the work done allows concluding that the activities of the project indeed contributed to the

limiting of the spread of HIV: by 2005, incidence rate has dropped considerably.

LTSCs have become a valuable addition to the municipal services.

It is important to overcome legal and moral objections associated with HIV/AIDS prevention among vulnerable groups. Most Russians still view HIV/AIDS primarily as a problem of marginalized groups. Such lack of information leads to fear and stigma, which inhibits public discussions and limits awareness about HIV transmission, safe behavior, and discrimination against drug users.

#### Tu.090P

##### **Harm Reduction and Illicit Drug Policy - Global Challenges and Difficult Issues for Government**

Shrestha, Bishnu, Siddhi Memorial Foundation, Bhaktapur, Nepal

To engage successfully with the problem in all facets requires a new, concerted and more enlightened approach to governance. Drug use and the HIV epidemic are both new to many places but current policies and programmes are often designed for past situations and do not take account of the specific dangers presented by the epidemic.

Illicit drug use is a very difficult issue for governments to deal with. For example, is heroin usage a legal issue, a public health issue, or both? How heroin and other injectable drugs are dealt with by governments will have a large bearing on the extent of HIV spread among drug users and the broader population. Yet policy decisions are often made in response to community fears about drugs instead of on the basis of empirical evidence.

Furthermore, patterns of illicit drugs use are becoming globalised and standardised with complex global production and distribution networks, diversified marketing, new and emerging markets and a highly dynamic and thriving scene. The drug industry is based within local communities but operates internationally. Attempts to control the industry are most often organised by national governments in response to international pressure.

For example, decisions about how to control the drug trafficking, through governance or other means, have a significant impact on the spread of the HIV epidemic. Where heroin is made or transported, people inject and HIV spreads rapidly.

This represents an important challenge for improving governance in the global economy. Attempts to reduce the production of drugs without taking into account the development consequences have proven to be unsuccessful. Instead, the drug problem needs to be strongly linked with development policies and strategies to address HIV.

#### Tu.091P

##### **Determinants of Khat Production**

Hailu, Degol, Researcher at SOAS, University of London, London, UK

Much has been said about farmers' decision to substitute traditional crops with khat (a stimulant drug mainly produced in the red sea littoral). The literature notes that land fragmentation and state control of agricultural marketing contributed to the growth of khat cultivation. Farmers, mainly reacting to fluctuations in international coffee prices, increased khat cultivation. Yet, nothing has been said about how a country's development strategy leads to the expansion of khat cultivation. This paper argues successes of Ethiopia's agriculture-based development strategy inadvertently encourage khat production. The government's flagship strategy, essentially a mechanism to increase land productivity through extension services (fertilizer inputs, subsidised credit, improved seeds and water management), has led to increases in yield of annual cereal and food crops. However, prices of these crops have been falling in the face of fixed demand associated with modest urbanisation, underdeveloped agro-processing industry, and non-existent export markets. Following increases in input prices, the terms of trade shifted against farmers. At the same time, acreage and yield for khat are increasing precisely because domestic and export demand are rapidly growing. The domestic market is rising as consumption of khat is crossing age, gender, social status, income, and geographical boundaries. The export market is marked by the rise of mass consumerism in neighbouring countries (Djibouti and Somalia) as well as consumption among the Diaspora in display of the self and identity - closely related to migration of Ethiopians, Somalis and Yemenis to Europe and North America. These markets are aided by significant intermediate activities such as packaging, branding, retailing, and transport. In sum, the knowledge, expertise and material gained through the agricultural extension programs are devoted to the growth of khat production in response to decline in price of cereals (domestically) and coffee (internationally).

Degol Hailu's co-authored book the Khat Controversy will be published by Berg in 2006.

#### Tu.092P

##### **Harm Reduction Program Reduces Risk-Taking Behavior Among Injecting Drug Users of Biratnagar, Eastern Nepal**

Acharya, Bishnu, Help Group for Creative Community Development, Biratnagar, Nepal

**Issue:** Out of 1000 IDUs at Biratnagar Submetropolitan city 60% were found sharing of syringes among their peers. This had increased the chances of HIV infection among their peers, spouses and communities as well.

**Project:** During the project period 22156 Needles syringes exchanged, 16537 sterile water tubes, 736 bleach bottles, 7559 condoms, 1991IEC materials were distributed among IDUs. 2311 BCC education sessions held. 222 IDUs received counseling services, 923 received PHC services. 9 IDUs were treated in rehab center. Local authority and community meetings were organized to create a supportive environment to work. Outreach workers, PVs, counselors and medical assistants conducted these activities.

**Outcomes:** HR impact study done in Oct. 2005, reveals that sharing of syringes has reduced to 9% from 60%, condom use has increased to 89%. The tendency of concealing STIs among IDUs due to social safety net has been completely eliminated. The community and local authorities support for the program has increased. Local social workers, NGOs, CBOs and Political leaders have realized the importance and necessity of HR-Program.

**Lessons Learned:** Coordination and Linkages with local service providers have been found very effective in achieving the targeted goals.

## Tu.093P

### Five-Year Follow-Up Study of Drug Court Graduates from Woodbury County, Iowa's DC Program

Vick, Dwight, Department of Political Science, University of South Dakota, Vermillion, SD, USA

In 2000, Woodbury County, Iowa implemented its first Drug Court Program. At the time, judges' dockets were filled beyond capacity and they could not undertake new cases or new judicial programs. Furthermore, the program lacked continuous funding beyond its initial grant period. This forced the director of the Third Judicial District of Iowa, Gary Niles, to implement a community-based drug court program. Turning to community members who are interested in alcohol- and drug-related community problems, the four-member panels meet quarterly for updated information and training from judges. These groups spend at least 15 to 30 minutes monthly with each client assigned to their docket. The panels track the client's progress and provide both supports for adults and juveniles who succeed in the program as well as reprimand those who do not comply.

In an effort to determine their overall success, the Woodbury County Drug Court Program has tracked the progress of participating clients over the life of its program. The core survey has gathered not only demographic data but also quantitative and qualitative information about changes in their personal and professional lives, employment and educational opportunities, familial support, financial status, current medical status and follow-up care, their abilities to obtain and maintain sobriety after release from Drug Court, and their opin-

ions of the Drug Court Program. This provides insight into the long-term success of all drug court programs, particularly those based upon the community model.

## Tu.094P

### Harm Reduction Program For IDUs In Dhaka

Matabber, Saidur<sup>1</sup> Panda, Samiran<sup>2</sup> Faruque, Omar<sup>1</sup> Sanju, <sup>1</sup>

<sup>1</sup> CARE International in Bangladesh, Dhaka, Bangladesh

<sup>2</sup> CARE International in Bangladesh, India

**Issue:** To reduce the spread of HIV among IDUs following Harm Reduction (HR) strategy.

**Setting:** CARE Bangladesh started Harm reduction program since 1998 in Dhaka-The Capital city of Bangladesh and then other two areas of the country. The aim of the project is to reduce the spread of HIV among IDUs and promote safer Behavior like safe injecting and safe sex practices. According to baseline Study and RSA Determined 5000 IDUs in Dhaka 1500 in Rajshahi and 500 at Chapainawabgonj The drug of choice is Buprenorphine. Studies showed over 90% of Injectors Shared needle and syringes before intervention. IDUs in general setting called Adda(shooting gallery ) where they Inject drug through sharing of needle.The scenario is street setting in Dhaka where outreach worker reach street based IDUs. Intervention reach through Establishing Drop in center and outreach activities.Out reach workers are ex- current or non-drug user. They distribute syringe needle and condom, Provide Information and collect used syringe needle in exchange of new one. In the DIC trained OWs is responsible for abscess management, One doctor provide STD treatment. During outreach work OWs provides education on high-risk sexual activities, unsafe injection practices such as cocktailing and sharing equipment and other drug hazard.

**Project:** As of September 2001 a population of 3500 IDUs in Dhaka 450 in Rajshahi and 200 at Chapainawabgonj are covered. Syringe Exchange rate are more than 85%in Dhaka and 95% in Rajshahi and Chapinawabgonj.On an average 10,000 Condom distributed in every month among IDUs.STD treatment and abscess Management are also going on through DIC. However problematic factors are political decision to clean up street, Adda (Shooting gallery) and Community Resistance.

**Lesson Learned:** -It seems NEP is effective to continuing the low rates of HIV among IDUs in Bangladesh

## Tu.095P

## Shared Vision Shared Action

Findlay, Linda<sup>1</sup> Taylor, Marliss<sup>2</sup><sup>1</sup> Alberta Health and Wellness, Edmonton, AB, Canada<sup>2</sup> Streetworks, Edmonton, Canada

How can field level staff work closer with senior policy makers? Are governments able to adopt Harm Reduction, population health approaches that really improve the well being of persons who inject drugs? Is it possible to influence policies in controversial areas like income support, public awareness or prisons?

Stakeholders in the province of Alberta, Canada have developed a unique Harm Reduction model, the Non Prescription Needle Use (NPNU) Initiative to reduce the harms associated with injection drug use, particularly as they relate to the transmission of HIV and Hepatitis C. Policy makers meet with field level staff and other stakeholders to identify issues and develop a shared plan of action. NPNU Initiative has been in operation for 10 years.

The NPNU Initiative demonstrates that an alliance of multiple levels of government, community agencies, associations, and persons who inject drugs can effectively address prevention, care and treatment policies and practices. A 35 member, multi-sectoral Consortium, a 17 member Steering Committee, seven theme-specific Task Groups, Harm Reduction Programmers (i.e., needle exchange agencies) and a Provincial Coordinating Committee on Opioid Dependency are the working components of the Initiative.

Through evaluation, the NPNU Initiative has been shown to achieve:

- Policy changes at all levels of government such as discharge planning from prisons with more timely access to income support, increase access to methadone throughout the province and correctional institutions, etc.;
- Coordination of programming decisions at the inter-governmental, department, and community levels;
- Communication between and among policy-level and field-level experts;
- A more accountable, transparent response to Harm Reduction issues;
- Raising awareness of Harm Reduction concepts among professionals and the public; and
- Initiation and creation of Harm Reduction resources for at-risk populations.

## Tu.096P

## The Impact of Later Trading Hours for Hotels on Levels of Impaired Driver Road Crashes and Driver Breath Alcohol Levels

Chikritzhs, Tanya<sup>1</sup> Stockwell, Timothy<sup>2</sup><sup>1</sup> National Drug Research Institute, Curtin University of Technology, Perth, WA, Australia<sup>2</sup> Centre for Addiction Research of British Columbia, University of Victoria, Victoria, BC, Canada

**Aim:** To examine the impact of later trading hours for licensed hotels in Perth, Western Australia on levels of associated impaired driver road crashes and driver breath alcohol levels (BALs).

**Design:** Police data on the 'last place of drinking' for impaired drivers involved in road crashes and their corresponding BALs were examined to identify those associated with Perth hotels between July 1 1990 and June 30 1997. During this period, 43 (23%) of the 186 hotels meeting study criteria were granted an Extended Trading Permit for 1am closing (ETP hotels), while the rest continued to close at midnight (non-ETP hotels). Time series analysis employing multiple linear regressions were applied to determine whether an association existed between the introduction of extended trading and (i) monthly levels of impaired driver road crashes associated with ETP hotels and (ii) driver BALs associated with ETP hotels. Trends associated with non-ETP hotels were included as controls and possible confounders were considered.

**Findings:** After controlling for the trend in crash rates associated with non-ETP hotels and the introduction of mobile police breath testing stations to Perth freeways, a significant increase in monthly crash rates for ETP hotels was found. This relationship was largely accounted for by higher volumes of high alcohol content beer, wine and spirits purchased by ETP hotels. No relation was found between driver BALs and the introduction of ETPs.

**Conclusions:** Late trading was associated with increased levels of impaired driver road crashes and alcohol consumption, particularly high risk alcoholic beverages. Greater numbers of patrons and characteristics specific to clientele of hotels which applied for late trading hours (i.e. younger age, greater propensity to drunk-drive, preference for high risk beverages) were suggested as having contributed to this increase.

## Tu.097P

## Elimination of Rice Alcohol

Frail, Ken, Vancouver Police Department, Vancouver, BC, Canada

Rice Wine is an ingredient used in traditional Chinese cooking, and it has been available in many corner stores throughout the Downtown Eastside. For twenty years the highly potent Rice Alcohol (39%) with was sold from corner stores to alcoholics The product was cheap to purchase and government regulations required that 2% salt be added to prevent its consumption as a liquor. Rice Alcohol had a devastating affect on the community and resulted in 80-100 deaths a year. This presentation will outline the effect of this product on the community,

the enormous costs to emergency service responders to attend related calls, the process that police used to ensure that the product was removed from the community and efforts to prevent other illicit sources of alcohol from being used. Removing rice alcohol from the DTES was one of the most significant enforcement, harm reduction, prevention initiatives undertaken.

## Tu.098P

### Enforcement Initiatives Which Tend to Improve Public Health and Reduce Street Disorder

Frail, Ken, Vancouver Police Department, Vancouver, BC, Canada

When the public hears the term "increased police enforcement" they often equate that as simply meaning more drug arrests. Between 1996 and 2004 the Vancouver Police Department initiated over twenty strategic initiatives in the Downtown East Side designed to deal with street disorder issues related to the open drug market, and which tend to improve public health. This session will give a brief overview of these initiatives. They include: the Street Safety Unit, the Carrall Street Connection, Video Lottery Terminal enforcement, Elimination of Rice Alcohol, Regulation of Store Hours, the management of problem licensed premises, reduction in overdose deaths, Problem hotels, the redesign of main and Hastings, the City Wide Enforcement Team, adoption of an Overdose Response Policy, opening of the Supervised Injection Site, Project Lucille and Raven, Operation Oldtimer and Turrets, Sex Trade Worker Liaison and Self Defense, Youth at Risk research and proposals, and the development of a Drug Overdose Fanout System to prevent drug related deaths. While the time limit is prohibitive to cover any one topic in this session in depth the session would describe a structured approach to dealing with a myriad of issues in one small area.

## Tu.099P

### Public Health Approach For IDU-PLWHA in Puskesmas Jatinegara

Juniar, Linna, Puskesmas Jatinegara, Jakarta, Indonesia

**Issue:** Increasingly the public health center (Puskesmas) Jatinegara is becoming a focal point for health services particularly IDUs in the area.

**Setting:** Jakarta has the highest rate of HIV/AIDS in Indonesia among IDUs. Most services carried by NGOs lacked capacity for provision of basic health care. IHPCP supported the first public health center that would provide harm reduction services including sterile syringes for IDUs. Puskesmas Jatinegara oversees 11 health centers including the harm reduction service. The service opens every Tuesday and Friday and is actively referred by IDUs. IDUs coming, initially for

clean needles, increasingly are accessing the Puskesmas for other health problems.

**Project:** The Puskesmas provides the following services: Basic health services and detoxification symptomatic, opportunistic infection treatment such as TBC, Oral Candidiasis, Herpes Zoster, changing injections, giving Alcohol swab, Condom and bleach, KIE, VCT, outreach and recommendation for HIV/AIDS patients. Clients of the Puskesmas are also given free medical treatment, and referral to the nearest hospital for ARV treatment and opportunistic infection which can not be handled by health center.

**Outcomes and Lesson Learned:** Until August 2005 291 IDU accessed the service, HIV positive is 15 persons, the amount of patient of detoxification symptomatic is 80% of IDU, OAT medical treatment is 5 persons, oral candidiasis is 8 persons, Herpes is 3 persons, recommendation for HIV/AIDS to hospitals is 5 persons die 13 persons. For the last two months we have a cooperation with YMI for VCT and supply for nourishing food Breedlove for IDU especially with HIV +.

The lesson is that providing good-quality-services, without discrimination will motivate IDUs to take more responsibility for their own health. Involving the public health system is crucial for accessing hard to reach IDUs for proper health care.

## Tu.100P

### The Public Private Cocktail - One Part Government, One Part Private Sector - Recipe For Disaster or Success?

Hayes, Meghan<sup>1</sup> Ede, Robyn<sup>2</sup>

<sup>1</sup> The Pharmacy Guild of Australia, Spring Hill, QLD, Australia

<sup>2</sup> The Pharmacy Guild of Australia, Brisbane, QLD, Australia

**Issue:** Is community pharmacy interested in providing quality service to injecting drug users (IDUs)?

Community pharmacies are one of the front lines of primary health care, yet their service provision to IDUs can be fraught with conflict. Has a strategic approach offered some solutions?

**Setting:** A Public Private Partnership (PPP) in Queensland, Australia, has been developed between the Pharmacy Guild of Australia (an association of community pharmacists) and Queensland Health (state government department).

In 2001, COAG (Council of Australian Governments) provided funding to establish a position within the Pharmacy Guild that worked directly with community pharmacies to overcome challenges in the relationship between pharmacy staff and IDUs.

The position has proved to be so effective that in 2004 it was re-funded for a further four years.

**Project:** A project officer based within the Guild has worked to successfully develop new communication networks and support systems for community pharmacy staff. This has led to much stronger communication channels between a number of stakeholders working in this area.

The project officer has provided resources and training to pharmacy staff on a one-on-one basis and through a series of roadshows. Resources manuals and training have been developed.

**Outcomes and Lessons Learned:** The project itself is a very useful national template and a number of aspects have been reproduced in other states.

The communication channels established as a result of this project have been very beneficial in creating a new information network throughout the state.

While we have discovered a number of negatives in the service delivery process, the project has also highlighted many positives such as pharmacies that have asked to have disposal bins located on their premises, a service outside the project scope

#### Tu.101P

##### Sharp Advice - More Than Syringe Supply

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**Issue:** Pharmacies within Queensland, Australia are responsible for the delivery of up to 30% of sterile injecting equipment to the community. Despite these efforts, injecting drug users (IDUs) continue to be at high risk of infection from blood-borne viruses (BBVs). Significant changes in behaviours are necessary to assist in the reduction of transmission. Therefore an expansion of existing strategies, including improved education and support for pharmacy staff is seen as primary to establishing the Pharmacy Needle and Syringe Project (PNSP).

**Setting:** In 2001, Queensland Health and the Pharmacy Guild established the PNSP. The first position of its kind within Australia, the PNSP assessed the needs of pharmacy staff providing NSP services and developed strategies to address these.

Prior to the PNSP, pharmacy staff have taken part in service delivery with little or no training, resources or support.

**Project:** The feedback from pharmacy staff indicated a need for the development of resources targeting specific health related issues.

Pharmacy's Little Helper is a hands on information booklet designed for quick access to information regard-

ing drug use, BBVs, disposal, detoxification, treatment and health and safety procedures.

Requests by a number of other states for the reproduction of this booklet and discussion surrounding the production of a national resource demonstrates the necessity for such a resource.

The Calendar Card resource, developed specifically for delivery to IDUs accessing pharmacy, has ensured information is available from NSP pharmacy sites in a user friendly form.

**Outcomes/Lessons Learned:** The PNSP has proven successful in up skilling pharmacy staff and in turn has meant more effective service delivery to IDUs.

Pharmacy staff are more knowledgeable and confident in their delivery of information. The traditional areas of conflict such as pregnancy and minors are addressed more constructively and the project overall has expanded beyond the original target audience, now delivering education at the university graduate level.

#### Tu.102P

##### Integration: A Key Element in Harm Reduction Policy and Practice

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Given the evident correlation between hepatitis C (HCV), HIV/AIDS and other sexually transmitted infections, some will argue that the nature of the disease is more complex and that the Government of Canada's current response is insufficient. Many Canadian stakeholders now urge policy-makers and program planners to take a more proactive approach that permits focus on the disease-specific elements of HCV, while at the same time shaping policy and programs more strategically in areas where there are common risk factors and overlapping prevention, care, treatment and support issues.

This workshop will provide an opportunity to challenge traditional approaches to policy and program development, encouraging "out-of-the-box" thinking that is strategic and holistic. Workshop content will also provide a "snapshot" of the current Canadian epidemiological profile of HCV and will outline areas of common concern and policy/programmatic intersections. This context will illustrate a paradigm shift that is occurring in Canada: a shift that is innovative, somewhat bold and not always popular or easy to articulate, but strategic in nature because it will, where appropriate, provide opportunities for policy and programmatic integration.

The workshop will also introduce concrete examples of how an integrated response to hepatitis C, HIV/AIDS and other sexually transmitted infections can create unique opportunities for collaboration and partnerships, encourage implementation of comprehensive harm reduction principles and prevention initiatives, and facilitate a more holistic approach to the care, treat-

ment and support that is both available and accessible by all people living with, affected by, or at risk of hepatitis C and other infectious diseases.

Finally, the workshop will illustrate why it is also imperative to permit the logical departure from disease-specific responses that exist in "stovepipes" or "silos", encouraging dialogue that permits addressing HCV and HIV/AIDS in a more integrated way, and in action that contributes to the elimination of systemic barriers that impede progress and contribute to the growing social and economic burden associated with these epidemics.

## Tu.103P

### Vancouver's Supervised Injection Facility: Uptake, Interventions and Referrals

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**Background and Objectives:** North America's first government sanctioned supervised injection facility (Insite) was opened in September 2003 as a 3-year pilot project. It was established in the Downtown Eastside (DTES) of Vancouver that is home to an estimated 5,000-7,000 injection drug users (IDUs) with HIV prevalence rates of over 20%. We describe the attendance, demographic characteristics, drug use patterns, and interventions conducted during the first 24 months of operation.

**Methods:** We report on data collected from a comprehensive database used to record the activities within Insite. Users of Insite are required to sign-in at each visit using a moniker of their choice in order to protect confidentiality. In addition to attendance records, the onsite database records the type of drug being injected, nursing interventions, counseling, and referrals.

**Results:** Attendance has remained steady at 600 visits per day. The mean age of those attending is 39.1 years, 73% are male, and 18% are of aboriginal ethnicity. The drugs injected are mainly opiates (37% heroin, 13% morphine, 5% dilaudid, 1% oxycotin) and cocaine (29% cocaine powder, 4% crack cocaine). There have been no fatal overdoses (OD), although the staff has intervened in 236 ODs. There has been an average of 227 referrals made per month for addiction counseling, withdrawal management, hospital assessment, methadone maintenance therapy, and housing.

**Conclusions:** Insite is well established in the DTES community and is now viewed as an essential component of Vancouver's harm reduction strategy for IDUs. Beyond the safe injection environment offered at Insite, the opportunity to engage this highly marginalized population has provided a vehicle for counseling, addiction treatment and health care interventions. Longer-term

health and social outcomes, including HIV transmission, intensity of drug use, and social improvements are being prospectively measured through an in-depth cohort study.

## Tu.104P

### Is Welfare Distribution Contributing to HIV Transmission Among Injection Drug Users (IDUs)?

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**Background:** There is a growing concern that simultaneous distribution of welfare and social security at the beginning of the month is actually creating "tax-subsidized addicts". Increased drug consumption at this period has fuelled the debate on the need to "check distribution administrators", a measure that could have enormous social and economic implications.

**Objective:** The main objective of this study is to investigate trends of injection drug use, sharing and needle exchange program (NEP) use according to the day of the month.

**Method:** This analysis was conducted among 1,144 participants of the St. Luc Cohort, using data from their most recent visit between January 1999 and December 2002. At each visit, participants were asked to describe in detail their last week (day by day) of drug use, sharing behaviours and service utilisation. Trends by week of the month were computed using GEE analysis

**Results:** Overall mean of the number of injections per day was 2.89(±6.2), 2.72(±5.8) for those on welfare (WELIDU) and 3.35(±7.1) for those not on welfare (NONWELIDU)(p<0.0001). Relative to the first week of the month, IDUs tend to inject significantly less in each of three following weeks (p < 0.05), and welfare was not confounding or modifying this association. There was no trends in sharing behaviours or NEP utilisation throughout the month. However, sharing syringes was more common during the second week relative to the first week among the NONWELIDU GROUP.(P=0.03)

**Conclusion:** NONWELIDU inject on average more than WELIDU. Both groups tend to inject more at the beginning of the month. Although injection occur more often, there is no more sharing during this first week. These findings suggest that a higher drug use during the beginning of the month does not necessarily correlate with increased risk of blood-borne transmission.



## Tu.105P

**Is a Harm Reduction Approach Sufficient to Prevent Hepatitis C in People Who Use Injection Drugs?**

Dinner, Katherine; Donaldson, Tracey; Sirna, Josie; Public Health Agency of Canada, Ottawa, ON, Canada

**Issue:** In Canada, an estimated 251,000 persons are currently infected with the hepatitis C virus (HCV), with 5,000 new diagnoses annually. The majority of new HCV infections are among injection drug users (IDU).

**Setting:** In 1998, the federal government of Canada launched a national Hepatitis C Program to complement provincial/territorial services. The Program strengthened care and treatment for persons with HCV, while focussing on primary prevention for IDU and those at risk for initiating injection drug use (street youth, Aboriginal people, prison inmates). The Program has concentrated on identifying effective mediums to reach Canadians at highest risk; due to various constraints (e.g., time, human resources), there have been fewer opportunities to evaluate effectiveness and cost benefits of behavioural changes and disseminate results.

**Project:** An inventory was developed of all community-based projects funded by the Hepatitis C Program between 1999 and 2004 to identify characteristics of effective program and harm reduction interventions and the conditions necessary for success in preventing the spread of HCV in at-risk populations. This database was reviewed to ascertain shared themes common to most projects. Approximately 25% of the projects provided a formal evaluation component, while the others identified lessons learned through less rigorous processes. Common intervention elements determined provided examples of how to effectively reach, educate, and assist those infected with, affected by, and at-risk of HCV.

**Outcomes and Lessons Learned:** The common principles/approaches of successful projects are: peer-based; community developed/driven; age-, gender-, language-, culture-appropriate (including street and prison culture); "available, accessible, and acceptable"; based on acceptance and respect; attentive to basic needs (e.g. referrals to food and housing services); and inclusive of comprehensive partnerships. Local community interventions have been valuable for individuals and communities, but alone will not stop the spread of this virus. Equally important are adequate, creative funding mechanisms and a longer-term investment, with wide, timely dissemination of effective interventions, and broader systemic public health program and policy changes.

## Tu.106P

**Public-Private Partnership to Scale Up Harm Reduction Services in Pakistan**

Razaque, Ali, Punjab AIDS Control Programme, Health Department, Govt. of the Punjab, Lahore, Pakistan

**Issue:** Number of drug addicts in Pakistan is increasing and estimated to be more than half a million. Majority of addicts are shifting to injection use possibly because of low quality heroin.

**Approach:** The government of Pakistan is aware of the growing challenges of HIV/AIDS and its implication on general population, particularly low risk groups. Government has negotiated with the World Bank funded Enhanced HIV/AIDS Control Programme. This programme includes a grant of US\$ 9.28 million and loan/credit of US\$ 27.83 million. The programme is being implemented by National and Provincial AIDS Control Programmes with substantial NGO and private sector involvement.

**Key Points:** Injecting drug users (IDUs) are increasingly becoming vulnerable to HIV particularly after the first outbreak in a small town, called Larkana, in Sindh Province in 2003. By the end of 2004, 5.3% IDUs were HIV positive in the same town. The number is steadily increasing in the largest and chief port city of the country, Karachi. In Punjab Province, during a recent rapid situation analysis, up to 12% of IDUs have been found HIV positive.

**Implications:** Harm reduction programmes through public-private partnerships are being implemented in Punjab province covering all major cities including Lahore. Scaling up of HR services is in process.

## Tu.107P

**Multi-sectors and Muslim collaborated in Harm Reduction in Yunnan**

Duo, Lin, Yanshan County Health Department, Kunming, China

**Background:** 384 injecting drug users (IDU) reported in Muslim strong influenced Yanshan County of China by 2005, of whom 180 are Muslim people. Local has detected 393 HIV/AIDS cases in 2005; among them, 95 are Muslim people, of whom 90% are IDUs. Local Muslim community has a clear need to establish harm reduction programs among Muslim IDUs.

**Methods:** Multi-sectoral coordinating committees were formed by local health, law enforcement and other relevant agency representatives through Asia Regional HIV/AIDS Project (ARHP). County integrated multi-sectors and Muslim to supporting harm reduction programs that provide services by Drop In Centers (DIC), OutReach Workers (ORW) services, primary health service, condom distribution and referral networks.

**Outcome:** There are significant changes of police attitude towards IDUs to enable them to access DIC, ORW and other related harm reduction service. Needles are permitted being sold and distributed at one previous forbidden township under present crackdown circumstance. Police does not arrest IDUs around DIC and supports ORW. Police does not arrest IDUs carrying syringes without drugs; Local ARHP team and Imams are permitted to conduct harm reduction education in police run detoxification centers. Imams no long refuse to assess the Muslim IDU, after mobilization meetings were held involving Imams from all 20 Mosques. Now, 617 IDUs have been reached by ARHP, 20 mosques Imams combined quotes from the Koran into discussions harm reduction with followers among every Friday prayers with education material room were demonstrated in all main mosques. It is estimated that Muslim based harm reduction education among 20 Mosques will reach 98% of the local Muslim population.

**Conclusion:** A "Supporting environment" has been created in Yanshan. A multiple sectoral strategy has been employed to address the Harm Reduction. Yanshan multiple sectoral are taking the lead to harm reduction approaches with the aim of offering services to targeting marginalized risk groups such as Muslim IDUs. Further more, Imams are becoming effective advocates to for the better understanding of harm reduction and less discrimination.

## Tu.108P

### A Decade Old Harm Reduction Based Response amongst Injecting Drug Users and Sexual Partners of Manipur, India.

Waikhom, Ronny, CARE Foundation, Imphal, India

**Issue:** Manipur despite having a strong Harm Reduction endorsement in its state policy as well as in the state intervention program, HIV and other BBVs especially Hepatitis C continues to spread rampantly among IDUs and their sexual partners.

**Setting:** Manipur has some 28086 IDUs (FHI/RIMS, 2005) out of which Manipur State AIDS Control Society through its HR based program covers 20500 and another 7000 by Project ORCHID funded by Gates Foundation.

**Project:** Altogether 63 organizations have taken up the task of reducing the HIV and STI prevalence amongst IDUs and their sexual partners in the state through HR measures such as NESP, Outreach, Peer Education, Condom Promotion, STI/Abscess Management and Community Mobilization. The program was initiated from the year 1999 after much deliberations and negotiations with the World Bank and its counterparts as distribution of needles and syringes was beyond their usual mandates. The cost per unit is around 50 USD.

**Outcome/lessons Learned:** The State epidemiological data shows a steep decline in the prevalence rate among IDUs, from 77% in 1997 to 21% in 2004 but the rate is steadily increasing amongst antenatal mothers and children. But many experts and community at large seemed not to accept such a dramatic decline. Many also doubts over the quality of surveillance conducted for the purpose. Hepatitis C among IDUs is almost 99% in some of the places and majority of the IDUs still continue to share used needles and syringes (more than 69% found shared n=607, PSA -2005). Various factors such as constant punitive measure taken up by the insurgents and anti drug-use organizations drive the epidemic further underground. There are also factors such as geographical barriers; scarce population; stigma and discrimination; poor health care set ups at primary and secondary levels; poverty; ignorance; misconceptions; etc. that aggravates the situation.

## Tu.109P

### Bridging the Gap Between Need Policy and Services: Towards Evidence-Based Drug Policy in Poland

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**Issue:** The provision of drug abuse prevention, harm reduction and treatment services should be based on evidence of the current patterns and geographical distribution of drug use, and the effectiveness of possible interventions. The findings of our research in Szczecin and surrounding rural areas suggest that Poland's programs to prevent and reduce drug-related harm are not responsive to current conditions.

**Approach:** We reflect on what we have learned about drug use and health services for drug users from a nine-month rapid policy assessment.

**Key Points:** Although well-intentioned, Poland's administration of health services for users of illegal drugs has not been responsive to their actual needs. In part this is because programs, particularly in the criminal justice system, are not implemented effectively; and partly because drug use is a moving target, with populations and behaviors changing relatively quickly. We are particularly concerned about evidence of an emerging epidemic of amphetamine use in the region, including a rural epidemic of injection use. Drug abuse prevention

and treatment offices appear to be unaware of the potentially serious threat and unprepared to address it effectively.

**Implications:** To be effective, the Polish National Office for Counteracting Drug Addiction needs to support and be guided by more frequent and rapid research; must work with the criminal justice system to promote better coordination of available treatment services with court processes and to educate judges and prosecutors about the benefits and availability of treatment. The risk to rural populations should be investigated with particular urgency. Poland has a low rate of HIV infection among IDUs, which is mostly due to immediate reaction of harm reduction programs to opiate use in early 90s. An equally timely response is required now.

#### Tu.110P

##### **Adopting Health Promoting Model to Implement Harm Reduction Approaches**

Wang, Yუსui, Asia Regional HIV/AIDS Project—Guangxi EAP Liuzhou staff, Nanning, China

**Objective:** At the base of successfully applying “healthy promoting model” in tobacco control project, we share the experience from there, and reconsider the project environment and policy so as to change high risk behaviors of DUs and reduce the harm of drug use.

##### **Method:**

1. Setting up counseling group which members are leaders from law enforcement, communities, health sector, so as to do advocacy for harm reduction, and making new policies about harm reduction approaches and widely HIV/AIDS advocacy to communities
2. Law enforcement sector particularly ensure the safety of outreach workers who do the work of N&S in communities. And also law enforcement sector allow to set up a safe field for DUs, at the same time, make good use of mass media to do advocacy and let the people in communities understand harm reduction, so as to build a supportive environment.
3. Promoting NGOs such as Redbelt Youth Volunteers and Women League to advocate to families and communities, and also advocate to students in schools about drug prevention education. So that these can form a widely and multi-level advocacy of harm reduction and effective approaches.
4. recruit some active drug users and conduct some trainings to them such as HIV/AIDS prevention, how to use and clean needles, safe injecting and safe sex behaviors. After training these drug users can implement peer education to other more drug users which aims at behaviors change.
5. Setting up MMT, N&S, VCT and Anti-virus treatment sites, also providing information and counseling, etc. So as to providing many available services to drug users. These services are interactive.

**Result:** Recently some evaluation suggested that the sharing rate of IDUs has decreased from 22.5% to 8.2%. the HIV infected rate among drug users has slowed down to 16.6% in July, 2005.

**Conclusion:** Healthy mode has evident good effects, and those 5 approaches are really promoting implementing harm reduction approaches.

#### Tu.111P

##### **Relationship Between the World Bank, National and Provincial Governments and Service Providers Within HIV/AIDS Perspective**

Razaque, Ali, Punjab AIDS Control Programme, Health Department, Govt. of the Punjab, Lahore, Pakistan

**Issue:** First case of AIDS in Pakistan was reported from Lahore in 1987 and since then Pakistan has been included in the list of countries that are affected by the pandemic. Presently Pakistan is characterized as “low prevalence but high risk country” for the spread of HIV but in recent years, concentrated HIV epidemics have been reported among injecting drug users.

**Approach:** The Government of Pakistan is cognizant of the implications of HIV/AIDS and through its National and Provincial AIDS Control Programmes it has acted proactively to make the most of this window of opportunity. In early 2001 a National HIV/AIDS Strategic Framework was developed and adopted to guide activities of HIV/AIDS and its stakeholders in Pakistan. Government of Pakistan has negotiated with the World Bank and co-funding agencies, an Enhanced HIV/AIDS Control Programme to assist in implementation of its strategic framework.

**Key Points:** Enhanced HIV/AIDS Control Programme includes a World Bank grant of US\$9.2 million and credit/loan of US\$27.83 million. Enhanced Programme has four components: 1) Expansion of interventions among vulnerable populations; 2) Improved HIV prevention by general population; 3) Prevention of HIV/STI transmission through blood transfusion and 4) Capacity building and programme management.

**Implications:** Enhanced Programme is implemented by National and Provincial AIDS Control Programmes working in collaboration with NGOs, private sector agencies and research institutions.

#### Tu.112P

##### **National Forum on Crack Cocaine and Hepatitis C Virus (HCV)**

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<sup>2</sup> Steering Committee, National Forum on Crack Cocaine & HCV, Ottawa, ON, Canada

**Issue:** People who use drugs, non-governmental organizations (NGOs), researchers, and public health officials

have been concerned recently about increased use of crack-cocaine across Canada. Some NGOs and public health units distribute "safer crack use kits" as a harm reduction approach, yet not enough is known about the effectiveness of these kits or whether hepatitis C virus (HCV) or other blood-borne pathogen transmission is occurring when crack equipment is shared. Increasing prevalence of crack use among marginalized drug-using populations may have implications for public health; much remains unknown.

**Setting:** A national meeting sponsored by the Hepatitis C Prevention, Support & Research Program and Canada's Drug Strategy (federal government initiatives) was held in Ottawa, Canada, in March 2005. While the size of the population of crack smokers is unknown in Canada, several recent studies of injection drug users show over half have also smoked crack: low-income, street-involved, Aboriginal people, and people with mental illness are over-represented.

**Project Description:** A steering committee, which included former drug users, designed a 2-day National Forum on Crack-Cocaine and HCV. Seventy experts, including active drug users, identified trends, resources and best practices, and research and policy issues related to reducing the harm associated with use of crack in Canada.

**Outcomes and Lessons Learned:** These experts now comprise a virtual network to share strategies for addressing barriers to meeting the myriad health and psycho-social needs of crack users and to identify mechanisms for collaboration between governments, people who use drugs and other under-served populations. Government network members are examining policy issues surrounding the distribution of crack kits, are developing a position on harm reduction to guide partners' actions, and have gained insight into improving strategies to transfer knowledge from community consultations to government partners for action.

## Tu.113P

### Establishing the São Paulo State Guidelines For Harm Reduction Among Crack Users

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**Issue:** Harm reduction to reduce the AIDS epidemic among injecting drug users (IDUs) was fundamental in the State of São Paulo which concentrates the majority of AIDS in Brazil. From 1991 there was a reduction in AIDS cases among IDUs from 35:1 to 13%. In this same period crack became a very popular drug and many IDUs made a transition to it. Thus, creating strategies to prevent HIV infection among crack users was fundamental to the São Paulo State AIDS Co-ordination.

**Setting:** São Paulo, Brazil.

**Project:** To define guidelines to develop prevention actions among crack users the São Paulo AIDS Co-ordination relays on: reports from pilot studies conducted among crack users by a few Harm Reduction Projects, review of literature on crack use and HIV infection, and information from the São Paulo State Harm Reduction Committee.

**Outcome and Lessons Learned:** There is still a paucity of data on HIV transmission through sharing crack pipes and a need for more research on this subject. Accounts from street outreach workers have been till now the major source of information to the State AIDS Co-ordination. Those accounts indicate that the majority of crack users tend to organize their daily routine to obtain and use crack. Therefore, commercial sex, as a means of getting crack, especially among female crack users or female partners of crack users and risky sexual practises, is usual. Guidelines to develop prevention actions among crack users should be established considering promotion of educational measures, distribution of male and female condoms followed by information about its use, since condom use seems to be the most important way to reduce HIV infection also among crack users. Furthermore, articulation with other social and health areas is very important to establish an integrated work aimed at reducing the vulnerability of this group.

## Tu.114P

### Influence of Systemic Family Therapy Interventions on Reduction of Adolescent's Drug Related Harm

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Globally, the immediate family, especially parent's response toward information of their adolescent's member drug use has been fear to panic, depression or aggression, shame, mutual blame. All but open and direct communication, all but productive discussion and constructive decision. Hence, the most of the families, stick in their pain and shame, waste time delaying decision to start treatment, despite the fact of adolescent's high risk behavior while using drugs.

Institute for Children's and Adolescent's Mental Health, although not profiled before, meeting the demand of separate treatment program for adolescent drug users, several years ago introduced program, predominantly Systemic family therapy oriented, with nuclear family, as well as group family approach, including the psycho educative program. During past years it became clear that systemic family therapy interventions improve communication skills among family members, thus, increase mutual sense of understanding while decrease mutual distrust, support further development of family mem-

bers, empower adolescents self-esteem and work toward reduction of drug related harm. The experience of the multi-professional team working with a group of families with adolescent's drug use will be presented.

#### Tu.115P

##### Model Legislation to Address the HIV Epidemic Among People Who Use Drugs

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**Issue:** Legislation can be instrumental in promoting or impeding harm reduction initiatives to address the epidemics of HIV and other bloodborne pathogens among people who use drugs. Harm reduction measures function most effectively within a clear legal framework that protects the rights of drug users and enables harm reduction measures to mitigate the impact of the HIV epidemic. With a few notable exceptions, harm reduction legislation is absent; rather, the criminal law represents a barrier that jeopardises the right to health of people who use drugs.

**Setting:** Model legislation on harm reduction has been developed as an advocacy resource for civil society groups and legislators in developing countries and countries in transition, particularly those countries where the epidemic is driven by injection drug use. Frequently, the drafting of legislation is considered the role of government. However, this project provides civil society organisations with a detailed and "ready-made" framework to present to legislators as the basis for law reform.

**Project:** The model legislation project draws together international human rights law and laws from a number of jurisdictions around the world as the basis for a detailed model law to enable harm reduction approaches respectful of the rights of people who use drugs. A number of governments have passed laws (at the national or regional level) to enable harm reduction measures. A comparative analysis of these laws allows us to draw important lessons regarding the most effective legal framework for the provision of harm reduction interventions.

**Outcomes:** The model legislation is a detailed 'best practice' legal framework to enable:

- Basic protections of the human rights of drug users, including criminal law reform and protection from discrimination;
- Provision of and access to essential services and information (such as safe drug consumption facilities, sterile syringe programs, substitution treatment and the medical prescription of heroin);
- Legal standards related to services for injection drug users in prison.

#### Tu.116P

##### Taiwan's Top-Down HR Programs were Initiated

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<sup>1</sup> Taiwan AIDS Society, Taipei, Taiwan

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**Issue:** To reduce the sharp rising number of newly reported HIV infections mainly among the injecting drug users (IDUs), Taiwan government initiated the harm reduction policy in the year 2005.

**Setting:** 1. We found that the number of newly reported HIV infections was rising sharply mainly among injecting drug users (IDUs). The proportion increased from 1.7% in 2002 to 37.1% in 2004; 2. Estimating the proportion of HIV infections among Injecting Drug users, we found that is under 5% - in the beginning of the epidemics; 3. The harm reduction policy for controlling the HIV infection epidemics must be launched timely.

**Project:** 1. After addressing the problems in cross-ministries meeting, the harm reduction policy had been approved by the prime minister; 2. From making the advocacy, the consensus of inter-ministries had been built in some points; 3. Searching the evidences and seeking the helps and experiences from other countries, We developed the contents of harm reduction program; 4. Choosing the places for implementing the pilot schemes; 5. The pilot programs are including needle syringe programs and substitution treatment and building the platform for IEC and referral system for HIV counselling, testing and treatment; 6. Developed the next phase of HIV/AIDS controlling program and merged the scaling-up harm reduction policy.

**Outcomes and Lessons Learned:** 1. The pilot programs had been launched in four counties/city since August 2005 and will be continued to the end of the year 2006. 2. For reducing the harms among the injecting drug users especially for the HIV and other blood transmitted infections, the harm reduction programs must be launched in time. No matter how tough the circumstances are, we must seek the solvable alternatives by the highly committed and earnest.

#### Tu.117P

##### Running a Needle Exchange Program Against the Wishes of Your Government: the Swedish Experience

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**Issue:** The Malmö Needle Exchange Program (NEP) opened in 1987 as a measure of HIV prevention and from the beginning met with disapproval on the part of

government and other authorities. It has developed into a wide array of medical and social interventions.

**Setting:** The program is located in the infectious diseases clinic and primarily addresses injecting drug users in the Malmö area. The staff consists of nurses, a physician, a midwife and a social worker.

In all of Sweden there are only two NEPs but influential groups would like to close even those. We have spent much time and effort to convince our opponents of the beneficial effects of a NEP

**Project:** About 1150 individuals visit the program 14 - 15.000 times a year. In addition to exchanging syringes and needles addicts are regularly screened for HIV and hepatitis A, B and C. They are also offered vaccination against hepatitis A and B.

Health care interventions are carried out on an emergency basis. We distribute condoms and pre-injection swabs. Females are offered a "quick-check" pregnancy test. Our midwife works to prevent unwanted pregnancies by offering contraceptives. She also does gynaecological check-ups and treats sexually transmitted infections. We work in cooperation with the local social services, and with NGOs. We welcome many individuals and groups for study visits and we give information about drug addiction and blood borne diseases for social workers, care providers, police officers, politicians, prison staff etc

**Outcomes:** We have not discovered any hiv-positive addict for five years. Excellent contacts were established not only with the drug using local community but also with local authorities and NGOs. This strong local support from politicians, social workers, police officers, local newspapers etc has made it well nigh impossible for the government in far away Stockholm to close down our project.

## Tu.118P

### **Damage Reduction as a Strategy for the Care for the Vulnerable Populations in the Santo Andre County - São Paulo-Brazil**

**Silva, Silvia;** Spiassi, Ana; dos Santos, Vilmar; City Hall of Santo Andre, Santo Andre, Brazil

**Issue:** The city of Santo André reproduces the typology of the drug usage of the big cities, where alcohol and crack are predominant. Alcohol abuse leads to the decrease in the use of preservatives and crack fills up their user's daily routine, diminishing his/her worries regarding various aspects of life. Such context and the difficulty of access to health services by the vulnerable populations perpetuates the infection sickening cycles for AIDS and other diseases.

**Setting:** The actions are carried out in field, in areas where the populations that have no access to health care can be sheltered, such as streets, squares...

**Project:** The project started in March 2003 implemented actions aiming at the damage reduction for the populations with a higher risk for getting contaminated by HIV, Sexually Transmittable Diseases, drug abuse and such. These actions focus on the improved access to treatment and in the promotion of health care by the HIV, syphilis and hepatitis testing, vaccination against hepatitis B/C and other infectious diseases, with the forwarding to the health care network. The Damage Reduction actions are associated to the kind, form and context of the usage, such as the distribution of syringes and guidance for the substitution of crack for marijuana.

**Outcome and Lessons Learned:** 1200 people were cared for. Of those 85% affiliated to the health services, 801 were vaccinated, 140 women had preventive gynecologic exams, 100 transvestites were forwarded to counseling and HIV, STD, hepatitis B/C testing; 04 teenagers crack users were forwarded for a pre-birth exam; 15 crack users were affiliated to the Psychosocial Nucleus alcohol and drugs and 10 injectable drug users are sheltered. The work carried out showed that the prevention actions in field lead to the ampliation of access for the vulnerable populations to the the primary attention health services

## Tu.119P

### **São Paulo's Harm Reduction Committee: a Strategy For the Collective Construction of Harm Reduction Policies**

**Yamaçake, Alexandre;** Ferraz, Dulce; Westin, Caio; Coordenação Estadual de DST/Aids de São Paulo, São Paulo, Brazil

**Issue:** The dialogue between governments and civil society has been an essential characteristic of the response to the HIV/Aids epidemics in Brazil. In the state of São Paulo, this dialogue is a central strategy in the search for answers to the new and the persistent demands of the harm reduction field.

**Setting:** São Paulo, Brazil.

**Project:** In 1998, the São Paulo State STD/Aids Coordination created the Harm Reduction Technical Committee, constituted by representatives of the state's government, the cities STD/Aids programs, field workers and civil society organizations. The Committee meets every two months and its mission is to discuss and suggest new responses to the many challenges of HIV prevention with drug users. This is done through exchange of experiences and ideas, technical discussion and, most of all, political articulation. Recently, the Committee is advising the STD/Aids Program in the construction of the policy of the HIV prevention work with crack users.

**Outcomes and Lessons Learned:** the transformations in the drug use patterns and in the profile of the HIV/Aids

epidemics demand permanent review and reconstruction of the official responses and policies. The São Paulo State's Harm Reduction Technical Committee is a space that has promoted the collective construction of these responses through the dialogue between the many subjects involved as well as a better integration between harm reduction programs, field workers, governmental organisms and non-governmental organizations. Besides contributing in the control of the HIV/Aids epidemics, this space strengthens the harm reduction strategies in São Paulo and contributes to the promotion of drug users' rights and health.

#### Tu.120P

##### Large-Scale Implementation of Harm Reduction (HR) in Viet Nam

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<sup>1</sup> VAAC, Ministry of Health, Hanoi, Vietnam

<sup>2</sup> World Health Organization - Vietnam, Hanoi, Vietnam

<sup>3</sup> Preventing HIV in Vietnam Project, Hanoi, Vietnam

**Objectives:** The government of Viet Nam has recently shown its commitment to HR activities among sex-workers (SWs) and injecting drug users (IDUs) with the release of the HIV/Aids strategy early 2004. We would like to report about a large-scale implementation of HR activities funded by DFID and Norad.

**Methods:** In late 2004, the Aids division of the MoH and WHO started implementing HR activities among SWs and IDUs in 21 provinces of Viet Nam, chosen for their relative high HIV prevalence. Reaching SWs for HIV prevention is based on the 100-condom use programme (100CUP) for entertainment establishments-based SWs (EEBSWs), using outreach activities for street-based SWs (SBSWs) and, outreach and needle and syringes exchange for IDUs. Drug substitution is not yet part of the strategy.

**Results:** Commitment of the provinces in the implementation of the HR activities has been high facilitating the effective implementation of activities.

During the first 6 months of 2005, after less than 1 year of implementation, up to 40% of SBSWs, 25% and 18% of the high-risk population of the 21 provinces have been reached by HIV preventive activities.

EEs-based SWs SBSWs IDUs

Total number mapped 64,118 13,092 97,381

Number reached for IEC/BCC 15,873 5,290 17,711

% reached by activities 24.5 40.2 18.2

**Conclusions:** These results are encouraging in addressing the roots for HIV prevention in Viet Nam as in only few months the percentage of high-risk population reached in 21 provinces has been significant. Moreover much work has to be done for addressing a larger high-

risk population in order to be effective in the spread of HIV in Viet Nam.

#### Tu.121P

##### Drug Policy: From 4 Pillars to a 3-Dimensional Cube. Recent Developments in Switzerland

Haemmig, Robert, Director of Integrated Drug Service, Bern, Switzerland

Switzerland followed a 4 pillars drug policy (prevention, treatment, harm reduction, law enforcement) since the early 1990ies. This policy was quite successful in the sense that it reduced the societal problem load (reduced public nuisance and awareness, reduced number of fatal overdoses, reduced new infections with HIV). However, the drug policy is still based on the narcotic law of 1975 and the revision of this law failed in parliament 2004 due to the proposed Cannabis regulation. But there is a general consent that a new policy should be a general policy of psychoactive substances and not only a policy of drugs. In this new policy harm reduction plays a crucial role: harm reduction cannot only be applied to drugs, but also to alcohol and other substances. Good prevention is at the same time harm reduction as is treatment. The most promising new model is a 3-dimensional cube, which compromises as the 1st dimension the 4 pillars, as the 2nd dimension all psychoactive substances and as the 3rd dimension the level of use. This model was launched by the Federal Commission on Drugs and is circulated under the name „psychoaktiv.ch“.

#### Tu.122P

##### Tobacco Harm Reduction in 4 to 5 year old Children

Conocente, Miguel, Plan Provincial de Adicciones-Gobierno de Mendoza, godoy cruz, Argentina

I am Miguel Conocente, Psychologist, Director of the Addictions Program of Mendoza Government, Argentina. I am Director and Teacher of Postgraduate Courses on Addiction Prevention and Assistance at the National University of Cuyo, Mendoza. I also teach at the University of Aconcagua, Mendoza. I am a member of ARDA ( Argentine Association of Harm Reduction ), and ONG Consultant.

Tobacco Harm Reduction in 4 to 5 year old Children

This program is carried on in Kinder-gardens with 4 to 5 year old children. The program motto is “...if you smoked less?”

The objective is directed to the children in the first place, pointing out the harmful consequences of smoking tobacco, and in the second place, to significant adults around the children. This makes the children multipliers of the program motto.

There are different prevention activities inside the classroom ( poster production, graffiti, graphic material) and

other activities in which parents are involved. The children take an activities folder home to work on them with their parents, and then, they have to bring them back to school.

The Prevention Program is applied in 23 schools with a population of 1150 children.

The program is part of the school's curriculum.

At the end of this year, we will start evaluating the program results.

## Tu.123P

### A Social Perspective on Syringe Disposal Among Injection Drug Users: Factors Influencing Disposal Trends in Vancouver, 2001-2005

Small, Will; Kerr, Thomas; Wood, Evan; B.C. Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Introduction:** The factors influencing trends in syringe disposal among injection drug users have received little attention. Therefore, we examined the role of environmental and policy factors influencing syringe disposal trends in Vancouver during the period of 2001 to 2005.

**Methods:** Findings from qualitative and quantitative public health investigations involving IDU in Vancouver and local needle exchange program (NEP) statistics were reviewed to identify factors influencing syringe disposal practices in this setting.

**Results:** Movement away from one-for-one needle exchange to a syringe distribution model resulted in decreased return rates and an increase in the volumes of discarded syringes, as well as the expansion of disposal infrastructure and syringe collection efforts. However, NEP policies are not the sole determinant of disposal habits. Disposal patterns have also been influenced by local policing initiatives targeting the open drug market which precipitated a reduction in safe disposal and an increase in unsafe disposal outside core drug using areas. The implementation of a medically supervised injection facility (SIF) has been associated with a reduction in the volume of discarded syringes in the area surrounding the SIF. Various drug user-run initiatives, including a drug user-run NEP, effectively promote safer disposal practices. Evidence also indicates that the operation of user-run alley patrols collecting discarded syringes helped to foster a commitment to the safe disposal of syringes among members of the drug user community.

**Discussion:** A social perspective on the issue of syringe disposal emphasizes the influence of social context, drug policy and public health interventions on syringe disposal habits. Public health programs need to consider a broad range of factors that influence drug user's disposal methods and a range of options that facilitate safer disposal.

## Tu.124P

### HIV Prevention for IDUs, Vietnam - China Border

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<sup>4</sup> Consultant to Abt Associates, Hanoi, Vietnam

<sup>5</sup> Lang Son Provincial Health Services, Lang Son City, Vietnam

**Background:** To control a cross-border HIV epidemic among IDUs, we implemented peer-based interventions in Lang Son Province, Vietnam and Ning Ming County, China. Peer educators provide risk reduction information and distribute new needles/syringes, condoms, and vouchers good for needles/syringes and condoms in participating pharmacies.

**Methods:** Evaluation of the interventions employs cross-sectional surveys of IDUs (behavioral interviews and HIV testing) at baseline and 6-month intervals thereafter, using ID numbers to link participants in multiple surveys. To strengthen inferences regarding intervention effects, we compare HIV prevalence in project sites and other places in China and Vietnam without interventions.

**Results:** Through 36 months, interventions are reaching ~70% of IDUs and providing ~25,000 needles/syringes per month. Drug-related risk behaviors declined significantly. HIV prevalence among IDUs stabilized or declined and incidence declined, while prevalence in comparison localities increased. A south-north gradient of HIV prevalence from Vietnam to China indicates control of cross-border transmission. High-level government officials have visited project sites and given favorable attention to the project.

**Conclusions:** The interventions have been supported by police, pharmacies, community members, and IDUs. Coverage suggests public health scale implementation and results though 36 months indicate control of HIV transmission among IDUs. Documented outcomes have helped to build government support for harm reduction interventions, as reflected in official policy statements and national HIV/AIDS strategies.

## Tu.125P

### A Tale of Two Cities: Harm Reduction in a Harm-Reduction-Free Zone

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<sup>3</sup> Impact Society, Vancouver, BC, Canada

The use of psychoactive substances has been in existence, world-wide, for as long as civilizations have existed (Tupper, 2002; Kendall, 2003). The use of such



substances ranges from religious and medical use, to use based on pleasure seeking or escape from daily routines. Substance use is an issue in our communities and this is supported by both evidentiary and anecdotal information. These issues put pressure on communities, including financial, health, social costs and costs associated with criminal acts. Debates continue regarding the "best methods" for addressing substance use issues and particularly problematic substance use. The use of a harm reduction framework to alleviate health related problems for drug users and the associated health costs has been accepted among progressive nations. In addition to this, as a beneficial by-product of harm reduction, communities may experience a decrease in or at the very least no increase in the financial, social and criminal costs associated with substance use.

Recently, however, there has emerged a disturbing trend which involves the implementation by some local governments of regulations that impede the development of new initiatives and programs focusing on the delivery of harm reduction services. It is the authors' perspective that such regulations, based on misinformation and misconceptions about the utility of the harm reduction framework, also brings pressure to bear on services already in existence, whose operations include a harm reduction framework. The authors' will explore two British Columbian communities, each with a radically different perspective on harm reduction. Through a comparison of these two communities, the paper further examines how these local governments, by enacting differing regulations, impact the provision of existing and emerging harm reduction services and the overall quality of life for their citizens.

#### Tu.126P

##### Changes in Injecting Practices Associated With Use of a Safer Injecting Facility

Stoltz, Jo-anne<sup>1</sup> Wood, Evan<sup>1,2</sup> Small, Will<sup>1</sup> Li, Kathy<sup>1</sup> Tyndall, Mark<sup>1,2</sup> Montaner, Julio<sup>1,2</sup> Kerr, Thomas<sup>1</sup>

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<sup>2</sup> Department of Medicine, University of British Columbia, Vancouver, BC, Canada

**Objectives:** Injection drug users are vulnerable to an array of health complications that result from unsafe injection practices. We examined whether use of a supervised safer injection facility (SIF) promoted change in injecting practices among a representative sample of injection drug users who use a SIF in Vancouver, Canada.

**Methods:** Participants who used the SIF for some, most, or all injections were compared to those who used the facility for few or less of their injections on a number of self-reported changes in injecting practice variables, using Pearson's Chi-square test.

**Results:** Among the 540 participants included in this analysis, changes in practices that were positively associated with using the SIF for a higher proportion of injections included: less reuse of syringes (Odds Ratio [OR] = 2.05,  $p = 0.002$ ); less rushing during injections (OR = 2.49;  $p < 0.001$ ); less injecting outdoors (OR = 2.66;  $p < 0.001$ ); and more use of clean water for injections (OR = 2.32;  $p < 0.001$ ); cleaning of injection site prior to injection (OR = 2.50;  $p < 0.001$ ); cooking/filtering of drugs prior to injection (OR = 3.95;  $p < 0.001$ ); tying off of arms or legs prior to injection (OR = 2.94;  $p < 0.001$ ); safe disposal of syringes (OR = 1.76;  $p = 0.004$ ); and finding a vein the first time (OR = 2.37;  $p < 0.001$ ).

**Conclusions:** These findings suggest that more regular use of a SIF was associated with reported positive changes in individual drug injecting practices.

#### Tu.127P

##### The Problem of Conflicting Policies: Geneva's Injection Room Squashed Between Public Health Interest and a Zero-Tolerance Local Environment

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<sup>2</sup> Première Ligne, Geneva, Switzerland

<sup>3</sup> Dpt Community Medecine, University Hospital, Geneva, Switzerland

**Issue:** In Switzerland the drug policy is based on four pillars: prevention, treatment, repression and harm reduction. In December 2001 the Geneva's government allowed an association working in the harm reduction field to open a safe injecting facility. The opening of this new structure had been judged necessary because of the drug use changes: increase of injected cocaine, multiple substance use, increasing drug user's vulnerability. Quai 9 opened, behind the railway station, in the middle of the drug use scene. Its activity is supervised by a steering comity with the public health director as a president and the chief of the police as one of the members. The project is entirely financed by the public health funds.

After two years of good functioning and good collaboration with the police, the security policy changed; the police was given the mission to "clean up" the environment of the railway station. The police presence increased as did the pressure on the dealers and the drug users. Dealers caught selling in the railway station were forbidden to enter the area.

The number of complaints about the railway station situation and that of the neighbourhood have drastically decreased. However, the consequences for Quai 9 are a decrease in it's frequentation, increased barriers to reach harm reduction measures (others than injection room), increased vulnerability of drug users, increase of

violence and spread of drug use in other neighbourhoods.

**Approach, key points and implication:** this presentation intends to be a reflection, based on qualitative and quantitative elements, on how the divergences between public health and security policy can put into danger a harm reduction structure financed by the very same government. The role of a steering committee and its functioning will also be discussed as well as the role of the association.

## Tu.128P

### **Estimated Scope of Crystal Methamphetamine Use Among Men who have Sex with Men in Vancouver**

Lampinen, Thomas; Anema, Aranka; Hogg, Robert; BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Introduction:** Crystal methamphetamine (CM) is a powerfully addictive synthetic stimulant whose abuse has caused considerable recent concern across North America. Men who have sex with men (MSM) are at extraordinary risk for using CM, and studies associate such use with risky sexual behaviour, HIV infection, and a host of serious adverse outcomes. The health burden that CM use among MSM represents is not widely appreciated, in part because the number of men involved has not been previously estimated.

**Methods:** We developed a novel benchmark-multiplier method to estimate the size of the MSM population residing in Vancouver in 2002. Results from three local surveys of MSM were used estimate the prevalence of previous year use of CM among HIV-positive and HIV-negative MSM, respectively. Numbers of MSM who use CM were estimated across a range of plausible values for each required assumption.

**Results:** Among 22 089 (range 10 463 to 38 231) MSM, we estimate that 11.7% (2 576, range 1 308 to 4 514) are previous year users of CM, including 663 (range 523 to 765) who are HIV-positive.

**Conclusions:** CM-using MSM in Vancouver are almost as numerous as male injection drug users (IDU) in the city's Downtown East Side (DTES). Based on these results, the annual per capita investment in harm reduction initiatives for CM-using MSM appears to be < 2% that spent for IDU in the DTES. A comprehensive response is warranted and must include prevention education, harm-reduction outreach initiatives and availability of addiction treatment services that are specific for MSM who use CM.

## Tu.129P

### **The Needle Safety Initiative: A Community Approach**

Carriere, Gayle, Interior Health, Kamloops, BC, Canada

**Issue:** In 1990, Kamloops initiated the first needle exchange program in the interior of BC. By 2005, the success in distributing half a million clean needle annually was at risk of becoming overshadowed by an increasing appearance of improperly discarded needles in public locations around the city. Services of the City of Kamloops, RCMP, and Public Health were handling public requests to 'pick up' the stray needles. The public was handling the issue of improper discarded needles as an emergency. The requests were driven by fear of disease and the lack of a community plan.

**Setting:** This community development approach to inappropriately discarded needles was undertaken in the BC Interior city of Kamloops, population 82,000. The initiative would be of interest to municipal program planners, public health practitioners, law enforcement personnel, and agencies providing harm reduction services and programming.

**Project:** In collaboration with the RCMP, the City of Kamloops and local businesses, Public Health conducted a Needs Assessment to determine the scope of the problem. The Community Advisory Committee on Needle Safety developed a community-based action plan. Using the principles of community development, this initiative involved multiple strategies and partnerships from the private and public sectors. Among the partners were pharmacies, businesses, schools and the local Safe Communities Coalition.

**Outcomes and Lessons Learned:** Although Public Health initially took a leadership role, the community quickly responded positively to the plan and adopted it at a variety of different levels. Success is credited to meaningful consultation, recognition of the communities' capacity, and the development of simple solutions with those experiencing the issue.

## Tu.130P

### **Indonesia: Integrating Major Stakeholders to Build Comprehensive Harm Reduction Services in Jakarta**

Nevendorff, Laura<sup>1</sup> Mesquita, Fabio<sup>1</sup> Eka, Bambang<sup>1</sup> Atmosukarto, Ingrid<sup>1</sup> Winarso, Inang<sup>1</sup> Handoyo, Patrianto<sup>2</sup>

<sup>1</sup> IHPCP-AusAID, Jakarta, Indonesia

<sup>2</sup> IHPCP-AusAID, Bandung, Indonesia

**Issue:** This paper looks at successful efforts by IHPCP (a cooperation project mainly supported by AusAID) in facilitating the Harm reduction working group currently funded by GOI. Jakarta has the second highest HIV infection rate in the country and needs immediate comprehensive approach to the epidemic.

**Setting:** DKI Jakarta is the country's capital with a population nearly 10 million. So far, the government estimated IDU population reached more than 27,000 people with a HIV-prevalence of 78 %. Latest figures from MOH showed that there are more than 21,000 HIV-positive-IDUs.

**Project:** With IHPCP (a cooperation project mainly supported by AusAID) sharing office with the Provincial-AIDS-Commission, easily interacting and building strong relationships with local officials. The objective was to get major local stakeholders, lead by the health sector to respond to the epidemic in a more comprehensive manner. IHPCP supported various meetings, workshops and trainings, along with facilitating inter-provincial meetings for sharing experiences and lessons-learned.

**Outcomes and Lesson Learned:** The working group has been relatively effective in getting local funds allocated for AIDS and harm reduction in particular. The health sector leading the movement has been instrumental in the efforts for scaling up current services. Thus far there are already 9 hospitals for ARV-referrals; one methadone clinic with plans to extend to 5 other sites; several health centers servicing IDUs including NEP; a local regulation supporting AIDS activities is being discussed by local-parliamentarians. Now, the other AIDS Commission groups are: Prison, Port-projects, HR, STI, Community-empowerment, PMTCT and Youth. Lessons learned were that key partners at local level with strong commitments must be identified, then ensure a common perception of harm reduction; exchange information and knowledge through a working group; Let the working group design their own plans/minimize outside influences, thus ensuring a sense of ownership over this program.

#### Tu.131P

**ACT Needle Vending Machines: One Year Trial Results**  
Hart, Andy, Vendafit, Sydney, NSW, Australia

**Issue:** Accessibility to all socio-economic and ethnic groups to the tools of prevention i.e. needles, syringes, condoms.

**Setting:** Australian Capital Territory (ACT) Including Canberra, the Capital of Australia and suburbs.

Trial of four Needle Vending Machines (NVM) on reaching hidden Injecting Drug Users (IDU).

**Project:** Faced with considerable negative perceptions, many IDU are unwilling to enter a Needle & Syringe Program (NSP) or a Pharmacy to obtain clean injecting equipment. There is also the problem of availability at the times when people want to use the equipment.

The trial will ascertain if a solution to reaching hidden IDU is the placement of Needle vending machine's (NVM) in suitable locations where people can confidentially access safe equipment as and when they require it.

**Outcomes:** I shall present results and data collected from the one year trial on the:

- Impact on the local NSP services.
- Complaints or negative feedback on the NVM's
- Numbers of Needles vended per machine location
- Impact (if any) on overdose numbers in the ACT since installation

Summary of NVM user evaluations, data collected to include:

- Do they access other services?
- Are in they in treatment, i.e. Methadone?
- Age range?

#### Tu.132P

**The Increasing Of HIV/AIDS Prevalence in Makassar IDU**

Ghozalie, Imam, Metamorfoosa (NGO in Indonesia donated by AUSaid), Makassar, Indonesia

The lack of information about danger from sharing unsterilized needles and doing unsaved sex (without condom) are the majoring reason from the increasing of HIV/AIDS prevalence in Makassar Inject Drugs User (IDU)

One of way to reduce HIV/AIDS prevalence in Makassar IDU is called standing side by side program.

Outreach workers find difficulty to get into IDU community because beside they are an exclusive community, they also beware of strangers, strengthening with the society stigma that to look down upon them, and also disagreement from police side, that identify harm reduction program as a way to legalized drug's user in society. It is happened because the police still see outreach workers come to IDU community only to give sterilized needles, alcohol swabs, and condom.

The socialization of harm reduction program to the police and society, still also needed, in order to realize a synergism and to avoid misunderstanding.

Standing Side by side programe step by step done by outreach workers in Makassar:

1. Mapping area.
2. Key person identification.
3. Make an IDU contact in their community.
4. Intervention by giving information about HIV and AIDS knowledge.
5. Standing side by side programe based in their society.
6. The change of IDU behavior.
7. Monitoring and evaluation.

As long this program running IDU which is attainable in Makassar are 250 persons, 238 men and 12 women.

After stand side by side program perform have a result:

- 6 persons die because HIV.
- 1 person die because over dosage.
- 3 persons in rehabilitation program.

- 31 persons in jailed, caught by police.
- 51 persons not using inject anymore substitute to alcohol and cannabis sativa.
- 3 persons in ARV program because they are HIV positive.

155 persons still active in injecting drugs but already joined the needles exchange program.

We really hope this programme can make society more aware about HIV/AIDS also give big support tho people who life with AIDS.

## Tu.133P

### Reaching the Affluent Female Dus: Challenges and Learning

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<sup>1</sup> CARE International, Dhaka, Bangladesh

<sup>2</sup> CARE Bangladesh, Dhaka, Bangladesh

<sup>3</sup> CARE Bangladesh, Sirajong, Bangladesh

**Issue:** Overcoming the challenge of accessing all female DUs make harm reduction program more comprehensive as well as it is needed to sensitize the available outlets where they usually go to get the services and find out the peers of their communities to reach them.

**Setting:** Drug user intervention of HIV program of CARE Bangladesh has been implementing HR program by peer-based approach since 1998. Initially CARE Bangladesh HIV program didn't focus on female DUs unconsciously but in 2004, CARE took some initiatives for street and brothel based females DUs under HAPP and start lunching two DICs for them. Although there were some gaps as because there was no specific strategy to cover affluent female DUs.

**Project:** Sirajong, a district town adjacent to Dhaka by the Jamuna Bridge with 0.5 million inhabitants, where 1450 HS, 250 IDUs, 20 female HSs, have been found in the last RSA. Out of them 800 HS, 272 IDUs, 12 female HS are being worked with under on going program. The point is that the female DUs especially those who are young, belong to healthy family, educated, good jobs holder, typical aristocratic and beyond reach of on going HR programs. Sexual test of these gentle ladies is diversified. They desire to change their partners, way of having sex, and some cases they do whatever they like to break their monotony life cycle. Ultimately, they are carrying high risk of spreading HIV/AIDS. An important thing of concern is that they are aware of HIV/AIDS but not as much as the HIV/AIDS would have been checked.

#### Lesson Learn:

1. The affluent DUs are very hidden, more and more hard to reach and they are usually reluctant to reveal themselves.

2. It is important to recruit the peer outreach worker from their society for smoothly running the HR program among affluent DUs.
3. Relapse rate would be high of them as because they have available money.

## Tu.137P

### A Capacity Building Approach to Harm Reduction on the Street

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<sup>2</sup> Public Health and Community Services; Housing Help Centre, Hamilton, ON, Canada

**Issue and Setting:** The Mental Health/Outreach Team at Public Health and Community Services in Hamilton, ON uses a capacity building model to assist individuals who are street involved and at risk of HIV and Hepatitis C.

**Project:** The program is funded by various branches of the Ministry of Health to assist clients with mental illness/addictions, injection drug users, and individuals who are homeless in reconnecting with health and social services. The Team focuses on a client-centred, harm reduction model. Each worker has a specific skills-set, e.g. harm reduction, mental health, nursing, social work and clergy. Each team member is employed by a separate grassroots organization in the community, making it unique in Canada.

**Outcomes:** One of the immediate actions called for in the recent report, Injection Drug Use, HIV and HCV Infection in Ontario: The Evidence 1992 to 2004, is that there be a Secretariat created within the MOHLTC to address the needs for expertise, co-ordination and integration of the various components of the Ministry dealing with issues related to injection drug use, with the goal of providing more integrated and effective policies and programs for prevention and care of IDUs in Ontario. The Outreach Team demonstrates how integration can occur at a grassroots level. The participants will benefit by hearing about our successes and challenges in committing to the various processes involved in maintaining a truly multidisciplinary, multiagency culture. Started 19 years ago, the program has expanded and evolved to meet the needs of street-involved individuals who live with mental illnesses, use injection drugs, and experience homelessness. Participants will leave with new strategies to consider in delivery of their own services.

## Tu.138P

**Penitentiary Initiative: Developing Ukrainian Network of Drug and AIDS Services in Prison**Gagarkin, Nikolay<sup>1</sup> Kononenko, Ludmila<sup>2</sup><sup>1</sup> Ukrainian Network of Drug and AIDS Services in Prison, Kiev, Ukraine<sup>2</sup> Nikolaev Charitable Foundation Blagodiynist, Nikolaev, Ukraine

The Ukrainian Network of Drug and AIDS Services in Prison "Penitentiary Initiative" was established within the framework of Ukrainian Harm Reduction Association in 2002.

The Network includes:

- leading NGOs working in prison,
- heads and staff of the State Department for Execution of Punishments,
- Regional Centers for Social Services for Youth, religious leaders.

The main goal is implementing international standards and programs of HIV prevention in prisons of Ukraine.

The Network's activities are aimed at:

- joint training for NGOs and penitentiary institutions to provide information exchange and experience sharing;
- development of cooperation between NGOs and GOs;
- involving NGOs in work in prison (training NGO personnel);
- effective program of HIV prevention in prison (application of the experience of the leading Western European NGOs, working in prison);
- social-psychological support to IDU and PLWHA prisoners (running support groups and providing outreach work in prison).

At present the Network covers 13 regions of Ukraine.

The current focus of the Network is consolidation of all social forces to fight HIV/AIDS epidemic in prison. In 2005 the Network conducted a series of seminars with the participation of State Department for Execution of Punishments, NGOs, religious leaders, Centers for Social Services for Youth, resource centers and mass media. The culmination of the series was the International Conference "Partnership for a Healthy Community", attended by over 60 penitentiary and NGO leaders from Ukraine, Russia, Belarus and Moldova. The Conference provided experience and best practices sharing between organizations working in prison in the participating countries. The Conference resolution was adopted, and plans for multi-sector partnership development at international, national and local levels were elaborated.

## Tu.139P

**Two Kinds of Positive Deviance Approaches to Prevention By IDUs: "Micro-Social" (Small Group) and Formal-Organizational Prevention Models**Friedman, Samuel<sup>1</sup> Rockwell, Russel<sup>1</sup> Des Jarlais, Don<sup>2</sup> Curtis, Matthew<sup>3</sup> de Jong, Wouter<sup>4</sup><sup>1</sup> National Development and Research Institutes, Inc., New York, NY, USA<sup>2</sup> Beth Israel Medical Center, New York, NY, USA<sup>3</sup> Open Society Institute, New York, NY, USA<sup>4</sup> Municipal Health Service Rotterdam, Rotterdam, The Netherlands

**Objectives:** "Positive deviance" research studies successful (unusual) adaptations to bad conditions. We describe two situations in which IDUs responded well to early local HIV epidemics.

**Methods:** Review of epidemiologic histories of New York City and Rotterdam HIV epidemics among IDUs and of available qualitative and quantitative data about IDUs' individual, small group, and collective responses.

**Results:** In New York, IDUs realized there was a new disease several years before science "discovered" AIDS. Helped by developing availability of diabetic syringes marketed by dealers who advertised "Get the good needles, not the bad AIDS," IDU peer groups moved from using and sharing home-produced "syringes" to using market-provided syringes and sharing them less, began to inject within smaller groups, and provided "intravenous" messages to each other about the need to protect themselves. HIV incidence declined from 13% per year to about 5% during this time (1978 - 84). In Rotterdam, the response was formal-organizational rather than micro-social: IDUs formed the first "junkiebond," a direct-action-oriented users' movement that greatly influenced local services and public opinion about drug use issues through demonstrations, establishing an underground methadone program and a syringe exchange program (that later became publicly-funded), and spreading the word about AIDS. HIV prevalence among Rotterdam IDUs never grew beyond about 10%, even though in highly-accessible Amsterdam HIV prevalence reached 30% - 40%.

**Discussion:** Grass-roots IDUs can act in micro-social (but widespread) and/or formally-organized ways to reduce their own individual and collective risk. How successful these approaches are may well be situational, and research is needed on this. Funders and researchers should avoid seeing users as pathologized, and develop ways to enable and support both micro-social and formally organized action by users and how this might differ depending on different local or national contexts of repression, political economics, community support, or user community characteristics.

## Tu.140P

### IDU and HIV+ Support Groups In Prison

Chuprina, Elena<sup>1</sup> Kononenko, Ludmila<sup>1</sup> Gagarkin, Nikolay<sup>2</sup>

<sup>1</sup> Nikolaev Charitable Foundation Blagodiynist, Nikolaev, Ukraine

<sup>2</sup> Ukrainian Network of Drug and AIDS Services in Prison, Kiev, Ukraine

**Issue:** Psychological and social support to IDUs and PLWHA in prison.

**Setting:** Olshanskoe prison colony in the Nikolaev Region (Ukraine). The colony is specialized for drug addicted inmates, 400 IDUs undergo treatment per year. At present 1317 male prisoners are kept there, 50% have TB, 75% - hepatitis C. 209 HIV+ are officially registered.

**Target Audience:** IDU and HIV+ prisoners.

**Project:** Psychologists of Blagodiynist Foundation run IDU and HIV+ support groups in the colony. The work has been conducted in the framework of "Partnership in effective HIV prevention and PLWHA support in prisons" project, funded by the European Union. The aim is to help the participants get over their crisis situations and encourage them to take care of their health. At the initial stage a psychologist facilitates a group. At later stages a psychologist participates as a group member and sometimes acts as an expert. The group members themselves facilitate meetings by turns. The principle of a psychologist's work: to show options rather than give solutions.

Support group meetings take place every week. Main topics:

- when and how to inform the close ones of a positive status;
- whether a HIV+ can have healthy children;
- drugs and how to give up.

There are rules (like confidentiality). A newcomer can only join a group if somebody in the group vouches for him. If the newcomer breaks the rules, they both have to leave. The group members share very personal stories, and it's most important that they can trust each other.

#### Outcomes:

1. Two support groups function in the colony. The second group was organized on the inmates' request.
2. The IDU and HIV+ inmates - group participants - have an opportunity to share their feelings and experience, get empathy, bring together practical information and find ways to solve their problems.
3. The IDU and HIV+ support groups contribute to relieving psycho-social strains in prison.

## Tu.141P

### A Community Approach to Harm Reduction - the Saint John Sex-trade Action Committee

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<sup>1</sup> AIDS Saint John; Saint John Sex-trade Action Committee, Saint John, NB, Canada

<sup>2</sup> Coverdale Women's Centre; Saint John Sex-trade Action Committee, Saint John, NB, Canada

Saint John, New Brunswick is a port city with a population of 72,000. (Greater Saint John area has approximately 126,000). In October 2003, the Saint John Police Force placed a newspaper ad inviting anyone interested in talking about the impact of the local sex-trade, to a meeting. There was standing room only.

Representatives of the Saint John Police Force (SJPF) were open about the need to find new ways to deal with the impact of the street sex-trade. Police had followed the traditional arrest-probation order model of dealing with the trade, a proven strategy for moving the problem. (US Department of Justice: Street Prostitution, 2002). And move the problem it did — a few blocks down into a residential neighbourhood, which included a convent and high school. Residents no longer felt safe and Johns were approaching their daughters. Sex-trade workers already marginalized now had the police and residents on their backs. Add to this a huge increase in the use of crack cocaine and opiate drugs among street sex-trade workers and the status quo wasn't working for anyone.

So began the Saint John Sex-trade Action Committee (STAC). A multi-stakeholder committee with 23 active members, representatives include; law enforcement, AIDS Saint John, Coverdale Women's Centre, former sex-trade worker(s), Sisters of Charity, Community Mental Health, Public Health and a university researcher who recently completed a study on the sex-trade in Atlantic Canada.

We'll share the presentation we developed for our municipal council that was so successful the deputy mayor was appointed to sit on the committee (she attends every meeting). Learn how our informal meetings with police platoons made a difference. Find out how we used research to talk about issues with residents, the media and members of the SJPF. We'll share our successes and tough moments. Community in action = STAC.

## Tu.142P

**Facing the challenge of Viena 2008; Latin American Drug Policy Reform Network (REFORMA) Action Plan**

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<sup>1</sup> REFORMA, Mexico City, Mexico

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<sup>6</sup> REFORMA, Santiago, Chile

<sup>7</sup> REFORMA, Jamaica, Jamaica

A latin american antiprohibitionist and harm reduction network will present an action plan addressed to Viena 2008. The network involves key experts and activists as well as drug users, farmers and the Latin American organizations concerned with drug policy reform, decriminalization and legalization proposals as Mama Coca from Colombia, Psicotropicus from Brasil, ARDA from Argentina, El Abrojo from Uruguay, Andean Council on Coca Farmers from Peru and Brazilian and Argentinian drug users movements. The initiative has no antecedents in Latin America and is shown as answering real needs not considered by traditional NGOs.

Main objectives are to contribute to drug policy reform from an anti-prohibitionist legislative perspective and a harm reduction health perspective, supporting alternative programs and campaigns and denouncing the harms of the "War on drugs" in the region. The network claims for decriminalization of personal use and possession, legalization of coca leaf, legalization of medical marihuana, the defense of scientific research on all drugs, reject Plan Colombia, fumigation and militarization of daily life, and debate on an international action plan on alternatives to legalize all drugs. On these basis REFORMA is borne to contribute to drug reform appeal to United Nations Session on 2008.

REFORMA agenda includes the strengthen of the network through activities, publications and e-forums, exchanges between victims of the "War on drugs" as farmers in producers countries and users in consumers countries, and advocacy tasks with parliamentarians and politicians.

The network plans to support initiatives to develop drug laws reform in national and regional context, presenting international claims and improving programs as needle exchanges and low threshold models in the region. REFORMA plans to develop Latin American messages and campaigns putting together initiatives as the fewer existing ones.

## Tu.143P

**CORSS: an After Hours Community Response to Young People's Illicit Drug Use**

Young, Mark; McAloon, Bridget; Open Family Australia, Incorporated, South Melbourne, VIC, Australia

**Issue:** The Open Family CORSS (Community Outreach Response Support Service) was established to address the local community's concern regarding identified service deliver gaps, including the lack of any consistent after hours service for young people and the increasing incidence of problematic substance use by young people who failed to use mainstream treatment services.

**Setting:** The City of Maribyrnong, a disadvantaged inner city community that is known for its street drug scene.

**Project:** The project began operation in February 2003, and provides a unique opportunity to supply early intervention/prevention strategies to young people who may be involved in "risk" activities. The project engages with young people after hours and on weekend, at the request of police, families, schools, services, and young people themselves, providing young people with a prompt response and individualised support, including phone calls and face to face contact via outreach, and links them into appropriate local services. The service also provides a speedy response to local police when they identify and/or apprehend young people with drug related issues.

**Outcomes:** The outreach service has had an enormous amount of success in engaging and supporting young people after hours. In the 2004-2005 financial year, the service made close to 2,500 contacts after hours with young people, families, police, schools, among others. The key issues of the young people have been drug use, mainly opiates, accommodation, legal, and family concerns, and these have been addressed through information provision, family mediation, supported referrals to appropriate community services, NSP services, and ongoing support by Open Family outreach workers. The project has also demonstrated the usefulness of a coordinated strategy between police, services and the local community in addressing the problems of 'at-risk' young people and improving their access to local helping resources.

## Tu.144P

### **Involving Ethnic Minority Communities in Harm Reduction in Liangshan, China**

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<sup>1</sup> China-UK HIV/AIDS Prevention and Care Project, Liangshan CDC, Sichuan Province, Beijing, China

<sup>2</sup> China-UK HIV/AIDS Prevention and Care Project, Sichuan Provincial Project Management Office, Chengdu, China

<sup>3</sup> Health Bureau of Sichuan, Chengdu, China

**Issues:** This presentation explores the experience of an intervention seeking to strengthen community involvement by ethnic minority people in order to lessen discrimination and increase people's capacity to protect themselves from HIV and unsafe drug use.

**Setting:** Liangshan is a remote and mountainous area of Sichuan province with a concentrated HIV epidemic among injecting heroin users. A large proportion of drug users belong to ethnic minorities, notably the Yi minority, and are further marginalised by poverty and lack of access to services exacerbated by not speaking or reading Mandarin Chinese.

**Project:** The China-UK HIV/AIDS Prevention and Care Project in Liangshan sought to involve and train key people from ethnic minority communities. Local arts and cultural activities were used as a medium to communicate harm reduction and HIV prevention messages. VCDs, movies and radio spots were developed in Yi language. A particular effort was made to explore sensitive issues from a gender perspective.

**Outcomes and Lessons Learned:** An effective community involvement model was developed, focusing on interpersonal communication, ethnic minority culture and development of audiovisual materials in minority languages. The HIV/AIDS care and support programme in three communities of Zhaojue and Butuo of Liangshan Prefecture has contributed to community involvement and discrimination reduction. There is scope to replicate these experiences in other rural areas of China with similar conditions.

## Tu.146P

### **Educating the Community about Harm Reduction**

[Chuenhooklin, Nantapol](#), Thai Drug Users' Network, Chiang Mai, Thailand

**Issue:** Whilst drug use is very common in Thailand, people generally have very little knowledge about drugs and their effects. Since the 'War on Drugs' started, the community has been forced to root out drug users and protect their neighbourhoods from drugs. There is a need for greater communication with the community as a whole about drug use and harm reduction, in order to create a more enabling environment and to facilitate work with drug users and their families.

**Setting:** This project aims to educate communities living in Chiang Mai and Chiang Rai provinces in northern Thailand.

### **Project:**

Activities currently underway include the following:

- Meetings with NGOs and government agencies that work with the community.
- Outreach in the community and with drug users themselves.
- Interaction with research projects among drug users to encourage a harm reduction approach.
- Support for drug users in improving their health and taking more responsibility for their drug use and its consequences.
- A radio program, addressing such themes as harm reduction, speaking to people about their drug use, general information about drugs.

Plans for future activities include:

- Create a network of families affected by drug use.
- Work in prisons, with both inmates and staff.
- Create a community health clinic.

**Outcomes:** This is a relatively new project. These are the findings so far:

- Organisations that work in Thailand with drug users still lack a real understanding of harm reduction.
- It is essential to understand the way of life of each individual community in order to work with them. For example, P.M. Taksin Shinawatra is from Chiang Mai, and support there for his 'War on Drugs' has been strong.

Further outcomes will be available by the time of the conference.

## Tu.147P

### **HIV Vulnerability Among Drug Users in Nepal : A Serious Issue**

[Siwakoti, Devi](#), Social Welfare & Environment Conservation Society, Nepal, Kathmandu, Nepal

**Background:** Recently, Nepal has experienced explosive HIV epidemics among injecting drug users (IDUs) and the issue has been more serious due to rapidly changing patterns of drug use, sharing of injecting equipment, HIV risk behaviours, lack of feasible and practical interventions and insufficiency of well-defined policies and implementations. Various field researches have shown that almost 60% IDUs here are vulnerable to HIV/AIDS.

**Methods:** Different NGOs, INGOs and various organizations have been working with the local, regional and central government agencies for the effective community based harm reduction. The surveys conducted by social Welfare Environment Conservation Society Nepal, Prerana Nepal and other organizations prescribe that international, national and regional drug policies, programs and methodologies can be implemented to mini-



mize the impact of HIV for injecting drug users and their communities. It has also been urgent and immediate to conduct surveys among sex workers (SWS), men who have sex with men (MSM), Female commercial sex workers (FCSWs), IDUs and non-IDUs partners of these sex workers.

**Results:** Different intensive and extensive surveys have observed many socio-cultural impacts of drug addictions in Nepal in general and in the backward communities in particular. Since the IDUs, non-IDUs, sex workers, their clients and HIV infected ones are socially and culturally mixed up, the vulnerability to HIV, drug addiction and social evils is further increasing. Irregular or no use of condoms, Sharing of injecting equipment, selling blood for buying drugs, insufficient preventing, cleaning and intervention methods are commonly observed.

**Conclusion:** To maintain the low prevalence of HIV among IDUs in Nepal, Provision of needle and syringe programs, sufficient and effective prevention and interventions as well as harm reduction services should be urgently initiated. Peer education, social awareness, support and counselling programs and other drug related preventive issues should also be implemented to halt HIV epidemic and drug-related harms.

#### Tu.148P

##### **Community Reactions on Needle Exchange Programmes to Reduce HIV Infections Among Drugs Users Not in Treatment**

Baba, Jsmail, Universiti Sains Malaysia, Penang, Malaysia, Batu Ferringhi, Malaysia

Although HIV/AIDS was perceived as a "western" phenomenon, it is now spreading throughout Malaysia and the rest of Asia. At present there are more than 65,000 reported cases of HIV/AIDS in Malaysia. Transmission through intravenous drug use among male heterosexuals account for 80% of HIV infections in Malaysia.

Political, economic, and psychosocial factors contributed to the refusal of Malaysia to acknowledge the existence of HIV/AIDS. Perhaps the most crucial factor is that HIV/AIDS is a disease of stigma. Cultural taboos and misinformation about HIV/AIDS are some of the reasons why this pandemic is difficult for many Malaysians to recognize and accept. Recently because of the political will, Malaysia has agreed to conduct a pilot project on needle exchange programmes to reduce HIV infection among drug users (IDUs) not in treatment. This intervention appears to be controversial and politically sensitive. For instance, providing clean needles to intravenous drug users in an effort to delay the virus's transmission through dirty syringes is discouraged due to fear that we are condoning drug users injecting drugs. Similarly, efforts to educate prostitutes and the public to use condoms to block the HIV's transmission are also discouraged for fear that such practices may

condone prostitution and pre-and extra-marital sexual practices. These are typical examples of denial, fear, and ignorance that happen in Malaysia but also in many parts of Asia. This qualitative study looks at the process of needle exchange programmes at one of the selected sites in Malaysia. The study will look at the issues of negative attitudes and stigma, building local alliances through the involvement of local communities, affected populations and other stakeholders. We hope this study will help AIDS activists from other non-government organizations (NGOs) in Malaysia on how to introduce needle exchange programmes in their own respective communities.

#### Tu.149P

##### **Toronto Crack Users Perspectives: Inside, Outside, Upside Down**

Steer, Lorie; Panter, Barb; Barnaby, Lorraine; Okazawa, Victoria; Safer Crack Use Coalition, Toronto, ON, Canada

**Background:** The Safer Crack Use Coalition conducted a multi-method research project with crack users across Greater Toronto. The research was aimed at understanding the experiences of homeless crack users, why they use and the social and health implications. The presentation will summarize the study findings with a focus on key themes from the study.

**Methods:** This was a multi-method study that used both a survey and focus groups. Participants completed a survey or questionnaire, which provided quantitative data, and then focus groups were held to yield qualitative data. Nine community agencies in recruited study participants. Seventeen focus groups were held with a total of 108 crack users.

**Results:** The majority of participants indicated they were homeless and used crack on a daily basis. Reasons for using crack varied with most using it as a coping mechanism. Participants reported health issues related to crack smoking including HIV/AIDS, HCV and depression. Many admitted to deep feelings of self-loathing and poor self-esteem that led, in some cases, to suicidal ideation. Focus group respondents cited police harassment and violence as their major social issues. Additionally, every focus group mentioned poverty, homelessness and discrimination as social issues facing crack users. Participants said that the general public believed crack users to be "worthless". The impact of societal views included heightened isolation and increased crack use.

**Conclusions:** Marginalized crack users face an array of serious health and social issues. Societal views, discrimination and harassment exacerbate the problem by leading to low service utilization and increased isolation. A key theme is the need for all service areas to work collaboratively to diminish structural barriers, decrease personal discrimination and reduce systemic bias for

crack users. There is also a need to see substance use a health and social issue and not a criminal issue, improve health services offered to crack users and to infuse harm reduction methods into best practices.

## Tu.150P

### **CosmiKiva Psychedelic Safe Space: Taking Harm Reduction Outreach to the Next Level**

Michelow, Warren; Karpetas, Sandra; MindBodyLove, Keeping the Door Open, Iboga Therapy Society, AIDS Vancouver, Vancouver, BC, Canada

**Issue:** Large, outdoor music festivals are contexts where young people often choose to experiment with a variety of psychoactive substances. These events may involve several consecutive days of substance use, often compounded by lack of adequate self-care, nutrition and sleep. Festival organizers provide only security and sometimes first aid, and those experiencing challenging substance use-related situations are often without appropriate resources when acutely needed. Here, harm reduction outreach needs to be supplemented with psychedelic crisis support.

**Setting:** CosmiKiva's were held in 2005 at the Shambhala Music Festival (attendance ~10,000), near Salmo, BC; in 2002-04 at the Boom Festival in Portugal (~17,000); and in 2002-05 at the Burning Man Festival in Nevada (35,000+).

**Project:** The CosmiKiva Safe Space provides a dedicated venue staffed with experienced and trained peers to assist those experiencing crises related to the use of psychoactive substances. CosmiKiva activities, which are closely coordinated with security and first-aid, range from simply providing a safe and quiet space to rest, to complex interventions including medical monitoring, facilitating the psychedelic crisis experience, and post-experience integration, debriefing and counselling.

**Outcomes:** "Traditional" harm reduction outreach strategies of providing substance-use information and supplies, and occasionally pill-testing, proceed from a deficit model which assumes that the mere provision of information-ideally in advance of use-is sufficient to mitigate potentially adverse reactions. The deficit model misses opportunities that psychedelic crises may offer for learning and increasing personal resilience and understanding.

This presentation will explain how the CosmiKiva moves beyond the deficit model and simple informational harm reduction towards provision of a continuum of care within a resiliency model. It will expand on the therapeutic approach used, and describe how people using this service might leave with more skills, increased resilience, and may even have experienced their crises as having profound and beneficial outcomes.

## Tu.151P

### **Tenuous Partnerships**

Speed, Tamara<sup>1</sup> Lord, Sarah<sup>2</sup> Clear, Allan<sup>3</sup>

<sup>1</sup> WRHC, Melbourne, VIC, Australia

<sup>2</sup> Melbourne, VIC, Australia

<sup>3</sup> Harm Reduction Coalition, NYC, NY, USA

The evolution of Health Works from a "feasibility study" to a community responsive primary health centre for street based injecting drug users in the western suburbs of Melbourne has taken less than 5 years. The recent growth of Health Works has not been influenced by government dollars and opportunities, but through internal change management processes and respect for the wisdom of experience.

With guiding principles of harm reduction, community development and a multidisciplinary team approach, Health Works, in creating a space for local users, looks to innovative models of service delivery and always asks the 'clients'.

Victoria's model of public health has encouraged the emergence of large generalist community health centres and it is one such health centre which manages the Health Works program. Amassed opportunities within a burgeoning health centre can underestimate the complexities of each program, leaving partnership opportunities and open dialogue more important than ever.

Partnerships require us to hear the diversity of voices and give respect for choices and experiences. Partnerships created within the broader community health centre extend health opportunities to drug users. Partnerships open doors and overcome access barriers.

Straddling the constraints of the political system, the bureaucratisation of program maintenance and the wary nature of generalist community health services, the central challenge for Health Works is retaining consensus on the value and key characteristics of harm reduction approaches such as peer education, and sustaining a commitment to this model of service delivery. The strength of Health Works must not become the Health Works' stumbling block.

## Tu.152P

### **Rural Drug Services, Police and Community**

Dowling, John<sup>1</sup> Fifoot, Ross<sup>2</sup>

<sup>1</sup> Odyssey Shepparton, Shepparton East, VIC, Australia

<sup>2</sup> Victoria Police, Shepparton, VIC, Australia

**Issue:** Having worked in welfare for almost 30 years before becoming Manager of Odyssey House Shepparton (OHS) in 2001, John Dowling knew bridges had to be built between local police and alcohol & drugs (A&D) offenders in his rurally isolated Victorian community if an evident lack of respect and understanding, on both sides, was to be addressed.

**Setting:** OHS is a rural outreach A&D service working to help address the differing needs of 30,000 people dispersely-spread across 2,240-square-kilometres of Victoria. Ever-struggling dairy and fruit industries are the life force of the community. Youth unemployment is high. Uniquely, 30 ethnic groups and a large indigenous community make up 60 percent of the population.

**Project:** In 2003 John Dowling sought out, and formed, a collaborative partnership with local Police Prosecutor, Ross Fifoot. Eighteen months on, as a direct result of their work, immense barriers between police and drug-related offenders have been culled. This Victoria-first initiative has built community confidence to such an extent that a successful service-club-sponsored mentoring program involving influential community members has been established. These mentors are also become high-profile ambassadors during Australia's annual Drug Action Week.

**Outcome:** This engaging presentation showcases an enviable partnership that stole the limelight at the 2005 Rural Victorian Alcohol & Drugs Conference. So impressed with the outcomes were the conference delegates that they, with the support of high-ranking police, have called on the Victorian Government to trial the initiative statewide.

The project's outcomes include:

- A respected plainclothes policeman officially working alongside an A&D Worker one day/fortnight.
- A reduction in repeat A&D offenders.
- An increase in people accessing A&D treatment services as a result of unprecedented referrals from police/lawyers.
- Considerably less stereotypical attitudes at police, A&D client, and community levels.
- Establishment of a successful service-club-sponsored mentoring program.
- Unprecedented access to A&D clients in police cells.
- Unprecedented positive media coverage.

#### Tu.153P

##### For the Good of Drug Users? Mobilisation For and Against Harm Reduction Initiatives in Denmark

Anker, Jørgen, Institute of Social Sciences, Roskilde University, Roskilde, Denmark

**Background/Objectives:** This paper discusses how local grass root initiatives may influence the definition and implementation of harm reduction policies.

During the last few years, residents and shop owners in the neighbourhood close to an open drug scene in Copenhagen have been mobilising. First, some residents demanded that drug users be removed from the neighbourhood. This mobilisation, however, triggered some alternative reactions by different groups of residents and

actors who united to claim the need for more socially responsible solutions.

The paper seeks to reveal the dynamics and social processes of the mobilisation. It explains the background and the strategies adopted by the different groups. Moreover, the paper discusses if the grassroot initiatives influence the definition and implementation of harm reduction measures, e.g. leading to an official acceptance of injection rooms in Denmark.

**Methods:** The study is inspired by social movement theory. The analysis relies on qualitative interviews with the main actors in the field supplemented by analysis of newspaper articles and documents produced by the different groups and networks.

**Results:** It is argued that the mobilisation must be understood in the light of the processes of renovation of a traditional working class neighbourhood which has led to a changed composition of the inhabitants. Secondly, the paper argues that the local struggles must be seen in relation to tensions inherent in Danish drug policies. The local mobilisation thus reflects an existing disharmony between more pragmatic and harm-reduction-oriented attempts to find solutions locally, and a control-oriented drug policy strategy that is followed by the national government.

**Conclusions:** The paper argues that even if the local grass root initiatives has not yet led to the opening of injection rooms, they may still influence harm reduction policies and measures in the following years.

#### Tu.154P

##### Promoting the Safer Use of Crack: a Community-Based Approach

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<sup>1</sup> AIDS Vancouver, Vancouver, BC, Canada

<sup>2</sup> BC Centre for Disease Control - Street Nurse Program, Vancouver, BC, Canada

<sup>3</sup> The Women and Family HIV Centre - Oak Tree Clinic, Vancouver, BC, Canada

**Issue:** Researchers have noted an increase in the number of individuals smoking crack cocaine. The problems associated with the use of crack cocaine are documented, and include increased risk of infection of Hepatitis B, C, and potentially HIV and other STD's.

There has existed a notable absence in services specifically targeted to users of crack cocaine.

**Description:** The impact of the harms associated with crack use, along with the lack of services, prompted the community to respond. Health care professionals, outreach workers, HIV/AIDS groups and users have come together to form the Safer Crack Use Coalition of Vancouver (SCUC).

The initial work of SCUC involved distributing plastic "mouthpieces" to discourage the sharing of pipes and reduce the resulting risk of infection. The initiative was

met with an enthusiastic response, and eventually resulted in the local public health authority taking on mouthpiece distribution as part of its harm reduction services.

The second phase of the Coalition's activities included education and awareness. A series of "Awareness Days", highlighting the issues associated with crack cocaine, were planned. Targeted audience include policy makers, health authority representatives and service providers. The response was again overwhelmingly positive and more days are planned.

**Conclusion:** The activities of the Coalition focus on the production and distribution of safer crack use kits. As with the mouthpieces, the expectation is that a well-coordinated, carefully planned, community-based and user-driven distribution and education strategy, will result in important and much needed services being offered through the public health care system.

## Tu.155P

### Music Reducing Drugs Harms in Street Children and Youth

Marques Filho, Altino; Coelho, Cassiano; Ávila, Lazslo; Faculdade de Medicina de São José do Rio Preto (FAMERP), São José do Rio Preto, Brazil

**Issue:** In the authors city, São José do Rio Preto, SP, Brazil, there was a lot of children and teenagers spending all day long on the streets until 2001. Most of them were visibly intoxicated by shoemaker's glue (inhalant), cannabis or crack near by the semaphores.

**Setting:** The population of São José do Rio Preto is estimated at about 400.000 inhabitants and is located in the northwest of São Paulo State, southeast of Brazil. Missão Atos is a non-governmental organization that works with children and youth and has its own facilities.

**Project:** Missão Atos reaches children and youth on the streets and invite them to spend the day in their facilities, offering percussion instruments lessons and other activities involving music. They are assisted by a professional musician who uses music as an integrating tool and as a source of pleasure. The project also offers sports, food, clothing and resting. Children and youth are encouraged to go back home and return the next day.

**Outcomes and Lessons Learned:** The project has contributed to reduce the number of children and youth on the streets of Rio Preto. Today we have only one teenager walking on the streets of the city and he has a co morbid psychiatric condition. Children and youth in the project demonstrate a better self-esteem and socialization. They have performed in different events in the city showing their new work and raising funds to the project, which has contributed to reduce harms involving the use of drugs by its participants. Inspired by this project the authors composed one song based in these children and teenagers reality, which has been used as a didactic tool

in lessons and lectures to motivate different audiences, from street children and youth to health professionals.

## Tu.156P

### Community Nursing, IDUs, and HIV in the Context of Harm Reduction

Patton, Cindy; Patterson, Natasha; Simon Fraser University, Vancouver, BC, Canada

Over the twenty-five years of the AIDS epidemic, care providers have debated the feasibility of supporting antiviral treatment for active or cyclical drug injectors who are HIV seropositive. Early on, many drug abuse treatment facilities insisted that HIV seropositive individuals stop drug injection before receiving HIV medication (then AZT). As harm reduction became a more accepted approach to drug abuse, providers were forced to grapple with the implications for continuity of HIV treatment for individuals whose lives were likely to continue to be marked by unstable housing, enmeshment in drug abuse networks, and high levels of exposure to a wide range of secondary infections (TB, endocarditis, Hepatitis). While Street Nurses, located in "rough" neighborhoods, were able to assume some of the decision-making and referrals responsibility for linking active HIV seropositive users to AIDS care, their mandate precluded the type of direct, long-term care that victims of the developing epidemic required. A small group of Community Health Nurses, inspired by the effective care-giving demonstrated by the Street Nurses, began modifying their approach to include the same elements. The transition from home health/community nursing that traditionally focused on wound management and palliative care in the home setting to the methods developed by this group, although not yet completely disseminated, has created an especially useful paradigm and history of clinical practice for supporting even very chaotic individuals who are undergoing increasingly complex anti-retroviral regimens.

This paper presents finding from the ethnographic component of the Homecare for Homeless People with HIV project, and explores the philosophy and practice of these home health/community nurses in order to locate and detail its "natural fit" with current harm reduction strategies.

## Tu.157P

### Needs Assessment of Injection Drug Users in St. John's, Newfoundland

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This paper will report the findings of a community initiative that assessed the needs of injection drug users

(IDUs) in St. John's, NL. Because the IDU population is highly vulnerable to HIV/Hepatitis C and other health problems, the findings will provide evidence for planning, implementing, and evaluating a harm reduction strategy that meets their identified health needs.

The rates of HIV/Hepatitis C infections in this province are comparable to those in other Canadian provinces. However, in November 2003, when this project was conceived by the AIDS Committee of Newfoundland and Labrador (ACNL), there was little research about the spread of HIV/HepC among IDUs in the province.

Although anecdotal information from local agencies working with marginalized populations suggested that there was an active IDU community in St. John's, the ACNL faced a decade-long challenge organizing appropriate services. The IDU community was difficult to engage, their health needs were largely unknown, and the wider St. John's community tended to ignore or minimize drug use as a local issue.

With funding from the Population and Public Health Branch, Atlantic Regional Office of Health Canada, the ACNL partnered with the Health Research Unit of Memorial University to undertake a mixed-methods needs assessment to increase understanding of IDU issues in St. John's among ACNL staff and community and government partners.

From March to October 2005, data were collected using surveys, interviews, and focus groups with former and current IDUs, family and friends of IDUs, service providers (e.g. recovery centres, shelters, mental health agencies, outreach programs, youth services) and other stakeholders (e.g. correctional facilities, police, chaplaincy services). Purposive data collection was intended to strengthen existing partnerships and build a broad base of support for a comprehensive harm reduction strategy for the IDU community.

Preliminary analysis indicates that: (1) the need for appropriate, accessible health services for IDUs far exceeds existing community resources; and (2) there is significant stakeholder support for implementing a harm reduction strategy.

#### Tu.158P

**i2i Peer Support, People Who Use Drugs in Canada**  
 Quayle, Kenn; Mackenzie, Brian; i2i Peer Support, Gibsons, BC, Canada

i2i Peer support (i2i) is a peer-based organisation for people with personal experience with the use of illicit substances in Canada, and their friends, families and allies. Located on BC's Sunshine Coast, i2i provides several examples of drug users working with government at various levels.

The Project's founders and life-partners, Brian Mackenzie and Kenn Quayle, have been involved in peer

support work with people who use drugs in Canada for over a decade. They became actively involved with the medical cannabis movement around the time of the inception of the BC Compassion Club Society, of which Kenn has been a member since the opening. Brian (as Kenn's primary care giver, and more recently his legally Designated Grower through Health Canada's Office of Cannabis Medical Access, or OCMA) has also continued to be involved in this area of peer support, both of them operating the Sunshine Coast Wellness Collective and Gibsons Compassion Club for a time.

Kenn and Brian, through their i2i Peer Support project, sit as community representatives on the local Sunshine Coast needle exchange advisory group, and have been participants in their monthly Healthy Livers support group, through which i2i has recently been asked to develop and facilitate a monthly support group for active drug users in the area.

i2i's peer support work has so far involved the development of a webpage and forum [<http://www.i2ipeersupport.com/>] for the discussion of a wide range of issues of concern to drug users and their supporters in the region. Through the support of the Community Futures government employment program for people living with disabilities (Kenn has hereditary spastic paraplegia as well as hepatitis C), Kenn will soon be undertaking a variety of computer-related training courses to assist with the maintenance of the website and forum, as well as the development of a print-based magazine and other educational resources, including training opportunities for professionals or volunteers in the field.

#### Tu.159P

**Reducing the Drug Effect on Sex Workers: Strategies of Empowerment and Networking**

Lam, Yee Ling; Luk, Lai Tau; Zi Teng, Hong Kong, China

As a sex worker concern group based in Hong Kong, Zi Teng provides service and supports to sex workers, including those who take drugs. According to the cases we come across, there are sex workers who are forced to take drugs, particularly those in Mainland China. In order to lower the number of drug-intake sex workers, and to reduce the harms of drugs on sex workers, Zi Teng has been adopting two main strategies. One is to network with every potential project partners, such as academics, doctors, NGOs and even brothel owners, to formulate programs for sex workers including referrals to rehabilitation programs or to the doctors. Another is to empower the sex workers with different kinds of information, to increase their knowledge so that they will not be easily attempted or threatened to take in drugs.

In this conference, Zi Teng will share with others our experiences to work in Hong Kong and Mainland China. We will share how we can effectively reduce the harms of drugs on sex workers through the strategies of net-

# Abstracts

working and self-empowerment. In addition, we will organize workshops to show how empowerment can be practiced in a more specific way. We will also show our videos, posters, booklets and pamphlets of the empowerment skills to facilitate the workshop. Furthermore, we will set up a booth to introduce more about our empowerment skills, networking skills, our projects in hand and our organization.

TUESDAY

WEDNESDAY MAY 3, 2006

**We.BF.01****Traditional Harm Reduction**

Phillips, Sueann; Skaling, Barby; Healing Our Spirit BC Aboriginal HIV/AIDS Society, Vancouver, BC, Canada

**Objective:** To share cultural teachings from Indigenous people that can be used for today's harm reduction. We will look at traditional culture and teachings prior to contact for Indigenous people. We will also look at how contact has played a role in changing teachings in regards to harm reduction. Also look at how as Indigenous people we have become vulnerable to HIV/Hepatitis B/C infection. Then we will look at how to use these teachings to make a difference in harm reduction. Also talk about traditional values that can make a difference to staying well and treating those struggling with addiction and risky behaviours. We will also use story telling

**Outcome:** People will have a better understanding of Indigenous culture, and how this culture has been used towards harm reduction. Also be better able to provide people other forms of harm reduction in a caring and respectful manner.

**We.01.2****The Progress of Normalization**

Erickson, Patricia, Centre for Addiction and Mental Health, Toronto, ON, Canada

Canadian drug policy has been at an impasse since the Le Dain Commission. Neither decriminalization nor legalization is currently on the federal political agenda. These terms often are not clearly or consistently presented in the ongoing debates. This presentation describes the shortcomings of both of these approaches to legal change. It then proposes a more innovative stance: to examine the dimensions of normalization of cannabis use and ask how far this process has advanced in Canada. Much more progress is evident in the social evaluation and reaction to cannabis use among both users and non users than is reflected in the law. The transformation of cultural meanings of drug use is emphasized as a precursor to change. Such an analysis can serve as a guide for understanding and surmounting the barriers to drug policy reform.

**We.01.3****Stirring the Pot: Is 'Legalisation or Decriminalisation' the Right Question?**

Lenton, Simon, National Drug Research Institute, Curtin University of Technology, Perth, WA, Australia

**Issue:** An often asked question in cannabis law reform is whether legalisation or 'decriminalisation' (prohibition with civil penalties) should be the goal.

**Approach:** A review of the evidence regarding civil penalty schemes for minor cannabis offences; reflection on the rationale and experience of cannabis law reform in Western Australia where a *prohibition with civil penalty* scheme was introduced in 2004; and consideration of some findings of a large pre-post evaluation of that scheme.

**Key Points:** Experience in drug policy research suggested that for a successful and sustained translation of a scheme for cannabis law reform into actual legislative change it needed to be: supported by the general public; survivable for politicians; supported by law enforcement; supported by cannabis users; supported by the evidence; sustainable under international drug conventions; and subject to evaluation and review. This paper will describe how the Cannabis Infringement Notice Scheme which became law under the *Cannabis Control Act 2003* met these criteria. In our case, reforms aimed at legalisation of cannabis use would not have met these criteria and would have no-doubt failed to result in legislative change.

**Implications:** Context is everything and what will be acceptable in one place and time cannot be transposed elsewhere in a 'cookie-cutter' approach. When windows of opportunity open for changing drug laws one must consider a shift from ideals and theories to compromise, practicalities, and alliance building. At best we can aim that reforms are meaningfully better than what they replace, that they will be robust in the face of misinformed attack, but be flexible enough to be modified as new evidence emerges. This, rather than 'legalisation' or 'decriminalisation', should be the goal of cannabis, or other drug, law reform.

**We.02.1****The First DU Organizations in Bulgaria. the Need of Du in the Decision Making Process**

Naydenova, Milena, Hope-Sofia, Sofia, Bulgaria

**Issue:** The maintaining programs gave DU chance to feel free, independent, and willing to join the society again. The difficulties we faced convinced us unite in self-help groups and organize in NGOs. Our personal experience makes us experts in the area. We are best acquainted with the needs of the DU, we can objectively judge how efficient the different programs are, and which of them work most effectively.

**Approach:** The comparative method is used to demonstrate the advantages of some programs, while the statistics is used for drawing conclusions.

**Key Points:** The presentation emphasizes on:

- The origin of the first DU organizations in Bulgaria;
- The problems with the motivation and the organization of the DU in DU groups;
- The difficulties we had to face and overcome when we got introduced to the public;
- Problems we try to solve and areas we could contribute to:
  - Suspicion and prejudice against the DU organizations;
  - Bureaucratic attitude and formal fulfillment of the obligations from officials and institutions;
  - Big part of the professionals neglect the interests of their patients because of their personal financial interests;
  - Underestimation of all of the problems, connected with drug use;
  - The politicians lack information and interest, which leads to the enacting of inefficient and dangerous for the public health laws;
  - The financial resources in plenty of cases are used absolutely inefficient, which deprives DU of lots of services and raises the social cost of the problem.
- The priorities of the DU NGOs over the rest of the civil society in supervising the work of the institutions in the field of the addictions.

**Implications:** DU are not only experts in what DU community needs but because of their personal concern they are the most motivated and the most interested in the implementation of professional, qualitative and effective programs.

## We.02.2

### Meaningful Involvement of IDUs In Designing and Implementing Programs

Pandey, Bijay, Recovering Nepal, Kathmandu, Nepal

**Issues:** Though syringe exchange is in Nepal for years, IDUs have not been engaged effectively. HIV increases among IDUs in Nepal and services are stopped, limited or non-existent due to lack of political and popular support.

**Setting:** IDUs from each of the 5 districts of Nepal.

**Project:** is led by and for injection drug users (IDUs) to design their own project: to build leadership and advocacy skills to participate meaningfully in policymaking; to improve understanding of IDU issues and build partnerships; and increase understanding of drug use-related stigma and discrimination impact services.

**Outcomes:** IDUs involved in policy and program; Leadership & advocacy strengthened; relationships with

government. For the first time in Nepal, IDUs came together to discuss their situation and needs. In 8 districts assessed stigma, discrimination and training needs. IDUs developed and implemented 2 training curricula replicated it to IDUs in districts and in 5 substance use centers. IDUs advocated for specific policy and service change with methadone, syringe exchange, Global Fund, CCM, government, donors and NGOs. Based on evaluations, IDUs perceived for the first time they were valued and had skills to help others. A harm reduction response requires that IDUs are involved as true leaders and designers of programs. IDUs need to develop and implement their own programs which requires an openness to look at creative harm reduction strategies. It is critical that IDUs themselves are the leaders of harm reduction programs.

**POKHARA DECLARATION:** In order to bring a momentum of this movement of injection drug users leading and helping each other, we hereby declare that, we all IDU leaders build a relationship among us. This will help us to unite and build a network of IDUs, which will give us strength to fight for the RIGHTS of all IDUs through out the kingdom of Nepal.

## We.02.3

### From Principle to Practice: Greater, Meaningful Involvement of Drug Users

Jurgens, Ralf<sup>1</sup> Livingstone, Ann<sup>2</sup> Morgan, Rob<sup>2</sup> Palmer, Darlene<sup>3</sup> Anneke<sup>3</sup> Kerr, Thomas<sup>4</sup> Elliott, Richard<sup>5</sup> Csete, Joanne<sup>5</sup>

<sup>1</sup> Consultant, Canadian HIV/AIDS Legal Network, Millers-Isles, QC, Canada

<sup>2</sup> Vancouver Area Network of Drug Users, Vancouver, BC, Canada

<sup>3</sup> CACTUS, Montreal, QC, Canada

<sup>4</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

<sup>5</sup> Canadian HIV/AIDS Legal Network, Toronto, ON, Canada

**Issues:** IDUs continue to be over-represented among people in Canada and many other countries who contract HIV and/or HCV. Yet meaningful involvement of IDUs in the response to HIV and HCV and, more broadly, in decisions that affect their health and lives, remains limited. In some countries, there has been growing recognition of the need to involve IDUs, but even there little is done to ensure effective and meaningful participation in practice.

**Approach:** (1) Form partnership between a research and advocacy organization working on HIV/AIDS and human rights issues, drug user organizations, a university-based research centre, and a needle exchange program. (2) Undertake literature review and extensive consultations with drug users and service providers. (3) Present initial results in Belfast in 2005. (4) Undertake additional research and consultations. (5) Produce and widely dis-



seminate a comprehensive paper, a series of info sheets, and a drug user manifesto addressing: (a) what is meant by greater involvement of IDUs; (b) arguments and research on benefits of involvement; (c) challenges to involvement and ways to overcome them.

**Key Points:** There are ethical and human rights arguments for involvement of IDUs. In addition, research has provided evidence of the benefits of involvement. IDUs have demonstrated that they can organize themselves and make valuable contributions to their community, expand the reach and effectiveness of HIV prevention and harm reduction services, provide much-needed care and support, and advocate for their rights and the recognition of their dignity.

**Implications:** It is time to move from commitment to greater involvement in principle to ensuring involvement in practice. The project makes a series of concrete recommendations aimed at ensuring greater, meaningful, and sustained involvement, including: explicit recognition by governments of the value of such involvement; funding for drug user organizations; creating the conditions under which users can effectively participate in consultative processes, decision-making or policy-making bodies and advisory structures; etc.

#### We.02.4

##### From Street Involved to Streetworks

Fayant, Rosemary; Johnson, Sandra; Streetworks, Edmonton, AB, Canada

Two outreach workers from Streetworks (Edmonton's Needle Exchange/Harm Reduction Program) who have a combined total of 14 years experience with the program, as well as many years of relevant lived experience will discuss how this affects their ability to excel in their positions. Their personal and professional knowledge also includes intravenous drug use, involvement with the criminal justice system, as well as street life. They are able to understand service users when they say that they are "dope sick", feeling discriminated against because they inject drugs, the fear instilled in parents when child welfare becomes involved in their lives, and the feeling that society looks down on them because they inject drugs. Some of the issues that they personally encounter are how to deal with boundary issues when running into people from their pasts, trust issues with new service users, and old thoughts and triggers resurfacing. They also encounter challenges of working on a team where others do not have this unique history. In this presentation they will examine the benefits and challenges that they encounter on a daily basis, and highlight possible solutions that they have found which would be of benefit to other frontline harm reduction programs.

#### We.03.1

##### Barriers to Hepatitis C Treatment Uptake Among Indo-Chinese IDUs

Coupland, Heidi; Maier, Lisa; National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW, Australia

**Objectives:** This paper examines hepatitis C-related decision-making by Indo-Chinese injecting drug users (IDUs) and explores implications for increasing treatment uptake in this vulnerable group.

**Methods:** Data are drawn from ongoing ethnographic research designed to understand how cultural beliefs and practices shape explanatory models of hepatitis C and barriers to treatment access and uptake. Fieldwork and in-depth interviews were conducted in South Western Sydney. Cambodian, Lao and Vietnamese background IDUs (n= 55) were recruited using theoretical and snowball sampling techniques based on street and social networks. A grounded theory approach was used to code and compare content and identify emergent themes.

**Results:** Stoicism and self-responsibility played a key role in determining when, and for what purpose, participants were willing to seek help. Hepatitis C infection served as a potent symbol of contamination, with treatment viewed by many as a way to remove the "stain" of injecting drug use and participants associating treatment with "starting afresh" and cessation of drug use. Reluctance to engage with treatment was also influenced by fear of "losing face", limited acceptability of western approaches to diagnosis and history taking, competing priorities and cultural beliefs regarding the management of liver problems and use of western medicine.

**Conclusions:** Despite awareness of potential positive treatment outcomes, cultural beliefs and personal circumstances had a significant influence on decision-making regarding when and for what purpose participants would seek treatment. Innovative, culturally sensitive service responses are needed to promote trust in practitioner-client relationships, conducive to frank discussion regarding both clinical and client perspectives of the benefit of hepatitis C treatment. Data will be used to inform the development of the second stage of the research consisting of a small trial of a culturally appropriate brief intervention and facilitated referral to a tertiary liver clinic.

## We.03.2

### Barriers to Hepatitis C Virus (HCV) Treatment among Community-Based Injection Drug Users (IDUs) in Baltimore, MD

Mehta, Shruti<sup>1</sup> Vlahov, David<sup>2</sup> Astemborski, Jacque<sup>1</sup> Celentano, David<sup>1</sup> Strathdee, Steffanie<sup>3</sup> Thomas, David<sup>1</sup>  
<sup>1</sup> Johns Hopkins University, Baltimore, MD, USA  
<sup>2</sup> New York Academy of Medicine, New York, NY, USA  
<sup>3</sup> University of California San Diego, San Diego, CA, USA

**Objective:** We evaluated HCV treatment experience and barriers in a cohort of IDUs in Baltimore, MD.

**Methods:** IDUs were recruited through community outreach and have been followed semi-annually since 1988. Beginning in February 2005, a questionnaire regarding HCV treatment experience and barriers was administered to all HCV-infected participants (>90% of cohort).

**Results:** Of 593 subjects interviewed, 389 (66%) were aware of HCV treatment, of whom only 69 (17%) knew that treatment could cure infection. 35% did not know whether or not treatment was safe. 64 (21%) were offered treatment by their provider, of whom 42 (67%) agreed to and 19 (30%) reported initiating treatment (15 HIV negative and 7 HIV positive). Individuals who reported receiving treatment were less likely than those who did not to report homelessness (15% vs. 35%), current IDU (11% vs. 30%) and drug treatment (11% vs. 36%) and were more likely to have depressive symptoms (47% vs. 28%) and cirrhosis (11% vs. 1%). Of those not previously offered treatment, 74% reported interest in treatment among whom help with cost was reported as the most urgent service needed to facilitate treatment. Cost was more often cited by HIV negative (52%) than HIV positive (36%) participants ( $p < 0.01$ ). The primary reason for not wanting treatment was concern about treatment and side effects (32%), followed by low perceived threat of HCV-related illness (16%). Need for drug treatment (5%) and structural barriers (e.g. no health insurance, 9%) were less commonly reported.

**Conclusion:** Among IDUs, while awareness of and interest in HCV treatment is high, knowledge is low. Even lower are the numbers receiving treatment and their chief concerns are about cost and the side effects of treatment. While treatment decisions for HCV are complex for patients and providers, education and insurance issues need to be addressed.

## We.03.3

### Treatment of Hepatitis C Virus (HCV) Infection in Injection Drug Users (IDUs) Enrolled in a Directly Observed Therapy (DOT) Program

Grebely, Jason<sup>1</sup> Meagher, Caite<sup>2</sup> Duncan, Fiona<sup>3</sup> Khara, Milan<sup>3</sup> Viljoen, Mark<sup>3</sup> Raffa, Jesse<sup>1</sup> Genoway, Krista<sup>1</sup> Fraser, Chris<sup>2</sup> DeVlaming, Stanley<sup>3</sup> Conway, Brian<sup>1</sup>

<sup>1</sup> University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> Cool-Aid Community Health Centre, Victoria, BC, Canada

<sup>3</sup> Vancouver Coastal Health, Vancouver, BC, Canada

**Objective:** To document the safety and efficacy of treatment of HCV infection in IDUs who qualify for such treatment according to current clinical guidelines.

**Methods:** HCV-infected IDUs attending our clinics who were viremic, non-cirrhotic, with ALT levels  $> 1.5 \times$  ULN and in whom there was a reasonable expectation of adherence to therapy were offered 24-48 weeks (based on HCV genotype) of combination therapy with Ribavirin (RBV, 800-1200 mg/day, based on weight) along with interferon- $\alpha 2b$  (IFN- $\alpha 2b$ , 1.5 mg/kg thrice-weekly) replaced by PEG- interferon- $\alpha 2b$  (PEG-IFN- $\alpha 2b$ , 1.5 mg/kg once weekly) as it became available. Staff administered all injections under direct observation. A physician evaluated patients weekly, with appropriate interventions for side effects or toxicity. For this analysis, success was defined as an end-of-treatment response (ETR) with normal ALT levels.

**Results:** In total, 34 patients (28 males) received therapy with IFN- $\alpha 2b$  (12) or PEG-IFN- $\alpha 2b$  (22), 18 (53%) with genotype 2 or 3 infection. The mean baseline age, body weight, ALT and duration of infection were 43 years, 83 kg, 138 U/L and 12 years, and 13/34 (38%) reported illicit drug use in the past 6 months, 71% (24/34) reported previous anxiety or depression. Only 7 patients did not complete therapy, 3 due to toxicity (tinnitus, neutropenia, depression) and 4 due to non-adherence. Overall ETR was 65% (22/34), 78% (14/18) in subjects with genotype 2/3 infection. All 15 patients receiving the entire course of PEG-IFN-based therapy achieved an ETR, as did 58% (7/12) who experienced an addiction relapse on treatment.

**Conclusions:** Treatment of HCV in IDUs within a DOT program can be successful, especially in those with genotype 2/3 infection. Further study is needed to evaluate the sustained virologic responses (SVRs) and to monitor for HCV re-infection, given the ongoing risk behaviors in many subjects.

**We.03.4****Impact of A Motivational Intervention to Reduce Alcohol Use Among HCV Positive Injectors**

Zule, William; Costenbader, Elizabeth; Wechsberg, Wendee; Lam, Wendy (kk); RTI International, Research Triangle Park, NC, USA

**Objectives:** To compare the effects of a motivational intervention and an educational intervention on alcohol use among HCV positive injecting drug users (IDUs), drug use, and injecting practices.

**Methods:** Out-of-treatment IDUs were recruited through street outreach for a randomized field experiment comparing the effects of a motivational intervention to an educational intervention. Computer-assisted interviews were administered at baseline and at a 6-month follow-up. Intervention effects on alcohol use were tested using logistic regression. Through September 2005, 274 participants had completed a 6-month follow-up interview. Sixty-four percent were African-American, 28% white, and 8% other races. Seventy-five percent were male with a mean age of 41 years. HIV prevalence was 8% and HCV prevalence was 57%.

**Results:** Both groups reported significant ( $p < 0.001$ ) decreases in past 30 day drug, alcohol use, and injection risk between baseline and follow-up. Mean days of heroin use decreased from 13 to 8 days, cocaine use decreased from 7 to 4 days, and alcohol use decreased from 11 to 7 days. The percentage reporting any injection risk decreased from 27% to 9%. In multiple logistic regression analysis that included baseline alcohol use, HCV test result, intervention assignment, and an interaction term for HCV and assignment, HCV positive participants assigned to the motivational intervention were one-fifth (Odds Ratio= 0.18;  $p < 0.001$ ), as likely to report drinking alcohol in the past 30 days as other participants. No other between-group differences were statistically significant.

**Conclusion:** HCV prevalence among IDUs exceeds 75% in many cities. Consequently, interventions must attempt not only to prevent new infections but also to slow disease progression among those already infected. Given the limited effectiveness and severe side effects of current HCV treatments, it is critical to provide HCV positive IDUs with realistic alternative strategies, such as reducing alcohol use, to slow disease progression.

**We.04.1 (Film)****Heroin Wars (Part Two - Smack City)**

Cowell, Adrian; Menges, Chris; Channel 4 Television, UK

Smack City looks at Hong Kong, the drugs capital of South-East Asia, during the 1960s and early 1970s. It examines the 'War on Drugs' from the viewpoint of the consumer and the dealer, by following the Triad gang

which controlled the selling of heroin on one street in Hong Kong. Over the course of 20 years some of the gang evade the police, but others are jailed. One gang member, Ah Sing tries to kick his addiction to heroin, but fails. When his wife leaves him, he becomes so depressed that he dies from an overdose of heroin and tranquillizers. The other side of the battle, the Hong Kong police are featured too, as they raid heroin factories and distribution centres. It appears a futile struggle, since the police seldom reduce the amount of heroin reaching the gangs at street level. Filming of this documentary took place from the early 1960s and throughout the 1970s.

**We.04.2 (Film)****Adequate and Uninterrupted**

Manning, Greg, India

'Adequate and Uninterrupted' is a short training film, located in Nagaland State, India, designed to guide the rapid introduction of needle exchanges which can provide protection from HIV to entire communities of injecting drug users. In the form of a love song for IDUs, it documents the training of an NGO in North-East India to move from a strategy, which concentrated on 'contacting' IDUs to a strategy aiming for coverage for HIV prevention. Scaling up needle syringe distribution demands that many stakeholders adopt new postures. For example, suspicions of drug users and superficial understanding of injecting drug use can lead to a reluctance to deliver enough needles, to eliminate the need to share. Poor planning and remote evaluation leads to a sporadic supply of needles and syringes. Hence, the film evokes the mantra 'adequate and uninterrupted'.

**We.05.1****High Mortality Among Drug Users Without HIV Infection in Northern Thailand**

Quan, Vu<sup>1</sup> Celentano, David<sup>1</sup> Vongchak, Tسانائ<sup>2</sup> Kawichai, Surinda<sup>1</sup> Srirak, Namtip<sup>2</sup> Wiboonnatakul, Kanokporn<sup>2</sup> Galai, Noya<sup>1</sup> Hadland, Scott<sup>1</sup> Jittiwutikarn, Jaroon<sup>3</sup> Razak, Myattoo<sup>4</sup> Suriyanon, Vinai

<sup>1</sup> Johns Hopkins School of Public Health, Baltimore, MD, USA

<sup>2</sup> Chiang Mai University, Chiang Mai, Thailand

<sup>3</sup> Northern Drug Dependence Treatment Center, Chiang Mai, Thailand

<sup>4</sup> Family Health International, Bangkok, Thailand

**Background:** Mortality rates have been used to measure health status and to prioritize interventions and resource allocation in public health. In this study, we estimated mortality rates and examined causes of deaths among drug users (DUs) without HIV infection in northern Thailand.

**Methods:** From 1999 through 2002, 821 HIV-negative DUs who were admitted to drug detoxification were fol-

lowed up at 6-month interval for approximately 2 years. Mortality rates were calculated based on person-years of follow-up. Population attributable risk percents (PAR%) for selected causes of death were calculated based on cause-specific relative risks (RR).

**Results:** Of total 821 participants (43.7% heroin injectors, 34.7% amphetamine inhalers, 21.6% opium smokers), 724 (88.2%) were male, 422 (51.4%) were of ethnic minorities (including Akha, Hmong, Karen, and Lahu). The median age was 32 (range = 13-72). During 1360 person-years of follow-up, 33 deaths were identified. The all-cause mortality rate was 24.3 (95% CI = 16.7-34.1) per 1000 person-years (py). Mortality rates were highest among heroin injectors (37.1 per 1000 py) and among amphetamine users (19.3 per 1000 py). Among heroin injectors, the leading causes of death were overdose of drugs (30.4%) and septicemia (17.4%). Heroin injectors constituted majority of all overdose deaths in the whole sample (RR = 19.3, PAR% = 88.9%). Among amphetamine users, the leading cause of death was motor vehicle accident (42.9%), and this group constituted two-fifths of all motor vehicle deaths in the whole sample (RR = 2.8, PAR% = 38.7%).

**Conclusions:** The mortality rates among the Thai drug users were among the highest mortality rates in comparable populations that have been documented in literature. Interventions to prevent drug overdose among heroin injectors and prevent motor vehicle accidents among amphetamine users may reduce mortality among the drug users.

## We.05.2

### Development of an Overdose Emergency Warning System In Vancouver, Canada

Fielden, Sarah<sup>1,2</sup> Ross, Cori<sup>1</sup> Frail, Ken<sup>3</sup> Hudson, Sheree<sup>1</sup> Richter, Susann<sup>1</sup> Marsh, David<sup>1</sup>

<sup>1</sup> Vancouver Coastal Health Authority/ Vancouver, BC, Canada

<sup>2</sup> University of British Columbia, Vancouver, BC, Canada

<sup>3</sup> Vancouver Agreement, Vancouver, BC, Canada

**Issue:** Periodic influxes in illicit drug overdose morbidity and mortality

**Setting:** This pilot project targets users of illicit drugs via the community agencies that provide addiction and mental health services to men, women, and youth in Vancouver, B.C., Canada.

**Project:** The development of an emergency warning system is intended to address and prevent overdose casualties and deaths through a fan-out model, alerting community agencies to influxes of overdoses using a coordinated response. The purpose for developing the project is to network, enhance, and support informal community initiatives and is expected to enable community agencies to respond in the most timely and effective manner

to minimize harm to their client populations. Such responses include reinforcing harm reduction education for users by healthcare professionals, gaining media attention, investigating causes of overdoses, and creating public awareness through poster campaigns and word-of-mouth. A committee of members from local organizations and institutions including health, emergency services, law enforcement, communications, and the University of British Columbia was formed to collaboratively manage, develop, and implement the project. Consultations were conducted with 4 major stakeholder groups to assess project feasibility prior to implementation: user and advocacy groups, community agencies and services, first responders and government, and health services. The project design included identifying a reporting mechanism, trigger for the alert, and roles and responsibilities of agencies in the overall response.

**Outcomes and Lessons Learned:** Several challenges have emerged as part of this interdisciplinary collaboration including: balancing action versus process/research, multi-sectoral teambuilding in a time-constrained environment, diverging paradigms regarding harm reduction, aggregating overdose data from multiple service providers, and forward planning in a crisis-driven model of health care. Strengths in the process included a broad and varied knowledge base, pooled resources, and the shared goals of those participating in the project development.

## We.05.3

### Naloxone By Prescription In San Francisco, California

Huriaux, Emalie; Morse, Pete; Harm Reduction Coalition / The DOPE Project, Oakland, CA, USA

**Issue:** Heroin-related overdose is the single largest cause of accidental death in San Francisco. Much-needed attention has been given to preventing HIV transmission among injection drug users (IDUs). However, overdose, a devastating loss of life and the most common cause of death among IDUs, has been largely overlooked as a public health concern. Providing IDUs with take-home doses of naloxone, a prescription drug traditionally administered by emergency medical personnel to temporarily reverse the effects of an opiate-related overdose, is an important prevention strategy to reduce heroin-related overdose deaths.

**Setting:** The Drug Overdose Prevention & Education (DOPE) Project focuses its work with IDUs in San Francisco's Tenderloin, 6th Street Corridor, and Mission District, the areas of the City with the highest overdose death rates.

**Project:** The DOPE Project will discuss efforts to implement its Naloxone Prescription Program at local syringe exchange programs and how naloxone distribution became a reality in San Francisco through our collaboration with the San Francisco Department of Public

Health. We will describe our overdose prevention, recognition, and response curriculum, how overdose educators recruit and educate IDUs participating in syringe exchange programs, and the protocol for distributing take-home doses of naloxone to IDUs.

**Outcomes and Lessons Learned:** The DOPE Project will provide updated outcomes from the Naloxone Prescription Program. At the time of this abstract submission, approximately 560 people have been trained and received take-home naloxone via the Naloxone Prescription Program. Over 115 participants have used their naloxone to reverse an opiate-related overdose, with only minor adverse effects. We will discuss program results after distributing naloxone for over 2 years and describe how we hope to move the program beyond its current needle exchange-based modality.

#### We.05.4

##### **Non-Fatal Overdose among Injection Drug Users (IDUs) in Baltimore, Maryland: Targeting Overdose Survivors for Preventive Interventions**

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**Background/Objectives:** Drug overdose is a leading cause of death among IDUs but few studies have examined overdose risk factors prospectively. This study identified predictors of non-fatal overdose among IDUs in Baltimore, Maryland.

**Methods:** The ALIVE study enrolled IDUs >18 years old who had injected drugs into a prospective study. This analysis focused on IDUs studied between 06/98 and 06/04 who returned for follow-up every 6 months. Multiple logistic regression with generalized estimating equations was used to identify independent predictors of non-fatal overdose.

**Results:** Among 813 eligible IDUs, 92% were African American, 70% were male, median age was 43 years and 36% were HIV-positive. Overall, 232 (29%) reported at least one non-fatal overdose; of these, 47% reported overdoses at multiple visits. Reporting overdose at the prior study visit was the strongest overall predictor of subsequent non-fatal overdose (AOR=5.81; 95% CI: 4.46, 7.59). Other predictors included recent incarceration (AOR=1.78; 95% CI: 1.33, 2.39), experiencing drug withdrawal (AOR=1.77; 95% CI: 1.36, 2.31), shooting gallery attendance (AOR=1.56; 95% CI: 1.11, 2.19), alcohol consumption (AOR=1.51; 95% CI: 1.13, 2.01), marijuana use (AOR=1.45; 95% CI: 1.11, 1.89) and speedball injection (AOR=1.41; 95% CI: 1.08, 1.84). Although being African American (AOR=0.55; 95% CI: 0.31, 0.97) or female (AOR=0.23; 95% CI: 0.05, 0.97) reduced non-fatal overdose risk, a signifi-

cant interaction revealed that being both African American and female increased risk substantially (AOR=7.24; 95% CI: 1.65, 31.81).

**Conclusions:** Overdose survivors are a priority group for overdose prevention interventions. Future studies should examine the feasibility of integrating prevention counseling into overdose treatment protocols. Increased risk among prisoners and shooting gallery users suggests that prison release and HIV prevention programs should incorporate overdose prevention education.

#### We.06.1

##### **Incidence of HCV Infection Among Aboriginal Youth That Use Injection and Non-Injection Drugs In Vancouver and Prince George, Canada**

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**Background:** The Cedar Project is an ongoing prospective study of Aboriginal youth living in Vancouver (VCR) and Prince George (PG). Eligibility requirements include age between 14 and 30, and self-reported use of non-injection or injection drugs at least once in the month prior to enrolment. At enrolment and approximately every six months thereafter, Aboriginal interviewers administer questionnaires and HCV antibody testing is conducted.

**Objectives:** To estimate the incidence rate of hepatitis C virus (HCV) infection among young Aboriginal drug users that reside in VCR and PG, and to identify risk factors associated with HCV acquisition in this population.

**Methods:** For this analysis, we identified participants that completed their enrolment visit between 09/03 and 10/04, were HCV-negative at enrolment, and completed at least one follow-up visit during the observation period (09/03 to 04/05).

**Results:** One hundred and ninety-nine participants were eligible for analysis [VCR: 115 (58%), PG:54 (42%)]. At enrolment, the median age of participants was 22 years, 88 (44%) were female, and 71 (36%) reported using injection drugs. During the observation period, 21 HCV infections were reported (crude rate = 11.0%) in 213 person-years of observation, yielding an incidence density estimate of 9.9 cases per 100 PY (95% CI: 5.9, 13.9). Incidence was nominally higher in PG (12.9 vs. 7.5 per 100 PY; p=0.264). Fourteen of the 21 seroconverters (67%) reported using injection drugs at enrolment but 7 (33%) did not. However, these 7 participants reported using injection drugs at their follow-up visits. After adjustment for age, gender, and location, injection drug users were 3.7 times more likely to become infected (95% CI: 1.4, 9.8).

**Conclusions:** HCV incidence rates are elevated among young Aboriginal drug users residing in VCR and PG, primarily related to injection drug use. Aggressive prevention, treatment, and harm reduction programs are urgently required in this population.

## We.06.2

### High HCV Incidence In New Injecting Drug Users In Australia: a Policy Failure

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<sup>2</sup> Sydney South West Area Health Service, Sydney, NSW, Australia

<sup>3</sup> University of Manchester, Manchester, UK

**Objectives:** Evidence of ongoing and possibly increasing risk of HCV transmission among injecting drug users (IDUs) in the UK and North America suggests that current drug policy has failed to adequately protect this group. The current study aimed determine the incidence of HCV and associated risk factors in new injectors in Australia.

**Methods:** IDUs who had injected drugs in the last six months and did not know their antibody HCV serostatus to be positive, were recruited through street-based outreach, methadone clinics and Needle and Syringe Programs (NSP) in South Western Sydney. Anti-HCV negative IDUs (n=215) were enrolled and followed-up at 3-6 monthly intervals. Using the criteria specified by Judd et al. (2005) we identified 203 new IDUs aged below 30 years or injecting for six or less years at baseline.

**Results:** A total of 61 seroconversions were observed and overall incidence was 46 per 100 person-years. Incidence in IDUs injecting < 1 year was 117.4 per 100 person years, suggesting that this group is at extreme risk. Independent predictors of seroconversion were female gender, not in recent drug treatment, ethnic background and injecting cocaine.

**Conclusions:** Incidence of hepatitis C virus among new injectors in Sydney, Australia is unacceptably high. Women, ethnic minorities, cocaine injectors and those not in drug treatment appear to be at increased risk of infection. Current measures are clearly inadequate and there is an urgent need for enhanced policy and resource commitments to harm reduction in order to reduce the vulnerability of this group to HCV and other bloodborne infections.

## We.06.3

### Transmission of Blood Borne Viruses In a Needle Exchange Program In Sweden

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**Objectives:** To assess transmission of blood borne viruses among participants in the Malmö needle exchange program (NEP), one of only two NEP:s permitted in Sweden.

**Methods:** Demographic, behavioural and serological data from participants registered during 1997-2005 in the Malmö NEP were entered into a database and analyzed. Baseline results for HIV, hepatitis C and B were identified and subjects with negative markers for any of these infections were retested during follow-up to define the incidence of infection and perform risk analysis. HCV was the main marker for blood borne viral transmission, since HIV is rare in this population (<1%), and HBV incidence is influenced by vaccination. HCV antigen/antibody testing (Biorad) was performed on anti-HCV negative stored samples from patients who seroconverted during follow-up.

**Results:** 3/1140 participants were HIV positive at baseline, and 2 HIV seroconversions were detected during follow-up. 766 participants were anti-HCV positive in the first available sample (67.2%). Among these, 175 subjects had been tested >2 months after registration, thus it could not be assessed whether infection occurred before or after registration. Among 318 anti-HCV negative participants with follow-up samples available, 156 seroconversions were found (27.6/100 person years). The interim analysis of the HCV antigen/antibody test showed that 11/95 samples in possible window-phase were reactive.

**Conclusions:** The rate of HCV seroconversion is high among participants in this NEP, suggesting that all opportunities for transmission of blood-borne pathogens have not been eliminated. Ongoing analysis aims to identify risk factors for HCV transmission, such as periods of non-attendance due to imprisonment or other reasons. Despite this, the HIV incidence is extremely low, which could be explained by the overall low prevalence among IVDU:s in the region, but also that the protection offered by the NEP might be sufficient for HIV prevention, but not effective for HCV, which is more common and more easily transmitted through intravenous drug use.

## We.06.4

**HCV Prevalence, and Injecting Risk Behaviour In Six Sites In England In 2004: Implications for Surveillance and Prevention**

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**Background/Objectives:** Marked regional variations in hepatitis C (HCV) prevalence have been found among injecting drug users (IDUs) in the UK that may reflect genuine differences or limitations of current surveillance. This study sought to corroborate the variations and potential explanations.

**Methods:** Cross-sectional survey of 954 IDUs recruited through community contacts in six locations in England. A structured questionnaire obtained injecting risk data, and dried blood spot specimens were tested for anti-HCV. Exploratory multilevel analysis examined factors associated with HCV prevalence within individuals and between sites.

**Results:** HCV prevalence varied considerably: from 74% at one site in North West England to 27% at a site in the North East. The results corroborated the HCV prevalence variations from existing surveillance of IDUs in contact with services. A curvilinear association was found between HCV prevalence and injecting duration, with greatest increase in risk among recent injectors. HCV prevalence was univariately associated with a number of factors e.g. homeless and crack injecting: HCV prevalence was 29% among those not reporting homeless or injecting crack, 44% for those reporting injecting crack but not homeless, 49% for those homeless but not injecting crack, and 70% among those reporting both crack injecting and homeless. In the multilevel model HCV prevalence was associated with recent homeless, imprisonment, groin injecting, injecting duration, and history of needle/syringe sharing. Site reduced the significance of the association between crack injecting and HCV prevalence at the individual level, but there was insufficient power to test the significance of variation across sites.

**Conclusions:** Variations in HCV prevalence across England are genuine, most likely due to an interplay of individual and environmental factors that require further testing with a greater number of sites. Nonetheless, the introduction and scale-up of interventions that reduce injecting risk, including crack injection, and reach recent IDUs are urgently required.

## We.07.1

**Initiation Into Injecting Drug Use In Ukraine: Results From a Respondent Driven Sampling Study Among Young IDUs and Their Non-IDU Peers**

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**Background/Objective:** Injecting drug use remains the primary force driving the HIV epidemic in Ukraine, while the number of IDUs in Ukraine is still increasing. Yet, little scientific information is available on the circumstances of initiation into injecting drug use among youth in Ukraine. This study aimed to provide data on the process of IDU initiation and serve as the foundation for prevention activities seeking to reduce the prevalence of drug injecting.

**Methods:** Using respondent driven sampling, 808 IDUs and 802 of their non-injecting friends under 24 years of age were interviewed in four Ukrainian cities, Kiev, Odessa, Pavlograd and Poltava. The interview instruments were developed based on qualitative interviews preceding the survey. Extensive data was collected on the actual setting and social circumstances of the first injection.

**Results:** The average age of initiation into IDU is 17.7 years. Home-produced opiates were in 60% the first drug injected, while heroin accounted for 5% and amphetamine-type stimulants for 22% of first injections. Initiation into IDU happens mostly in a group of friends (84%), as an unplanned event (56% for males and 72% for females), in which the drugs are furnished by other group members (50%). The first injection is usually delivered by a close friend (males: 67%; females: 55%), or, in particular among women, a sex partner or spouse (males: 2%; females 31%). 21% of the respondents have initiated others into IDU, on average 3.6 people. The extent of HIV risk behaviours during initiation into IDU is considerable, in particular among the younger respondents.

**Conclusions:** Initiation into drug injecting normally occurs at a rather young age in the context of friendship groups and the first drugs injected are mostly home-produced opiates. Initiators are usually close friends or sex partners, while major gender differences were found. These results will be used in the design of 'narrow-casted' interventions aimed at decreasing initiation into drug injecting that are currently being developed by UNICEF Ukraine.

## We.07.2

### Drug Overdose Response Policy - Vancouver Police Department

Frail, Ken, Vancouver Police Department, Vancouver, BC, Canada

In a health conference held in Seattle in 2000, research was presented on several Australian harm reduction initiatives. One piece of research indicated that although 50% of Australian drug overdoses are witnessed, the greatest barrier for the witness to phone for medical help was the fear that police would also attend and lay charges. As a result of the research public policy was introduced which tended to restrict police attendance at overdose calls unless there was a paramount public need (safety issue). Their research indicated that the policy resulted in more medical interventions and a 6% reduction in overdose deaths. In 2003 Vancouver Police became the first Canadian Police Department to adopt a similar policy. This session will review the policy, its implementation, and the education of drug users. Work has also begun on an initiative to build an emergency fanout system to maximize community response when "spikes" in drug overdoses occur. The goal is to prevent further death by involving all community agencies and service providers on a focused initiative. This initiative is a world first and would be of interest to attendees.

## We.07.3

### Opiate Type and Risk for HIV in the Russian Federation

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**Background:** A common explanation for rapid outbreaks of HIV among IDU in Russia is the "contaminated drugs theory," based on anecdotal evidence of the practice of adding blood to drug solutions (opiates) during the customary practice of home preparation (liquid drugs). While treatment and arrest data show increased IDU populations throughout Russia, there are now indications that HIV prevalence may be larger in cities where commercial heroin has come to predominate. These conflicting stories about the rapid spread of HIV create a puzzle. 1) Is transmission attributable to Liquid Drug production? 2) Is HIV correlated with risk behaviors that are unique to either Liquid Drugs or heroin use? 3) Are there other contextual factors that shape risk behaviors regardless of drug types? 4) Which of these seems to be the best explanation for HIV prevalence?

**Methods:** Using ethnographic field notes, key informant interviews, official HIV prevalence data, and individual survey data from 826 active IDU from eleven cities, representing all seven Federal Districts in Russia, this study investigates the role of shifts in drug markets in changing the context of drug use and its associated risks. The survey and field data provide indicators for the standard assessments of unhygienic injecting practices used in the field of HIV prevention science, drug use histories, health-seeking behaviors, HIV status, and interactions with law enforcement.

**Results:** In five cities, homemade heroin was the prevailing opiate injected. In six cities, commercial heroin predominated. Controlling for syringe access, we found no differences in risky injection practices associated with drug type, but large differences in HIV prevalence, with higher infection rates in cities where heroin predominated and IDU networks were altered.

**Conclusion:** These multi-regional data describe the role of transitioning drug markets as shaping the risk environment for IDUs, a critical factor in understanding HIV epidemics.

## We.07.4

### Understanding Frequent Marijuana Use among Youth in British Columbia, Canada

Johnson, Joy, University of British Columbia, Vancouver, BC, Canada

**Background/Objectives:** Marijuana use is on the rise in Canada. Recent indicate that marijuana use by Canadians aged 15 years and older almost doubled between 1989 and 2002. In this study, we focus specifically on the problem of frequent marijuana use among youth. Youth who use marijuana frequently are most likely to experience significant risks and harms, yet, we know little about how they interpret their experiences of frequent marijuana use or how forces within their socio-cultural contexts influence their experiences and reasons for use.

The objectives of the study were to:

- Describe the profile of marijuana use in a large province-wide sample of adolescents attending high school;
- Describe how adolescents interpret their experiences with frequent marijuana use;
- Describe how adolescents frame the health and social consequences of frequent marijuana use

**Methods:** We utilized a mixed methods approach.

Survey data were collected from 8,255 youth attending 49 schools in British Columbia (BC). Qualitative interviews were conducted with teenage boys and girls in three communities in BC.

**Findings:** Half the sample surveyed (47.6%) indicated that they have tried marijuana in their life and 28.9%



had used marijuana in the past 30 days. Seventy-eight percent of the participants first used marijuana between the ages of 12-15. Over 12% indicated they had used marijuana more than 10 times in the past 30 days with over half of these youth indicating they had used more than 40 times. There are clear gender differences in the way marijuana is used. It is perceived by many as a "safe choice" with limited repercussions for the lives of young users.

**Conclusions:** The findings provide an empirical foundation for developing policies and harm reduction programming related to marijuana use among adolescents that is sensitive to the actual lives and experiences of adolescents.

#### We.08.1

##### Reducing The Harms of Alcohol: Evidence For Effective Alcohol Policy In Australia

*Loxley, Wendy; Gray, Dennis; Wilkinson, Celia; Chikritzhs, Tanya; Lenton, Simon; Midford, Richard; Moore, David;* National Drug Research Institute, Perth, WA, Australia

**Objective:** to canvass a range of alcohol policy options and discuss their effectiveness in reducing the harm of what is arguably Australia's number one drug problem.

**Methods:** literature review.

**Results:** alcohol misuse is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Australia's response to alcohol and other drug problems has, historically, been based on harm minimisation and Australia has had a national alcohol policy since 1989. The current National Alcohol Strategy has expired, and a new Strategy is being prepared. There are at least seven major areas of currently favoured options for which there is a related research base. These include pricing and taxation; regulating the physical availability of alcohol; modifying the drinking context; drink driving countermeasures; regulating alcohol promotion; education and persuasion strategies in communities, homes, schools and workplaces; and treatment and early intervention. The evidence for these, particularly as it applies to Australia, is outlined in this presentation.

**Conclusions:** In recent decades, Australia, like many western countries, has moved towards less state control and more reliance on market forces. This has made it increasingly difficult to deal with population level alcohol problems by means of state policies and regulations. Allowing for more intervention by the state in effective policies such as increasing the price and reducing the availability of alcohol should be a significant aspect of the development of an effective national alcohol policy. The new National Alcohol Strategy will be critically reviewed in terms of the extent to which it takes considerations such as these in mind, as well as considers the

effectiveness of individual approaches and interventions to reduce alcohol-related harm in Australia.

#### We.08.2

##### Evidence for Hypothecated Alcohol Taxation? Revisiting the Evaluation of the Northern Territory's Living With Alcohol Program

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**Aims:** To evaluate the effects of the Living With Alcohol (LWA) program and the LWA Alcoholic Beverage Levy on alcohol-attributable deaths in the Northern Territory (NT) controlling for simultaneous trends in death rates from a control region and non-alcohol related death trends in the NT, between 1985 and 2002.

**Design:** The LWA program was introduced in 1992 with funding from a special NT tax (Levy) on beverages with greater than 3% alcohol content by volume. The Levy was removed in 1997 but the LWA program continued to be funded by the federal government until 2002. Trends in age standardised rates of acute and chronic alcohol-attributable deaths in the NT were examined before, during and after the combined implementation of the LWA program and Levy; and before and during the full length of the LWA program. ARIMA time series analysis included internal and external control series and adjustments for possible confounders. Separate estimates were made for Indigenous and non-Indigenous NT residents.

**Findings:** When combined, the Levy and the LWA program were associated with significant declines in acute alcohol-attributable deaths in the NT as well as Indigenous deaths between 1992 and 1997. A significant but delayed decline in chronic deaths was evident towards the end of the study period between 1998 and 2002.

**Conclusions:** The combined impact of the LWA program levy and the programs and services funded by the levy reduced the burden of alcohol-attributable injury to the NT in the short-term and may have contributed to a reduction in chronic illness in the longer term. The results of this study present a strong argument for the effectiveness of combining alcohol taxes with comprehensive programs and services designed to reduce the harms from alcohol, and underline the need to distinguish between the acute and chronic effects of alcohol in population level studies.

## We.08.3

### Developing Harm Reduction Housing for Chronic Public Inebriates: Overcoming Moral Judgments and Misconceptions (and Opponents With Money)

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**Issue:** Long-standing debate about how to care for chronic public inebriates (CPIs) has centered around the issue of providing housing that does not prohibit drinking. Opponents (abstinence-only model) equate such an approach with "enabling;" proponents (harm reduction approach) argue that by permitting tenants to drink in a stable environment affording social support and access to health services, highly dysfunctional homeless people are in a far better position to stabilize their lives. The public presence of CPIs is upsetting to many, but most attempts at housing-related programs have required abstinence, achieving only marginal results.

**Setting:** Seattle, Washington, USA. Seattle CPIs die on the streets at incidence rates much higher than that of any other subset of the homeless population, and policy makers are eager to implement solutions.

**Program:** Downtown Emergency Service Center (DESC) developed the 1811 Eastlake project to house and provide other supportive services for 75 men and women without the requirement of abstinence or participation in a treatment program. Development was nearly derailed by well-funded opposition and substantial public derision. Much of the controversy focused on the harm reduction approach as enabling, and included opinions that CPIs are morally reprehensible and don't deserve public help unless they change behaviors. DESC highlighted the fiscal and treatment advantages of its model in order to receive support from various policy actors. Plans for robust evaluation of the program aided in these efforts. DESC and the University of Washington will evaluate the impact of the 1811 housing project on public service costs and other outcomes.

**Lessons Learned:** Aligning the interests of policy makers, business groups, police, and service providers was crucial in allowing the development of harm reduction housing in the face of NIMBY lawsuits and media calls for its stoppage. Program success and quality evaluation should help to change oppositional views over time.

## We.08.4

### Hazardous Drinking Among Patients Attending Victorian General Practice (Preliminary Results From the Diamond Screening Survey)

Gilchrist, Gail; Madden, Vanessa; Gunn, Jane; Hegarty, Kelsey; Chondros, Patty; The University of Melbourne, Melbourne, VIC, Australia

**Background:** The prevalence of hazardous drinking among patients attending GPs in Australia is high. A recent large scale Australian GP study reported 27% of patients were drinking alcohol at risk levels, the proportion of hazardous drinkers was greater among male patients (33%) than female patients (23%). Individuals with problems related to alcohol use are frequently managed in general practice.

**Aims:** Diagnosis, Management and Outcomes of Depression in Primary Care (diamond) is a 12-month prospective longitudinal study exploring the patient, practitioner and system factors affecting the diagnosis, management and outcomes of depression in the primary care setting. This presentation presents preliminary findings from the diamond screening survey.

**Methods:** This study determines the prevalence of and factors associated with 12-month hazardous drinking (measured by the Fast Alcohol Screening Test) among approximately 9,000 adult patients (aged 18-75 years) who completed a postal survey sent to them by their GP. Postal surveys were sent to 600 random patients from 30 randomly recruited Victorian GPs to screen for current probable depression (measured by the Center for Epidemiological Studies Depression Scale). This screening survey also included socio-demographic information, questions on smoking, chronic health conditions, partner abuse, community and social participation, experience of GP care and resource utilization in the previous 12 months.

**Preliminary Results:** All data were adjusted for clustering of participants within general practice. Based on data from 5,529 participants screened to date, 16.7% (95% CI 14.7%-18.6%) met criteria for hazardous drinking, and 23.9% (95% CI 21.7%-26.1%) met criteria for probable depression. Participants who met criteria for hazardous drinking had a two fold increased odds of meeting criteria for probable depression than participants who did not meet criteria for hazardous drinking (OR 1.89, 95% CI 1.64-2.18).

**Discussion:** All screening data will be gathered for the study by December 2006 and presented for the total sample.

**We.09.1****“The Real Deal on Seal”: a Collaborative Intervention to Reduce Risks Associated with Hormone and Silicone Injection Among Transgendered Women**Clay, Cyndee<sup>1</sup> Barahona, Paola<sup>2</sup><sup>1</sup> HIPS (Helping Individual Prostitutes Survive), Washington, DC, USA<sup>2</sup> PreventionWorks, Washington, DC, USA

Transgendered Women (male to female transgendered individuals) continue to be an ignored or underserved community by HIV prevention organizations in the U.S., despite data that shows high prevalence rates of HIV/AIDS. Hormone and Silicone injection among (male to female) Transgendered Women is a special challenge for harm reduction and HIV prevention agencies serving this population.

Traditional harm reduction messages surrounding drug use or injection are inadequate to assist this population with reducing the harms associated with hormone and silicone injection.

The Executive Directors of HIPS (Helping Individual Prostitutes Survive) and Prevention Works will present experiences, strategies and outcomes learned from a 12 month collaboration between our agencies and a local Latino health clinic in developing harm reduction based messages on the topics of hormone and silicone injection among english and spanish speaking Transgendered Women of color, many of whom engaged in survival and commercial sex work in Washington D.C.

The goal of the collaborative project was to find and develop harm reduction based interventions and messages on the topics of hormone and silicone injection, to pilot a workshop curricula based on these messages, and to increase transgendered women's access of both syringe exchange and agency harm reduction services.

Together, the collaborative developed and tested workshop curricula on risk reduction techniques for this population, and developed a workshop series for service providers on effective messages and strategies for reducing the harm associated with hormone and silicone injection among the transgendered community. The intervention found that the majority of transgendered women who participated in the program lacked basic information about hormone use, and lacked a clear understanding of silicone use, potential risks, or ways to reduce harm.

The presenters will share basic information about hormone and silicone use, share harm reduction messages that help silicone and hormone injectors reduce risk, and discuss outcomes and challenges of the project.

**We.09.2****Phlebotomy during HBV Vaccination as an Opportunity to Teach Safer Injection: Assessing the Efficacy of a 10-Minute Intervention**Scott, Greg<sup>1</sup> Grau, Lauretta<sup>2</sup> Stob, Victoria<sup>1</sup> Singer, Merrill<sup>3</sup> Marshall, Patricia<sup>4</sup> Seal, Karen<sup>5</sup> Heimer, Robert<sup>2</sup><sup>1</sup> Chicago Recovery Alliance / Sawbuck Productions, Inc., Chicago, IL, USA<sup>2</sup> Yale School of Public Health, New Haven, CT, USA<sup>3</sup> Hispanic Health Council, Hartford, CT, USA<sup>4</sup> Case Western Reserve University, Cleveland, OH, USA<sup>5</sup> University of California, San Francisco, San Francisco, USA

Practices surrounding the intravenous injection of illicit drugs often contribute to the onset of preventable skin pathologies and to the proliferation of opportunistic viral infections (e.g., hepatitis B). Efforts to train injection drug users (IDUs) on safer injection abound but rarely undergo systematic evaluation. Moreover, prevailing interventions tend to require prohibitive investments of IDUs' time, making them inconvenient, underutilized, and costly. Embedded in an ongoing three-year randomized controlled trial of syringe exchange-based hepatitis B vaccination program in Chicago, Illinois (one of 3 study sites) the authors collaborated with IDUs to develop a protocol for teaching safer injection in the context of a typical venipuncture (blood draw) session. Prior to venipuncture participants respond to a self-report survey regarding knowledge of injection-associated hygiene, risk for hepatitis B infection, motivation to alter injection practices, and injection behaviors. Two weeks later participants return for serologic test results and complete a post-test. Survey and observational data (including videotaped “live” injections) accrue through ethnographic fieldwork. Analysis of 100 cases examines the degree to which phlebotomy-based instruction yields cost-effective improvements in injectors' knowledge and practice of safe injection. Variation in knowledge and behavioral change (reported/actual) is assessed in relation to frequency of injection, type of drug injected, participation in syringe exchange, motivation to change, serostatus, and demographics. Results of self-report surveys are compared to videotaped in situ injection practices. Changes in knowledge and behavior merit critical scrutiny as many critical indicators reveal statistically significant injection practice improvements. The paper considers opportunities for and obstacles to practicing safer injection as well as programmatic, health service, and public policy implications concerning safer injection.

## We.09.3

### "The Dance"

Brunt, Caroline; Stevenson, Janine; Winsor, Yasmin; Tigchelaar, James; Gold, Fiona; James, Liz; BC Centre for Disease Control, Vancouver, BC, Canada

**Issue:** The testing and treatment of sexually transmitted infections (STIs) and the provision of HIV prevention care for the substance using population is a challenge for nurses. The nurse/client interaction is dependent on numerous factors. Drugs, weather, the location and nurses' attitudes influence how we deliver health care. We have described this interaction between the client and the nurse as "THE DANCE", a series of complex steps where both the client and the nurse work to establish a therapeutic and respectful rapport.

**Setting:** The Street Nurse Program (SNP) is a provincial outreach program through the British Columbia Centre for Disease Control. Part of our work is in Vancouver's Downtown Eastside, in alleys, parks, on the street, and in hotel rooms, providing STI and HIV prevention education, treatment and testing to sex workers and substance users utilizing the principles of harm reduction.

**Project:** "THE DANCE" explores the intricacies and complexities of the relationship between the client and the nurse in the atmosphere of drugs, crime, sex, poverty and homelessness. Connecting is a challenge.

Interacting is an art. Front line nurses face ethical moral, legal dilemmas when the institutional mandate/goals/objectives of a public health agency interface with the chaotic world of street involved populations. How does the nurse work within the mandate of public health but outside a clinic setting and on client turf?

**Outcomes:** We will use three case studies (a dealer, a sex worker and a drug user) to describe the challenges of delivering care, maintaining confidentiality and keeping safe. We will explore the strategies we have used to access our clients (hiring peers, health fairs, social networking, incentives) and we will share the lessons we have learned about ourselves as nurses and our interactions.

## We.09.4

### Cinematic Representations of Illegal Drug Users, Addiction, and Drug Services

Boyd, Susan, Centre for Addictions Research-BC, Studies in Studies & Practice, University of Victoria, Victoria, BC, Canada

**Issue:** This paper examines discourse about addiction, illegal drug users, and options for drug services and treatments. Particular attention will be given to racialized, gendered, and class biased representations in drug films. Methodological and theoretical approach: Drawing from a sample of 100 fictive drug films produced in Canada, Britain and the United States between 1916

and 2004, I explore the ways that drug films depict consequences and responses to illegal drug use. Rather than film theory, this study draws on cultural criminology, which emerges out of critical theoretical and methodological traditions in sociology, criminology, and cultural studies. Cultural criminology is a mode of analysis that helps to illuminate both meaning and representation in films and popular culture.

**Key Points:** Film, our contemporary mode of storytelling, provides both a narrative and visual experience. Drug films also tell a story. Most often they tell stories that reinforce sensationalist and conventional ideas about drug users and addiction. To date, narratives about harm reduction are under represented in drug films.

**Implications:** This study investigates how past and contemporary representations in drug films shape the public imagination as well as drug policy.

## We.10.1

### Making the Most of 'Windows of Opportunity' For Drug Policy Change' Theoretical and Practical Aspects'

Lenton, Simon, National Drug Research Institute, Curtin University of Technology, Perth, WA, Australia

**Issue:** Windows of opportunity for drug policy change open infrequently and briefly and then often stay shut for a very long time. To many, success or failure in drug policy change seems largely random and unfathomable. Having been involved in successful and less successful facilitation of evidence-based drug policy change in Western Australia (WA), the evidence-based model of Kingdon described in his classic work in political science and public policy Agendas, Alternative, and Public Policies (1984, 1994, 2002) has proved useful in making sense of these different outcomes.

**Approach:** The paper will describe Kingdon's model and demonstrate its utility through comparisons of successful and less successful examples of drug policy change in WA, namely introduction of civil penalty legislation for minor cannabis offences and introduction of new legislative provisions for drink and drug driving.

**Key Points:** Familiar to few in the drugs and harm reduction fields, the model's central tenet is the idea that windows of opportunity for policy change occur when the streams of problem recognition, policy alternatives and political events meet. Consistent with Kingdon, our experience suggests that use of public attitude surveys, and dissemination of findings to the general public and policy makers through the mass media, can be important levers for drug policy change.

**Implications:** The paper supports the view that drug policy change is not a random process, and that Kingdon's seminal work in the public policy area has some useful things to offer those interested in facilitating evidence-based drug policy change. It should be of interest to

researchers, academics, advocates, bureaucrats, policy makers, politicians and practitioners who are interested in understanding the past and facilitating future attempts at drug policy change.

### We.10.2

#### Harm Reduction Policy Development in Yunnan Province, China

Shi, Tianming<sup>1</sup> Wang, Ming<sup>2</sup>

<sup>1</sup> China-UK HIV/AIDS Prevention and Care Project, Yunnan Provincial Government Development Research Centre, Beijing, China

<sup>2</sup> China-UK HIV/AIDS Prevention and Care project, Yunnan Provincial Project Management Office, Kunming, China

**Issue:** This presentation looks at how the development of an international co-operation project in HIV/AIDS Prevention contributed to the development of policies conducive to harm reduction at provincial level in Yunnan Province, South-western China.

**Setting:** Bordering the Golden Triangle region, Yunnan province has a concentration of injecting heroin users, many of whom live in remote areas and belong to ethnic minority groups. Injecting drug users in Yunnan have been affected by one of China's most serious HIV concentrations and the provincial government has developed increasingly radical policies to address the epidemic.

**Project:** The China-UK HIV/AIDS Prevention and Care Project in Yunnan Province carried out IEC, training of government officials, involvement of government departments in project activities, and policy advocacy, enabling the general public and decision-makers to become aware of the importance and necessity of policies on harm reduction. The project assessed existing policies and made recommendations on policies on harm reduction, in an effort to promote policy development and reduce HIV transmission. Consequently, Yunnan government developed the Measures of Yunnan Province for HIV/AIDS Prevention and Control.

**Outcomes and Lessons Learned:** Yunnan government issued the policies on harm reduction, allowing implementation of harm reduction measures throughout the province. This exerted positive influence throughout China. An international co-operation policy implemented by a range of local agencies can influence policy development for HIV/AIDS prevention and control through IEC, training of government officials, involvement of government departments in project activities and policy advocacy.

### We.10.3

#### Women Under Arrest - Striving for Health Rights

Yoshida, Elisa; Luz, Renata; Bueno, Regina; Carneiro, Marcelo; IEPAS, Santos, Brazil

**Goal:** Offer law assistance to women under arrest living with HIV/ AIDS/ Hepatitis and Tuberculosis inside prisons sited in two cities Santos and Sao Vicente to strive for Health Rights and work to prevent of these diseases by workshops, promotion of diagnostic tests with municipal Health Program partnership to detect and control the epidemic inside these places.

**Methods:** Since 2001 IEPAS accomplish law assistance to inject drug users and people living with HIV/ AIDS to promote Human Rights of this population. After 4 years of activities and the alarming number of infected people inside these places, higher than outside (Ministério da Saúde. Rede de Direitos Humanos em HIV/AIDS. 2001. "A Aids nos presídios". Boletim direitos Humanos em HIV/AIDS 5 (1). Brasília: Ministério as Saúde.), the staff of this Project was touched about the priority to attend these women.

**Results and Conclusions:** Although this Program started in January of this year we can detach any needs of these women, from difficulties of the Governmental health programs to low scarceness of medicines. Everybody knows about the existence of the inhuman conditions that prisoners live in this country. This conditions that we mention, it's not only because of the super population inside these places, but also because of the lack of primary hygiene requirements, the bad quality of food in many times deteriorated, the lack of adequate ventilation manifested in excessive humidity edified in hermitage places susceptible to infiltration and because of the promiscuous behaviors in super populated jails. For these reasons and others that we not mentioned the dissemination of HIV, Tuberculosis, Hepatitis and others infective diseases occurred in large scale in this places. This innovative program will not only control diseases inside these places but will guarantee the access of health Rights and possible change Public Policy for this minority population.

### We.10.4

#### Development Practices and Harm Reduction - "Capacity Building Through Participation - Breaking Down The Walls"

Borenstein, Michael, Australian International Partnerships for Health Equity -AIPHE- and DasWest, Melbourne, VIC, Australia

**Issue:** In countries such as Australia the introduction of harm reduction has required broad shifts in social and political attitudes and policies. These changes have required a cooperative approach of participation spanning all levels of society, from the community through to judicial and political institutions. Therefore the

Australian experience represents a successful exercise in both capacity building and development. Exportation of harm reduction to developing countries without similar development practices informing implementation has resulted in outcomes that a developed country would consider unacceptable.

**Setting:** As HIV rates soar in Indonesia harm reduction activities including NSPs have been implemented. This has occurred without broad social and political consensus. Conducting NSP outreach can result in arrest and alarmingly high levels of needle stick injuries and other unsafe and ill-informed work practices are commonplace. The agenda of International donors and local organisations are often not in sync and thus broad coverage and sustainability will be difficult to attain.

**Project:** Development practices that utilise participation at their heart are essential to successfully build the capacity and sustainability of these initiatives. This requires continual input and revision, as authentic participation can be difficult to achieve; this is particularly evident where authoritarian regimes have historically been the norm. Harm reduction practitioners may lack the development skills required to undertake this task and thus specialist development practitioners should be engaged as partners in the on going implementation process.

**Outcomes and Lessons Learned:** The simple transferal of technical skills from developed countries is proving unable to attain effective results. This approach risks not reflecting local context, knowledge and wisdom, hence local ownership remains elusive. Development practices such as participation and capacity building would benefit the process. Therefore a greater union between development 'best practice' and harm reduction is required in order to enhance the potential for sustainability.

## We.11.1

### Rehabilitation and Reintegration

**Rigley, Eardley;** Macpherson, Lalita; Dharmaraj, Gasper; KR, Sridhar; Sahai Trust, Chennai, India

**Issue:** A DropInCenter(DIC) was started by Sahai Trust in Chennai, based on needs assessment. The DIC was primarily to serve the IDUs as a day shelter & also to provide indoor recreation, NSEP, basic medical & counseling service, Harm Reduction & Risk reduction services & VCT center. Initially Clients were attracted to the available services, but later started demanding for employment. Staff kept clients well informed of available Vocational training and other employment opportunities.

**Setting:** Sahai Trust, an organization working with IDUs for the past 10 years, have always made it a point to employ and rehabilitate IDUs with the aim of re-integrating them into mainstream society. Surveys and research studies conducted by the Trust in collaboration

with Population Council & European commission has shown an alarming percentage of IDUs being HIV+.

**Project:** Trust has been awarded a project by FHI & Chennai city metropolitan corporation for prevention and intervention care of HIV/AIDS among IDUs & their sex partners. Both projects required 24 field staff to intervene with IDUs & the remaining requirement was posted on bulletin boards at the Trusts' dropin centers and clinics and by word of mouth. Surprisingly the process of interviewing and selection was delayed since there were not enough applicants to fill in even the minimum requirement. It took about 70 days to fill in these posts. The Trust was very clear in mentioning that applicants having an IDU background would be preferred over non-drug users.

**Lessons Learned:** Although the assessed need was intervention, the IDUs wanted gainful employment. IDUs need to be made aware of the risks involved by sharing injecting equipment. It does not necessarily mean that people who have a drug using background would be willing and committed to the cause of prevention and intervention of HIV/AIDS among IDUs. Most people who have a drug using background are yearning to get gainful employment similar to normal people rather than trying out service towards IDUs.

## We.11.2

### Hidden Risks of Involvement: The Case of Participatory Site Assessment

**Chura, Volodymyr,** ICF "International HIV/AIDS Alliance in Ukraine", Kiev, Ukraine

**Background:** Participatory Site Assessment (PSA) project was implemented in January-May 2005 in 12 sites of Ukraine. PSA was led by teams of trained people from vulnerable groups (injecting drug users, commercial sex workers, people living with HIV). 14000 people were interviewed and a lot of sensitive information, including maps of high concentration and mobility of IDU and CSW was collected.

**Issue:** Although participatory approaches are broadly recognized as efficient and empowering means of intervention, it is critically important to understand that there are certain associated dangers for the participants of participatory projects that can jeopardise programmatic integrity and personal safety.

**Key Points:** During PSA implementation in Ukraine, local assessment teams and partner NGOs encountered the following challenges:

Legal threats:

- Open self-identification of IDUs or CSWs attracts attention of law enforcement authorities;
- People giving interviews to assessment teams are targeted by the police for information;

- Threats of criminal prosecution for denial to provide information upon legal request.

#### Confidentiality threats:

- Assessment teams and NGOs experienced pressure from the press and public authorities demanding information;
- Temptation for assessment team members to sell sensitive information;
- Accidental leaks of confidential information due to the lack of experience or carelessness.

#### Attitude threats:

- Routine anti-drug and anti-prostitution activities of the police are associated with the assessment;
- Coincidental arrests of drug dealers in assessment sites arouse suspicions of treachery against assessment teams, leading to serious loss of clients in HR projects.

**Implications:** Safety and confidentiality issues are often underestimated when planning and implementing HR projects and assessments. Security of personnel and information should be separately addressed when open involvement of vulnerable people is a part of the project implementation strategy. It is a responsibility of the donors and coordinating agencies to ensure that involvement-associated risks are properly addressed and minimized.

#### We.11.3

##### No More in Darkness

Haque, Masum, Women Commission for Development in Bangladesh (WCDB), Dinajpur, Bangladesh

A number of indigenous people living in Bangladesh. We are a NGO working with this people last 10 year. We want to develop this people living in darkness. The people are uneducated even they have facility to go school. They earn every day around \$1 only. They are mostly day labor. They don't know what is good life. They don't know about health care. But use to using drug.

Bangladesh is a south Asian country. We have border with INDIA, MYENMAR. In south hill area have chakma, marmas, morong, mog etc and north where we are established have santal, kamar, kumar, mahali etc tribe. Normally in this entire tribe woman are responsible for earning money and take care of housework. Man are just host of the family. If they wish, they may go to work. But they use to drink alcohol. In our project we work with man and women together to develop their life style. This people are our target people.

Now we are operating some project for the target people like "AIDS IN ACTION". In this project last 5 year we are making awareness about violence of HIV/AIDS and stop using drug. We teach them, they should go to school, what is health care, what is human right, bad effect of using drug, what is safe sex and violence of some diseases. How the diseases come to the human body.

Increase them to go satellite school to learn themselves. We also operating micro credit program, skill development training program.

From our experience we always try to found the real demand of our project beneficiaries. They need to get free HIV testing facilities. Because without identifying we cannot give any body the treatment. In Bangladesh government and NGO have not any facilities to get free HIV test.

#### We.11.4

##### An Experience from Bam Earthquake: Getting or Losing Opportunities?

Rahimi Movaghar, Afarin<sup>1</sup> Rad Goodarzi, Reza<sup>2</sup> Sahimi Izadian, Elaheh<sup>2</sup> Mohammadi, Mohammad Reza<sup>3</sup> Vazirian, Mohsen<sup>4</sup>

<sup>1</sup> Iranian National Center for Addiction Studies, Tehran, Iran

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<sup>4</sup> Drug Abuse Treatment and Prevention, Ministry of Health, Tehran, Iran

**Introduction:** December 2003, an earthquake in the city of Bam in Iran, led to the death of more than 35,000 of 200,000 inhabitants. The rate of opium abuse, which had been high among the male population in this city, caused problems after the earthquake.

**Objectives:** To determine the extent of withdrawal symptoms in drug dependents and the preparedness and function of health system in the management of withdrawal symptoms.

**Methods:** This qualitative study was carried out in the city of Bam, one of its nearby villages and eight hospitals in Tehran and Kerman, admitting earthquake victims. Our analysis is based on 163 semi-structured interviews, with drug abusers, their family members, people living in Bam, service providers, and the authorities.

**Results:** No specific training for drug abuse was reported by medical staff. No guideline or program was available for prevention and management of drug dependence in disasters. Most of the medical staff had negative attitudes toward involvement in management of opioid dependence. During the first two weeks after the earthquake, medical management of the withdrawal symptoms was inadequate. About half of drug dependent interviewees suffered from withdrawal symptoms. About half of them reported their problems to health care providers and asked for morphine or other analgesics; but the withdrawal symptoms were controlled in one fourth using the medications.

**Conclusion:** In disaster situations, the consequences of inadequate management of opioid dependence can be ominous. Such consequences consist of a change in incidence of substance use, intensity of use and

dependence, type of substance and route of use to more dangerous ways. Therefore, a practical protocol is needed for management of substance dependence in the times of crises.

## We.11.5

### **Increasing Self Esteem in Order For Harm Reduction to Be Effective**

Chipalu, Sila; Amatya, Binay; Student Awareness Forum, Birgunj Sub-metropolitan City, Nepal

**Background:** Within the Nepalese cultural context Injecting Drug Users (IDUs) are often hated, distrusted and viewed as criminals. The marginalized status of IDUs in society has generally resulted in their rejection from family and community life. A heightened sense of societal neglect has led to a situation of despair among IDUs resulting in risk behaviors that ultimately endanger their lives.

**Description:** For many IDUs drug addiction becomes problematic and they are unable to manage their lives. Many IDUs request assistance to cease drugs but often issues that led to drug addiction have not been resolved. Increasingly IDUs see themselves as having no value in community life and feelings of depression and isolation are widespread. Many IDUs confess to knowing about AIDS but some are not willing to take precautions. Case studies of risk behavior show lives of little fulfillment and consequent precariousness. As one client stated "We just live for drugs, not for life". A female sex worker that injected drugs stated "I was living by dying, served my sex for a handful of money to buy drugs although I found myself virtually dead" The organization BIJAM has created a setting for IDUs to come forward and seek assistance in an environment free of discrimination and judgment. Commitment to respecting the individual and on-going counselling sessions often help to build self esteem and restore hope among IDUs. Providing solutions to their many problems is a challenge but problem verbalization by IDUs to staff has resulted in measurable behaviour changes. Developing self-esteem has assisted some clients to reduce their drug consumption and many are keen to maintain better health and hygiene by reducing their risk behaviors.

**Lessons Learned:** Providing an environment of respect and non-judgment towards IDUs has the potential to facilitate a measurable change in risk behavior.

## We.11.6

### **Taking to the Developmental Stage: 'Acting Up' at VIVAIDS**

Kim, Joseph, VIVAIDS Inc., Melbourne, VIC, Australia

The Young Drug Users Peer Education Officer (YDUPEO) at VIVAIDS Inc. (the Victorian Drug User

Organisation) works with young people who use illicit drugs and consequently face the additional challenge of barriers associated with age. As one way to overcome such difficulties, the program has prioritised creativity and innovation in its work. The 'Acting Up' project utilises the medium of dramatic art to disseminate harm reduction information and develop community on a number of levels. Not only have the peer participants in the audience received this information in a relevant context, but the Peer Educators/ Performers have also undergone intensive harm reduction training through the rehearsal process. Furthermore, all participants are exposed to the connection and self-esteem building that is integral to 'Acting Up'.

The trajectory of the project has involved a twelve-week development stage followed by a run of performances at various Needle & Syringe Programs, seeing the project run from September 2004 through to August 2005.

Through funding from local government, the project was able to perform to five peer participants per performance, with thirty performances completed in total. Since embarking upon the performance phase, 'Acting Up' was also invited to participate in training sessions for youth and AOD workers, an unanticipated schedule that has also included rural services. For young injectors, the forty minute performance has meant enhanced access to information; where literacy isn't an issue, scenarios are portrayed that reflect the reality of young injectors' lives, power issues related to gender and age are explored, and information-sharing occurs between illicit drug-using peers.

"So our work was important and serious but it was also fun. Because education can be fun if it's delivered in a suitable way to a targeted group."

- Peer Educator/ Performer

Footage of the performance will be shown as part of the presentation.

## We.12.1 (Film)

### **OTT**

Scott, George; Blake, Celia; Saville, Sebastian; The Red Hot AIDS Charitable Trust, UK

'OTT' unique aim is to provide prisoners with knowledge of ways to reduce risk-taking behaviour regarding their drug use upon release. It is during this very vulnerable period that tolerance is greatly reduced, and drug users are subject to the highest risk of overdose. 'OTT' is a drama addressing this issue, which has been distributed to prisons throughout England to form part of a pre-release package, with guidance notes on how to run a workshop around the content of the video. It follows the main character Si on his first day of freedom, giving an honest and graphic portrayal of some of the feelings and temptations (and the consequences of these) that arise.



**We.12.2** (Film)**Worth Saving**

Hilderan, Gretchen; Wolchok, Leah; USA

'Worth Saving' is a short documentary about drug users rescuing each other from overdose. Although often preventable with simple interventions, overdose is the leading cause of death for San Francisco's 15,000 injecting drug users. Worth Saving explores a ground breaking public health program that saves lives by prescribing Narcan, an opiate antidote carried by paramedics, directly to drug users. The film follows the Drug Overdose Prevention and Education (DOPE) Project to needle syringe programs, residential hotels and police stations as they reach out to drug users, the often ignored casualties of the 'War on Drugs'. The DOPE training and access to Narcan transforms the life-savers as well. Kai is a young man who struggles with addiction while living on the streets of San Francisco. Kai has been brought back from an overdose before and attends the training in order to be a better resource to his community. Art is a formally homeless elder who has saved three lives since attending the training. Although living with his own addiction, Art has become the 'house medic' in his Tenderloin residential hotel. Worth Saving tracks these two DOPE project participants through the training and beyond, as they save the lives and bring hope to their communities.

**We.12.3** (Film)**Scaling Up HIV Prevention And Harm Reduction In Iran**

Powis, Neville; Tanguay, Pascal; Asian Harm Reduction Network, Iran

The Islamic Republic of Iran is reported to have more than two million drug dependent individuals. Of these more than 150,000 are injecting drug users. Between 50,000 - 60,000 people are HIV positive and of these at least half are injecting drug users. The Iranian Judiciary has now sanctioned the de-criminalizing of drug dependence and the national scaling up of harm reduction. It sees these as the best ways to combat the dual epidemics of HIV infection and injecting drug use. This film looks at the general situation of drug use in Iran, meets people affected by opiate dependence and HIV/AIDS, and hears from officials about the services that are presently being offered to drug users and their families.

**We.13.1****The Role of the Testing Process in the Social Construction of the Meaning of Hepatitis C Among HCV Infected Street-Involved Young IDUs (HCV-SYDUs)**

Nonn, Éva<sup>1</sup> Roy, Élie<sup>1</sup> Cox, Joseph<sup>2</sup> Haley, Nancy<sup>2</sup>

<sup>1</sup> Université de Sherbrooke, Recherche/toxicomanie, Longueuil, QC, Canada

<sup>2</sup> Direction de santé publique, Montreal, QC, Canada

**Objective:** To explore how the test process participates in the social construction of hepatitis C among SYIDUs.

**Methods:** In a qualitative study, based on a constructivist perspective, in-depth interviews were conducted with 37 HCV-SYIDUs (aged 17 to 30), recruited through various means (cohort study, community organizations, medical clinics, methadone programmes).

**Results:** Youth were tested for HCV, simultaneously with HIV, in different organizations, each with particular objectives. Most youth consuming cocaine got their HCV test results in cohort studies or medical clinics. A majority wanted to know if they had HIV, an illness they consider more serious than HCV. Comforted by their HIV-negative results, they were not receptive to information about the risks and consequences of HCV. Shortly after being tested, many realized the gravity of HCV. They worried about getting sick if they continued consuming and were afraid of the treatment or of being inadmissible to treatment programmes. They did not know how to negotiate their HCV status with parents, employers and sexual partners. This is an opportune moment for change, but they did not participate in the counselling process to help them face up to these problems. Without support, the period of anxiety faded away and they returned to their risky lifestyle. Youth tested during methadone programmes or at community-based youth clinics participated more often in a continuous counselling process. They received not only advice on how to avoid risks, but also health and social skills to stop consumption and become eligible to treatment if necessary. They learned to see hepatitis C not as an illness with risks and blame but as one they could fight.

**Conclusion:** The testing process plays an important role in changing the meaning of hepatitis C among HCV-SYIDU if accompanied by adequate and continuous counselling, encouraging not only safer injection but also quitting consumption.

**We.13.2****Meanings Associated With New Hepatitis C Results Among Young Injecting Drug Users In San Francisco (The UFO Study): Implications For Testing**

Davidson, Peter; Lum, Paula; Page-Shafer, Kimberly; University of California, San Francisco, CA, USA

**Background:** The 'UFO Study' (not an acronym) has been testing young (<30) injecting drug users in San

Francisco for hepatitis C since 1997 as part of a longitudinal epidemiologic study. Despite the best efforts of UFO field staff to provide a high quality, culturally competent behavioral change intervention, hepatitis C seroconversion rates have remained at a more or less stable 25% per person year since the study began tracking incidence longitudinally in 2000. This substudy sought to develop better understandings of the ways in which young injectors operationalize new hepatitis C positive test results.

**Methods:** Qualitative interviews were conducted with five individuals who had received a new hepatitis C positive test result within the past six months. Interviews were conducted in an iterative fashion using standard Grounded Theory methodologies.

**Findings:** Themes which emerged included: concepts of the utility of knowledge and information transferred as part of the testing process. Knowledge which was either actionable or transferable was particularly valued. Examples of the former include the normalization of hepatitis C through hearing that more than half of all injectors in San Francisco have hepatitis C; examples of the latter include one's own serostatus or new information about transmission vectors to share with potentially less well-informed peers.

**Conclusions:** The ways in which young injectors understand and operationalize hepatitis C test results are complex, and do not always fit comfortably within the behavioral change models pioneered for use with HIV testing in the 1980s and extended to hepatitis C testing in the late 1990s. By elucidating the meanings young injectors attach to their results, we may be able to improve counseling models to better meet both the informational needs of injectors and the public health / harm reduction goals of testing programs.

## We.13.3

### Identity, Risk and a Place to Call Home: Young People, Drugs and Homelessness

Mayock, Paula; Vekic, Krizan; Trinity College, Dublin, Ireland

**Background:** Much research on drug use and on homelessness has followed and reinforced the traditional dichotomy in the social sciences between structural and individual approaches. This research on homeless young people attempts to bridge this structure-agency divide through the adoption of a 'pathways' framework which recognises the fluid and changeable nature of both homelessness and drug use.

**Methods:** This paper is based on selected findings from the first phase of a longitudinal cohort study of youth homelessness in Dublin city. The research has strong ethnographic qualities and the key data collection method is the life history interview. Forty young people between the age of 14 and 22 were interviewed individ-

ually for the purpose of the study. At the time of interview, all were living 'out of home', either on the street or in unstable living situations, and half were heroin-involved to the degree that it had become a dependency.

**Results:** Drawing on young people's biographical narratives, the paper examines the relationship between homelessness and drug use. While the onset of drug use is complex, the data show that, for practically all young people, drug consumption levels increased dramatically following the first experience of homelessness. This intensification of drug consumption was related to a complex set of situational factors and to a gradual acculturation into street-based 'scenes'.

**Conclusion:** The data highlight several temporal risks arising from the experience of homelessness, most notably, the risk of drug use and participation in related criminal activity. Furthermore, the findings suggest that available youth homeless services and the interaction between young people and the 'system' designed to meet their needs, support the construction of a homeless and a drug user 'identity'. Implications for the provision of appropriate interventions, including targeted harm reduction services, are discussed.

## We.14.1

### 2 In 1 Workshop: Peer Support and Drug Policy

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<sup>1</sup> SAW - Vlastrov - STAD, Borgerhout, Belgium

<sup>2</sup> UNDUN Unified Networkers of Drug Users Nationally, Kingston, ON, Canada

Peer support is a harm reduction instrument that can be used for non-drug using community's. Is it possible, by using peer support, to get a change in thinking about drugs and drugs policy in society?

**Goals:** We have good notion on what peer support is and how it works. We are better armed for entering the drug policy debate. We can do the workshop for other people

\*peer support

Define and use examples from DU communities.

Peer

Peer group

Peer education

Peer support

\*drug policy

Lots of people are not in favour of harm reduction and the end of prohibition. What are they thinking right now? Why do they support current policy's and see nothing in a different approach.

- (1) What is it that people see in current drug policy 's
- (2) Why don't they want something else?

What implications does this (answers to 1) and 2) have? What does this mean if you want a change in the way people think about drugs in our society?

The three emotions that drive social change:

\*combine peer support and drug policy

Try to explain (through peers) a different view on drug policy and explain what can be a different approach.

- Witch different (peer) groups in society can be relevant to focus your attention on?
- What groups will help us in the task of trying to change peoples' minds?
- Which groups in society would really make a critical fundamental shifting impact if they changed from pro-war to anti-war position?

What are the issues we'll have to play if we want a change in their thinking on drugs and people who use drugs in our society? (11 issues)

How can we spread our story in peer groups where we ourselves don't belong to and make this people changing their minds?

Role modelling (1) & (2)

Summary

## We.14.2

### Peer (Towards Defining a Methodology For Peer Support Facilitation)

Ganguly, Joy<sup>1</sup> Tonsingh, Vungchin<sup>2</sup>

<sup>1</sup> Sahara Drugs and AIDS Programme, Churachandpur, India

<sup>2</sup> District AIDS Committee, Churachandpur, Churachandpur, India

**Issues:** Peer practice has emerged as a major strategy in support and prevention of drugs in this modern World. The peer movement has articulated important issues and problems faced by people with drug problems. Yet even after years of drug peer movement we are no clearer as to what the practice of peer support actually constitutes. At present many peer workers and programmes act on the assumption that simply being a peer is enough to provide professional support to other peers. However, peer process does not always result in the empowerment and equity of all involvement.

**Setting:** This paper will integrate distinct practices and philosophies of support into a model, which can be used for Drugs Peer Support Facilitation, Training and Supervision. This paper is based on personal experience as an 'ex-drug user' within a professional role as a Peer Health Worker and Counsellor with Sahara Drugs and AIDS Programme, in Churachandpur, Manipur state of India.

**Project:** These elements will involve an analysis of the community need for Drug peer support, role of the peer facilitator, programmes run by peer facilitator/educator, the uses of self-disclosure, active listening, loss and group work theory in peer facilitation and, user-friendly philosophy as relevant to peer counselling and group facilitation.

**Outcome:** The proliferation of peer based workers and projects in the Drug community have led to some clear and effective ways to access, prevent, rehabilitate, educate and support the people with drug problems. Drug using is looked down upon as deviant behavior.

However, when acceptance was provided by Sahara, it proved worthwhile opening the avenue for this closed discriminated marginalized community. Proper counselling by peer educators has made it easier. This recommends that practice and appropriate models of peer facilitation and peer development be established and applied.

## We.14.3

### Western Aboriginal Harm Reduction Society "Finding the Circle"

Livingstone, Christopher, Western Aboriginal Harm Reduction Society, Vancouver, BC, Canada

The Western Aboriginal Harm Reduction Society has been in existence and carrying out activities for the past four years. They are a group of urban first nations people users or former users of illicit drugs and/or alcohol. It is the Societies mission to Empower healing through the recovery of traditional first nations values, and relationships.

To present about WAHRS in three tense's

1. The Past - During the course of our existence we have attended several activities that were considered hot issue's. Some of these being; Wood-Squat 2002, Tent City Campaign 2003, Rallies on first nations issues such as First Governance Act, Supervised Injection Sites, the Residential School and the ADR application, conferences on Genocide, HIV/AIDS, HEPC, Forums Discussions, and Focus Groups. From this we have a collection of clippings, sound-bytes, and video footage of the activities and participation.
2. Present - Currently WAHRS is nearing the ending of it's project with funding from PHAC's Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund, the Society is endeavouring to increase knowledge and awareness about the risk of HIV and hepatitis C infection among Aboriginal people who use illicit drugs in Vancouver's downtown east side. The Society is delivering HIV/AIDS prevention, peer-support and capacity-building workshops; networking with other Aboriginal HIV prevention and support organizations in Vancouver; and sponsoring presentations by other community organizations.
3. Future - Western Aboriginal Harm Reduction has great potential for expansion in this section of the workshop/presentation WAHRS will outline home grown grassroot peer initiatives which are all being developed; here are topics for activities discussed:
  - Sock Exchange
  - Alcohol Maintenance
  - Medicinal Marijuana

Cultural Reconnect  
Computer Literacy  
Night-Time Cold Weather Support  
WAHRS Labor Pool  
Food Sovereignty  
Treatment Program (WAHRS)  
Prevention Program  
Outreach Patrols  
Drop-In Centre

## We.15.1

### Correlates of Injection Drug Use Cessation in a Prospective Cohort of Young IDU in San Francisco (UFO Study)

Evans, Jennifer; Hahn, Judith; Lum, Paula; Glidden, David; Stein, Ellen; Davidson, Pete; Page-Shafer, Kimberly; University of California, San Francisco, CA, USA

**Background:** Studies of injection drug use cessation have largely sampled adults in drug treatment settings. Little is known about cessation patterns among young injection drug users (YIDU) in the community.

**Methods:** A total of 231 HCV-negative YIDU (< 30 years) were recruited by street outreach and interviewed quarterly for a prospective cohort between January 2000 and June 2002. Participants were followed for a total of 395 person-years and 965 visits. We defined injection cessation as stopping injecting for three months or more. We conducted longitudinal analysis using generalized estimating equations to identify correlates of injection cessation.

**Results:** 63% of subjects were male, median age was 22 years (IQR 19-25) and median years injecting was 3.4 (IQR 1.1-5.9). 23.4% ceased injecting during the follow-up period. After the first reported episode of cessation, nearly one-third resumed drug injection on subsequent visits, one-third maintained injecting cessation, and one-third were lost to follow-up. Participating in a residential drug treatment program in the last 3 months [AOR 5.23; (95% CI 2.78-9.83)]; earning income from a job, government program, or family [2.40; (1.28-4.50)]; and having fewer symptoms of depression on the CESD depression scale [0.95; (0.90-0.99)] were associated with injection cessation. Having a main sex partner that is an IDU [0.48; (0.25-0.90)]; reusing syringes during the period prior to cessation [0.44; (0.25-0.79)]; and reporting an injection-related abscess in the last 3 months [0.19; (0.05-0.78)] were negatively associated with cessation.

**Conclusion:** Almost one quarter of YIDU reported ceasing injection for  $\geq 3$  months, and half of those followed did not relapse during the study. These results suggest that factors associated with stopping injecting involve multiple areas of intervention, including access to drug

treatment, employment, and mediation of psychosocial factors. Interventions for YIDU should involve comprehensive means of preventive services

## We.15.2

### Decline In Injecting Drug Use, But Not In Sexual Risk Behavior, Seen In The Amsterdam Cohort Study Among Drug Users

Krol, Anneke<sup>1</sup> Lindenburg, Karen<sup>1</sup> van de Laar, Thijs<sup>1</sup> van der Helm, Jannie<sup>1</sup> Smit, Colette<sup>1</sup> Coutinho, Roel<sup>2</sup> Prins, Maria<sup>1</sup>

<sup>1</sup> Health Service of Amsterdam, Amsterdam, The Netherlands

<sup>2</sup> Academic Medical Center Amsterdam, Amsterdam, The Netherlands

**Background:** Drug users (DU) are at high risk for blood-borne and sexually transmitted infections (STI) through risky injecting practices and unsafe sexual behavior. Here we assessed long-term temporal trends regarding the incidence of human immunodeficiency virus (HIV) and prevalence of hepatitis C (HCV), STI and risk behavior.

**Methods:** Data were collected from participants enrolled in the Amsterdam Cohort Study (ACS) among drug users (DU) in 1985-2004. Changes in trends in injecting and sexual risk behavior before and after the introduction of highly active antiretroviral therapy (HAART) in 1996 were evaluated using the Generalized Estimating Equations method. In addition, young drug users (age 18-30 yr) recruited between 1985-1989 were compared with their current counterparts enrolled between 2000 and 2004 regarding prevalence of HCV and STI (gonorrhoea, genital herpes and syphilis).

**Results:** Among 1315 HIV-negative DU, reported injecting and borrowing needles significantly declined from 57% and 40% of all visits in 1986 to 19% and 2% in 2003, respectively. While sexual risk behavior and reported STI at follow-up visits moderately decreased before 1996, it did not decrease further after 1996. HIV incidence declined from 7/100 person years (py) in 1986 to 0-0.5/100 py after 1999. Among young DU, prevalence of STI was 46% (185/404) in 1985-1989 compared to 22% (34/152) in 2000-2004, which could not be explained by differences in population characteristics. Likewise, among young injectors, HCV prevalence decreased from 74% (139/189) to 44% (27/61).

**Conclusion:** The observed reduction in injecting drug use and borrowing indicate that harm reduction models such as implemented in Amsterdam do not have a stimulatory effect on injecting. However, among injectors, current prevention measures seem not sufficient to lower the prevalence of HCV. Since our results show continued sexual risk behavior and high prevalence of STI, prevention programs for DU should also focus on sexual risk reduction.

**We.15.3****Neighborhood of Residence Independently Predicts HIV Infection among a Cohort of Injection Drug Users in Vancouver, Canada**

Maas, Benjamin; Wood, Evan; Fairbairn, Nadia; Li, Kathy; Kerr, Thomas; Montaner, Julio; BC Center for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Objectives:** This study was undertaken to investigate geographic residence in Vancouver's Downtown Eastside (DTES), Canada's poorest urban neighborhood, as an environmental risk factor for HIV infection among injection drug users (IDU).

**Methods:** We evaluated baseline factors associated with DTES residence among participants enrolled in the Vancouver Injection Drug User Study (VIDUS), a prospective observational cohort study. HIV incidence rates were examined using Kaplan-Meier methods and Cox proportional hazards regression.

**Results:** Of 1035 IDUs recruited between May 1996 and December 2004, 582 (56.2%) reported DTES residence at baseline and 453 (43.7%) reported residing elsewhere in Vancouver. At baseline, DTES residents were more likely to be 24 or older (odds ratio [OR] = 1.6;  $p = 0.004$ ), Aboriginal (OR = 1.6;  $p = 0.003$ ), reside in unstable housing (OR = 6.9;  $p < 0.001$ ), be involved in the sex trade (OR = 1.3;  $p = 0.044$ ), inject cocaine daily (OR = 1.8;  $p < 0.001$ ), and to inject drugs at a shooting gallery (OR = 1.4;  $p = 0.03$ ). At 48 months after recruitment, the cumulative HIV incidence rate was 16.1% among those who resided in the DTES compared to 8.9% among those who resided in other areas of Vancouver ( $p < 0.001$ ). In the adjusted Cox model, DTES residence remained independently associated with time to HIV seroconversion (relative hazard = 2.02, 95% CI: 1.35-3.00,  $p < 0.001$ ) after adjustment for other statistically significant risk factors.

**Conclusions:** DTES residence remained an independent predictor of HIV seroconversion among IDUs, after substantial multivariate adjustment. Targeted structural interventions and broader community-level development programs are needed in higher-risk neighborhoods like the DTES in addition to broader public health efforts that target IDU risk behaviors. These findings indicate the need for a greater recognition among policy-makers of geographic location as a risk factor for HIV incidence in urban settings and the need for prevention interventions to be appropriately targeted.

**We.16.1****Interventions for Hepatitis and Depression in Australian Methadone Treatment Programs: Incidence, Barriers and Opportunities**

Digiusto, Erol; McPherson, Mark; Leist, Tatyana; Bryant, Joanne; National Centre in HIV Social Research, University of NSW, Sydney, NSW, Australia

**Objectives:** Less than 5% of Injecting Drug Users with hepatitis C undertake antiviral medical therapy for it. There are many barriers to IDUs undertaking and completing antiviral therapy. In particular, people with hepatitis C have a high prevalence of clinical depression, which is often exacerbated by antiviral therapy, and which creates a barrier to therapy and is associated with premature dropout from therapy. There are many potential opportunities for preventing hepatitis B and C, and for intervening to address barriers to antiviral therapy in the context of methadone treatment. This study was therefore designed to comprehensively investigate hepatitis and depression intervention activity by methadone treatment providers.

**Methods:** Structured telephone interviews are being conducted with both public sector and private sector methadone prescribers and their senior clinical staff at 60 methadone treatment sites in the Australian state of New South Wales. Quantitative and qualitative data are being collected regarding (a) incidence of hepatitis related prevention activities; (b) incidence of depression related and hepatitis related diagnosis and treatment activities; (c) treatment providers' perceptions regarding both client-side and agency-side barriers to prevention and treatment interventions for hepatitis and depression; and (d) treatment providers' suggestions for service improvement strategies.

**Results and Conclusions:** The study's data collection and analysis phase will be completed by December 2005. This study directly addresses many of the goals in the 2005-2008 Australian National hepatitis C Strategy, and will provide practical, clinically-relevant and policy-relevant recommendations for improving service and treatment provision.

**We.16.2****Collaborative Care for Substance Use and Mental Health Disorders - A Multi-Jurisdictional Initiative in Canada**

Somers, Julian; Queree, Matthew; University of British Columbia, Vancouver, BC, Canada

As a class, substance use disorders (Substance Dependence and Substance Abuse) are the most prevalent forms of mental disorders. They also account for the greatest burden of disease and mortality of all mental disorders. The use of psychoactive substances, including alcohol, tobacco and illicit drugs, contributed to 12.4% of deaths worldwide in the year 2000 (WHO,

2002). In addition, substance use problems often occur in association with other psychological difficulties (e.g., depression, anxiety, and virtually all other forms of mental illness) therefore comprising a relatively large and vulnerable population.

Services for substance use and mental disorders are provided by a diverse array of agencies and health practitioners, including primary care and specialized community-based services. Efficient and effective care requires the integration of available services. Integration of services may confer some overarching benefits (e.g., ease of referral, continuity of care).

A collaborative care initiative for substance use and mental health issues was created to reduce harm and increase treatment options for this population. A unique version of shared care for mental health and addictions is being implemented in each participating region (Kelowna and North Vancouver BC, and the Yukon Territory). Each version of shared care is attempting to simplify the pathways to treatment for those with mental health or substance use issues, regardless of client entry point. A basic project description as well as qualitative and quantitative data will be presented and discussed with regards to the harm reduction impact.

### We.16.3

#### **Tobacco and Mental Illness: Reducing the Potential Harm Associated with Tobacco Control Initiatives**

Johnson, Joy<sup>1</sup> Mckeown, Margaret<sup>2</sup>

<sup>1</sup> University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> University of Greenwich, London, UK

**Issue:** Despite advances in reducing the rate of smoking in Canada and other developed countries, the prevalence of smoking among individuals living with severe and persistent mental illness (SPMI) remains high, over twice that of the general population. In addition to the adverse health consequences, tobacco use has economic and social repercussions for this population.

Currently, in Canada many institutions that provide mental health services are instigating smoking bans. In the UK there are proposals to institute similar bans in the near future. In this paper we consider the ethics of these bans, and how a harm reduction approach might be implemented in relation to tobacco use in the context of mental illness

**Approach:** We conduct a critical analysis of the approaches currently being used to protect the public from environmental tobacco smoke. We also consider the biological, social, psychological, and institutional factors that contribute to continued tobacco smoke among clients of mental health services.

**Key Points:** Before smoking bans are implemented, mechanisms must be in place to help clients manage the effects of nicotine withdrawal. In addition, those working in the mental health system must be appropri-

ately educated so that medications that interact with nicotine can be appropriately titrated and acute nicotine withdrawal is avoided.

**Implications:** The institution of smoking bans has the potential of leading to numerous iatrogenic effects if they are not carefully managed. The naïve implementation of the bans must be resisted. Those who work within Mental Health settings have a key role in ensuring that the implementations of smoking bans take account of patients' psychological needs and physical well being, in addition to potential long-term health gains.

### We.17.1

#### **Facilitating Medicinal Cannabis Access in Canada: A Peer-based approach**

Quayle, Kenn; Mackenzie, Brian; i2i Peer Support, Gibsons, BC, Canada

It is difficult for the Canadian Federal Government to simultaneously fund the RCMP's prohibition of cannabis programme, and develop a sensible approach to facilitating medicinal cannabis access for its citizens (let alone implement the supposed plans to decriminalize "recreational" marijuana use altogether). Not surprisingly, this results in some reluctance on the part of (medicinal) cannabis users to sign up for the Federal Government's exception programme, as it is currently conceived and operated.

Supply continues to be the single largest gaping hole in the Canadian medicinal/decriminalization approach to marijuana regulations; with regards to this issue, at present the vast majority of users, whether for medicinal or recreational purposes, must access their cannabis supply through the black market, thus endangering their own status as "law abiding citizens" and putting at least the supplier at significant risk or incarceration and attendant inconveniences.

Other pressing issues include: resistance on the part of MDs in cooperating with medical cannabis procedures; lack of follow-through in implementing the will of the people by politicians in positions of responsibility in this area; and the fear of the U.S. acting on threats to restrict trade with Canada if we go ahead with our present "liberal" marijuana policies.

This paper, presented by a licensed medical user and designated grower who are also involved in a variety of peer-support efforts for medical cannabis patients (such as medusers, the Canadian Cannabis Coalition, and the B.C. Compassion Club Society, among others), will explore some of the reasons and ways that medical cannabis users (licensed or not) currently have been supporting each other to meet their needs, as well as possible solutions and timelines for problems in these areas.

**We.17.2****Regulating Compassion :A 5-Year Overview of Canada's Federal Medicinal Cannabis Policy and Program**

Lucas, Philippe, Vancouver Island Compassion Society, Victoria, BC, Canada

As a result of a number of court challenges brought forth by Canadian patients who demonstrated that they benefited from the therapeutic use of cannabis, in 1999 Canada became the second nation in the world to initiate a centralized medicinal cannabis program. Over the 5 years of its existence, this controversial program has been found unconstitutional by a number of courts, and has faced criticism from the medical establishment, law enforcement, as well as the patient/participants themselves.

This presentation is based on a comprehensive 5-year overview of Canada's federal medicinal cannabis program "in press" at the International Journal of Drug Policy. It will focus on the three main facets of Health Canada's medicinal cannabis policy - the Office of Cannabis Medical Access; the Canadians Institute of Health Research Medical Marijuana Research Program; and the Prairie Plant Systems cannabis production facility - as well as the role of the nation's main suppliers of therapeutic cannabis, Canada's network of unregulated compassion clubs and societies.

**Conclusion:** Over the last five years the federal government has supplied over \$24 million in funding for the research, production and distribution of medicinal cannabis, yet evidence suggests that the program has been a major policy failure. Just over 800 people have been able to overcome the cumbersome bureaucratic obstacles in order to actually participate in this federal program. Meanwhile, Canada's compassion clubs and societies continue to help over 10,000 critically and chronically ill Canadians gain access to a safe supply of cannabis; to do more cannabis research than CIHR; and to produce higher quality cannabis than Health Canada; all at no cost to our nation's taxpayers.

**We.17.3****Compassion Clubs: An Unsanctioned Model of Community-based Medical Cannabis Distribution**

Capler, Rielle, BC Compassion Club Society, Vancouver, BC, Canada

**Issue:** The medical use of Cannabis has been around the world for thousands of years. Anecdotal evidence and research studies demonstrate the effectiveness of Cannabis in treating symptoms associated with many critical and chronic illnesses, such as HIV/AIDS, Hepatitis C, Cancer, and Multiple Sclerosis.

The use of Cannabis as a medicine has continued despite legal prohibition in many countries. Due to Cannabis prohibition, the vast majority of medical

Cannabis users face harms from criminal persecution, as well as from the procurement of unknown quality medicine from unaccountable sources, often coming into contact with hard drugs.

**Setting:** The British Columbia Compassion Club Society (BCCCS), located in Vancouver, is Canada's oldest and largest medical Cannabis dispensary. Established in 1997, this non-profit society has grown to serve 3,500 medical cannabis users across Canada. BCCCS clients effectively use Cannabis to treat and manage their health conditions.

**Project:** The BCCCS provides medical Cannabis users access to high quality Cannabis in a safe setting. In addition, the BCCCS uses a peer-driven model to educate clients on the safe and effective use of Cannabis, and to provide other natural health care services, relevant workshops, a free food and clothing program, and advocacy for social assistance, disability and housing.

While operating outside the law, the BCCCS's work has been recognized by the Canadian Senate, courts and the community in which it operates. We work collaboratively on research projects with researchers in the US and Canada. Medical Cannabis activists worldwide use the standards developed by the BCCCS upon which to base medical Cannabis dispensaries in their own communities.

**Outcomes and Lessons Learned:** Compassion Clubs reduce potential harms faced by medical Cannabis users and are provide a model of community-based medical Cannabis distribution that can be applied to medical Cannabis and other health care and harm reduction services.

**We.18.1****User Organizations and Advocacy: Unite Your Voice for Systematic Change**

Brooks, Rebecca, National Alliance of Methadone Advocates, London, ON, Canada

**Objective:** Develop an individual advocacy strategy. Make a connection with advocacy organization(s). Provide self-empowerment tools to reduce the harm resulting from the stigma evident in society via current drug policies, drug treatment protocols, and systematic discrimination toward drug users.

**Methods:** The movement toward peer support via advocacy organizations has shown individual and system-wide positive change as a result of an increased level of self-empowerment through education, addressing policy issues; both on a clinic level and state and federal administrative levels. Through the use of the message boards on the internet, a vast number of web sites designed and maintained by drugs users, worldwide gatherings of advocates addressing harm reduction strategies and the formation of self-maintained organizations providing advocacy tools we have equipped our-

selves with the most powerful weapon to eliminate stigma and address the prejudice toward drug users. The strategies to overcome the ignorance, prejudice and the harm of current policies will be addressed and the risks of using your voice explored.

**Results:** The results have been evident in the past few years as changes in federal regulations, pressure to adhere to "best practices", and constant pressure by peer advocacy groups have continued to develop into a powerful voice in the public arena. The challenge to harm reduction recently on the federal level is proof that the movement is effective.

**Conclusions:** An increase in sense of empowerment results when drug users unite their voices through advocacy. Specific tools and information given during the presentation will enable service users, drug users, former drug users, treatment professionals, friends, and family members, policy makers, community based organizations and others to address the stigma and reduce the harm. Reducing the potential for harm caused by subsequent issues of personal risk is possible by using a network and effective tools.

## We.18.2

### **Drugs Users Must Be Part of The Action and Not Only Be Services Users!**

Perron, Chantale, Journal Pusher d'Infos, Laval, QC, Canada

As the harm reduction strategy is reaching drug users populations, it should be logical that Drug Users and ex-Drugs users (D.U.) be involved and part of the strategy and be more than just services users...

But in reality, only few projects are ENTIRELY DONE BY AND FOR D.U.. Most of the time, "professionals" are the ones who are taking the important decisions and the ones who deals with the financial issues. Are D.U. and ex-D.U. not "good enough" when it's time to deal with important matters? Is it hypocrisy or condescension, from those professionals who taught us to defend our rights, to express ourselves and to take our responsibility in the fight against AIDS?

The Journal Pusher d'Infos was one of the first harm reduction projects in Quebec, ENTIRELY CREATED AND DONE, BY AND FOR, DRUGS USERS AND EX-DRUGS USERS. D.U. were in charge of every steps of it, from beginning to the end.

By his innovative aspects, this type of peer project brings new questions to be answered: Can a D.U. director use drugs while he's in charge? Are professionals ethical principles apply to D.U. employees?

Pusher d'Infos founder wanted to create a place where D.U get paid for their work, a place where they could get responsibilities and recognition. So, which rule should be kept and which one should be changed in

order to adapt the structure of the project to this new reality of drugs users and ex-drugs users working together? How far Harm Reduction's approaches goes?

Is Ethic's an elastic concept?

Questions and obstacles are part of any innovative project. But, as in the gay community battle's against AIDS for example, D.U. should organized themselves and be in the heart of the action.

The next step is to guide D.U. so they can go from spectators seats to the drivers seats!

## We.18.3

### **New York User Union**

Farrell, Jason<sup>1</sup> Jones, Louis<sup>2</sup>

<sup>1</sup> Positive Health Project, Inc., New York, NY, USA

<sup>2</sup> IDU HCV Advocacy Committee/New York User Union, New York, NY, USA

This presentation will inform participants how drug injectors in New York City organized to participate in discussions pertaining to HCV prevention and treatment policy and program development statewide and nationally. To date the HCV Advocacy Committee aka New York User Union have gained membership on state and city prevention planning bodies, national HCV policy committees and city advocacy for drug user representation at health committee meetings. The IDU HCV Advocacy Committee aka New York User Union will ensure that there is adequate representation of drug injectors living with HCV or HIV/HCV on policy-making bodies. In addition, the Committee will solicit to serve in the capacity of an advisory committee to provide oversight and feedback on City and State funded HCV related programs, services and medical care for IDUs. The IDU HCV Advocacy Committee aka New York User Union will address, and resolve, the absence of consumers of needle exchange services to provide meaningful input. Although harm reduction has become widely accepted as an approach to drug use, drug users continue to be excluded from policy debates and program implementation; in contrast to consumers of many other services, such as those who participate in traditional AIDS organizations. The IDU HCV Advocacy Committee will serve not only to enable representation, but to empower injection drug users to incorporate quality assurance from a consumer's perspective, by maintaining their role in the formation, accountability, and implementation of services that directly affect their lives.



**We.19.1****Can We Avert Disaster? Experiences, Strategies and Responses When the Availability of Opiates Is Interrupted by Catastrophe**

Catania, Holly<sup>1</sup> Rahimi-Movaghgar, Afarin<sup>2</sup> Vazirian, Mohsen<sup>2</sup> Kaplan, Karyn<sup>3</sup> Maxwell, Sarz<sup>4</sup>

- <sup>1</sup> International Center for Advancement of Addiction Treatment, New York, NY, USA
- <sup>2</sup> Iranian National Center for Addiction Studies (INCAS), Tehran, Iran
- <sup>3</sup> Thai AIDS Treatment Action Group, Bangkok, Thailand
- <sup>4</sup> Chicago Recovery Alliance, Chicago, IL, USA

**Issue:** What happens to disaster victims who are dependent on opiates? What are the experiences, plans and responses to their needs in catastrophic situations and what can we as advocates do?

**Setting:** Panel members will report on the experiences and responses of governments and NGOs to the recent earthquake in Bam, Iran, the tsunami that hit several SE Asian countries, and back-to-back hurricanes in the Gulf Coast of the United States. The target audience are those interested in learning more about what happened to opiate dependent people in these disasters, and discussing strategies and plans to secure pharmacotherapy treatment for opiate dependent victims of catastrophes in their own communities.

**Project:** Co-panelists from Iran will present their paper describing the compassionate responses of the government and harm reduction NGOs within days of the earthquake in the devastated ancient city of Bam.

Co-panelists from Thailand will discuss the effects of the December 2004 tsunami that destroyed coastal communities in several countries: what is known about the plight of opiate users in some of these areas, and what responses and strategies did or did not follow from that experience.

Lastly, the co-panelist who responded to the devastation of hurricane Rita in the Gulf Coast area of United States will describe what she learned about how opiate-dependent survivors were coping and how state and federal governments failed to provide necessary relief to get more treatment there.

**Outcomes and Lessons Learned:** In most places, there are no plans to ensure medical response to people dependent on opiates in cases of disrupted drugs supplies. The presentations of the panelists will illustrate lessons learned, identify gaps in services, and together with the audience, recommend strategies for GOs and NGOs to follow in cases of disaster for opiate users both in and out of treatment.

**We.20.1 (Film)****Sex, Needles and Roubles**

Mercier, Chloe, Laika Pictures Limited, UK

Sex, Needles and Roubles takes us on a journey to the cold winter nights of St Petersburg where we meet with some of its young drug dependent sex workers. Through poignant real-life stories and interviews with leading figures in the fight against AIDS, corrupt policemen - pimps and discriminating doctors, this documentary seeks to understand how HIV/AIDS has reached such alarming proportions over the last decade. This is a crisis which has catapulted Russia into being the country with the fastest spreading epidemic of HIV in the world today. Official selection Prix-Europa Television - Current Affairs 2004, and 1001 Documentary Festival, Istanbul, 2005.

**We.21.1****Alcohol-Related Harm: A Global Public Health Challenge**

Obot, Isidore, Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland

This presentation focuses on the global picture of alcohol and alcohol problems based on data from the World Health Organization Global Alcohol Database (GAD) and related sources. Globally the burden of disease attributable to alcohol (4% in 2000) is substantial and comparable to the burden associated with tobacco (4.1%). The burden is higher in western countries and in a growing number of low and middle income countries where, in some cases, alcohol is the leading risk factor for acute and chronic health conditions. In spite of alcohol's role in morbidity and mortality around the world, little attention is paid to harmful consumption itself and to the social and economic factors which contribute to rising trends in patterns of drinking associated with acute and chronic harm. Accumulating evidence suggests that effective strategies to reduce the harm caused by alcohol exist but that these strategies are often disregarded in favour of less promising approaches. The presentation highlights these effective strategies, the renewed focus of the World Health Organization and regional bodies on alcohol, and the need for a global consensus in addressing alcohol-related harm from a public health perspective.

## We.21.2

### Alcohol and Drug Use in China: Current Status and Trend

Hao, Wei, Mental Health Institute, Second Xiangya Hospital, Central South University, Changsha, China

Alcohol and drug use, with their substantial health, social and economic costs, has become a major public health concern in China.

Historically, China had extraordinarily high rates of opiate dependence, and these rates declined drastically following the 1949 revolution. However, opiate abuse re-emerged in the late 1980's and has spread quickly since then. The number of registered addicts in 2004 was 1.14 million (more than 75% of them heroin addicts), but the real number is probably far higher. Opiate abuse contributes substantially to the spread of HIV/AIDS in China, with intravenous drug use the most important route of transmission (51.2%). While the use of traditional illicit drugs such as opiates continues to increase, the wider use of drugs such as amphetamine-type stimulants and ketamine is emerging very rapidly. Over recent decades there has been a striking increase in alcohol consumption and related problems in China. Alcohol is a traditional part of Chinese life dating from 9000 years ago, commercial alcohol production in China has increased more than fifty fold per capita since 1952. In parallel there is evidence of a marked increase in prevalence of alcohol dependence, which has moved from the 9th to the 3rd most prevalent mental illness.

The author will present some major epidemiological surveys (mainly conducted by author) on drinking and drug use in China, and discuss strategy and policy related issues on the problems

## We.21.3

### Stopping Drunks From Beating Each Other Up: Alcohol-Related Violence - The Perfect Arena For Harm Reduction

Graham, Kathryn, Centre for Addiction and Mental Health, London, ON, Canada

Although the pharmacological of effects of most illegal drugs have not been linked directly to violent behavior (e.g., Haggård-Grann et al, 2006), there is consistent evidence that the effects of alcohol contribute to aggressive behavior in a causal way (Bushman, 1997). On the other hand, there is also considerable evidence that the relationship between alcohol and violence can be moderated greatly by social factors. And, while there are few cultural contexts where no violence occurs when people are drinking, there are many contexts where drinking-related violence is rare (MacAndrew & Edgerton, 1959; Washburne, 1960). The powerful moderating influence of social factors suggests that much of

the harm related to alcohol-related aggression can be reduced by focusing on the social factors without necessarily reducing the drinking. In this presentation, I will briefly touch on harm reduction strategies in the alcohol field generally, describe the development and evaluation of the *Safer Bars* program as a way to reduce bar violence, and explore harm reduction strategies for preventing alcohol-related violence in other social contexts. Finally, I will discuss the implications for using social interventions to reduce drug-related harm generally.

## We.001P

### Behaviors Profile of Patients Under HAART Followed in STD/Aids Public Health Services in Sao Paulo City - Brazil

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**Introduction:** It was carried out a study in order to obtain patients profile in a large city under HAART followed in STD/aids public health services.

**Objectives:** Identify the most important variables in risk behavior among these patients in order to adequate the services to their needs.

**Methods:** It was applied a face to face behavior questionnaire in HAART patients followed in STD/aids public health services in Sao Paulo city in eight specialized services. Statistic evaluation has been done with parametric and non-parametric analysis using a Stata 8.0 software.

**Results:** It was accessed 352 patients (55% male, 45% female). Age average=38ys, formal education 8 years, treatment time 38 months. Most of them were white (58 %). Half of them related a principal sexual partner. 53 of them were HIV positive. The averages of different partner were 7.5 and 2.2 for male and female respectively ( $t=3.0$ ,  $p=0.001$ ). Condom use was irregular and improved after starting HAART (Wilcoxon rank test  $z= -10,3$ ,  $p<0.0000$ ).

**Discussion:** Most of the risk behavior variables have becoming safer after HAART, although at the beginning most of them showed the huge vulnerability way. Despite HAART is giving improvement in health quality of life and its length, its possible to observe changing in behavior related to sex and drug use.

**Conclusion:** Once getting a better knowledge of these patients becomes more plausible to suggest any changes in order to facilitate accessing and improve

their treatment. This treatment should be improved either in drug adherence and also more effort intervention in prevention. UDI in HAART have the same behavior or better of the others patients not drug user. This study contribute to for the health professionals have to diminish there prejudice against injecting or non injecting drug users and have to have attention for there health and quality life it's there're rights not a favor.

#### We.002P

##### Improving the Access to HIV Treatment Among Drug Users From Latin America

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<sup>2</sup> Brazilian National AIDS Program, Brasilia, Brazil

<sup>3</sup> Pan American Health Organization, Washington, USA

**Issue:** Brazil was the first developing country to provide free access to antiretroviral therapy (ART), currently providing free ART to ~180,000 people living with HIV/AIDS (~50% of all people receiving ART in developing countries). But HIV+ Drug Users (DUs) from Brazil and other Latin America countries still face several barriers to access HIV treatment/care: suboptimal VCT, uneven psychosocial support and clinical follow-up. To improve HIV+ DUs management/care, guidelines have been issued by developed countries and/or settings where the main drugs of abuse are opiates. But in Latin America the major drug of abuse is cocaine, and local HIV guidelines do not provide recommendations about the management of HIV+ cocaine users, nor do providers attending this population receive the necessary training.

**Approach:** In response to such absence of guidelines tailored to local needs, PAHO sponsored a Guideline for the management of HIV+ cocaine users, published in Portuguese and Spanish. Local trainings have also been implemented in the region, in order to improve the quality of counseling, treatment and care available for HIV+ DUs. Another major goal of this project is to foster the development of better links between health services, Needle Exchange Programs (NEPs), Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs).

**Lesson Learned:** In order to improve the access of HIV+ DUs into treatment, it is pivotal to provide a better training to health professionals providing counseling and treatment for this population. Culturally sensitive interventions, together with low-threshold approaches (NEPs, NGOs, CBOs, peer education...) are also important strategies to reach and maintain HIV+ DUs under treatment. HIV+ DUs are frequently involved in high-risk social networks. Therefore by improving their health status and significantly reducing their HIV viral load - through effective ARV treatment - and fostering/main-

tain safer behaviors over time, we can reduce HIV transmission and improve HIV+ DUs quality of life.

#### We.003P

##### Adherence to HIV Therapy Among Injection Drug Users Followed in Comprehensive Care and Support Programs in Vancouver

Tyndall, Mark<sup>1</sup> McNally, Maggie<sup>2</sup> Lai, Calvin<sup>2</sup> Kerr, Thomas<sup>1</sup> Wood, Evan<sup>1</sup> Montaner, Julio<sup>1</sup>

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<sup>2</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background and Objectives:** The Downtown Eastside (DTES) of Vancouver has experienced an explosive outbreak of HIV infection among injection drug users (IDUs) and there is a growing need to engage people in HIV care and treatment. In response, comprehensive HIV care programs have been established that include daily-observed antiretroviral (ARV) treatment. We retrospectively reviewed the daily attendance and adherence records from two clinic programs.

**Methods:** We identified 297 individuals who were receiving daily observed dispensing between July 1998 and December 2004. Time on treatment was defined as the proportion of days receiving ARVs from the treatment start date until December 31, 2004 or death. This period included treatment interruptions (TIs) initiated by the prescribing physician due to drug toxicity, resistance, accelerated illicit drug use, or social factors contributing to low attendance. Adherence was defined as the proportion of days receiving treatment when there were no planned TIs.

**Results:** The median age was 40.5 years, 66% were male, 44% were of aboriginal ethnicity, and all participants were either current or recent IDUs. Sixty-one of 297 (20.5%) died during the 78 months of follow-up. The median number of days on treatment was 1,051 days (30-2,491) for an overall time on treatment of 51.6%. The median number of TIs was 2, and 75% of the participants experienced at least one TI. The overall adherence during the periods of observed therapy was 91.6%. Plasma viral load suppression was achieved by 245 (82.5%) at some point during follow-up.

**Conclusions:** We have demonstrated that HIV programs that offer intensive supervision of ARV therapy can attract and sustain IDUs in treatment and that a relatively high rate of adherence can be achieved. However, the number of TIs and the high mortality rates illustrate the serious challenges in providing care and treatment to individuals with addictions.

## We.004P

### Sacramental Cannabis and the Charter

Tousaw, Kirk, UBC Faculty of Law, Vancouver, BC, Canada

Since the dawn of time, many cultures and many religions have turned to psychoactive plants, including cannabis, for divine inspiration, awakening and revelation. The sacramental use of cannabis has a long history. Sects of organized religions have historically used cannabis as sacrament. These religions include Shinto, Gnostic, Rastafarian and Paganism. Under current Canadian law, no exception from criminal prohibition exists for these spiritual users, thus denying them the ability to fully explore and experience their beliefs.

The Charter, however, guarantees to Canadians certain fundamental freedoms, including the “freedom of conscience and religion” and the “freedom of thought [and] belief...” Discrimination on the basis of religion violates both the Charter and core human rights principles.

Sacramental cannabis users are discriminated against because their core religious practice is a criminal offence. Accordingly, practicing their religion subjects them to criminal prosecution that other religions do not face.

According to the Supreme Court of Canada, people are entitled to the “freedom to undertake practices and harbour beliefs, having a nexus with religion, in which an individual demonstrates he or she sincerely believes or is sincerely undertaking in order to connect with the divine or as a function of his or her spiritual faith, irrespective of whether a particular practice or belief is required by official religious dogma or is in conformity with the position of religious officials.”

Religious freedom, of necessity, will not protect all activities. But the test for whether an activity should be prohibited must involve an understanding of whether harm to others is caused by that activity. In the case of sacramental cannabis use, such harm does not exist.

## We.005P

### Is This Harm Reduction or Maximisation?

Khongbantabam, Rajesh, Wide Angle Social Development Organisation, Imphal, India

**Issue:** Manipur known for high prevalence of Drug use, HIV/AIDS is also a a Hotspot for Insurgency, Armed conflict and numerous pressure groups. In their enthusiasm to draw public support, several extreme group have launched tirade against the Drug Abuse Lately a renowned group had started issuing dictats to Drug user to atone for their crime by putting up a confessional statement. otherwise pursued and shot in their legs. Peddlers get capital punishment. The extreme group justify it on the pretext of stopping HIV/AIDS. Not a single NGOs working on Harm Reduction came out openly

or raise vocal. History shows various extreme group had used such zero tolerance approach, driving Drugusers underground and making them more vulnerable to HIV infection. Needle/syringe sharing would be random for fear of being caught. Even the social pressure group encourage such zero tolerance policy by catching hold of Druguser, thrashing, shaving their heads and publishing their photos in the local paper. Such act amount to gross violation of human right. Why were the various human rights agencies silent over the fact ? epidemiological report says HIV infection as stable. Does its work on community sensitisation/awareness reflect the reality? Drug users are caught between the devils and the sea. We need to have a second look at the functioning of the various organisation implementing harm reduction principle and scale up their activity.

**Approach:** Historical methods, personal interview, interaction

### Key Points:

- Lack of effective co-ordination/advocacy among & between social pressure groups,activist who can put pressure on extreme groups, NGOs working on harm reduction.
- Community not sensitized to the extent of embracing harm reduction philosophy.
- Human right agencies silent over the issue.
- Epidimiological report says HIV infection stable, but ground realities reflect otherwise

**Implication:** a required scaling up/different approach of advocacy among social groups/ involving human rights agency in harm reduction program & scaling up activities of harm reduction principle.

## We.006P

### The Legal Justification of Drug Testing in Canada: What is the research evidence?

Macdonald, Scott, Centre for Addictions Research of BC, Victoria, BC, Canada

**Issue:** In Canada, the fact that certain drugs are illegal is not a sufficient reason for drug testing therefore most employers with drug testing programs have justified them on the basis of improving job safety.

**Approach:** Throughout this presentation, my experiences as an expert and expert witness in nine court cases will be discussed, where drug testing was being contested by unions, individuals or civil liberty groups. Some of the common tactics by lawyers to justify drug testing and my responses will be reviewed. Also, I will rate the studies used in the court for and against drug testing in terms of their methodological strength.

**Key Points:** The relationship between drug testing and safety and related evidence is the focus of this research. Although findings of research studies are equivocal, when looking at the quality of the research studies, the

research evidence indicates that urinalysis test does not improve job safety. The studies are assessed in terms of traditional scientific criteria, such as the validity of research designs, measurement biases, sampling error, possible conflicts of interest and analysis. The studies with the best methodological designs are case-control studies in the traffic safety literature, and these studies have not found a relationship between urinalysis and traffic collisions. The less adequate studies in terms of methods, apply a variety of approaches in the workplace. I will describe how the biases in these studies have contributed to the erroneous conclusion that urinalysis is effective in improving job safety.

**Implications:** Drug testing is not justified by scientific evidence. The legal system incorporates adversarial approach where as science method aims to achieve objective findings.

#### We.007P

##### **UK Drugs Laws: Abrogating the Human Rights of Drug Users?**

Eastwood, Niamh; Saville, Sebastian; Swaine, Katy; Toh, Janice; Release, London, UK

**Issue:** The UK Government has introduced new legislation to tackle drug use. The Drugs Act 2005 has created a number of new provisions which are of particular concern in relation to the potential breach of human rights:

- The introduction of threshold amounts in order to establish the intention to supply.
- The testing of people on arrest.
- Mandatory assessment for those testing positive for Class A substances after arrest. Failure to attend is a criminal offence.
- The introduction of mandatory treatment and testing for those who have committed 'anti social behaviour'.

**Approach:** The legislation will be analysed in light of the European Convention of Human Rights. Comparison will be made to other countries which pursue similar legislative approaches to see whether it has impacted on fundamental human rights.

##### **Key Points:**

- Right to a fair trial - with the introduction of thresholds for supply the evidential burden in a case will shift from the prosecution to the defence.
- Right to respect for private life - personal autonomy is arguably interfered with by the introduction of testing on arrest.
- The introduction of the offences of failing to attend an assessment criminalises the drug user, who may be an otherwise law-abiding citizen, and who may never even be charged as a result of the initial arrest.
- 'Anti Social Behaviour' - the use of the civil law to penalise and segregate drug users. This actively opposes the principle of harm minimisation.

**Implications:** The UK Government continues to pursue a legislative agenda which could be in conflict with certain aspects of basic human rights.

The use of the civil law as a tool to control drug use is an emerging development within the UK.

There is little evidence to support the success of mandatory treatment.

#### We.008P

##### **Human Rights for "crackland" in Brazil**

Sant'Anna, Marina Costa, Thiago Gomes, Bruno Fuentelba, Marco, Centro de Convivência "É de Lei", São Paulo, Brazil

This project of intervention targets to reduce health and social harms associated to crack use, in the perspective of citizenship and Human Rights, in order to prevail health and dignity of this population.

The activity takes place at Sao Paulo, Brazil, in an area commonly called "crackland", and the audience reaches five hundred crack users in extreme personal and social vulnerability. They have from seven to seventy years old, all of them living in homeless situation, with no access to public health or social assistance. This population is frequently exposed to violence from police and society, besides the several diseases.

Since 2002 this intervention of a non-governmental organization is supported by Brazil's Health Ministry as a reference, but is not upheld by any other government sector. The intervention happens in the streets by offering prevention information on harm reduction, on STDs exposure risks and also on other diseases like hepatitis and tuberculosis. We also distribute condoms, lip balms and individual silicon cigarette-holders to be used in their pipes.

The project seeks to attend the users to public health services, for serological tests and treatment, hepatitis B vaccination, and to other social services, because the users are very discriminated and abused at every public space and their rights are violated all the time.

As an example, the city hall of Sao Paulo is expelling the crack users from "crackland" with no sort of assistance, for an economic revitalization of the area.

The information and material distributed are just a way to create an entailment with this population in order to promote health, and especially to build a conscience about their rights and how to fight for it.

It is very necessary that the staff always make interventions in the public institutions and accomplishes advocacy activities to propose public policies.

## We.009P

### Striving For IDU and People Living With AIDS Citizenship

Yoshida, Elisa, IEPAS, Santos, Brazil

Since 1991 IEPAS have been working in Harm Reduction becoming the pioneer in Latin America that brought this methodology for Brazil. Nowadays the main goal is to expand this strategy in the region and strive to change the Drug Policy in Brazil. In this way Harm Reduction: health and citizenship Program work in two areas to promote the Citizenship of IDU and for people living with HIV/ AIDS offering law assistance for this population and outreach work for Needle Exchange to reduce damages and dissemination of HIV/ AIDS/ Hepatitis.

The methodology used in Outreach work is peer education, Needle Exchange, condoms and folders distribution to reduce damages and the dissemination of diseases like HIV/ AIDS/ Hepatitis besides counseling to search for basic health and Rights are activities in this Program. Law attendance for the target population at IEPAS headquarters every week in order to provide law assistance that includes only supply people with correct law information or file a lawsuit. Presentations in Harm Reduction and Drug Policy to expand these subjects for Police chiefs and governmental

In the last year attended 150 IDU and 403 NIDU reached and 26.364 needles and syringes exchanged. In law assistance 740 (420 people living with Aids, 247 drug users, 43 inject drug users, 30 were not in profile) people attended. 492 lawsuits filed 218 lawsuits in current activity.

Broadcasting of the Harm Reduction strategies by the press helps to move the public opinion, gather supporters and diminish controversies regarding such actions. A majority number of police officer doesn't know the existence of this policy. It's still polemic discuss this subject in this part of population.

## We.010P

### Human Rights Monitoring in HIV Sphere in Kazakhstan

Janayeva, Assel, Soros Foundation Kazakhstan, Almaty, Kazakhstan

**Issue:** Monitoring of how the vulnerable groups' (IDUs, PLWHA, SW and prisoners) rights are respected in the field of HIV/AIDS in Kazakhstan.

**Setting:** Geographical location: The Republic of Kazakhstan, in big national centers as Astana, Almaty, Aktubinsk, Chimkent, Karaganda, Pavlodar, Petropavlovsk, Taraz, Temirtau, Uralsk.

#### Intended Audience:

- People living with HIV/AIDS and their relatives;
- Injection drug users and co-dependents;

- Commercial sex workers;
- Prisoners;
- Medical staff

#### Policy Goals and Program Priorities:

- Conduct trainings for NGO staff on issues related to human rights of the vulnerable groups, technologies of evaluation and monitoring of how the rights of the vulnerable groups are respected;
- Develop single system of indicators and monitoring of how the rights of the vulnerable groups are respected;
- Conduct a monitoring of how the rights of the vulnerable groups are respected with the following analysis and evaluation;
- Evaluation and monitoring of how the rights of the vulnerable groups are respected on the territory of Kazakhstan;
- Publish results of the monitoring and conduct a round table discussion;

#### Outcomes and Lessons Learned:

- results of monitoring vulnerable groups' rights are respected

## We.011P

### Experiential Workers Rights

Livingston, Ann; Wilson, Dean; Alleyne, Bryan; Vancouver Area Network of Drug Users, Vancouver, BC, Canada

Drug users are increasingly recognized as contributing valuable expertise in strategies to reduce harm for drug users and to inform policy. The Vancouver Area Network of Drug Users (VANDU) is a group of users and former users who work to improve the lives of people who use illicit drugs through user-to-user support and education. VANDU engages many active "street involved" users in volunteer activities for tasks such as distributing and collecting needles and providing peer safer injecting education. VANDU was also central in forcing the government to set up a supervised injection site (SIS) and fought for users to have some positions at the SIS. In light of VANDU's depth of experience involving drug users as both volunteers and securing them employment, VANDU will discuss the successes and challenges that arise from using this approach. Experiential workers' unique skills and contribution to needle exchanges and the harm reduction movement will be discussed. The conditions and issues that can isolate and exploit drug users as workers, the rights of workers, and ways to reassure agencies concerned about insurance and legal liability when employing drug users will be discussed.

## We.012P

**Long Term Effects of Thailand's "War on Drugs" on Young Methamphetamine (MA) Users: a Qualitative Exploration in Northern Thailand**

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**Background:** A well documented Government policy of "war on drugs" was implemented throughout Thailand in 2003. The policy's specific aim was to eradicate drug use in Thailand. Police were issued extreme powers to usher in a total crack down towards drug trafficking and use. A climate of fear pervaded.

**Methods:** In August 2005, a team from Chiang Mai and Johns Hopkins Universities conducted 30 semi-structured interviews with young MA users in Chiang Mai to investigate the "war's" effect, including their perception of what happened and the war's impact on: current levels of drug use; patterns of drug dealing and availability; and experiences with law enforcement and boot camps. We also explored their ideas about what may reduce harm associated with drug use amongst young MA users.

**Findings:** It was largely felt that there was an initial decrease in MA availability and use. Many commented on experiences with police, including; arrests; being used as informants; and/ or witnessing injury or death. Participants discussed the war's long-term effects on drug use, such as: current inflated MA prices; inconsistent quality; increased instances of using alone; and increased polydrug use.

**Implications:** Whilst the "war" initially resulted in decreased drug use, this effect was fleeting. Currently, MA use is pervasive and young users have a range of deleterious interactions with law enforcement and prisons. Patterns of drug use have changed, with increased rates of polydrug use and isolation of users. The egregious "war" was shortsighted and a host of negative public health consequences are apparent.

## We.014P

**Societal Response to AIDS Pandemic in Amritsar**

Bharti, Rakesh<sup>1</sup> Bharti, Anshul<sup>1</sup> Aggarwal, Lovedhi<sup>1</sup> Bharti, Prabha<sup>2</sup>

<sup>1</sup> BDC Research Center, AIDS Awareness Group, Amritsar, India

<sup>2</sup> AIDS Awareness Group, Amritsar, India

The first HIV/AIDS case in this historical, which is the highest seat of Sikhs, situated on the India-Pakistan Border was in early 90's. The very first societal reaction

was compulsion to follow the age old tradition of widow of elder brother marrying younger brother of the deceased—result is that none of them is alive today. In very early days of the epidemic our city saw sacking of a staff nurse by a reputed hospital just because of her HIV status. Even two years later (1994) things did not improve people dying of the disease were ostracized by not only the society but the family as well. It started becoming difficult to find 4 able bodied men to take the dead to burial grounds—a big thing here. HIV positive mothers were denied admission for giving birth by all and sundry government or non govt. hospitals. Today, some hospitals have started admitting them but they charge double or treble the fee. Today the scenario has started changing but still lot needs to be done. The change has occurred because of many reasons including work by our group. The change has occurred because HIV patients who with our motivation have started standing up, they have formed a +ve people's network. The scene is changing because of affordability and success of ARV's in some. Still lot needs to be done. Orphans do not get medicines even for OI's. Drug addiction goes unabated because of geographical situation of this town. Our study revealed 1500+ persons living with HIV in Amritsar (official figures?). BDC serves 350 HIV positive persons coming from all sections of society. Most of them are agriculturalist. 70% are males. 27% have history of IDU (self / family member). 11% suspected to have been infected by quacks. Two third can afford anti-retroviral drugs. We propagate "Speak -Our lips are free, Speak- it is our own tongue, Speak- it is our own body

## We.015P

**Empowerment of Balinese Peers for Better HR Services**

Edi, Fredy, Yayasan Matahati, Denpasar, Bali, Indonesia

**Issues:** HIV transmission among IDUs in Bali spread rapidly in the last 5 years. The MOH estimated HIV/AIDS prevalence among the 1500 - 2000 IDUs has reached over 50%. So far, most services are accessible to non-local Balinese, mostly due to cultural reasons. In response to needs for services for Balinese people, in 2004 Yayasan Matahati (YMH) started servicing the remote Balinese in the districts of Tabanan and Gianyar.

**Approach:** YMH developed 3 divisions responding these local needs: Harm Reduction, Care Support Treatment, After-Care. These divisions are managed by former drug users and PLWHA, most of them being indigenous Balinese with the peer-to-peer approach.

**Key Points:** This peers-approach has made our service friendlier and accessible. Peers are meant to be role models to clients, providing living example of an enabled lifestyle with AIDS and with drugs. Yet there is a major challenge that always needs to be considered

when involving IDUs, that is the relapsing of staff, particularly as they are in constant contact with the drug-using world. That phenomenon does affect their work, thus might impact the quality of the service to our clients.

**Implications:** Viewing this condition, YMH felt the need to balance the advantages and problems of this peer approach, i.e. maximizing service accessibility while preventing the staff from relapsing. First, the foundation established some criteria for recruitment of peer workers including ability to maintain a healthy life, knowledge of HIV/AIDS and drugs. Then, regular 'relapse prevention meetings' for staffs are held in the office, supported by daily peer-to-peer supervision to be able to early detect relapse of a peer worker. YMH believes: the total empowerment of Balinese IDUs/PLWHA is the main approach for qualified services.

## We.016P

### Imam Participation in HIV/AIDS Responses in High Prevalence Areas in Xinjiang Uyghur Autonomous Region of Northwest China

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<sup>2</sup> Tian Shan District CDC, Urumqi, China

<sup>3</sup> Yining City CDC, Yining, China

**Introduction:** Xinjiang Uyghur Autonomous Region (XUAR) in the northwest of China is severely affected by the HIV/AIDS epidemic. The highest prevalence of HIV is amongst IDUs (86%). In addition, the majority (estimated at over 60%) of those affected come from Islamic communities. Addressing the high prevalence within these communities requires Imam to actively support and participate in appropriate interventions.

**Methods:** One model was implemented in a large urban setting. Imam were mobilised to convey general messages about HIV/AIDS to followers to reduce stigma and discrimination. Imam conveyed messages in health education sessions and the peer group met on a monthly basis. The Imam developed printed materials for advocacy to other Imam and their followers. The other model was implemented in a small city and mobilized Imam to support NSP within their communities. Key Imam from three communities participated and were educated in HIV/AIDS and harm reduction.

**Results:** The peer support model has enabled Imam to discuss the issues in monthly sessions. The 35 Imam continue to deliver key messages following Friday prayers. The materials developed by the original group of Imam are being utilized by other Imam and their followers.

Three Imam in the second model have continued to support interventions and are regarded as key opinion leaders by other Imam. They have visited PLWHA at

home and they have also provided spiritual support to drug users in the detoxification center.

The first model would appear to have far greater significance in relation to sustainability than the second model as more Imam are involved. The environments where the Imam work, and the nature of the religious environment, are different and these factors impact on the outcome. In both environments Imam see themselves as actively participating in the response to HIV/AIDS and this has enabled them to respond to the care and support needs of their followers in the community.

## We.017P

### Curse or Poverty? Africans Have Been Know Since Time Memorial to Drink Alcohol During Occassions. This Was During Social Events

Onyango, George, Slums Information Development & Resource Centres (SIDAREC), NAIROBI, Kenya

Africans, have long known how to make alcohol. Alcoholic beverages were widely produced and consumed in African societies before colonization, and played a prominent part in ritual and social life (African Studies Centre, Cambridge, 1999). In fact, alcohol consumption was never part of exchange economy, they were given, shared and not sold. In other places, they were kept and when a visitor passing along the homestead asked for cold water to drink would then be given alcoholic beverage instead. They reason that when someone is hungry, you can not give that person water to drink as it will increase hunger in that person. Mostly, these beverages were made from grain, honey or sugar cane.

Africans have been known to drink alcohol during social occasions. This includes during harvesting time or when a child is born. However, the events of the past three years have negated this spirit.

In the past three months, over 45 people were left dead after taking the local brew. Hundreds were left sightless, and now depends on their families. It is estimated that for the last three years, over 2500 people have died, though others have gone unreported. Despite these deaths, not many people are willing to change their drinking habits, but instead say that when they drink, they forget their worries.

This paper therefore would look into the courses of these deaths. Is it that the government burn on traditional liquor the cause of this, or is it a case to do with poverty? Consider with other East African Countries of Uganda and Tanzania where the consumption of traditional liquor is legalized, there are no deaths associated with the traditional liquor. The burn in Kenya has resulted in people who wants to make quick money selling lethal spirit illegally to unsuspecting customers who eventually die after consuming them.



**We.018P****Access to Hepatitis Treatment and Risk Behaviors Among Disenfranchised Drug Users From Rio De Janeiro, Brazil**

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**Background:** Drug users (DUs) are a marginalized population, who do not access health services on a regular basis, at high risk for viral hepatitis but low access to treatment.

**Method:** We examined correlates of access to alcohol/drug abuse and to Hepatitis treatment, as well as the 'missed opportunities' for Hepatitis treatment among 111 DUs with HBV/HCV. Demographics, drug use and sexual behaviors, health and incarceration history data were collected.

**Results:** Most interviewees (84.4%) were male, of African-Brazilian descent/biracial (65.7%), had less than 4 years of education (56.8%), and lived with less than \$200 a month (76.7%). In the last 6 months, 63.3% of participants snorted cocaine, 68.4% of them snorted cocaine at least once a week, every week. High rates of unprotected sex were found: 59.7% of participants with a stable partner and 47.5% of participants with only occasional partners never/almost never use condoms. Access to alcohol/drug abuse treatment is mainly influenced by ethnicity, non-white are times less likely to access alcohol treatment (43% versus 12%,  $P \leq 0.01$ ), and participants with <11 years of education are less likely to access drug treatment (42% versus 14%,  $P \leq 0.05$ ). The main missed opportunities for Hepatitis treatment included lack of referral and no counseling strategies after Hepatitis diagnosis. Participants with lower chance of receiving antiviral therapy include heavy drinkers, regular users of snorted cocaine, homeless and those with no stable living, and participants with previous history of incarceration.

**Conclusions:** This small sample of DUs report disquieting levels of risky sex behaviors and low access to hepatitis treatment, especially problematic among cocaine snorters. Those most in need, including participants without stable living and previously incarcerated were less likely to access treatment, calling for renewed strategies, in order to curb Hepatitis infection among impoverished drug users, their sexual partners and offspring.

**We.019P****Drug Policy in the Asia Pacific Region: Striving to Be Drug Free?**

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**Objective:** In 2005 the Centre for Harm Reduction and Turning Point Alcohol and Drug Centre undertook a situational analysis of drug issues and responses in the Asia Pacific Region. The focus of the current paper is an analysis of drug policy and how it relates to vulnerability for the area.

**Method:** The situational analysis was a comprehensive desk based review and focused on collecting data for 17 countries in the Asia and Pacific. Data sources included over 800 articles and reports from published and unpublished literature and information from over 250 key informants and regional institutions. Key areas of investigation were: drug use and its effects; public policy relating to drug issues; and a stock take of organisations involved in responding to drug issues.

**Results:** The study found that regional drug policy was heavily influenced by UN treaties and international actors, such as lobby groups and governments. The major stated policy goal of each country surveyed is to reduce the use, traffic, cultivation of illicit crops and/or manufacturing of drugs. While countries tend to have a lead agency charged with implementing policy directives, the process of policy formation at a country level is often unclear.

Regionally, coordination of drug policy was strong in Asia. All Asian countries reviewed are signatories to the ACCORD 'drug free ASEAN 2015' policy and actively participate in joint drug control programs with other countries to enhance information sharing and coordination efforts.

However, in the Pacific few nations have comprehensive legislation regarding drug control and there is no overall regional drug policy.

**Conclusion:** Few countries in the Asia Pacific region have comprehensive policies relating to drugs. Where the policies exist, they tend to be dominated by law enforcement, often neglecting, or at best underplaying the health aspects of drug use.

## We.020P

### In West Java, Indonesia, Injecting Drug Users Living With HIV/AIDS are involved in Promoting HIV Prevention, Care, Support and Treatment

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**Issue:** IDU living with HIV/AIDS (ILWHA) is a group which has a major influence in the total number of AIDS case reported in West Java, one of the biggest Indonesian provinces. Therefore it is essential to involve ILWHA in HIV care, support and treatment as well as prevention of HIV among IDUs.

**Setting:** West Java is a province where historically there are many resistances for programs targeted to IDUs, especially needle and syringe exchange program, from most of the community components. Such activities are implemented underground while the advocacy and socialization are still in progress and continuously challenged. Moreover, they were conducted only by local NGOs.

**Project:** IHPCP, a support project mainly sponsored by AusAID, has been behind one of the local ILWHA support group with HIV prevention, care, support, vocational, and advocacy skill buildings activities. These activities are directed to their own community to support 'HIV stop with me' campaign. The support group, together with NGOs also did advocacy for better health services.

**Outcomes:** The response, particularly from the health service providers, police, and government has been great. Their main motivation is to see 'the sick people being treated and not spreading the sickness to others'; however it is being useful to improve the local response in WJ. After that:

- The provincial government hospital has opened access VCT and ARV and providing services for ILWHA.
- Harm reduction approach are scaled up in public health system, both for socialization and implementation
- Implementation of harm reduction is supported by the police even though the drug law isn't so

## We.021P

### Low Threshold Treatment Readiness and Drug-Free Treatment and Rehabilitation Programs For Heroin/Opiate Dependents in Tajikistan

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In Tajikistan with support of USAID funded DDRP program, the Low Threshold Treatment Readiness pro-

gram(LTTR) and Drug Free Treatment/Rehabilitation programs(DFTR) were launched in 2004.

LTTR and DFTR programs running by NGO Dina in Khujant ,NGO Buzurg in Panjakent and NGO Volunteer in Khorog provided service addressing needs of drug users at various stages of behavior change. 250 drug users, who are not ready yet to quit drug use received services within low-threshold treatment readiness programs including opportunity to visit drop-in centers and stay there for a while,have counseling, can develop and follow through a treatment plan. Pro-active outreach activity helped to build trust of the clients to the program and involve the most hidden groups of drug users. Program provide conditions necessary for advancement of the clients from earlier stages of behavior change to stages of planning and action, thus making them ready for participation in treatment and rehabilitation programs. As the result 71.7 % of the clients demonstrated adherence to the program having visited the services at least three times.

Model focuses on building the heroin user's attachments to counseling staff, peer groups,activity components. It allows them to bottom out or experience their crisis inside the program rather than outside on their own.

DFTR provide distinct phases of holistic and culturally appropriate care to address the bio-psycho-social aspects of heroin dependence.In 2005 119 drug users took part at DFTR program and 95 of them have completed the course. The purpose of the program is to help drug users, who made informed choice to change their behavior, to lessen biopsychosocial consequences of drug use without medicines. The course includes individual/group counseling, acupuncture detoxification,life skills development, ergotherapy , stress reduction and bathing in natural hot water springs.

#### Outcomes:

- innovative models will increase availability of DDR services characterized by best and most up-to-date practices
- further pilot models replications over the country

## We.022P

**Divergent Patterns of Amphetamine Use in the City and Rural Areas in Northwest Poland**

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**Background:** Patterns of amphetamine use vary in the Polish city of Szczecin and regional towns and rural areas (RRAs). Research was conducted in the region to assess drug use patterns.

**Methods:** Using a community-based action research method, Rapid Policy Assessment and Response (RPAR), an interdisciplinary team guided by a Community Action Board collected information regarding drug use patterns in the Szczecin region. Data included individual qualitative interviews with IDUs (14) and with police, physicians and others (23); focus groups of providers (3); and secondary data assessing the drug situation across the region.

**Results:** In Szczecin inhaled or ingested amphetamine is common, in the RRAs injected amphetamine is prevalent. In Szczecin, the city operates a syringe exchange program with fewer clients every year and injection equipment is widely available in pharmacies. Szczecin has a large outreach program and a wide range of treatment options for IDUs. IDUs in Szczecin are aware of HIV injection-related risk and primarily use sterile equipment obtained from either pharmacies or the SEP. In the RRAs there are no harm reduction programs, and equipment is not easily available in pharmacies. Treatment is offered but IDUs are treated with alcoholics. Narcological staff in RRAs appear to have low awareness of IDUs.

In RRAs, IDUs reported two primary reasons for not using sterile equipment: 1) difficulty obtaining syringes, and 2) belief that only kompot (homemade heroin) carries an HIV risk. The poorer people of the RRAs cited the efficiency and lower cost of injecting. Finally, in the RRAs, initiation of amphetamine use is much lower (9-11 years) than in the city (16-17 years).

**Conclusions:** Polish drug policy has not responded to an emerging amphetamine epidemic in the rural areas. Policy-makers should base policy on empirical evidence of drug use patterns and environments in both cities and RRAs.

## We.023P

**Needle Exchange in New Zealand: The Success of the Peer Based Model**

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**Issue:** The spread of blood borne viruses is a major risk associated with injecting drug use (IDU). Needle exchange services have been highly effective in reducing this risk and the personnel involved are integral to this success. Recent reviews of the programme identified several potential issues around peer-based services, not least of which is the problem of drug use and/or dealing within the confines of the exchange. In addition, there is still significant social stigma associated with IDU, whether employed or not. Of more concern is the problem of legal anomalies within New Zealand law.

**Setting:** The Dunedin Intravenous Organisation (DIVO) was established in 1989 in response to law changes as a consequence of the spread of HIV / AIDS amongst IDU. Patterns of drug use in NZ are governed by strict border controls that result in widespread diversion of prescribed medications such as morphine, methadone and methylphenidate. Only small quantities of drugs such as heroin and cocaine are available although the clandestine manufacture of methamphetamine is increasing.

**Project:** DIVO was established to provide a multi-faceted approach to harm reduction. IDU respond more openly to education and harm reduction services delivered by trained staff that have knowledge of, and experience in, the local drug scene. Peer educators are well equipped to provide effective harm reduction advice and problem solve with those IDU who are experiencing health and / or social problems.

**Outcomes:** The DIVO needle exchange has been operating under a peer-based model for over 16 years. The health and social needs of clients are acknowledged within a non-judgmental environment and advice / support are provided by paid staff who have all been, or are still, IDU. Problems associated with social stigma, workplace drug use and regulation anomalies have been successfully addressed by empowering the staff to take responsibility for "their" exchange and for the services "they" provides.

## We.024P

### Creating the Conditions For Needle Exchange Programs in Prisons in Ukraine

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**Objectives:** To introduce effective HIV prevention measures in prisons in Ukraine.

**Methods:** (1) A partnership was established between the Ukrainian prison system, a Ukrainian NGO, and a Canadian NGO with extensive expertise in the area of HIV/AIDS and IDU in prisons. (2) Research was undertaken, demonstrating the prevalence of risk behaviours in prisons in Ukraine. (3) Study tours to existing methadone maintenance programs in prisons in Canada and to needle exchange programs in prisons in Spain were undertaken with Ukrainian officials. (4) A conference on HIV and harm reduction in prisons was organized in Ukraine. (5) Sites for two needle exchange pilot projects in prisons in Ukraine were selected. (6) Trainings were undertaken for staff at the prisons selected for the pilot projects, and for senior staff of the Ukrainian prison system. (7) Assistance will be provided with monitoring and evaluation.

**Results:** Initial resistance to implementation of needle exchange pilot projects could be overcome, and two projects are scheduled to start in March 2006. Conditions for rapid scale up are being put in place. Because of delays in implementation of substitution therapy in Ukraine, implementation in prisons has also been delayed.

**Conclusions:** Effective partnerships can be created between prison systems and NGOs in Eastern Europe and NGOs in Western countries. A series of well-planned steps, including research, study tours, and trainings, can create the conditions for implementation of measures such as needle exchange programs in prisons. Monitoring and evaluation are important for efforts to scale up such programs not only in Ukraine, but also in other countries in the region.

## We.025P

### Developing a Prevention Strategy of Initiation into Injecting Drug Use among Youth in Ukraine

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**Objective:** develop a strategy for the prevention of initiation into injecting drug use among vulnerable adolescents and youth. Present first: HIV epi is large in

Ukraine and largely driven by IDU; harm reduction programs such as NEP do useful work, but the number of IDUs is still growing.

**Approaches:** the sociological data obtained in the survey within the Project "Preventing Initiation of Drug Injecting among Vulnerable Youth" have formed an empirical database for the strategy proposed. Round table discussions with specialists, group discussions with young IDUs and their non-injecting peers were held for development and estimation of the strategy.

**Results:** The majority of the respondents first injected under the influence of friends. Initiators are normally IDUs. Non-injecting drug use, including tobacco and alcohol, may increase vulnerability to initiation of injecting drug use. Women seemed to be more likely to receive their first hit from the sex partner and be under the effect of alcohol at the time of the first occasion of drug injecting. The presence in a situation when other people inject drugs may be a factor contributing to initiation of injecting drug use. 'Curiosity' and 'the desire to get high' are the main motivations behind the first hit.

**Conclusions:** We believe that in order to increase the effectiveness of drug prevention, preventive measures are to be oriented at relatively circumscribed and well-defined groups at increased risk and with particular needs, and employ individual and social approaches.

1. Stop initiation into injecting drugs. Target group (TG): adolescents and young people who use non-injecting drugs yet never injected.

**Objectives:** to decrease the incidence initiation of injecting drug use; decrease risks associated with non-injecting drug use.

2. Stop injecting drug use. TG IDUs with relatively short injecting career and those experimenting with injecting drugs who may also use non-injecting substances. Objective: stop transition to injecting drug use.

3. Do not involve other. TG: regularly injecting adolescents and young people. Objective: involve IDUs into prevention programme

## We.026P

### Willingness to Participate in Preventive HIV Vaccine Trials Among Young Injection Drug Users in San Francisco (UFO Study)

Ford, Jamey; Paciorek, Alan; Hahn, Judith; Page Shafer, Kimberly; Lum, Paula; University of California, San Francisco, CA, USA

**Background:** Young injection drug users (IDUs), particularly MSM-IDU are at high risk of HIV infection.

However, high-risk drug users in the U.S. are under represented in HIV vaccine efficacy trials.

**Methods:** We interviewed 191 street-recruited IDUs under age 30 between August 2004 and September 2005. Data on sociodemographics, drug use and sexual behavior, and knowledge of and willingness to partici-

pate in preventive HIV vaccine trials were collected. Knowledge was assessed using 8 questions about key vaccine trial concepts. Willingness was measured on a 4-point scale, ranging from 1 (Definitely not willing) to 4 (Definitely willing).

**Results:** Median age was 23 [IQR=21-26]; 75% were white; 73% were male; and 23% were MSM-IDU. Median years injecting was 5 [IQR=2-8] with one-third reporting daily injection in the last month. The most commonly injected drug was heroin (79%) followed by methamphetamine (67%). In the last 3 months, nearly half (43%) had shared a syringe and two-thirds (68%) did not always use a condom for vaginal or anal sex. Few (7%) participants, however, felt they were at high risk of current infection with HIV. One-fourth (24%) of respondents correctly answered 5 or more knowledge questions about key vaccine trial concepts. Most participants (76%) stated they were definitely or probably willing to participate in an HIV vaccine trial. Willingness to participate in an HIV vaccine trial was not associated with age, sex, drug of choice, frequency or duration of injecting, syringe exchange, recent condom use, self perceived risk of HIV infection, or knowledge of vaccine trial concepts.

**Conclusion:** Young IDU report high HIV-related risk behavior and most are willing to participate in HIV vaccine trials. However, knowledge of vaccine trial concepts is extremely low. Improving young injectors' knowledge of vaccine trial concepts is an essential step to ensuring their informed consent and participation in any future HIV vaccine trial.

#### We.027P

##### **Negotiating Contradictions Between Research and Service Goals in Drug User Studies (The UFO Study)**

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**Issue:** Epidemiological and bio-medical research studies of vulnerable populations often embody contradictions between the studies' scientific goals and the service needs of the study participants.

**Setting:** The UFO Study (UFO) is a series of community-based studies of viral blood borne infections in young adult injection drug users (IDUs) in San Francisco. Over the last 8 years, UFO has reported on the epidemiology of HIV, HCV, and HBV infections, as well as opiate overdose and methods to improve HBV vaccine adherence in young and often homeless IDUs. The UFO research team includes principal and other investigators, as well as front-line staff, including: project directors, interviewers/test counselors, outreach workers, phlebotomists, and nurses.

**Project:** The researchers and front-line staff of UFO have attempted to address contradictions between research and service priorities and create a study environment that does not patronize or unnecessarily objectify study participants. For example, negotiation has occurred around issues such as instrument design that is culturally competent, less objectifying, and effective. The UFO team has also negotiated the disclosure of complex HCV laboratory results to study participants, something not required by research protocols yet important from a service perspective.

**Outcomes and Lessons Learned:** Trust and an open dialogue between investigators and front-line staff are critical to successful negotiation. Negotiation can close the gap between research priorities that construct "subjects" as objects of knowledge and service priorities that construct "subjects" as patients or clients.

#### We.028P

##### **Failure of Harm Reduction in Nepal**

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**Issue:** The official government view is that there are 50,000 illicit drug users in Nepal of whom 20,000 are injecting drug users. It is likely that the number of IDUs is substantially higher. The most commonly used drug is buprenorphine (commonly called Tidigesic) which is injected. The number of injecting drug users is increasing all over Nepal. They have a high prevalence of HIV/AIDS and in addition to their unsafe injecting behaviour, their high-risk sexual behaviour has contributed to an overall increase in HIV among them.

**Background:** In Nepal drug abuse has become a major challenge. There are an estimated 80,000 drug users in Nepal, the majority are injecting drug users (IDUs). A survey conducted last year showed that 5 out of 10 IDUs were HIV positive in Nepal. The figure is more alarming for Kathmandu Valley - 7 out of 10. With the HIV epidemic emerging, it is time to formulate effective measures to stop the spread of HIV surrounded by IDUs and their families. One of the much-discussed measures is Harm Reduction Intervention. It is a concept to reduce the possibility of HIV transmission among drug users, who cannot stop taking drugs right away.

**Result:** Harm Reduction Interventions has been very successful in many parts of the world in reducing HIV infections significantly. Beginning last year a multi-donor funded Programs scaled up the Harm Reduction Intervention to more than 17 projects around the country. The mission was to reduce drug-related harm and the spread of HIV infection among IDUs. To the surprise of all, these programmes stopped in less than a year. The programmes office was shut down and the officials went back home.

**Recommendation:** It is not always the drug users who should be responsible for the criminal acts but Drug users hold the government and development partners responsible for making hasty decisions, and the lack of co-ordination, leading to unplanned implementation of so-called anti-drug programmes.

## We.029P

### The Menace of Agbo (A Native Beverage With Alcohol Base) to Road Users, the Nigerian Experience

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**Problem Under Study:** Majority of Nigerian Drivers particularly the commercial drivers start each day by taking agbo, a native beverage with an alcohol base believed to have some medicinal properties. This has contributed immensely to road traffic incidents resulting in injuries and sometimes fatalities.

**Objectives:** To address the problems caused by Agbo to road users

**Method:** In conducting this study, questionnaires and direct interviews were administered to 1000 road users in different locations. The study lasted 3 months and was done in Lagos, Nigeria. Views on why drivers take agbo and suggestions on how best to solve this problem were recorded from commercial drivers and their passengers.

**Results:** The data was statistically analysed and interpreted. 60% of the commercial drivers interviewed were found to take agbo regularly, 15% were found to take it occasionally while 25% do not take it at all. On why they take it, 65% said they take it because of the medicinal properties, they believe it cures many ailments including malaria. 35% were found to take it because of the alcohol base. They claim the it makes them feel high and ready for the day's job. On analysis of the questionnaires administered to passengers, 80% of the respondents agreed that it poses a major threat to road users and suggested an outright ban of the product while 20% suggested that the alcohol base should be changed to water.

**Conclusion:** The problems caused by Agbo is multifaceted. This study calls for further research:

1. To find out if it truly has some medicinal properties and if it does what safe substitute can be introduced. This calls for some laboratory analysis of the product.
2. To explore the possibility of changing the alcohol base to water. This study will help address this problem not only in Nigeria, but also in other countries with a similar problem.

## We.030P

### Demographic and Behavioural Characteristics of Sex Trade Workers Among Aboriginal Female Youth in Prince George and Vancouver, Canada

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**Objective:** To identify demographic and behavioural variables associated with sex trade work among Aboriginal female youth that reside in Prince George and Vancouver, Canada.

**Methods:** The Cedar Project is an observational study of Aboriginal youth residing in Vancouver and Prince George. Eligibility criteria include age 14-30, and self-reported use of non-injection or injection drugs at least once in the month before enrolment. Data regarding demographic variables, injection and non-injection drug use, frequency of drug use, and other behaviours were obtained from interviewer-administered questionnaires completed during 2003-05. Comparisons were conducted between female participants involved in sex trade work during the previous six months with those that were not. Multivariable logistic regression was used to identify independent factors associated with sex trade work. Unadjusted and adjusted estimates of odds ratios, and 95 percent confidence intervals were calculated for factors of interest.

**Results:** Two hundred and sixty-two female participants were eligible for this study, and 154 (59%) reported being paid for sex by someone of the opposite gender in the previous six months. The median number of clients seen by these participants during this period was 104 (IQR:20-400). Sex trade workers were more likely than those not involved in this activity to be bisexual or gay (OR=2.3; 95% CI:1.1, 4.9), to use injection drugs (OR=2.0; 95% CI:1.2, 3.3), and be HCV-positive (OR=1.8; 95% CI:1.1, 3.0). Multivariable analysis revealed daily injection of cocaine (AOR=4.3; 95% CI: 1.7, 11.1), smoking crack (AOR=4.2; 95% CI:1.3, 13.9), and binging with injection drugs (AOR=3.4; 95% CI:1.0, 11.4) to be independently associated with sex trade work.

**Conclusions:** Innovative client driven harm reduction strategies addressing both sex and drug related harms are urgently needed in this population. Client driven, round the clock drop in centres may afford the opportunity for sex workers to be safe and receive referrals to care.

**We.032P****Suicide-Related Behaviour and Indifference: the Importance of Developing a Nomenclature For Suicide in the Alcohol and Other Drug Sector**

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**Background:** Suicide-related behaviour (SRB) amongst heroin users is a complex and multifaceted continuum of behaviours and the vast majority of research findings reported base their findings on a single dichotomous question: "Have you ever attempted suicide? Yes or no?" This ultimately means that much of the research into SRB in the alcohol and other drugs sector may have failed to adequately document the extent and nature of SRB in this population.

**Aims:** To investigate the validity of using a single dichotomous question to describe suicide-related behaviours and identify the different types of SRB in this sample.

**Methods:** Qualitative semi-structured interviews

**Setting:** Geelong, Australia

Participants 60 regular heroin users recruited primarily from needle and syringe programs

**Findings:** 28.3% of interviewees reported the previous suicide attempt and 45% reported having seriously considered to committing suicide. However, subsequent analysis identified a number of behaviours which did not fit within definitions of suicide. Types of SRB observed in this sample included: Suicide attempts, Instrumental suicide-related behaviours, Suicidal ideation, Chronic suicide and Risk-taking thoughts and behaviours.

**Conclusions:** SRB is a complex continuum of behaviours and requires sophisticated definitions of constructs such as suicide and intent. Heroin users engage in many behaviours which inhabit a grey area that many current investigations of SRB have failed to adequately document. The use of a single dichotomous question about suicide misrepresents the extent and nature of the problem in heroin-using (and other) populations. This paper has demonstrated that the use of a nomenclature such as to O'Carroll et al's improves the ability of research to properly define and categorise SRB in drug using populations and future research into the issue should include questions regarding intent, intensity, number of previous attempts and desired outcome.

**We.033P****Attitudes and Perceptions in Dual Diagnosis**

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Historically, professionals involved in the care of clients suffering from co-morbid disorders have coped in different ways in order to provide the best service possible. However, it is recognised that individuals with co-mor-

bid disorders experience multiple health and social problems and require services across several systems of care.

Mental Health, Substance Misuse and Primary Care have been designed to operate independently from each other, each one with its own treatment approach and different philosophies. These reasons often lead to clients/patients with comorbid disorders to move backwards and forwards across systems of care (Bullock, 2003).

The group of professionals targeted in this study are Mental Health, Substance Misuse, and Primary Care professionals across different disciplines who are directly and indirectly involved in the care of the comorbid client group. A survey was used listing each of the initial principles with a five-point Likert Scale to allow the respondent to indicate the extent to which they agree or disagree with each of the principles. All these attitudinal factors were describe in the Opinions About Mental Illness Scale (OMI) developed by Cohen and Struening (1962), a multidimensional scale to assess attitudes of health care staff towards mental illness and modified by Bullock (2002) for professional staff working with comorbidity. A total of 122 completed and sent back the questionnaire, which represents 21.98 % of the total of the sample.

This study attempted to examine attitudes of mental health, substance misuse and primary care professionals towards comorbid clients/patients and more particularly to determine whether these attitudes can represent a barrier in order to develop and undertake a more collaborative treatment approach for those suffering from comorbid disorders.

The data were analysed using descriptive statistics and ANOVA. The results showed no significant differences amongst the three groups studied. Training and experience may have led to a response biased. There is a need to explore in future studies attitudes towards dual diagnosis in a bigger sample

**We.034P****Improvement of Screening, Evaluation and Treatment Integration For Persons With Dual Disorders: an Innovative Cross-Training Project**

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**Issue:** About half of the persons with severe mental illness are also affected by a substance use disorder (Mueser & al., 2003). These people make more fre-

quent use of services and are at increased risk of relapse, re-hospitalizations and suicide (Health Canada, 2002). Despite the historical division of psychiatric and addiction services, it is now established that integrated treatment is the most effective approach for this vulnerable population. Harm reduction is a core component of this recommended approach (Health Canada, 2002).

**Setting:** Domrémy, a public addiction center located in Mauricie / Centre-du-Québec (rural and urban region between Montreal and Québec, Canada) initiated a collaboration with the regional mental health hospital and their "Program of Assertive Community Treatment" (PACT) teams. These PACT teams provide services to patients with severe mental illness who display low motivation for change and resist to usual treatment approach; these patients also experience several associated psychosocial difficulties as well as frequent crisis and hospitalizations. The use of the Mueser Dual Disorders Fidelity Scale (2003) confirmed a moderate level of treatment integration in these PACT teams.

**Project:** This project, financed by Health Canada, leads to the implementation of an innovative cross-training method designed to improve the screening, evaluation and treatment integration of dual disorders. It implies a ten weeks position rotation between clinicians from Domrémy and the PACT teams.

**Outcomes and Lessons Learned:** Many positive impacts are observed: more effective utilization of standardized tools to screen substance use disorders, improved clinician's knowledge about psychiatric and substance use disorders, improved capacity to develop adequate integrated intervention plans, improved collaboration between psychiatric and addiction services. However, the actualization of integrated intervention plans is still a clinical and organizational challenge. Active collaboration between psychiatric and addiction services needs to be implemented in a long-term framework in order to be effective.

## We.035P

### Case Study on an Out-reacher 's Motivation for Cooperation with Harm Reduction Program

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This case study proposes the story of past life of an out-reacher in HRD program as well as his main motivation for cooperation with this program. Absence of executive plans in the field of prevention is sensible in the past. Unstable and disturbed family, addiction of father, lack of self-esteem and self confidence, divorce and separation, unsuitable life environment, unsuitable friends, defective adjustments, lack of attention toward the improvement of mental health state in the society, workplace and strategies for it, lack of appropriate planning for leisure time and utilizing undiscovered talents and so on, are suitable opportunities for his tendency toward

addiction; while receiving unconditional love and affection as well as planning for removing affective deficits and physical and particularly mental rehabilitation are the most effective strategies for the recovery and treatment in the case of substance abuse. Compensation for his malfunctioning toward the society, preventing any harm from the existing addict patients' and preservation of the society's health all are what made him to participate in HR program and cooperate voluntarily in this ground.

## We.036P

### Music Removing Barriers

Marques Filho, Altino; Coelho, Cassiano; Ávila, Lazlo; Faculdade de Medicina de São José do Rio Preto (FAMERP), São José do Rio Preto, Brazil

**Issue:** a successful drug harm reduction program depends on the easy communication by its participants. Removing barriers becomes one of the main aspects. Popular music can be used as a tool to minimize resistances, improving relationship between professionals involved and the drug users. It can make easier to work on the individual's self-criticism on the pre-contemplative and contemplative stages (Prochaska and Di Clemente, 1984).

**Approach:** psychological motivation, ambivalence for changing and present or future consequences of drug use were analyzed in a song composed with didactic purposes. Music lyrics and psychoanalytical theoretical approaches were presented to the graduation students of medicine and nursing college of FAMERP (São José do Rio Preto Medicine and Nursing College). By the end of presentation they answered a specific questionnaire. Data were analyzed.

**Key Points:** Music is an interesting didactic tool that minimized resistances, making technical information easier to understand. Harm reduction approaches advocate lessening the harm of drugs through education. Applying this method to drug users in different environments such as colleges, self-help groups and outpatient drug treatment units can reduce drug harms.

**Implications:** Music can remove barriers. The same way music can motivate people to initiate on drugs, we can use it in the opposite direction. Studies involving the use of music, as a tool to remove barriers should be encouraged.



**We.038P****Evaluation of a Collaboration Project Between an Addiction Center and an Hospital in Order to Implement Integrated Detoxification Services**Bertrand, Karine<sup>1</sup> Ménard, Jean-marc<sup>2</sup><sup>1</sup> Domrémy Mauricie / Centre-du-Québec, Trois-Rivières, Québec, Canada<sup>2</sup> Domrémy MCQ (public addiction center), Trois-Rivières, Canada

**Background/Objectives:** Concomitant psychiatric and substance use disorders are associated with higher rates of re-hospitalizations and higher risk of suicide (Mueser & al., 2003). Persons with dual mental disorders describe their visits to the emergency room as a key moment in their trajectory that led them to accept addiction treatment (Bertrand, 2004). At the same time, many barriers to treatment exist for this vulnerable population who tends to deny their problems. A collaboration between a public addiction center and an hospital was established in Trois-Rivières, (Québec, Canada). The objective of this collaboration was to implement integrated detoxification services (IDS). IDS implies: delivering the appropriate level of care based upon ASAM criterions (2000); the daily presence of a nurse of the addiction center in the hospital who can make a brief interview within a motivational framework and facilitate access to the appropriate service. The objective of this evaluative research is to document the impact of the IDS implementation.

**Methods:** The IDS evaluation covers three axis : 1) the patient's services utilization (n= 295); 2) the patient's perception about the IDS (n=8; individual interviews); 3) the clinician's and manager's perception about the IDS (n=20; focus groups).

**Results:** These three sources of data converge on a positive impact of the IDS implementation in term of service's accessibility, continuity and quality. About two thirds of the patients that were seen by the nurse in the hospital engaged themselves in a significant addiction treatment experience. The addiction center received 5 times more references from the hospital.

**Conclusions:** It is recommended to generalize this IDS experience to the entire region. This evaluative research also underlines the need to improve services to patients with dual disorders via the formalization of collaborations with, in addition of the hospitals of the region, the other mental health services.

**We.039P****Providing Integrated Treatment to Individuals with Co-Occurring Substance Use and Mental Health Disorders**Pettey, Donna; Lang, Danny; Canadian Mental Health Association, Ottawa, ON, Canada

The Ottawa Branch of the Canadian Mental Health Association provides Community Support services to

individuals who are homeless and who have a severe and persistent mental illness through their Outreach and Community Support Workers. From April 1 2005-October 2005 these services had worked with over 640 unique clients. In serving our designated clientele over the years it has become apparent that while a majority of individuals struggled with a range of substance use/abuse problems, existing addiction treatment options are either not readily available or do not accept individuals with a mental illness (especially if they are homeless). In addition to this, traditional treatment programmes that demanded abstinence prior to admission are out of step with where many of our clients are at: the complex world of homelessness, poverty, polysubstance abuse, and/or untreated mental illness do not often combine to create likely candidates for structured treatment and interventions. Over the past 4 years CMHA has researched and developed an integrated treatment approach to work with individuals with a concurrent disorder based on the Best Practices outlined by Health Canada and on the vast work of Dr. Kim Mueser. This session will focus primarily on the experience of CMHA Ottawa in developing a programme to respond to the needs of clients with co-occurring substance use and mental health disorders and, over time, the opportunity that CMHA had in developing and integrating the service within the existing frontline services of CMHA Ottawa. Outcome data and research conducted as part of CMHA's ongoing evaluation practice will be presented.

**We.040P****Development and Integration of a Hospital Outreach Service for Individuals with Co-occurring Serious Mental Illness and Substance Use Disorder (Concurrent Disorders)**Pettey, Donna; Lang, Danny; Boyde, Karen; Sheridan, Russell; Canadian Mental Health Association, Ottawa, ON, Canada

This session will focus primarily on the experience of CMHA Ottawa in developing a programme to respond to the needs of clients with co-occurring substance use and mental health disorder and, over time, the opportunity that CMHA had in developing a Hospital Outreach service and integrating that service within the existing frontline services of CMHA Ottawa. Outcome data and research conducted as part of CMHA's ongoing evaluation practice will be presented.

This presentation deals with:

- programme development (both in terms of integration within existing services and the introduction of new services at CMHA Ottawa)
- community development and multiple partnership building with both hospital and allied community agencies; and

- service delivery description of community mental health services within an alternative inter-disciplinary team approach, and of a training programme for frontline staff on working with individuals with concurrent disorders.

As such, the target audience could include a range of individuals: programme and community developers, mental health and addictions frontline staff, medical staff (Registered Nurses and Psychiatrists) and staff involved with education.

**Background:** The Ottawa Branch of the Canadian Mental Health Association provides Community Support services to individuals who are homeless and who have a severe and persistent mental illness through their Outreach and Community Support Workers. Housing Outreach Workers initially engage with clients in emergency shelters or on the street, try to resolve their "homelessness" and connect them with the ongoing support they need to maintain their housing and Community Support Workers (commonly referred to as case management) provide intensive long term support to a defined small caseload of high need clients. In serving our designated clientele over the years it has become apparent that while a majority of individuals struggled with a range of substance use/abuse problems, existing addiction treatment options are either not readily available or do not accept individuals with a mental illness (especially if they are homeless). In addition to this, traditional treatment programmes that demanded abstinence prior to admission are out of step with where many of our clients are at: the complex world of homelessness, poverty, polysubstance abuse, and/or untreated mental illness do not often combine to create likely candidates for structured treatment and interventions.

Over the past 4 years CMHA has researched and developed an integrated treatment approach to work with individuals with a concurrent disorder based on the Best Practices outlined by Health Canada and on the vast work of Kim Mueser. While continuing to work on the implementation of this integrated treatment approach, CMHA began to develop and implement an additional intensive community support and rehabilitation service to meet the needs of clients identified by Schedule 1 facilities (Hospital psychiatric in-patient settings). The purpose of the Hospital Outreach Service is to facilitate discharge from inpatient beds, reduce length of hospital stay, and to reduce the overall number of admissions/re-admissions to hospital. For specific Schedule 1 facilities this can include the identification of clients through emergency room presentations as well.

The service combines a strengths based case management approach within a interdisciplinary team setting that includes 10 Hospital Outreach workers, 2 registered nurses, 1 psychiatrist, 1 occupational therapist, 1 recreational therapist and 1 mental health and addic-

tion worker. This is an alternative inter-disciplinary team approach and is not an ACT Team. As of November 2004 the Hospital Outreach service has engaged 132 clients into service.

## We.042P

### Low Threshold MMT Incorporated in Holistic Approach Versus Intensive Model

Nassirimanesh, Bijan, Persepolis NGO, Tehran, Iran

**Objective:** Low threshold MMT incorporated in holistic approach for street drug users versus intensive model

**Rationale:** Started with NSEP worked for us a bridge for other services not abstinence but more transitional state like MMT toward complete recovery.

**Method:** A team composed of a GP & a nurse from Iran national center for addiction studies (INCAS) settled there to offer MMT on a daily basis. It was in the first stage of making Iranian MMT guideline thus we started to observe & evaluate the MMT program to make any adaptation for street IDUs if applicable. In the project supported from UNODC it was designed to have 30 cases on MMT but with capability of Persepolis NGO & good collaboration with INCAS we have been able to get the approval for increasing the clients to 200 daily. At first there were some speculation regarding the dosing protocol (start dose, induction phase & maintenance), urine testing & minimum ancillary measures needed for the clients & some hypothesis like street IDUs because of severe malnourishment & poor physical condition need less methadone & more restriction in all stages than more stable clients in the INCAS itself &.

**Result:** We reached to a formula of minimum staff & working hour with maximum enrolment of clients in setting like Iran capital. With the help of dosage tables we made for each patients (it typed dosage in vertical line & time on horizontal) & matching it with a daily questionnaire asking about OTI (opioid treatment index) we got the best dosage with maximum compliance & attachment to program between 80-100 mg. Using simple medication to deal with frequent light side effects e.g. constipation, abdominal cramp & burn, withdrawal in the afternoon we have been able to prevent from early drop out. Further research & study needed to know the clear adaptation of MMT for street IDUs

## We.043P

### Methadone Maintenance Treatment Program Drug Dependence Hospital Jakarta Indonesia

Asril, Asliati, Drug Dependence Hospital, Jakarta, Indonesia

Jakarta is the capital of the Republic of Indonesia. It is about 650 square kilometers in area, with 13 million populations. The use of heroin had increased since 1996. In the year 2001, increase in narcotic abuse and

injecting drug use, with subsequent increase in HIV infection among drug users became an emerging and urgent problem for Indonesia. In view of searching for appropriate and sustainable programmes to reduce injecting drug use, thus prevent HIV transmission and reduce harm for the injecting drug users, a pilot project using methadone **as a treatment option** for relapse cases of drug abuse was proposed and supported by WHO - UNAIDS. The Methadone Maintenance Treatment started dispensing to injecting drug users as of early January 27, 2003. The project is ongoing as one national model with continued support from the IHPCCP - AusAID and close technical partnership from the WHO. The total number of the client registered is 341 at September 2005, of which, 148 are active. 142 had dropped out for various reasons - 15 have died, others arrested, and some requested tapered off. The average maintenance dose is between 40 - 75 mg (64 %). HIV is high (63, 5 %), Hepatitis C (93 %). Referral to methadone service by the former patient is high at (53 %). Since this clinic is the only one serving Methadone in Jakarta, it is a major constraint to accessibility by those who can most benefit from the methadone services. Recognizing this, sites are to be expanded, with the project acting as a mentor and technical support to other satellite sites.

#### We.044P

##### **Participatory Community Research: Effective Mechanism in Tracking Drug Hot Spots - Isale Eko Community, Lagos - Nigeria**

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<sup>1</sup> Nigeria Youth Aid Programme (NYAP), Lagos, Nigeria

<sup>2</sup> United Nation Office on Drug and Crime (UNODC), Abuja, Nigeria

<sup>3</sup> United Nation Office on Drug and Crime (UNODC), Lagos, Nigeria

**Issue:** The use of psychoactive substance with syringes in the community has been associated with health, social and economic setbacks, which is linked to school dropouts, crime, violence, cultism, HIV infection and street wondering "Area Boys" syndrome, unemployment as well as other social vices. Injecting drug use in this community, cuts across all ages and socio-economic status with children and young adults between 15 to 35 years.

**Description:** Isale Eko is a foremost traditional community with a densely populated and full commercial activities usually ascribed as the economic nerve center in Lagos.

**Project:** The project, was aimed at determining the locations and extent of injecting drug use and the formulation of workable community strategies for possible intervention also targeted at community project ownership.

Meetings were held with the Executives of the Community Development Committee (CDC) after which a one day sensitization seminar was organized for community leaders. Four (4) community youth were selected to carry out the mapping exercise with seasoned researchers on the Participatory Learning Action tools.

**Lessons Learned:** Findings from the research showed that using community researchers with proper orientation of purpose, would break usual barriers locating drug hot spots. Researched community members are more conformable when they are involved and there is that strong commitment in project survival. It was also revealed that full scale IDU starts from 6pm local time, in the market (Oju-ino) to late in the night after normal commercial activities have closed for the day. However, there is that willingness by community members to be informed employed and change the situation in their community.

This research recommends urgent intervention measures such as "operation clean needles" (to drastically discourage shearing of needles by user) should be introduced in the drug using population as part of the comprehensive national effort towards combating the HIV/AIDS menace in the country.

#### We.045P

##### **Treating Australian Vietnamese Heroin Users With Buprenorphine**

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<sup>1</sup> Turning Point Alcohol and Drug Centre, Fitzroy, VIC, Australia

<sup>2</sup> National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW, Australia

<sup>3</sup> Burent Institute, Melbourne, VIC, Australia

Ethnic Vietnamese heroin users in Australia are exposed to multiple drug related risks including high rates of blood borne virus infection, opioid overdose, over-involvement in the criminal justice system involvement and poor retention in substance use treatment, particularly methadone maintenance treatment.

This paper will report on a clinical trial exploring the experiences of ethnic Vietnamese heroin users participating in buprenorphine delivered as part of a flexible treatment program in Melbourne, Australia. Qualitative and quantitative research methods were used and a total of 172 in-depth interviews were conducted with 20 participants over a fifteen-month period.

While participants entered the study seeking short-term treatment, buprenorphine was widely accepted and used as both a withdrawal and maintenance medication. Participants' experiences of buprenorphine and the program facilitated a shift in their explanatory models of heroin dependence from looking to Western medications for short-term symptom relief towards an understanding

of heroin dependence as a chronic relapsing condition. Participants' ready access to heroin during the study had a significant impact on their use of, and response to, the new treatment. Significant and fluctuating tensions also occurred between participants and their families, related to different perspectives on both addiction and optimal treatment. Travel to Vietnam by a sub-group exposed them to increased risk of HIV infection.

A model of patient centred prescribing was explored as a practical mechanism for engaging and working with ethnic Vietnamese heroin users. This model offered an effective way of assisting participants to shift from seeking substance use treatment as a short-term solution towards more comprehensive care.

## We.046P

### "The Problem Is That, Besides Needing the Drug, We Have Lost Everything": the Andalusian Heroin Trial From the Participants' Side

Romero, Manuel<sup>1</sup> March, Joan Carles<sup>1</sup> Oviedo Joekes, Eugenia<sup>1</sup> and the PEPSA Team

<sup>1</sup> Andalusian School of Public Health, Granada, Spain

**Issue:** To describe the participants' perceptions about the experimental drug prescription program in Andalusia (PEPSA).

**Setting:** Granada, Spain.

**Intended Audience:** People who are involved with socially excluded opioid dependent persons.

**Project:** The PEPSA trial (2003-2004) was a randomized, open study that compared intravenous diacetylmorphine vs. oral methadone with medical and psychosocial support; leading to improvement in physical and mental health as well as social integration among socially excluded opioid dependents persons for whom standard treatments have failed. One hundred 76 participants were screened for eligibility, 62 were randomised, 44 completed the treatment (9 months), and currently, 31 continue receiving heroin under compassionate use. Both groups improved with respect to the total domain assessed. Those in the experimental group showed greater improvement in physical health, HIV risk behaviour, street heroin use, drug-related problems and illegal activities.

**Outcomes:** At the beginning of the recruitment, participants were suspicious that the trial would not be conducted, or that they could fall into the methadone harm. Others did not want to commit with strict screening and treatment and complete so many evaluations. During the trial, patients in methadone alone were quite distressed to know that others were receiving heroin but also surprised to receive that much attention (psychologist, lawyer, etc.). In the heroin harm, patients showed hope and illusion but also fear, about how to continue their lives without the urge of getting the drug in the street. When the trial finished, patients in compassionate

use were disappointed about the attention received compared to the attention during the trial (smaller ratio of professionals by patient, etc.).

**Lessons Learned:** Strict inclusion criteria should be avoided if working with this population. Heroin did not cause the expected "honey pot" effect during the recruitment process. Objectives should be more global, offering the patients more than heroin, which is the start point from where they can build a non- socially excluded life.

## We.047P

### Consumers and Pharmaceutical Companies - When Working Together Works

Madden, Annie<sup>1</sup> Bath, Nicky<sup>2</sup>

<sup>1</sup> Australian Injecting and Illicit Drug Users League (AIVL), Canberra, ACT, Australia

<sup>2</sup> Australian Injecting and Illicit Drug Users League, Sydney, NSW, Australia

Currently within Australia the only pharmacotherapies that are available to people who are dependent on heroin are Methadone/Biodone and Subutex.

In August 2005 after a lengthy appeals process, Suboxone was recommended by the Australian Drug Evaluation Committee (ADEC) for registration. Reckitt Benckiser the manufacturers of Suboxone also submitted to the Pharmaceutical Benefit Advisory Committee (PBAC) for reimbursement of Suboxone on the Pharmaceutical Benefit Scheme. This will make it possible to provide Suboxone to consumers at a reduced or subsidised cost.

As part of their on going commitment to consumer involvement and support, Reckitt Benckiser sponsored the Australian Injecting and Illicit Drug Users League (AIVL), Australia's national drug user organisation to hold a National Consumer Suboxone Workshop. The workshop enabled attendees to gain:

- Accurate up to date information on Suboxone
- Gain greater insight into the regulatory time frame for Suboxone
- Ask questions to guest speakers that included doctors and government representatives

The workshop skilled up the state and territory representatives from each of Australia's drug user organisations as "Suboxone Experts" who then returned to their locality and undertook a series of information sessions on Suboxone.

This paper will demonstrate how effective partnerships can be developed between consumer organisations and pharmaceutical companies. In addition the paper will provide delegates with:

- An over view of the workshop model and content
- Explore how new drug treatment options can be introduced in a more supportive and productive way

**We.048P****The Evolution of a Strategy For the Provision of Methadone Harm Reduction Treatment in a Suburban Community in Dublin Ireland**

Bourke, Margaret; O'Driscoll, Denis; Scully, Michael; Keenan, Eamon; HSE South West, Dublin, Ireland

**Issue:** Ireland has a significant heroin problem. Problematic opioid use has been largely concentrated in the capital city Dublin and its suburbs. Methadone although legal was prescribed in limited amounts in short detoxification programmes. The advent of the HIV epidemic led to a change in drug treatment policy to embrace Harm Reduction.

The provision of methadone treatment met with opposition in the worst affected communities. The statutory Health body now known as the Health Service Executive developed a policy to work in partnership with affected communities. The Statutory Services were thus enabled to provide treatment within local communities on a partnership basis.

**Project:** In 1993 a report on the Prescribing of Methadone in Ireland was published recommending involvement of General Practitioners and Community Pharmacists. In 1996 a Protocol Scheme was piloted in the community. In 1998 a review of the Protocol was published and signed into law.

This study shows the development of a strategy to expand treatment access both pre and post Methadone Protocol. It is intended to show how the Methadone Protocol operates from a service viewpoint and demonstrates how it is facilitated in practice.

**Outcomes:** The evolution of services in satellite clinics and general practice in Tallaght, a Dublin suburban satellite town (pop 95,000) is outlined. Service provision was expanded through these routes prior to the availability of an Addiction Treatment Centre. Successful community based drug treatment service depends on co-operation between Statutory Services, Community Partnerships, General Practice and Community Pharmacies. The advent of an Addiction Treatment Centre in 2004 has complemented the already existing services.

**We.049P****Methadone Maintenance Treatment Program Preventing HIV Through Drug Treatment**

Asril, Asliati, Drug Dependence Hospital, Jakarta, Indonesia

**Issue:** Indonesia's centered location made it a haven for drug trafficking. Since the 90's, more heroin use was noted. Later in 2001, injecting heroin became the main channel for consumption subsequently causing a HIV surge among IDUs. Nowadays, Jakarta has the second highest infection rate in Indonesia. In search for appro-

priate and sustainable programmes to reduce injecting drug use, thus prevent HIV transmission and reduce harm for the IDUs, a pilot project using methadone as a treatment option for relapse cases of drug abuse was proposed and supported by WHO - UNAIDS. The Methadone Maintenance Treatment started dispensing to IDUs as of early January 27, 2003.

**Setting:** The project is ongoing as one national model with continued support from the IHPCP-AusAID and close technical partnership from the WHO. It takes place at the Dependence-Hospital and caters IDUs from all over the country, mostly residing in Jakarta.

**Project:** The project provides daily methadone dosage for patients ranging from 40mg to 100mg, in addition to counseling, home-visits and collaborating with NGOs as referral and for the peer-approach to their patients.

**Outcomes and Lessons Learned:** Results so far: total number of registered clients :341 (September 2005), of which, 148 are active. From the 142 that dropped-out: 15 died, others arrested, and some requested tapering-off. The average maintenance dose: 40 - 75 mg (64 %). Other tests showed that HIV and HepC is high with rates of 63, 5 % and the latter 93 %) Referral to methadone service by the former patient is high at (53 %). The results have been successful and more request are coming. The challenge is to serve all Jakarta IDUs thus extensions are needed with the hospital acting as a mentor and technical support to other satellite sites.

**We.050P****The Effectiveness of Methadone Maintenance Therapy in Leshan, China**

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<sup>3</sup> China-UK HIV/AIDS Prevention and Care Project, Sichuan Provincial Project Management Office, Chengdu, China

**Issue:** The Government of China approved pilots of methadone maintenance therapy in early 2004 as part of its response to the HIV/AIDS epidemic. This presentation looks at the effectiveness of methadone substitution in one of the initial pilot sites.

**Setting:** Leshan is a city in Sichuan, South-western China, with a concentrated HIV epidemic among injecting heroin users. As a pilot site for methadone maintenance therapy (MMT) it was hoped to develop a MMT model for heroin addicts in communities and provide scientific evidence for replication of methadone maintenance treatment across the country.

**Project:** Activities included the provision of methadone maintenance treatment according to the unified national treatment regimen; and implementation of health edu-

cation and behavioural interventions among methadone clients.

**Outcomes and Lessons Learned:** Drastic reduction of high risk behaviours among methadone clients; reduction of illegal acts and crimes; improvement of health status of methadone clients; increase of their self-esteem and self-confidence; improvement of their relationships with family members; reintegration of them into society; reduction of economic loss and heroin use; and reduction of HIV transmission. Experience in Leshan suggests that methadone maintenance treatment can be used effectively in China to bring great social and economic benefits.

## We.051P

### Reduction of Prevalence of HIV Among Injecting Drug Users (IDUs) in Kathmandu

Akthar, Salim, Nepalplus, Kathmaandu, Nepal

**Background:** Most of the drug users in Kathmandu valley are injecting drug users. This is mainly due to the cheap price of injecting drugs and the easy availability compared to other drugs. The highly practice of sharing needles among the drug users increases their vulnerability to HIV infection.

The reason for increase in rate of HIV infection among the drug users is not the lack of information. Most of the injecting drug users know about the risk involved in sharing needles. They, however, cannot apply the knowledge in practice due to different practical hurdles.

**Description:** There are a number of problems that the injecting drug users have to face to practice safe drug use. Unavailability and the lack of access to new syringe is one of the major problems. Harassment by the police if found with needles and syringe is another problem. The chemists and other suppliers too do not provide syringe to a drug user making it more difficult for the drug users.

There are no alternative treatments (e.g. methadone treatment) for drug users who rely on intravenous drugs for the fulfillment of their needs. These are a few of a lot of problems faced by the drug users of Nepal. Such problems are the main causes that are fuelling the transmission of HIV among the intravenous drug users.

**Results:** The instance of HIV prevalence among intravenous drug users has increased from 2% in 1992 to 70% in 2002. The rate of infection is still increasing. Measures are still to be taken. The efforts made in controlling the epidemic is not enough so still more has to be done. There must be collaborative efforts of the government, non-governmental organizations and the people living with HIV and AIDS.

## We.052P

### Progress in Development of Methadone Maintenance Treatment Programs in Macedonia

Gaidadzis-Knezevic, Slavica, Psychiatric Hospital "Skopje"-Centre for Prevention and Treatment of Drug Use, Skopje, Macedonia

It was officially accepted that drug use problems in Macedonia had become alarming after 1995, with an estimated number of 20-30.000 persons who have been in contact with deferent drugs, predominantly cannabis, including 6 000 - 8 000 problematic drug users, mostly IDU's. Despite the fact that the HIV prevalence among IDUs in Macedonia is still low, over 70% are Hepatitis C positive. MMT was introduced in Macedonia in late'970, but remained extremely centralized, in only one Centre, with limited slots and long waiting list, covering less than 5% of target population, thus not responding essential criteria for best practice in DU's treatment organization.

All previous attempts to decentralize services for DU, especially MMT, were unsuccessful, mostly as a result of strong resistance among professionals, negative public perception and lack of support and commitment by the Governmental officials. Thus, although started early, Macedonia became negative example of non-pragmatic policy and practice.

However, group of professionals, in a close cooperation with several NGOs, all strongly committed to HR philosophy and practice, have been working, advocating and looking for support for many years, toward realization of the program for Dispersion of services for DU prevention and treatment, including MMT. 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 MH and MLSP, including NGOs, the process started several months ago. Several cities were allocated, according to the severity of DU problem, with strong respect toward context and specifics for each one.

At the beginning of this year the very first two centres were opened, 4 more are prepared to be opened in October 2005, and further 4 are in the preparatory phase. It is planed 8 more to be opened in the year coming, creating national network of 19 MMT centres, with a total coverage of at least 15-20% of DU's population.

## We.053P

### Opposition to Substitution Therapy in Russia

Mendelevich, Vladimir, Institute for Research of Problems of Mental Health, Kazan, Russia

After a series of interviews with drug treatment specialists(narcologists) we analyzed subjective motives for

opposing substitution therapy in Russia. These reasons can be attributed to a number of personal characteristics of narcologists, including the following: conservatism, corporatism, paternalism, maximalism, specifics of their ideological, religious, ethical, or philosophical views, economical and financial considerations, the fear of unmet expectations from the supervisor, and self-protecting psychological mechanisms.

One of the most frequent reasons for opposing substitution therapy is the conservative views of Russian narcologists, their content with the status quo in existing therapies, the fear of change and lack of desire to change. Corporatism manifests itself in the refusal to consider work of other colleagues and specialists in the field who are deemed to be "in the opposite camp."

The majority of narcologists (over 80%) tend to paternalize their patients. They view substitution therapy as undermining traditional to them directive psychotherapy.

Maximalism of narcologists can be defined as a desire to rid their patients of drug dependency at all costs. The affected doctors deem substitution therapy as ineffective at best. At its worst, some of the doctors even see substitution therapy as a subversive action of West.

Religious and ethical considerations also play a role in the opposition to substitution therapy. Some doctors believe that substituting one narcotic substance by another might be in direct conflict with Hippocrates Oath.

Economical and financial concerns of narcologists are related to the perceived lack of financial benefits from substitution therapy for the economy. Many narcologists are convinced that substitution therapy is cumbersome for country's budget and unrealistic due to the low income of the general public.

Thus, the advocacy for substitution therapy needs to take into account all these motives of the drug treatment community to become effective in Russia.

#### We.054P

##### Primary Care in the treatment of drug users: An Approach

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<sup>1</sup> Brent Teaching Primary Care Trust, London, UK

<sup>2</sup> Substance Misuse Management Project, London, UK

Drug misuse is increasingly prevalent and General Practitioners are increasingly involved in the care of illicit or problem drug users. The Substance Misuse Management Project (SMP), founded in 1995, is a primary care led service which promotes shared care arrangements to facilitate primary health care teams, particularly GPs, and specialist drug services to work closely together to improve the health and social wellbeing of drug users. The broad aims of the project are as follows:

1. to extend and support the role of GPs willing to work with harm reduction the management of substance misuse, and the prevention of HIV and Hepatitis infection and spread among injecting patients;
2. to encourage a more widespread acceptance of drug users in a larger spread of practices and to provide more support for GPs in meeting drug users' general primary care needs and specific drug-use related needs;
3. to explore varying models of GP involvement which facilitate an improved balance of roles and collaboration between primary care and other agencies.

This paper evaluates the work of the Substance Misuse Management Project (SMP) targeting GP practices. The evaluation was designed as case review of 336 cases from clinical notes gathered from all GPs with whom the SMP were working in Brent and Harrow, and who were treating opiate dependent drug users. The findings support the conclusion that the SMP has been influential in facilitating the involvement of GPs in the care of drug users, and in maintaining their involvement. SMP approach has been effective in Brent and Harrow and there is a clear recognition from other health authorities adopting the same approach in the care of problem drug users.

The provision of injectable methadone remains a contentious in Primary Care. This research shows the possibility of a range of options for treatment from oral medication to injectable forms which may help patients to access their GP for treatment. There is, still, a need for exploring patients/services users' views in shared care.

#### We.055P

##### Change in Measures of Addiction Severity after 12 Months in a Harm Reduction Methadone Programme

Millson, Peggy<sup>1</sup> Challacombe, Laurel<sup>1</sup> Strike, Carol<sup>2</sup> Villeneuve, Paul<sup>3</sup> Myers, Ted<sup>1</sup> Fischer, Benedikt<sup>2</sup> Shore, Ron<sup>4</sup> Hopkins, Shaun<sup>5</sup>

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**Objective:** To assess changes in Addiction Severity Index (ASI) Composite Scores after 12 months of treatment among the entire sample of low threshold, harm reduction methadone maintenance treatment clients and among the subset who continued to use illicit substances (other than marijuana). These programs reduce harms of drug use without requiring abstinence.

**Methods:** All individuals entering two low threshold methadone programs in Ontario were invited to enroll in a prospective cohort study, completing interviews at baseline and six monthly interviews. The questionnaire

included the ASI, assessing problem severity in seven life areas: medical condition, employment, drug use, alcohol use, illegal activity, family relations and psychiatric condition. The 'severity ratings' measure client problems and unmet treatment need in each of the seven areas. analysis were performed for the whole cohort (n=141) and a subset who reported continued drug use at 12 months (n= 87). A multiple regression analysis was performed using time as the independent variable. Generalized estimating equations (GEE) were used to take into account repeated measurements for individuals.

**Results:** No statistically significant changes were observed for the medical, employment, or psychiatric composite scores at 12 months. However, the alcohol and family composite scores showed improvement at 12 months within the whole cohort. Among the drug-using sub-cohort the family composite score improved to 12 months, however the alcohol score did not improve. Legal and drug composite scores for the whole cohort as well as the drug-using sub-cohort showed improvements from baseline to 12 months.

**Conclusion:** Significant improvements in the alcohol, drug, legal and family composite score were found among the whole cohort; similar results were found among the drug-using sub-cohort except for alcohol. Lack of improvement in medical, employment and psychiatric scores and in alcohol problems for continuing drug users suggests the need to integrate a greater variety of services and supports into these programs.

## We.056P

### Predictors of Injection and Sexual Related Risk Factors After 6 Months in a Harm Reduction Methadone Programme

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**Objective:** To determine predictors of injection and sexual HIV risk behaviours 6 months after enrollment in a harm reduction (low threshold) methadone programme.

**Methods:** All individuals entering two low threshold methadone programs in Ontario were invited to enroll in a prospective cohort study, completing interviewer administered questionnaires, including a set of HIV risk and quality of life (SF-36) questions and the ASI, at baseline and follow-up every six months. An exploratory analysis using multiple logistic regression evaluated which factors were independently associated with injection

and sexual risk behaviours. The Hosmer-Lemeshow goodness-of-fit test was calculated to assess the acceptability of the multivariate model.

**Results:** Respondents who reported risky injection behaviours at 6 months were more likely to report risky sex with a regular partner; to have poorer physical composite score (i.e., limitations in self care, physical, social and role activities; more bodily pain; frequent fatigue and health rated 'poor'); and more likely to have a poorer psychiatric composite score as measured by the ASI. The goodness of fit coefficient of the risky injection behaviour model was 0.9042. White compared to non-white and male compared to female respondents were more likely to have participated in sexual risk behaviours at 6 months Respondents who used cocaine were less likely to report risky sexual practices, as were those with a higher mean dose of methadone. The goodness of fit coefficient of the risky sex model was 0.3981.

**Conclusion:** Findings suggest that potentially modifiable factors such as poor physical and mental health predict ongoing risky injection behaviour after enrolment in a low threshold methadone program. Sexual risk behaviour is less well explained by the model, but findings suggest the importance of adequate methadone dose and targeted sex education for men to reduce risky sexual practices.

## We.057P

### Initial Breakthrough at Policy Level of Bangladesh in Support of Pilot Oral Drug Substitution (ODS) Program

Ahmed, Munir; Uddin, Taslim; Alam, Md. Shakawat; Kamal, Mostafa; CARE Bangladesh, Dhaka, Bangladesh

**Issue:** Concerted effort of Government of Bangladesh (GoB), National STD/AIDS program (NASP); Drug Authority, Department of Narcotics Control (DNC) is essential to launch Oral substitution program.

**Setting:** Buprenorphin injectors in Bangladesh are increasing so is the HIV prevalence rate. It has gone up to 8.9% in select sites of Dhaka. CARE-B is implementing Harm reduction program with IDUs in Bangladesh with the financial assistance of GoB, WB and DFID. Cohort study findings of ICDDR, B and CARE among IDUs diagnosed 15 new cases in last one year against only 5 new cases of preceding two years. Despite all kinds of programmatic efforts sharing of needles continued IDUs due to mobility, harassment, spot eviction and other causes of marginalization, which made inaccessible to NEP. Installation of ODS in the existing HR program would ensure establishing continuum of care for the IDUs.

**Project:** CARE arranged policy level advocacy in favor of Oral drug substitution in the first phase of HAPP and broke the silence among the policy makers of the country. Similar advocacy continued with different stakehold-



ers throughout the project period. Besides national harm reduction protocol is on the final stage, which also recommended Oral drug Substitution for Bangladesh. Two policy level advocacies done with DNC and NASP in extension phase. NASP has proposed CARE-B to install ODS at a GoB medical center accordingly CARE chalked a pilot project for IDUs. However NASP and DNC both are checking pros and cons of the pilot project before providing final consent to CARE.

#### Lessons Learned:

- Support from GoB essential for ODS.
- Orientation of policy level GoB officials of DNC, police, and drug administration on HR invaluable.
- Exposure visit for relevant GoB officials important in an Islamic country necessary.
- Continuous effort from the implementing agency is important for ODS.

#### We.058P

##### Recreational Drug Use Does Not Affect Methadone Adherence in IDUs Receiving Treatment For HIV in a Directly Observed Therapy (DOT) Program

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**Background:** Adherence is a major barrier in the treatment of both HIV and HCV infection in IDUs.

Additionally, recreational drug use may not provide an accurate measure of medication adherence in patients who are to initiate treatment for HIV or HCV. With this in mind, we sought to examine the impact of ongoing illicit drug use on methadone adherence within our DOT program for the treatment of HIV.

**Methods:** Between October 2002 and July 2005, we identified patients enrolled in our DOT program for the treatment of HIV. Methadone adherence was evaluated via pharmacy records and recreational drug use histories were confirmed by regular urine screening. Intervals representing the time between two successive urine drug screens were identified and adherence to methadone in each interval was determined.

**Results:** In total, 37 patients (13 females / 24 males, median age 42.5) with 375 eligible intervals were identified (mean follow-up, 14 months). Drug screens were performed at a median frequency of 28 days. As shown in the Table, illicit drug use had little effect on methadone adherence over the observed intervals.

	Median Adherence in	Median Adherence in
	Positive Screens (N)	Negative Screens (N)
Any Illicit Drug Use	97.6% (200)	95.6% (175)
Opiates	97.0% (103)	97.1% (272)
Cocaine	97.3% (171)	96.0% (204)
Amphetamines	92.7% (41)	97.0% (334)

**Conclusions:** Overall, in patients enrolled in a DOT program for the treatment of HIV, adherence to methadone remains greater than 95%, irrespective of illicit drug use. Hence, patients with ongoing recreational drug use should not be systematically excluded from consideration for HCV and HIV treatment. Active recreational drug users may be good candidates to receive antiviral therapy within a DOT program.

#### We.059P

##### Supporting Improving Methadone Prescribing in UK General Practice

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<sup>1</sup> SMMGP, London, UK

<sup>2</sup> SMMGP, Manchester, UK

Over the last 20 years, much of the methadone prescribing in the UK has been poor with low doses and slow reductions often being the norm, in both specialist drug and primary care services.

There are a multitude of reasons for this including 1991 government guidelines that suggested primary care should only undertake reduction and questioned the practice of methadone maintenance.

The 1999 UK Government guidelines became one of the first documents that supported and encouraged methadone maintenance but the practice in the field has been slow to change.

GPs had long realised that previous guidance was wrong and wanted to respond to this change but realised that they had little training or guidance on how to 'correctly' manage and treat people who used opioids and called for this.

This paper explains how guidance on the use of methadone, specifically for primary care has been written using the pooled experience in the field, including the experiences of users. A training programme has also been established to further improve the use of methadone in general practice.

## We.060P

### Perspectives of Methadone Maintenance Specialist Staff, Clients, Family Doctors and Patients on Transfer From Secondary to Primary Care

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<sup>2</sup> Waitemata District Health Board, Auckland, New Zealand

**Objectives:** Explore barriers and incentives regarding transfer of methadone maintenance people from secondary to primary care

**Methods:** Combined qualitative and quantitative survey of methadone maintenance treatment (MMT) specialist staff, stabilised clients, family doctors and patients.

**Results:** High response rates from secondary (77%) and primary (74%) providers with rich qualitative data set form all respondent groups, especially specialist clients and family doctor patients. Barriers to transfer of stable clients included financial cost and attitudes of specialist staff and clients. Incentives for primary care patient transfer included confidential, holistic and continuity of care; increased patient control; convenience and avoidance of contact with other opioid-dependent people.

**Discussion:** Distrust in the quality of care provided by authorised family doctors was a major barrier for specialist staff and their clients, despite prerequisite training for authorization. In contrast patients rated primary better than secondary care with none likely to transfer back to the specialist service in the next six months.

**Implications:** We recommend that progression from secondary to primary health care is incorporated in MMT planning from the onset with specialist services staff reassured about the quality of primary care; an integrated transition period and exploration of funding options to assist people transferring from public (free) secondary care to private (fee-for-service) primary care.

## We.062P

### Harm, Hope and Heroin - Reducing Drug Related Deaths in North London

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**Issue:** Heroin overdose deaths represent an increasing public health problem, and in many countries remain the most common cause of death among heroin users.

**Setting:** The heroin overdose programme was established in North London (Camden & Islington Mental Health & Social Care NHS Trust), with injection drug users in contact with low threshold drugs and prescribing services.

**Project:** A 'heroin OD' group was advertised in low threshold drug services. Members were given, and contributed to information on: what is an overdose?, known risk factors and circumstances, which users are more at risk of OD?, how to differentiate an OD from a gouch?, how to get help (and what to say), and what doesn't help (myths). Members also shared information about their actual experience of overdose, and the involvement of law enforcement and medical agencies in their experiences of overdose. Finally members were also given full instruction in, and practiced cardio-pulmonary resuscitation in the session, each being assessed as competent before the session ended.

**Outcomes and Lessons Learned:** Over fifteen group sessions 140 people attended. The mean age was 40 (range 26-47), and 40% of members had witnessed multiple overdose fatalities (2 - 5). Eighty-five percent felt currently at risk of OD when they used, and all had experienced at least one overdose personally. Members were asked to report on means by which they would reduce their own risk when using, and their level of confidence in dealing with an overdose which they witnessed (before and after the intervention). They also reported on the sequence of actions they would undertake in helping another user who had overdosed. The results of this intervention have informed a systematic approach to reducing heroin overdose deaths across North London, and currently all new treatment entrants are exposed to the intervention during the first month of treatment.

## We.063P

### IDUs' Knowledge of Overdose Risk Behaviours

Taylor, Avril<sup>1</sup> Allen, Elizabeth<sup>1</sup> Zador, Deborah<sup>2</sup>

<sup>1</sup> Institute for Applied Social and Health Research, University of Paisley, Paisley, UK

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**Background:** In 2002, 382 drug related deaths, the highest ever annual number, were recorded in Scotland. Subsequently, the government called for a national investigation into all drug related deaths in Scotland for the year 2003 (n=317). As part of this inquiry, overdose survivors were interviewed about their overdose experiences with the aim of obtaining relevant information that may inform prevention strategies.

**Method:** IDUs were interviewed in 2005 as part of a study evaluating the supply of needle and syringes to injecting drug users in Glasgow. A multiple site strategy was used to recruit the sample. IDUs who had experi-

enced an overdose in the previous 6 months were asked to consent to a follow-up semi-structured depth interview about their overdose experiences. The interviews sought to determine, among other factors, IDUs' knowledge of risk factors for overdose.

**Results:** Ninety-seven IDUs had overdosed at least once in the previous 6 months and, of these, 40 (41.2%) completed a follow-up interview. At the most recent overdose, heroin had been taken in all but one overdose (39/40). Most overdoses (27/40) involved two or more substances.

"Mixing drugs", particularly heroin and benzodiazepines was the most frequently cited risk behaviour for overdose (18/40), followed by loss of tolerance (17/40). Other risks identified included being on one's own when injecting (n=7), "greed" (n=3) and "chasing"/wanting to experience an overdose" (n=2).

There were some misconceptions about overdose risk factors including that smoking or injecting heroin by itself would not lead to overdose (5/40). One respondent believed that it was not possible to overdose on methadone.

**Conclusion:** IDUs were aware, to some extent, of overdose risk factors, although this knowledge was not extensive; less than half knew that loss of tolerance or mixing drugs could be risky. There is a need for greater awareness raising about overdose risks among IDUs.

#### We.064P

**Naloxone Distribution to Opiate Users in New York City**  
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**Issue:** Drug-induced deaths have been increasing for the past decade throughout the US. In New York City, approximately 900 persons die from drug overdoses yearly, more than in any other US city. Naloxone, an opiate antagonist, has long been routinely given by medical personnel during emergency resuscitation after an opiate overdose. In recent years, programs based at harm reduction agencies in several US cities have been established to distribute naloxone to people who use opiates themselves to permit immediate reversal of opiate overdoses.

**Setting:** The Overdose Prevention and Reversal Program at the Lower East Side Harm Reduction Center

(LESHRC), started in June 2004, and was the first such program in NYC.

**Project:** This paper will report about LESHRC's experience with naloxone distribution to date by analyzing data collected from program participants on entry, focus group results, and structured interviews with participants reporting overdose reversals.

**Outcomes:** Between June 2004 - September 2005, 165 people were trained by LESHRC staff in overdose prevention and intervention, including the use of naloxone. All received prescriptions from a staff physician and two doses of naloxone at the time of training. Over the same period, there were 29 successful overdose reversals reported by program participants. All overdose victims who were administered naloxone survived. We will also discuss a spike in successful overdose reversals reported to LESHRC concurrent with a cluster of overdose fatalities in the Lower East Side neighborhood during August 2005. The LESHRC overdose program has served as a demonstration project for NYC, and is now being replicated, with City funding, at harm reduction agencies throughout the city. Wider overdose training and naloxone distribution has the potential to greatly reduce overdose morbidity and mortality in any city where opiate use is prevalent.

#### We.065P

**IDUs' Perceptions of Personal Overdose Risk**

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<sup>1</sup> Institute for Applied Social and Health Research, University of Paisley, Paisley, UK

<sup>2</sup> NHS Forth Valley and Centre for Addiction Research and Education (Scotland), University of Dundee, Dundee, UK

**Background:** In 2002, 382 drug related deaths, the highest ever annual number, were recorded in Scotland. Subsequently, the government called for a national investigation into all drug related deaths in Scotland for the year 2003 (n=317). As part of this inquiry, overdose survivors were interviewed about their overdose experiences with the aim of obtaining relevant information that may inform prevention strategies.

**Method:** IDUs were interviewed in 2005 as part of a study evaluating the supply of needle and syringes to injecting drug users in Glasgow. IDUs who had experienced an overdose in the previous 6 months were asked to consent to a follow-up semi-structured depth interview about their overdose experiences. The interviews sought to determine, among other factors, IDUs' perception of their future overdose risk.

**Results:** Ninety-seven IDUs had overdosed at least once in the previous 6 months and, of these, 40 (41.2%) completed a follow-up interview." Thirteen IDUs thought that they would not have another overdose. This belief was mainly based on the changes they had made follow-

ing their last overdose; including having cut down or stopped drug consumption. Fifteen respondents thought that that they would have another overdose as it "goes with the territory". Just over a quarter (n=12) did not know if another overdose was likely. Half of the sample (n=20) reported that they were worried about having another overdose and 17 IDUs stated that they did not worry about this. Some of the latter explained that they were not worried because they did not care if they lived or died.

**Conclusion:** Less than a third of overdose survivors had made changes to avoid another overdose, yet half were worried about another overdose. IDUs need to be made aware of overdose risk reduction strategies. For those who claim not to be worried, there may be underlying suicidal tendencies.

## We.066P

### Drug Education and Overdose Prevention Project: a First for Canada

Desjardins, Lisa; Taylor, Marliss; Streetworks, Edmonton, AB, Canada

This presentation will encompass the preparation and outcomes of the three phase program for drug education and overdose prevention happening at Streetworks in Edmonton, Alberta, Canada. The mission of the Streetworks program is "People who use injection drugs and/or work in the sex trade will have the harm reduction resources they need to be safe and healthy." The first phase consisted of the development of Uptown, Downtown: the Drug Handbook, developed with the help of our 'Natural Helpers,' a group of service users from a variety of cultural backgrounds, age, and drug-use histories. The handbook itself explains drugs from a Harm Reduction perspective- utilizing medical/ pharmacological knowledge, as well as 'street knowledge.' The second phase of the project was comprised of a 'Speaker's Bureau,' where 8 present and past people who use drugs took a course in doing presentations, and then reached out to youth in an effort to enhance knowledge about drugs, their effects and the importance of being safe and healthy. The third and final phase (A first for Canada!), was the Overdose Prevention Program that addressed the epidemic of overdoses in general, and the high number of deaths from overdose. This involved community education in the form of an Overdose Awareness Campaign (with the help of another Natural Helpers group) as well as distribution and training for use of naloxone (an opiate antidote), using the idea that people that use drugs can play a role in stopping the effects of opiate overdose for themselves.

## We.067P

### Medical Expert Agreement of Drug User Reported Overdose Symptoms

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<sup>1</sup> Yale University School of Public Health, Cambridge, MA, USA

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**Background:** Proper overdose symptom identification is an important aspect of the discussion surrounding pharmacological interventions for reversing opioid overdose. Nevertheless, symptom recognition in 'real-life' situations may be challenging. We assessed 1) the validity of injection drug users' (IDU) characterization of an event as an overdose by measuring the extent of medical expert agreement of the event as an overdose and 2) expert agreement on whether the event indicated pharmacological intervention.

**Methods:** 60 unique symptoms that IDUs had putatively ascribed to drug-related overdose events were assessed. Seven medically-trained professionals with expertise in overdose recognition and response classified events into: definite/probable opiate-involved overdose, overdose but definitely not an opiate-involved overdose, not signs of an overdose, or not enough information to decide. Experts also indicated whether symptoms suggested naloxone administration. Descriptive statistics and raw agreement indices were estimated, and kappa coefficients of all possible pairs of raters were applied to test agreement of overdose vs. not an overdose and clear vs. unclear indication to use/not use naloxone categorizations.

**Results:** Experts were mostly physicians and EMTs, with a median of 15 years professional medical experience and 7 years of responding to an average of 548 overdoses (777 SD).

Experts categorized 30% of IDU-reported events as an overdose, 11 (61%) of which were characterized as definite/probable opioid overdoses. However, between-expert assessment was highly variable, ranging from 7%-82% of symptoms defined as overdoses. Agreement was more consistent on recommended response: use of naloxone was clearly indicated in 33% of cases and clearly not indicated in 32% of cases, returning a 65% intervention agreement.

**Conclusion:** Many IDU-reported overdoses may not be considered clinical overdose episodes, suggesting possible misclassification in studies relying upon self-report. Definitive, consistent overdose symptom recognition is difficult even for medical experts, though situations appropriate for naloxone administration are more reliably indicated. Clear information delivery for clinically and non-clinically trained persons is imperative for opioid prevention research and evaluation.

**We.069P****Peer Education Support For STIs Clinic in Reduction of HIV/AIDS**Pham, Son<sup>1</sup> Maginley, Juanita<sup>2</sup><sup>1</sup> The Vietnam HIV/AIDS/STI Community Clinics Network, Ho Chi Minh, Vietnam<sup>2</sup> British Columbia Center for Disease Control, Vancouver, BC, Canada

**Issue:** With the dramatically increase of HIV cases in Vietnam, there are many projects working in prevention, care and treatment for disadvantage and high risk persons. The Vietnam HIV/AIDS/STI Community Clinics Network project concentrates in etiologic treatment of STIs for sex workers in Southern provinces and cities in Vietnam with the aim to reduce harm of HIV infection. Using peer education method, the project outreaches and refers patients to the clinics.

**Setting:** The project beneficiaries are the poor sex workers and their partners in Southern provinces (An Giang, Kien Giang) and cities (Ho Chi Minh, Can Tho) where the outburst of HIV/AIDS are existed considerably. Because of the poor and discrimination, they get difficult to contact health information as well as access health services, especially STIs which is a sensitive issue in Vietnamese culture.

**Description:** the project aims to establish a peer educator group who are responsible for outreach as well as refer patients to the clinics. Based on local and cultural condition, the peer educators are sex workers, former sex workers or community health volunteers. They are trained in HIV/AIDS/STI knowledge, harm reduction, outreach and communication skills. The project also supports them to strategize a working plan to outreach the sex workers. Beside that, monthly meeting, refreshed training and retreat are also organized to update information and upgrade their skills.

**Outcomes and Lessons Learned:** After the opening of the first clinic on September 2004, the project has 5 clinics now and received 207 patients in which 78% are referred directly by peer educators and 14% are benefited by peer educators through outreach and 8% received information by mass media and health staff. Integrating peer education model into STIs clinic is effective in giving a chance to access health services for disadvantage persons.

**We.070P****Using Peer Educators to Target Injecting Drug Users (IDUs) For HIV Prevention in Khanh Hoa - Vietnam**

Nguyen, Tuan, Center for Health Education and Communication of Khanh Hoa Province, Nha Trang, Viet Nam

**Issues:** The first program to specifically target Injecting Drug Users (IDUs) for HIV prevention and harm reduction program in Khanh Hoa was started in 7 wards of

the Nha Trang city in March of 2003. According to the HIV Sentinel Surveillance (HSS) results, HIV prevalence among IDUs increased from 44.64% in 2003 to 46.51% in 2004. This has shown that IDUs are high risk for HIV due to sharing syringes and needles and partly by unsafe sex.

**Description:** Nha Trang is a seaside city of 300,000 people that attracts many domestic and foreign tourists. As of December 2004, Nha Trang reported that it had 1,559 people living with HIV of whom 655 had developed AIDS and 499 died. IDUs account for 45% of the total new infected cases. The Health Department of Khanh Hoa province developed a program to target IDUs for HIV prevention and harm reduction intervention. As part of this program, a group of 14 IDU peer educators was recruited and trained to provide outreach services to IDUs in 7 wards in Nha Trang City. IDUs peer educators meet once weekly with their supervisor at the Health Department, spend at least three times a week in the field (shooting gallery) to approach hidden or new IDUs discussing safe injecting, HIV prevention with IDUs, distribute clean Needles and Syringes brochures, condoms.

**Lessons Learned:** Peer educators can effectively contact and provide HIV prevention information and materials to IDUs in Vietnam. Despite some minor initial difficulties with the local police, the program has been well-received by the community and local authorities, including relevant organization: Youth Union, Women Union and Labor Union...

**Recommendations:** HIV prevention programs in Vietnam can target IDUs using peer educators. Creating supportive environment for implementation of HIV prevention activities among IDUs by conducting advocacy meetings focusing on police and Department of Labor, Invalid and Social Affair (DOLISA).

**We.071P****Role and Impact of Ex-Drug-Users in Needle Syringe Programs in Yining City Xinjiang Uyghur Autonomous Region**Mingjian, Ni<sup>1</sup> Chen, Wei<sup>2</sup> Wheeler, Kim<sup>2</sup><sup>1</sup> Xinjiang Uyghur Autonomous Regional CDC, Urumqi, China<sup>2</sup> Melbourne Development Institute, Urumqi, China

**Introduction:** Xinjiang Uyghur Autonomous Region (XUAR) in the northwest of the People's Republic of China is severely affected by the HIV/AIDS epidemic. Over 80% of PLWHA are either current or ex injecting drug users. A lack of knowledge of HIV/AIDS and the risks involved with needle sharing has contributed to this group's vulnerability to infection with HIV.

**Methods:** An NSP was established in Yining City to provide information and clean injecting equipment to IDUs. Known ex injecting drug users were recruited as volun-

teers to distribute syringes, information, condoms and support to IDUs. They were trained in peer education. Fixed sites including purpose built sites and community outlets were established in one site. Volunteers worked to support these sites and provide mobile services. At another site volunteers worked to provide mobile services only. A third site was established with fixed sites only and street administration workers provided support at these sites.

**Results:** Ex drug user volunteers distributed 64.6% of the total number of syringes distributed in three sites and collected 95% of the total collections. While there was successful implementation at all of the sites the community where the ex drug user volunteers worked at fixed sites and provided mobile services demonstrated the most effective approach. They distributed 64.3% and collected 52.3% of the total needles and syringes. At these sites they were also well managed and the community provided them with strong support.

**Discussion:** Using ex-drug users as volunteers is generally regarded as a high risk strategy. Volunteers leave for a variety of reasons including illness, return to drug use and lack of compliance with routines. To reduce attrition, basic education on HIV, peer education training and management support for volunteers is important in maintaining trained volunteers. Specific selection criteria for volunteers are also required to support the recruitment.

## We.072P

### Peer led Prevention & Interventions through Harm Reduction Measures

Rajkumar, Tomalsana; Waikhom, Ronny; Care Foundation, Imphal, India

**Issue:** IDUs are one of the most vulnerable groups to HIV/AIDS pandemic. One of the most effective ways of decreasing the HIV/AIDS prevalence is through greater involvement of Peers.

**Setting:** CARE Foundation has been implementing project ORCHID (Organized Response Comprehensive HIV/AIDS Intervention in the district of Manipur & Nagaland) supported by Gates Foundation through EHA & AIHI at 29 villages & 3 urban towns of Bishnupur district of Manipur, India. The Staff comprises of 70 % Ex-IDUs & current users. The Participatory Site Assessment identified 1035 IDUs with 67 % are young, age range from 15 yrs to 29 years and 69 % admitted sharing needle/syringes. The number of HIV infection population is 720 out of 3503 sample tested (MSACS).

**Project:** ORCHID, a Harm Reduction based project targeted 800 IDUs & 100 SWs. It is rapid intervention & scale up program integrated with care and support. The main activities are: Outreach, Sensitization and mobilization, Risk reduction education, Condom Promotion, NSEP, Counseling, Group session, STI & Abscess man-

agement, Networking & Referral, Advocacy events & SHGs formation.

**Outcome:** 12 Peers are trained and inducted in the program out of which 2 of them have now abstained from drugs and leading for more meaningful life. One of them have been promoted to Outreach Worker in the project. Out of 689 IDUs enrolled 428 are regularly exchanging the needle/syringe & 335 are reported consistently using condom regularly. 136 IDUs, 78 wives & 8 SWs were treated for STI. 106 IDUs also treated for abscess. Involvement of widows in outreach is indeed very effective and this has helped in reaching the hard to reach female users & sex workers.

## We.073P

### NSEP Through Outreach Took a Major Role in Reaching More Population But the Misconceptions Among the Community People Are at Large

Moirangthem, Joychandra; Waikhom, Ronny; Care Foundation, Imphal, India

**Issues:** NSEP through outreach took a major role in reaching more population but the misconceptions among the community people are at large.

**Setting:** The Care Foundation, an ex-users organization, has been implementing a project based on Harm Reduction at 2 Sub Division of Bishnupur District, Manipur. The estimated injecting drug users are 2448 (PSA) and 720 HIV positives (MACS).

**Project:** Project ORCHID (Organized Response Comprehensive HIV/AIDS Intervention in the district of Manipur & Nagaland) supported by Gates Foundation through EHA & AIHI is implementing in 7 district of Manipur and Care Foundation is one of the partner implementing at 29 villages & 3 urban towns of Bishnupur district of Manipur, India with a target of 800 IDUs & 100 SWs. The staffs comprises of IDUs, who have maintained sobriety for more than 5 years, and professionals. However the peer educators are enrolled from the current users. Among the activities Sensitization & mobilization, NSEP, condom promotion & STI and Abscess management are the main.

**Outcomes:** Out of 689 IDUs enrolled 428 are regularly exchanging the needle syringe. 227 are married, 187 are having extra marital affairs. 201 unmarried clients have experienced premarital sex. 335 IDUs are regularly using condom consistently. Education, outreach services and more community sensitization enhances NSEP program.

**Lessons Learned:** General community's response is still very negligible. The Harm Reduction concept is still vague amongst the population. Law enforcers still harass the IDUs. The target population is scattered all around the village, this hinders the outreach services. Former IDUs as role model plays an important role in leading the current IDUs to the path of recovery.

**We.074P****Access to Health and Social Services For Marginalized People - the Role of Empowerment and Peers**

Schatz, Eberhard, CORRELATION Network, Amsterdam, The Netherlands

This presentation will give an overview about peer strategies, user involvement in different settings and measures the effects of empowerment for the individual and the society.

Many persons in the EU do not have access to basic health and social services. This poses a treat to their own health and well-being and to public health in general. They live permanently or temporarily outside mainstream society, because they belong to a stigmatised group, engage in unaccepted risk behaviour or find themselves in risk situations, in which they cannot appeal to the protecting safety structures of mainstream society. They cannot be identified as one group or category of people, but they share a combination of the following characteristics: homelessness, stigmatised (risk) behaviour, low social economic status, social exclusion, illegal judicial status, mobility, migration, part of an ethnic minority group. Many of them are involved in drug use and sex work. HIV, STI and other infectious diseases are relevant issues within this context.

A network of more than 60 partners (NGO's, GO's, grassroots organisations, IPO's) has been created, in order to links different initiatives by focusing on the overriding elements marginalisation and exclusion: Correlation - European Network on Social Inclusion and Health.

An integrated approach of the project is the involvement of service users and peers. All activities in the field of drug use, sex work, migrants and policy debate attempt to have an optimal involvement of service users, as the overall goal: 'make services accessible' cannot be achieved without consultation and participation of the target group in question.

In this presentation examples of good practices in the field of sex work and drug use will be described, risks of the failure or success of peer projects, involvement of drug user unions in the political debate and the development and implementation of a "client satisfaction survey tools" will be explained.

**We.075P****Developing Peer Education Among Drug Users in Yunnan, China**

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<sup>1</sup> Yunnan Daytop Voluntary Detoxification Centre, China-UK HIV/AIDS Prevention and Care Project, Kunming, China

<sup>2</sup> China-UK HIV/AIDS Prevention and Care Project, Yunnan Provincial Project Management Office, Kunming, China

<sup>3</sup> HIV/AIDS Prevention & Care, Kummin, Yunnan, China

**Issue:** This presentation looks at the development of a model for training peer educators among drug users in Yunnan province, China. In this intervention, the Daytop Voluntary Detoxification Centre provided technical support and partnership to assist local government agencies to develop peer education programmes.

**Setting:** Daytop is one of China's few providers of voluntary detoxification and rehabilitation to heroin users. In this project it used its experience and comparative advantage in mobilising drug users' participation.

**Project:** Daytop peer education programme provided technical support for seven project sites within the province from June to December, 2005, focusing on capacity building of peer educators who were drug users, promoting behaviour change among target group and facilitating harm reduction, health promotion and rehabilitation. Under the support of "model" drug users, the programme developed a team of core peer educators, who educated peers in a snowballing mode. As a result, the knowledge on HIV/AIDS among the target group increased, communication skills were enhanced and behaviour change was promoted. Meanwhile, an operational manual on peer education training targeted for drug using educators was developed, focusing on harm reduction and health promotion. The programme explored a model for effectively training key peer educators in Yunnan. Project sites in Yunnan were assisted to establish underlying resource system and support network for peer education.

**Outcomes and Lessons Learned:** Working with "model" drug users, a team of core peer educators can be developed to educate peers through a snowballing method. In this way, effective peer education can be achieved.

**We.076P****Peer Involvement in a Harm Reduction Intervention: Experience from Liangshan, Sichuan, China**

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<sup>1</sup> China-UK HIV/AIDS Prevention and Care Project, Liangshan CDC, Sichuan Province, Beijing, China

<sup>2</sup> China-UK HIV/AIDS Prevention and Care Project, Sichuan Provincial Project Management Office, Chengdu, China

**Issue:** This presentation explores the experience of an intervention setting out to better reach drug users in communities and conduct harm reduction activities through peer education.

**Setting:** Liangshan in Sichuan Province of Southwestern China has a concentrated epidemic of HIV/AIDS among injecting heroin users. Local drug users include a high proportion who are members of ethnic minorities, notably the Yi ethnic minority.

**Project:** With the support of the China-UK HIV/AIDS Prevention and care Project, four peer educators who injected drugs and sold sex were recruited and trained. Appropriate peer educators were identified through peers' recommendation, volunteering and identification by project staff. Activities included establishment of a support and evaluation system for peer educators; development of the Code of Conduct of Peer Educators; signing of agreements with peer educators; two regular meetings every months; individual interviews with family members of peer educators; contact with 15-20 peers by each peer educator; establishment of electronic archives to make detailed records on needle exchange and condom distribution; development of the "Monthly Assessment Form" to relate performance and remuneration.

**Outcomes and Lessons Learned:** 95.6% of new needles and condoms distributed by peer educators; 92.15% of used needles collected; the rate of needle sharing at last month reduced from 48.27% in 2002 to 8.29% in 2005; the rate of needle sharing at last time reduced from 32.27% in 2002 to 16.04% in 2005; and the rate of condom use with non-regular partners increased from 30.8% in 2002 to 50% in 2005. Well-supported peer educators can play an important role in needle exchange, condom promotion, methadone maintenance treatment and other behavioural intervention programmes for drug users.

## We.077P

### Expanding Peer Involvement in Harm Reduction

Mccallum, William; Forbes, Susan; Drugs and Health Development Project, Wellington, New Zealand

Today more than ever the value of peer education and peer recruitment in the field of harm reduction must be seen as the best way forward in our combined attempts at education/reduction in the prevention of BBV's and the provision of NEX programmes.

At Drugs and Health Development Project (DHDP) we have been responsible for the establishment of NEX services in smaller rural regions.

In some instances we are dealing with so called "hidden communities" these are people who for various reasons are difficult to make contact with and when we do they do not present as typical IDU.

Our intention is to present the difficulties that present when we try to introduce harm reduction practices to these communities and the difficulties in recruiting peers to work in our field.

We would also like to discuss the problems that we have encountered setting up rural NEX programmes and the difficulties in recruiting peers to the staff the exchange ie; finding people who have passion, dedication, work ethic and also being able to control their substance use to a point where they are able not just in helping

themselves but being able to help others. Which is the the basis that peer education is build on.

## We.078P

### Bangkok Metropolitan Administration (BMA) Peer Outreach Program to Reduce HIV Risks for Injecting Drug Users

Visavakum, Prin<sup>1</sup> Yongwanitchit, Kovit<sup>2</sup> Manomaipiboon, Panrudee<sup>2</sup> Manopaiboon, Chomnad<sup>1</sup> Suraj, Sirima<sup>2</sup> Chuaymuang, Kanda<sup>2</sup> Karuchit, Smart<sup>1</sup> Kovitaya, Manop<sup>2</sup> Fox, Kimberley<sup>1</sup> Tappero, Jordan<sup>1</sup>

<sup>1</sup> Thailand MOPH - U.S. CDC Collaboration, Nonthaburi, Thailand

<sup>2</sup> Bangkok Metropolitan Administration, Bangkok, Thailand

**Issue:** Despite successes in HIV prevention for other groups, HIV prevalence among Thailand's injection drug users (IDUs) remains high (40-50%). Since early 2004, staff at five Bangkok Metropolitan Administration (BMA) methadone clinics has implemented community-based outreach for IDUs to promote risk reduction, methadone treatment, and HIV voluntary counseling and testing (VCT). Peer involvement may strengthen outreach, but poses challenges for training and monitoring.

**Project:** In mid-2004, two of BMA's seventeen methadone clinics initiated peer-led IDU outreach for risk-reduction education and referrals for VCT, methadone, and other health care. Clinics offered a 4-month course on HIV/AIDS, led by experienced IDU peer educators from a local non-government organization, to interested current or former IDUs. Attendees selected from this course received training as peer outreach staff (POS) using a WHO curriculum. Clinic staff held weekly monitoring meetings for POS.

**Results:** Fourteen IDUs were trained as POS. Eight were evaluated with a 30-item pre- and post-test; mean score improved for 20 (67%) items. From January to August 2005, the POS conducted 195 outreach visits to 110 IDUs (mean 1.8 visits/IDU). IDUs receiving outreach were mostly men (100; 91%), and 20 (18%) had never been in methadone treatment. POS referred 9 (8%) IDUs to methadone treatment and 18 (16%) to VCT. Of those referred, one person accessed methadone treatment and one accessed VCT. Almost all outreach visits (189; 97%) involved development of personal risk-reduction plans. Monitoring meetings identified two major issues: difficulties coordinating healthcare referrals between POS and clinic staff, and POS needs for ongoing skills development. Over the 8-month period, 3 POS stopped participating.

**Lessons Learned:** Peer outreach for HIV risk-reduction is feasible among IDUs in Bangkok. Initial training may need to be supplemented with continued capacity building activities, referral systems should be strengthened, and impact evaluated.



## We.079P

**'Showing the Way Ahead' Benefiting From Peer Networks in the Community: Experience of MDM's Harm Reduction Program in Myanmar**

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<sup>1</sup> Médecins du Monde, France- Myanmar Mission, Paris, France

<sup>2</sup> Responsible of Myanmar Mission and HIV AIDS referent at HQ, Paris, France

<sup>3</sup> MDM Harm Reduction expert, Marseille, France

**Introduction:** In a context of high HIV prevalence (90%) among IDUs in Myanmar Médecins du Monde (MDM), initiated harm reduction interventions in the Kachin state in 1996 through a comprehensive strategy. Involvement of peers has been a cornerstone of MDM's comprehensive strategy.

**Discussions:** MDM's harm reduction program is a comprehensive one where peers play a key role in mobilizing IDUs for behavior change, improved health seeking and setting off a chain reaction of positive behavior related to safer injecting and sex practices. A day long 'Peers Education & Mobilization workshop' is organized on monthly basis at the 2 drop in centers (DICs) for 5 peers each. The workshop is conducted by MDM staff-employed peers, health educators, psychosocial counselors, nurses and doctors. Peers are later invited for follow-up meetings to reinforce their knowledge, motivation and feedback from the 'scene'. So far more than 60 peers have been trained and they play a pivotal role in maintaining and enhancing the day to day operations in the DIC and outreach as well. Peers participate in all activities of the program along with the technical staff to better communicate with IDUs and convey feedback from them.

The outcome of the peer involvement reflects in overall performance of the program which has been very positive. The project showed increased coverage and utilization of services by 3-4 times and a lot of that can be attributed to the peers.

**Conclusions:** Peers current or ex-users are the best means of accessing the extremely hidden population and the world of IDUs. They can help provide vital inputs to design more acceptable interventions and also get useful feedback to adapt the interventions. Properly trained, motivated and appreciated for their inputs, peers can be the most key element in the success of a community based harm reduction program.

## We.080P

**Review of Harm Reduction Program in Establishing Comprehensive Intervention- Perspective CARE Bangladesh**

Alam, Md. Shakawat<sup>1</sup> Ahmed, Munir<sup>1</sup> Uddin, Taslim<sup>1</sup> Faruque, Mohammad<sup>2</sup> Salehin, Moshfaqus<sup>1</sup> Islam, S. M.<sup>1</sup> Hossain, Azad<sup>3</sup> Bapary, Din<sup>4</sup> Kamal, Mostafa<sup>1</sup>

<sup>1</sup> CARE Bangladesh, Dhaka, Bangladesh

<sup>2</sup> UNODC, Dhaka, Bangladesh

<sup>3</sup> BODAR, Dhaka, Bangladesh

<sup>4</sup> PROCHESTA, Dhaka, Bangladesh

**Issue:** Programmatic review of Harm Reduction services leads to an effective service delivery program for I/DUs.

**Setting:** Bangladesh is a low prevalence country but successive sero-surveillance report shows HIV prevalence among IDUs steadily increased from 1.7% to 4% to 4.9% and to 8.9% in couple of sites of central Dhaka which triggered the necessity to revisit the program to ensure installation of other options of Harm Reduction program to address the program befittingly.

**Project:** CARE Bangladesh launched Harm Reduction program in 1998 with DFID fund. First phase of HIV/AIDS PREVENTION PROJECT (HAPP- UNICEF) for I/DUs ended on June 05, with attainment of multifarious experiences. Second phase known as extension of HAPP started from July 01, 2005, destined to end on June 30, 2006, where CARE reviewed its existing program to identify the programmatic gaps and capitalized the lessons learned at 1st phase of HAPP. CARE meticulously reviewed different study findings & surveillance data on I/DUs, arranged cross visits for its programmers, conducted series of consultative meetings and workshops with staff & peers, and reviewed regional replicable components of HR with a desire to design comprehensive program for I/DUs of Bangladesh. Based on the programmatic gaps the couple of new initiatives were taken such as increased number of outreach workers, required number of shifts for DIC and outreach services, distribution of syringe-needle from DIC, satellite sites in addition to conventional outreach services, increased clinical sessions and also taken initiatives like appropriate counseling, Satellite HR-services, Rescue & Referral services, Crisis Care Shelter Home, funeral services etc.

**Outcomes and Lessons Learned:**

- Better Coverage and ensure availability of syringe needle.
- Partnership for detox and rehabilitation
- Pilot drug substitution should introduced.
- Multi sectoral approach is functioning.

## We.081P

### The MAKA Project: a Community-Academic Partnership to Develop HIV Programs With and For Women Survival Sex Workers

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<sup>3</sup> BC Centre for Excellence in HIV/AIDS- UBC, Vancouver, BC, Canada

**Issue:** Due to entrenched poverty, addiction, violence and serious health problems, as well as mistrust of many health care and social service professionals, women in Vancouver's Downtown Eastside face significant challenges when trying to access health care through mainstream avenues. Fear of encountering previous aggressors, an inability to relate to health care professionals and a lifestyle with unconventional hours make it difficult to engage women in discussions regarding health care. This has resulted in a large population of women who do not benefit from existing health care services and suffer with preventable illnesses, high rates of HIV infection, and extremely high mortality.

**Setting:** The MAKA project is a community/academic partnership between Women's Information Safe House (WISH) Drop-In Centre and the BC Centre for Excellence in HIV/AIDS (BCCFE). WISH is a well-established community organization providing social supports, meals and educational programs for women engaged in sex work. Partnered with the BCCFE we will evaluate health status with an emphasis on HIV infection, determine obstacles to health care access, and engage women in discussions regarding health care programs and education.

**Project:** The primary objective of the MAKA Project is to use participatory research methods such as social mapping, social networking and focus group discussions to inform the development of relevant and sustainable HIV/AIDS and health care programs. The MAKA Project is using a combination of peers, community experienced staff, and academic researchers to reach street-entrenched women engaged in survival sex work.

**Outcomes:** Initial studies have documented the severe marginalization of this group of women and the social factors contributing to poor health. Through strong community involvement, the findings of this research partnership will be directly translated into policy and programming at WISH. In addition, women survival sex workers will inform and participate in health programs geared towards their complex and unique circumstances.

## We.082P

### There Is Always a Way Where There Is a Will ..

Aung, Mya<sup>1</sup> Linn, Thiha<sup>1</sup> Soe, Mg Mg<sup>1</sup> Htun, Aye<sup>1</sup> San, Aung<sup>1</sup> Thyu, Phyo<sup>1</sup> Tanguay, Pascal<sup>2</sup>

<sup>1</sup> Asian Harm Reduction Network, Yangon, Myanmar

<sup>2</sup> Asian Harm Reduction Network, Chiangmai, Thailand

Populations living along drug trafficking routes and faced with economic hardship are extremely vulnerable to (injecting) drug use and HIV/AIDS. This can be seen in Lashio, a small hillside town in Northern Shan State where HIV/AIDS prevalence among injecting drug users is currently close to 70%. With such high prevalence, whole communities can be threatened.

AHRN established its first DIC with PHC, Outreach and NSEP in there in 2004.

In the first six months 6 young, trained outreach workers made every attempt to reach hidden drug users by accessing them in shooting galleries located in bushes, outskirts of town, tea shops and other rather unusual places. Trust was build up mainly through adopting a non-judgmental, caring and reality based (i.e. accepting the drug users are the professionals) attitude.

Having a drug user's friendly Outreach team was instrumental in gaining the trust and confidence of (injecting) drug user and their partners; developing an organised Needle and Syringe Exchange was another important trust gaining activity and not only in promoting safer injecting behaviour. Considering the local practice of mixing drugs with blood, NSEP raised the level of awareness considerably and was of great significance in tackling the spread of HIV.

The team's attitude, hard work and impact on the health situation were also recognised by local community and officials. This created a more enabling environment, that lead to more (I)DUs accessing the services of the DIC and expansion of all services like PHC, Counselling, Health Education...

Low threshold programs encourage a hidden and out of treatment drug using population to knock at the doorstep of drug services. These programmes will make an impact on HIV prevalence in the community. Doing this in a transparent way, while nevertheless safeguarding confidentiality issues, will also create an enabling local environment to continue and expand.

## We.083P

### What About Secondary Exchangers in Syringes Distribution Programs in Montreal?

Leclerc, Pascale; Morissette, Carole; Tremblay, Claude; Montreal Regional Public Health Department, Montreal, QC, Canada

**Background/Objectives:** In Montreal, Canada, a large network of programs distributes free sterile injection equipment to IDUs. Nevertheless, a number of IDUs do

not acquire their material through these sites; some obtain it from "secondary exchangers", individuals who acquire a large amount of material from programs and distribute it to others. The objective of this analysis is to use data routinely collected by programs to describe these secondary exchangers (SE).

**Methods:** Twenty distribution programs, NGOs with fixed sites or mobile vans and community health clinics, participate in a regional monitoring system. A form is completed for each visit: demographic characteristics are completed by users; material distributed (such as syringes, condoms, sterile water vials), syringes returned and interventions conducted, by staff members. For this analysis, SE visits are defined as visits with distribution of 100 syringes or more.

**Results:** From April 2004 to March 2005, the 20 collaborating programs recorded 59,132 visits and 796,114 distributed syringes; SE represented 4% of these visits and 58% of the distributed syringes. On average, 179.4 syringes were distributed per SE visit (non-SE visit with syringe distribution: 8.2 syringes per visit). The syringe return rate for SE visits was 96% (non-SE visits: 39%). The mean age for these visits was 40.0 years (non-SE visits: 33.5 years); 65% of SE and non-SE visits were made by males. Interventions were conducted for 59% of SE visits (non-SE visits: 51%).

**Conclusions:** Monitoring data provide interesting information on SE. SE visits currently represent a small proportion of visits but a significant proportion of syringes distributed. SE could play a major role in reaching IDUs who do not frequent distribution programs, providing them with clean injection material and relaying prevention messages. We need to further explore the characteristics and motivations of these secondary exchangers and better understand and characterize their distribution network.

#### We.084P

##### Reducing the Risk of HIV Among Drug Users: a Peer-Led Intervention

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**Background:** To address the prevailing gap between treatment demand and service provision in South Asia, UNODC ROSA initiated a peer-led intervention at 18 sites in South Asia (Bangladesh, India and Nepal) aimed at reducing the risk-taking behaviour (related to both, drug abuse and sexual risks) among young drug users.

**Methodology:** The nine-month intervention was designed to roll out in four distinct but overlapping phases consisting of selection of implementing NGOs, hiring and training of staff, mobilisation of the local community

leaders and influential people in the first phase. In the phase two recovering drug users (peer outreach workers) were identified who further established rapport with current drug users. Current drug users were recruited to function as peer volunteers who underwent training in risk-reduction methodology for necessary knowledge and skills to reduce their risk-behaviours as well as that of their peers and also act as role models. In the phase three, (duration - three months) peer volunteers were encouraged to form self-help groups and encouraged to access specific treatment and rehabilitation services. Pre and post Knowledge Attitude and Practice assessment was carried out for evaluation purposes.

**Results:** Comparison of the KAP data at the baseline and reassessment revealed a reduction in drug use parameters, a significant reduction in sharing of injection equipment amongst IDUs, a reduction in number of sexual partners and a significant increase in consistent condom use.

**Conclusion:** The findings indicated that it was feasible in resource poor settings like South Asia to reach out-of-treatment drug users through recovering drug users, bring them closer to services and empower them to function as agents of change among their peers and partners voluntarily. The cost-effectiveness of this intervention contributes to its sustainability.

#### We.085P

##### Professional Peers

Wepler, Robert, Vancouver Coastal Health Authority, Vancouver, BC, Canada

**Issue:** Traditionally In the area of Harm Reduction the role of drug using peers has been as members of activist oriented drug user organizations.

Over the last 15 years the role that DU peers have played has fundamentally changed as more of them find themselves working in a professional capacity.

The use of these peers and the roles they may play in the future is a question that I would like to explore here.

**Approach:** I will be comparing the expectations and hopes of several DUP against their experiences working in different areas of the Harm reduction field.

**Key Points:** The current status of drug using peers will be shown, from peers who work in drug user groups to those working with government agencies and service providers as well as those helping in research.

- Why they are needed?
- What barriers and boundaries have they faced and expect to encounter in the future?
- How have these been overcome?
- Have they been effective in the area's they work?
- What roles may they play in the future?

**Implications:** The negative consequences of global drug prohibition show no signs of ending soon. Not only are the roles that drug-using peers currently play in harm reduction critical to the minimization of these negative consequences, HIV/AIDS and overdose. These roles, that peers play, must expand in the future to guarantee a successful end to these consequences.

## We.086P

### Peer Prevention Networks: Formalizing Satellite Syringe Exchange as Public Health Practice

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**Issue:** As long as there have been Syringe Exchange Programs (SEPs), there have been Satellite Syringe Exchangers (SSEs). Injecting drug users who collect used syringes from their peers, exchange them for new syringes at SEP sites, and deliver them back to their peers along with additional prevention materials and information are not uncommon. However the role of SSEs is largely informal and unrecognized. Most SEPs are constrained by limited hours of service, restricted geographic coverage, and IDU concerns about accessing syringes in highly visible places. SSEs help to alleviate these restrictions. In an effort to formalize the public health role of SSEs and enhance HIV and hepatitis prevention among IDUs, a peer-based HIV prevention intervention was initiated by the State of California Department of Health Services Office of AIDS in 2004. This is the first state-sponsored project of its kind in the US.

**Setting:** 23 legal SEPs are operating in California since the signing of legislation in 1999. Five counties were funded to participate in the 3-year IDU-SSE High Risk Initiative beginning in September 2004.

**Project:** SSEs in each county are being trained as peer educators who will provide health education and harm reduction materials to IDUs in their social networks. The five sites range widely in the demographics served and geographic context, from the most urban to most rural. Program evaluation strategies include structured interviews of SSEs at baseline, 3, 6, and 9 month intervals, surveys with a sample of recipients of SSE services, and program data on material and intervention delivery.

**Outcomes and Lessons Learned:** In this presentation we first describe organizational and implementation challenges that were encountered and overcome. We review the SSE resource manual and website produced through lessons learned in the initiative. Evaluation review demonstrates the tangible increased capacity and coverage of SEP through SSE.

## We.087P

### Innovative Approaches to Combating Drugs and Adolescent Sexual and Reproductive Health Issues: a Multi-Sectoral Fashion to Pre-Emptive Behavior Change

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<sup>1</sup> Adolescent Reproductive Health Peer Educator, Suva, Fiji Islands

<sup>2</sup> Adolescent Reproductive Health National Project Officer, Suva, Fiji Islands

Since its commencement in 1999 the ARH Project of the Fiji Ministry of Health has taken the lead role in addressing issues affecting the reproductive and sexual health of young people in a multi-racial, multi-religious and multi-cultural Fiji a major component of which is Drugs and Substance Abuse in Young People. In efforts to initiate and establish support from stakeholders at all levels and effectively address ASRH in a coordinated manner, wide consultations and planning, awareness at all levels and provision of ASRH youth services were essential. Through situational analysis and lessons learned, in 2003 through efforts of young people in school and their parents, teachers, government, NGOs and donor agencies, a peer education program was piloted in a secondary school in Suva. This approach has had a considerable number of most significant change stories of behavior change in the rate of illicit drug use and sexual activity of students, student morale and academic performances. Through experiences and lessons learned from this pilot program, similar programs were implemented in 2004 with more success stories. This paper centers on the process and strategies involved in this approach that has proven to be a significant tool in harm reduction and healthier behavior change of young people making them less vulnerable to engaging in illicit drugs and early sexual activity.

## We.088P

### Indonesia : Community Base on Harm Reduction Program in Jakarta

Sugianto, Edi, IPPA DKI, Jakarta, Indonesia

**Issue:** Indonesian Planned Parenthood Association (IPPA) as the NGO that concerned to the health matter has its role in the program of HIV/AIDS prevention program in Jakarta. Works under coordination of Jakarta Provincial AIDS Commission. One of the programs which has been implemented is Harm Reduction.

**Setting:** Jakarta is 2nd round on prevalence HIV/AIDS in Indonesia and mostly caused by IDU who estimated 27.000 person. Latest figures from MOH showed that there are more than 21,000 HIV-positive-IDUs.

**Project:** The program has been implemented based on community approach, which its involving the IDUs and people such as family, friend or neighbour. This

approach showed the advantages of the program, such as:

- One of succeed indicators of advocation process in lowest level. This happens because of resistance from the society to the programs, especially on NEP .
- To help outreach workers job, they help to distribute the material directly and continuously and helped with empowering the key person and public figures. this approach can improve more roles and society in the process of implementation which at the end can guarantee program succeed more. society also can assisted as supervision of adherence level to IDUs with intervention program, for example the adherence to keep using sterile needle, to consume ARV, etc.

**Outcomes:** Several implementations of the HR programs based on community implemented by IPPA Jakarta are:

- Involving religious figures in the process of socialisation and advocation program
- drop in center in the center of IDU community.
- Launching fix site to distribute material: condom, needle, swab, IEC. This Fix site is established so IDUs can get their needed material easier. Fix site is managed by the key person whom available in community and member of the program, and as one of the social marketing activity to the society.
- Involving family in the process of behaviour change of IDUs, such as home visit, family meeting.
- Having good relationship and understanding with the police whom become stakeholders in certain district

#### We.089P

#### **DU and PLWHA Community: Needs and Opportunities** **Stuikyte, Raminta<sup>1</sup> Butkus, Kestutis<sup>2</sup>**

<sup>1</sup> Central and Eastern European Harm Reduction Network, Vilnius, Lithuania

<sup>2</sup> IDUMS, Vilnius, Lithuania

Support for building self-organization of drug users (DU) and people living with HIV/AIDS (PLWHA) is one of the strategic goals of the Central and Eastern European Harm Reduction Network (CEEHRN). Together with Lithuanian DU organization, CEEHRN made analysis focused on needs and expectations of self-groups and self-organizations of DUs and PLWHA as well as major obstacles that cramp development of those groups. 42 groups from 16 countries participated in the survey in 2003-2004. Analysis was done in 2004 -2005.

**Main Results:** PLWHA groups are better developed (in comparison with DU groups); they have mobilized more staff and volunteers for activities and have better participation in decision making. Development and recognition of drug user leadership remains limited in spite of OSI and some other donors support. None of surveyed organizations was part of national commission on drug issues. DU organizations have mobilized little number of activists; they had fewer funding and a range of donors was very limited. Analysis author experience and inter-

views with respondents suggested that drug user movement development was highly limited due to prohibition of illegal drug use (which might be criminalized), way of life of drug users (which may cause less development of social skills and competencies, non-sustainable work regime), extremely high discrimination of active, treated and non-active drug users at different levels and low self-esteem.

DU and PLWHA community-based groups see advocacy and lobbying on different levels as a keystone for their further development. This requires investment in their human and technical capacity building, including training on advocacy, consultation on legislation and assistance in interest representation, information support and facilitation of networking with peer partners.

Following the analysis CEEHRN carried out two trainings on DU self-organizer in 2004 and 2005, provides networking and information support for DU and PLWHA groups.

#### We.090P

#### **Project NEON: Options for Gay and Bi Men Who Use Crystal**

Scott, D; French, Tracey; Martin, Arnold; Seattle Counseling Service, Seattle, WA, USA

#### **Issue:**

- 1993, Public Health conducted formative, ethnographic study of 28 MSM crystal injectors, exploring context and behaviors shaping HIV transmission.
- Design based on ethnographic research, behavioral theories of social diffusion and stages of change.
- 1999, RAVEN Study data estimated 47% of MSM crystal users in Seattle/King County are HIV+ (highest HIV prevalence among risk groups in WA State). 2000, NEON expanded to include non-injectors due to similar sexual risk taking and likelihood of progression to injection.

Those MSM who use 'crystal' methamphetamine were discovered to be contracting HIV at rate higher than those who did not use crystal. Meth users who were also MSM were more likely to have unprotected unsafe/r sex. Injectors had limited vein care knowledge along. Injectors also seemed to be unsafe with injection equipment.

**Setting:** The primary site is at 1216 Pine Street in Seattle, Washington State. It is strategically located in Capitol Hill, but walking distance from Downtown. Gay and bisexual men (or men-who-have-sex-with-men: MSM) who use crystal methamphetamine, primarily injectors in Seattle & King County.

**Project:** Project NEON (Sex & Needle Education Outreach Network), a program of Seattle Counseling Service, is a HIV-intervention community-level intervention targeting gay & bisexual men who use crystal in Seattle & King County.

Peer Support Groups include:

- Peer Education Group
- Speed, Sex & Sanity Group
- 1 on 1 Counseling
- Crystal Meth Recovery Group
- Crystal Clear Group

#### Outcomes and Lessons Learned:

- Greater physical access to venues target audience exists
- Less fear of target audience, thus easier engagement
- Quicker, less resistant movement
- More involvement in community-based resources
- Greater ability to reach clients
- Clients are more willing to talk about issues to peers
- Clients are more likely to skills and tools taught, and apply than with counselors
- Continued & swifter client-initiated change and resource building

#### We.091P

##### Using Peer-Based Methods to Reduce Asian Intravenous Drug User Vulnerabilities

Huynh, David; [Leclair, Raymond](#); Johnston, Caitlin; Asian Society for the Intervention of AIDS (ASIA), Vancouver, BC, Canada

**Background:** AIDU in Canada face multiple barriers accessing social, health, educational, recovery, and legal services. A lack of culturally appropriate and language specific support services leads to greater marginalization of an already vulnerable population to HIV/HCV and related illness. By reaching out to AIDU in a culturally appropriate and language specific manner using 'peers' (former AIDU), ASIA is able to reduce vulnerabilities.

**Methods:** ASIA operates the IDU Program, providing Cantonese and Vietnamese speaking clients with appropriate support. Previously, clients of the program have reported being unable to access community resources and services on their.

Peers organize a weekly lunch and support group to discuss issues relating to addictions and barriers to services. The support group provides AIDU clients a rare opportunity to establish friendships with individuals who relate to their situation.

Peers are able to pass on health and harm reduction information and supplies.

**Results:** In providing peer-based support to AIDU, ASIA has been able to reach an extremely marginalized population weary of mainstream services. Clients have reported being able to access community services for the first time. ASIA now realizes the size of this population and can advocate for their needs.

ASIA has provided AIDU with information critical to their harm reduction. ASIA's impact in preventing the

spread of HIV/HCV in the Asian community has been evident.

**Conclusions:** AIDU not only face the challenges of being an addict but also face the barriers in accessing community services. ASIA has realized the size of the AIDU population in the community and the importance of a harm reduction, peer-based approach.

#### We.093P

##### Contemporary Ayahuasca Use: Harm Reduction or Benefit Maximization?

[Tipper, Kenneth](#)<sup>1</sup> Demange, Francois<sup>2</sup>

<sup>1</sup> UBC Department of Educational Studies, Victoria, BC, Canada

<sup>2</sup> Espiritu de Anaconda, Lima, Peru

**Issue:** Ayahuasca is an entheogenic (i.e. psychoactive used for spiritual purposes) tea indigenous to the Amazon which in the past few decades has begun to enter modern Western public consciousness. The plant constituents or analogues of ayahuasca are increasingly available over the internet and, in some countries, through "entheobotanical" shops, despite uncertain legal status. Some organized spiritual groups are also providing opportunities for ayahuasca experiences in traditional or syncretistic ceremonies.

**Approach:** This discussion reviews ayahuasca's socio-cultural history and psychopharmacology, including its unique biochemistry and reported powerful cognitive, emotional and spiritual effects. From knowledge of both traditional and contemporary uses, evidence for ayahuasca dependence is lacking; rather, some research supports the hypothesis that ayahuasca healing may be effective as an addictions therapy. Similarities and differences between traditional indigenous and contemporary modern uses of ayahuasca are also addressed.

**Key Points:** Various frames of reference, or paradigms, can be applied to account for the benefits and potential risks of ayahuasca to individuals and communities. This discussion covers the principles of dose, set (psychosocial preparation), setting (context of use), the metaphors of cognitive/cultural tools and plant teachers, and the related concept of *vegetalismo*, the philosophy underlying traditional Amazonian healing practices. Ethical issues considered include cognitive liberty, authenticity, intellectual property and appropriation of aboriginal knowledge.

**Implications:** Prevalence of ayahuasca use in modern Western countries is uncertain, as it is unlikely to be explicitly included in drug-use surveys. However, ayahuasca's increasing reputation as a spiritual and therapeutic agent may attract more experimental and regular users. The concept of harm reduction is applicable to ayahuasca use, but it is postulated that an equal or more appropriate one is "benefit maximization." For researchers, there is much to explore in the field of

ayahuasca studies, but caution and respect for the tea and its origins is essential.

#### We.094P

##### Medically Supervised Safer Smoking Facilities for Crack Cocaine Users: Implications for Community and Public Health

Shannon, Kate<sup>1</sup> [Morgan, Rob](#)<sup>2</sup> Oleson, Megan<sup>1</sup> Kerr, Thomas<sup>1</sup> Tyndall, Mark<sup>1</sup>

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<sup>2</sup> Vancouver Area Network of Drug Users (VANDU), Vancouver, BC, Canada

**Background:** There is growing evidence of the serious public health and community harms associated with crack cocaine smoking, particularly the risk of blood-borne transmission. In response, community advocates and policy makers in Vancouver, Canada are calling for an exemption from Health Canada to pilot a medically supervised safer smoking facility (SSF) for illicit non-injection drug users. Current reluctance on the part of health authorities is due in part to the lack of information surrounding the direct harms of crack cocaine smoking and the potential uptake of such a facility.

**Methods:** A partnership between the Rock Users' Group of Vancouver Area Network of Drug Users (VANDU) and a community-based research project undertook an assessment of the willingness to use a SSF among crack cocaine smokers. Univariate and multivariate analysis were used to determine associations with willingness to use a SSF.

**Results:** Among 437 crack cocaine smokers, 303 (69%) reported a willingness to use a SSF should one be made available. Willingness to use a SSF was associated with inhaled brillo/burns due to rushing smoke (aOR=4.37, 95%CI:2.71-8.64), borrowing crack pipes (aOR=2.50, 95%CI:1.86-3.40), smoking crack in public places (ie, alleys, crack houses) (aOR=2.48, 95%CI:1.65-3.27), crack binging (aOR=2.16, 95%CI:1.39-3.12), having equipment confiscated or broken by police (aOR=1.96, 95%CI:1.24-2.85), and current injection drug use (aOR=1.72, 95%CI:1.09-2.70).

**Conclusions:** The high reported willingness to use a SSF among crack cocaine smokers highlights an important opportunity to connect with a high-risk population. The results suggest a strong potential to reduce the community health risks of crack smoking, including infectious disease transmission, risky drug use practices, and address concerns of open drug use and public order, should a facility be implemented in this setting.

#### We.095P

##### HIV and HCV Prevalence and Risk Behaviours Among Injection and Non-Injection Drug Using Crack Cocaine Smokers

[Shannon, Kate](#); Kerr, Thomas; Morgan, Rob; Oleson, Megan; Tyndall, Mark; BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background:** Growing evidence has highlighted the health related harms of crack cocaine smoking, including an increased risk of non-parental transmission of HIV and Hepatitis C through the sharing of drug use paraphernalia and risky sexual practices.

**Methods:** During November 2004, the Rock User's Group and a community-based research project undertook an assessment of the health related harms of crack cocaine smoking through peer-administer interviews. The present analysis compares HIV and HCV prevalence and related risk behaviours among dual users (crack smokers with an injection drug use history (IDU)) and crack smokers with no IDU history.

**Results:** Of 437 crack smokers, 246 (56%) were dual users while 191 (44%) were crack smokers only. Although HIV prevalence was slightly higher among dual users when compared to crack smokers only (30% vs 22%), the results were not statistically significant (aOR=1.67, 95%CI:0.57-2.41). HCV prevalence was 79% among dual users compared to 43% among crack smokers only ( $p < 0.001$ ). In multivariate logistic regression, injection users were more likely to be HCV positive (aOR=4.93, 95%CI:3.06-7.95), to exchange sex for money, drugs or shelter (aOR=3.14, 95%CI:1.78-5.52), to borrow crack pipes (aOR=2.15, 95%CI:1.67-2.94), to smoke in a group of unknown people (such as, crack houses or alleys) (aOR=1.87, 95%CI:1.19-2.67), and to have a longer history of crack cocaine use ( $p < 0.001$ ).

**Conclusions:** There is a relatively high prevalence of both HIV and HCV infection among crack smokers with no IDU history. Although dual users were more likely to engage in risky sexual and drug use practices, the associations with borrowing a crack pipe and smoking in a group of unknown people suggest a high potential for sharing between IDU and non-IDU crack smokers. These findings have important implications for future prevention and harm reduction initiatives.

#### We.096P

##### Popular Theater the Effective Behaviour Change Communication Tool

[Razzak, Sultan](#), Forum for Culture and Human Development, Dhaka, Bangladesh

**Introduction:** In the Bangla language the word Culture has twofold meanings. One is participatory learning and the other is practicing. Learning sustains through practice of learning in real life. Only effective participation

can ensure effective learning and participation. This is the best way of transferring knowledge in to practice. The research based activities of Forum for Culture and Human Development (FCHD) on drama development involving the participants in threefold participation like Entertaining participation, Psychological participation and Implementing participation. Results of this participatory process, the participants able to buildup highly accepted drama script. Thus, a number of popular drama on HIV/AIDS, Gender issue, water sanitation and Drug demand reduction issues were performed throughout Bangladesh. by the NGO's, children and youths.

**Methodology:** In the methodology a description is given to the participants about the steps of the activities. Participants select a subject for work. Then each participant provided with the material like a piece of paper and a maker pen to draw something on the subject whatever he/she likes. After drawing all pictures are put on the floor or hang on the wall. And then the participants develop an imaginary sequence of a story line and develop a story through equal participation. According to the sequential story the participants characterize of the story, accordingly develop possible dialogues, and then rehearse for participatory performance among the general mass as the tool of behavior change communication.

**Output:** An easy culturally accepted and entertaining drama script that could use as the effective tool of behavior change communication.

**Outcome:**

- Building Network
- Multiplying of message
- Sustain the development message in the community
- Positive change in the people behavior

**Conclusion:** In this process participants will be involved in the activity enthusiastically, psychologically, emotionally therefore, his/her participation will be SMART balanced with individuals and communities cultural component. That create a very close (friendly, not limited in the professional relation) network among the participants which has a cultural power to sustain in the community.

**We.097P**

**Evaluation of a Media Campaign Aimed at Preventing Initiation Into Drug Injection Among Street Youth (SY)**

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**Objectives:** 1) Evaluate the recognition and understanding of a media campaign aimed at preventing initiation into drug injection among SY; 2) Document SY's perceptions on the effectiveness of the campaign messages.

**Methods:** As part of a multi-methods evaluation study, we conducted a survey among SY targeted by the campaign (never injectors). Additional eligibility criteria were: 1) being between 14 and 23 years of age; 2) having been on the street for <2 years. Participants were asked: if they had seen the campaign logo and each of the six posters and in what location; their understanding and perceived effectiveness of each poster.

**Results:** Among the first 121 recruited youth (77% males), 93% reported having seen the logo; 65% were able to recognize at least four posters. Depending on the poster, the proportion of participants saying that the poster addressed non IDUs varied from 6% to 20%, IDUs, 12% to 25% and both groups, 69% to 74%.

Depending on the poster, the proportion of youth saying that they agreed with the different proposed statements varied from: 1) 71% to 90% (this poster touches you); 2) 62% to 93% (this poster makes you reflect on drug injection); 3) 78% to 96% (this poster makes you think that you should avoid injection); 4) <1% (this poster makes you feel like trying injection); 5) 87% to 98% (this poster can make youth reflect on negative consequences of drug injection); 6) 82% to 93% (this poster can help to prevent initiation into injection). Asked an open-ended question on what they thought each poster meant, between 76% to 96% of youth responded appropriately.

**Conclusions:** Preliminary results suggest that the campaign messages were well placed, understandable and thought provoking. According to youth, these posters are a valuable tool for prevention of initiation into drug injection in their milieu.

**We.098P**

**Partnership With Government in Harm Reduction Responses in Myanmar**

Lwin, Myo; Rai, Lokendra; Burnet Institute, Centre for Harm Reduction, Yangon, Myanmar

**Background:** The Central Committee for Drug Abuse Control (CCDAC) within the Ministry of Home Affairs is the primary governmental organization which responds to drug related issues and advocates for drug related harm reduction in Myanmar.

The Burnet Institute has an MoU with the Myanmar Ministry of Home Affairs and is contracted through the Fund for HIV/AIDS in Myanmar (FHAM) to deliver a range of technical assistance to a range of implementing partners including CCDAC.

**Outputs:** In April 2005, the Burnet Institute assisted CCDAC in a planning exercise and revision of their project work-plan to better suit a changed political climate. Two different training courses have been delivered to enhance the CCDAC staff's understanding of harm reduction and build their project management skills. Ongoing technical assistance will be provided through-



out the life of their project on topics including advocacy, alternative sentencing, drug treatment and interventions in closed settings.

**Conclusions:** Relationships between the CCDAC and non-governmental organizations continue to be an essential element in creating an enabling environment for harm reduction responses to operate in Myanmar.

#### We.099P

##### Training of Trainers (ToT) - How Do We Know It Works?

Bokazhanova, Aliya; Novotny, Thomas; Institute for Global Health, UCSF, San Francisco, CA, USA

**Issue:** Technical and institutional capacity building in Central Asia through Training of Trainer programs.

**Setting:** Central Asia Countries — Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan and Turkmenistan  
All Central Asian countries have applied for and received grants from the Global Fund to Fight AIDS, TB, and Malaria. However in all these countries the HIV/AIDS epidemic continues to expand. The technical capacity needed to implement these and other funded interventions is quite variable and needs to be improved through human resource development. Various training activities now underway aim to increase the capacities of policy makers, professionals, and NGOs in the Central Asian countries to implement their respective Global Fund projects. Training of trainer (ToT) programs have been established to help ensure smooth planning, implementation, monitoring and evaluation of the various interventions against HIV/AIDS. Many organizations conduct training on HIV/AIDS prevention, harm reduction, and surveillance. However, there are scant evaluation reports on the outcome of these programs. A new World Bank project focuses on monitoring and evaluation, and with appropriate operational research, the quality and outcomes of training could be evaluated, both in the short term and in the long term. This presentation will discuss qualitative evaluation regarding training programs and recommend approaches to short and long-term evaluation of training programs in Central Asia.

##### Outcomes:

- Seven ToT workshops for participants from all Central Asia Countries (Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan and Turkmenistan) were conducted.
- A corps of trainers has been established through these ToT training.

##### Lessons Learned:

- Involving a range of participant stakeholder groups (people living with HIV/AIDS, NGOs, representatives from different ministries and health authorities) is an important component of training programs that target multiple intervention channels. Informal dialogue during the training and workshops fosters a sense of group cohesiveness.

- Monitoring and evaluation of educational programs requires systematic data collection pre- and post-training as well as long term program assessment through ongoing surveillance systems and retrospective surveys.

#### We.100P

##### Ethnographic Study of IDU Sexual Networks in the Five Cities of Indonesia

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<sup>1</sup> Family Health International/Indonesia, Jakarta, Indonesia

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**Objective:** Behavioral Surveillance Surveys of injection drug users (IDU) in Indonesia reveal high rates of injection and sex risk. HIV positive IDU may become a bridge to the general population through sex with non-IDU partners. To control further spread of infection, sex transmission prevention campaigns need to be developed. This research was undertaken to inform the development such strategies.

**Methods:** Snowball sampling from geographic locations with high concentrations of IDU included 50 subjects to reflect the range in known IDU demographic characteristics. Respondents completed in-depth, open-ended interviews to learn more about their sexual relationships, types of partners and patterns of risk behavior. Data was translated, transcribed and coded for entry into EZText software. Study ethnographers completed inductive analysis.

**Results:** Subjects typically engaged in high-risk sex practices. The most common types of sex partners included spouse, boy/girl friend, sex worker and casual pick-up. Relationships and high-risk practices differed significantly by type of sex partner.

**Conclusion:** This information should be very helpful in designing HIV prevention and care for IDUs especially in developing safe sex campaign for IDUs.

#### We.101P

##### [Re]Moving the Margins: Transformative Community Practice

Rabinovitch, Janni, Centre for Addictions Research of BC, University of Victoria, Victoria, BC, Canada

**Issue:** The integration of people with personal experience of an issue into all aspects of addressing the issue including research and policy and program development.

**Approach:** Transformative Community Practice, a methodology for actively and effectively facilitating and supporting the meaningful engagement of experiential people.

**Key Points:** This methodology seeks to: 1) redefine expertise to include the experiential community thus

ensuring they play a decision-making role in all initiatives designed to meet their needs; 2) develop a new understanding of, and support for, the role of the change agent in facilitating the involvement of the experiential community; 3) engage all stakeholders affected by any given situation being addressed since complex social issues require a commitment from the whole community and must incorporate community development activities and community partners to be effective; 4) shift policy resulting in a commitment of sufficient time and resources dedicated to realistic and meaningful inclusion.

**Implications:** The integration of the principles of Transformative Community Practice would result in significantly more effective policies and programs to address the harms resulting from the use of drugs, sex work, homelessness and other experiences of marginalisation. To do so requires a commitment of adequate time and resources for establishing trust, forming relationships and building capacity among experiential people in an appropriately resourced, culturally sensitive and respectful manner.

The success of this model is born out by the author's experience over twelve years illustrating the successful engagement of homeless men, street women, sex workers and sexually exploited youth in addressing their issues. When experiential people play a meaningful role in the development, design and delivery of the programs and services meant to address their needs, new and creative responses emerge. Without building on their insider knowledge we are doomed to continue to invest in traditional and unsuccessful top-down policy and program development.

## We.102P

### **Reducing Harm: It's About Perspective**

Potts, Jeff, Public Health Agency of Canada, Ottawa, ON, Canada

This interactive workshop challenges participants to think "outside of the box" by recognizing how certain perceptions are often pre-determined and potentially harmful to a "living well/working well" philosophy — especially where operationalizing a harm reduction approach is concerned. Putting harm reduction theory into practice represents a paradigm shift, and that shift starts with a certain perspective. It's about perspective, and it's about recognizing that a healthy perspective has practical application in how one lives and works everyday, in how one interacts with others in areas often perceived as "just too innovative to be realized in practical terms".

"Grab Bag" is an exploratory exercise focused on simple description and not-so-simple interpretation. It attempts to draw attention to perception and interpretation as key elements in personal capacity and perspective.

"Square Wheels" is an interactive exercise that puts reactions and realities to the test. It attempts to explore issues of power and influence; and it encourages reflection on realities, norms, expectations and retrospectives.

"Power of Pause" is about taking time to engage oneself in serious and sincere thought with respect to the importance of "self".

Finally, "Goose Story" is simply that: a story that explores the importance of relationships, taking valuable lessons from the "Canada Goose".

## We.103P

### **Outreach Work: Drug User and/or Health Care Worker**

Westin, Caio Filipe, Elvira, Coordenação Estadual de DST/AIDS - SP, São Paulo, Brazil

**Issue:** There has been a debate in Brazil on who should carry out harm reduction actions at intervention areas. It has been maintained that outreach workers should be either drug or ex-drug users due to their personal experience with illegal substances and similar social background and profile to that of drug users. In the State of São Paulo outreach workers also came from poor communities, have low educational level and are unemployed. Further, they had used drugs and live in the neighbourhoods of the intervention areas. Contrarily, health care workers due to their lack of personal experience with drugs, personal contact with the community and drug users of the intervention area are considered less able to conduct harm reduction actions. Their social conditions are viewed as a limitation for approaching and deal with injecting drug users (IDUs). These different opinions have created some impact concerning the presence of health care workers at the intervention areas.

**Approach:** Although the socio-economic profile of ex-drug users may facilitate carrying out harm reduction actions, its similarities to that of IDUs make ex-drug users outreach workers to have similar ways of facing life, with no perspective of social transformation. Despite being trained in comprehensive health issues and prevention to STD/HIV/AIDS and to identify social resources in the community, those perceptions lead the majority of them to a restricted conception of social and health issues concentrating harm reduction actions only in identifying IDUs to deliver them harm reduction kits.

**Key Points:** Faced to the complexities of the intervention areas and harm reduction with IDUs, outreach work should ideally be carried out by both health care workers and ex-drug users. Routine evaluations of the field features to adequate interventions and to define the ideal professional to conduct them may improve the development of those interventions.

**We.104P****Three Low Threshold Institutions in Oslo, Norway**

Gomes, Leni; [Ramstad, Berit](#); Anmarkrud, Bjorn; Lia, Anlaug; Section for Harm Reduction, ADAS, Municipality of Oslo, Oslo, Norway

**Setting:** The most popular street drug in Norway is heroin, and about 95 % are IV users. We see some amphetamine, cocaine is not a street drug. Heroin is often mixed with benzodiazepines. White heroin is rare, and most users prepare brown heroin for injection. It must be boiled, strained and mixed with ascorbic acid, and all the preparation and the paraphernalia needed represent a lot of opportunities for blood borne diseases to spread. Traditionally the official policy on drug use has been long term institution treatment, with a totally drug-free life as the only goal. This has changed considerably during the last years. Norway now has a nation wide methadone assisted rehabilitation program, and the possibility of using methadone as a means of harm reduction is under consideration. Harm reduction is part of the official drug policy of the Alcohol and Drug Addiction Services in the City of Oslo.

**Issue:** Three low threshold institutions are run by the ADAS' Section for Harm Reduction. Their clients are active drug addicts over 18, men and women, suffering from homelessness, who have low or no ability to live on their own and low social skills. They have poor general health condition, suffer from malnutrition and have poor dental status. Their drug use expose them to blood borne and other contagious diseases, and their hygiene is poor due to lack of proper living conditions.

**Project:** The institutions provide housing for a limited amount of time, help the client improve his or her social skills, work with prevention of and reducing drug related harm and disease, help the client make a change in his or her life and, when possible, refer clients to services outside the section. The paper presents the work in the institutions and their results.

**We.105P****Calculating Risk: Theory and Practice in Risk Addiction**

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<sup>1</sup> Drugs and Homeless Initiative, Bath, UK

<sup>2</sup> University of Bath, UK, Bath, UK

**Background:** The British Home Office consider the engagement of drug users into Drug Intervention Programmes (DIPs) an effective way to combat drug-related offending (2005). Whilst interventions have demonstrated partial efficacy, recidivism and relapse remain salient issues (Home Office, 2003). It is suggested that causal links, which position substance addiction as the motivator to offend simplifies the complex patterns of addiction to risk that expose a person to

multiple harmful situations. For example, the Drugs and Homeless Initiative (2002) found that even when substance use reduced, clients disclosed continued offending and unsafe sex as a means to gratify addiction to risk.

**Issue:** This underscores the need to unravel the complexities of addiction to risk through theory-building to enable the development of effective harm reduction interventions.

**Project and Outcomes:** In this project, semi-structured interviews and case study analysis with drug workers and clients (n=35) were employed to explore perspectives about addiction and risk behaviours. From here, theory was built to incorporate addiction to risk with people's perspective of time orientation. By transferring knowledge into practice, this theory informed the development of 'Cycle of Change', an intervention for offenders with problematic substance use. It is anticipated that Cycle of Change will be effective in supporting offenders to shift time orientation, calculate risk and to plan behaviour that reduces addiction to harmful risks. This approach is consistent with the harm-reduction movement, which seeks to balance theory and practice to meet client's needs. Settings: The project was undertaken at the Drugs and Homeless Initiative (UK).

**We.106P****Evaluation of a Rapid Policy Assessment and Response Intervention: Szczecin, Poland**

Case, Patricia<sup>1</sup> Chintalova-Dallas, Repsina<sup>2</sup> Lazzarini, Zita<sup>2</sup> [Burris, Scott](#)<sup>3</sup>

<sup>1</sup> Harvard Medical School, Boston, MA, USA

<sup>2</sup> University of Connecticut Health Center, Farmington, CT, USA

<sup>3</sup> Temple University Beasley School of Law, Philadelphia, PA, USA

**Background:** Rapid Policy Assessment and Response is a community-level action research intervention. A research team, in Szczecin, Poland, collected laws and policies "on the books" that were relevant to IDU health and, through qualitative research, investigated how these laws were actually implemented "on the streets." Researchers worked with a Community Action Board (CAB) to conduct research, interpret the findings and develop a plan of action. We evaluated the feasibility and effectiveness of the intervention in identifying policy-related problems and solutions influencing the risk environment for IDUs, and producing community-level efforts to promote change.

**Methods:** Local researchers reviewed available epidemiological and criminal justice data, and collected relevant law. They conducted three focus groups. Individual interviews were conducted with key informants including lawyers, judges, police, and health care providers (N=23) as well as injection drug users (N=14). A

process evaluation was conducted to determine the feasibility and sustainability of the project.

**Results:** The intervention proved feasible. A CAB was recruited and held the planned number of meetings. All research tasks were completed satisfactorily within 10 months, and the research team produced a final report and action plan. Notable findings included failure of the criminal justice system to utilize available treatment services for drug users; an emerging rural epidemic of injected amphetamine use; and a poor fit between current drug use-related health services and needs. Where possible the team used secondary data to contextualize qualitative findings. The action plan included recommendations for changes in practice and policy based on empirical evidence and guided by local priorities. Nature and extent of CAB action will be reported at the conference.

**Conclusions:** Rapid Policy Assessment and Response can be used to mobilize local capacity to identify policies and implementation practices that improve or aggravate the social health risk environment for drug users.

## We.107P

### An Exploration of the Relationship Between Worker Values and Client Outcomes

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<sup>1</sup> Drugs and Homeless Initiative, Bath, UK

<sup>2</sup> University of Bath, Bath, UK

**Background:** An increase in the state funding of drug treatment services that provide harm reduction interventions has resulted in bureaucratisation and a reduction in independence for services (Phillips, 2005). This is characterised by state prescription of the organisation's values, type of service provision, and staff qualification and competencies. However, the government have not provided evidence that their prescriptions lead to efficacious outcomes for service users. Henceforth, drug treatment services may be resistant to becoming homogeneous bodies if their own unique worker values and collective organisational value profiles already support efficacious client outcomes. Thus, by celebrating differences amongst services, organisations are left asking 'if it isn't broke, why fix it?'

**Issue:** In order to maintain independence, the authors argue for essential research to elucidate the relationship between worker's values, the level of worker-organisation fit and how this impacts on client outcomes.

**Method & Setting:** To investigate this 50 participants were recruited at the Drugs and Homeless Initiative (UK). Staff completed a validated questionnaire (Schwartz Value Survey, 1992). Client outcomes were assessed using the Christo Inventory for Substance Misuse Services (1998). The data were analysed using

Spearman's Rank Test of Association and Mann Whitney-U tests.

**Outcomes:** Findings revealed two core profiles, separated by the level of worker fit with the organisational profile. Closer worker-organisational fit was associated with positive client outcomes. This presentation demonstrates how services can employ research to transform knowledge into practice and advocate for independence to maintain unique organisational profiles congruent with meeting needs and facilitating positive client outcomes.

## We.108P

### Building the Capacity of Drug and Alcohol Treatment Providers to Practice Harm Reduction

Domb, Mindy, SPHERE, a Program of HCSM, Inc., Amherst, MA, USA

**Objectives:** To increase the capacity of drug and alcohol treatment providers to integrate harm reduction (HR) practices by offering specific capacity-building training services especially designed for the drug and alcohol treatment setting.

**Methods:** SPHERE developed the Harm Reduction Integration Initiative (HRII) which consists of engaging onsite in-person trainings, practical technical assistance and user-friendly resources designed to assist drug and alcohol treatment providers to incorporate HR strategies in their work. The centerpiece service of the HRII is its in-person trainings, which not only increase participant knowledge, comfort and confidence in practicing HR, but are also participant-centered and designed (in their curricula) to reflect HR principles. SPHERE provides HRII services free to Massachusetts drug and alcohol treatment providers.

**Results:** In a review of HR trainings in 2003, 2004 and 2005, SPHERE provided 33 HR trainings reaching 519 drug and alcohol treatment providers. Evaluations following trainings demonstrated that capacity-building trainings resulted in increased participant knowledge, skills comfort and confidence to incorporate and use HR in their work. Also, participants articulated specific areas of improved HR capacity as a result of training participation. Evaluation data and participant responses will be shared at the presentation. Trainings, tools, and technical assistance were shown to support participants to share their concerns about HR, while creating HR opportunities in drug and alcohol treatment programs, and encouraging its practice.

**Conclusions:** HR skills-based training, when provided in partnership with drug and alcohol treatment providers and in response to their needs and concerns, can successfully support the integration of HR strategies and skills. Developing training curricula that are rooted in principles of adult learning, reflect HR principles, offer substantial opportunities to practice new skills, and

consider concerns around using those skills, can be very effective and reinforce the practice of HR by drug and alcohol treatment providers.

#### We.109P

##### Use of Respondent Driven Sampling in a Study of Young Drug Injectors

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**Objective:** Respondent driven sampling (RDS) was developed in the early 1990s to address the limitations of snowball sampling and other sampling methods used for studying hidden populations. Respondents are selected through their social ties that form the basis for RDS referral chains. This presentation will report the experiences with the first application of RDS in Ukraine in a study of initiation into injecting drug use among drug injectors 24 years old and younger and their non-injecting friends.

**Approach:** RDS was used to develop a sample of 800 young injecting drug users (IDUs) and 800 of their non-injecting friends in four Ukrainian cities of Kyiv, Odessa, Poltava and Pavlograd. NGOs in the field initially selected 20 IDUs in each city as 'seeds' who launched the recruitment chain. Each IDU interviewed was suggested to act as a recruiter. The RDS Analyse Tools soft ware ensured the representativeness of the data obtained.

**Results:** In Ukraine, this was the first study employing a respondent driven sample (RDS), i.e. a sample drawn and implemented by respondents. 1,610 respondents 24 years of age and younger were interviewed within 5 weeks. Respondents included 808 IDUs and 802 of their non-injecting friends. Of those, 476 used drugs by other modes than injecting and 326 did not use illegal drugs at all.

**Conclusions:** The RDS method enabled the researchers to reach a rather hidden group of young IDUs, representative to the drug injecting population and their non-injecting friends, a success that we think hardly would have been achieved through other sampling methods.

The research methods and techniques employed in this study could also be used to study other hidden groups such as female sex workers, men who have sex with men, as well as IDUs and non-injecting drug users in other cities. Importantly, the RDS method CAN be used as a research method but also adapted to reach hardly accessible groups in educational programmes, including HIV preventive ones.

#### We.110P

##### Assessing an 'Ethnographic Research-Recruitment Model' to Meet Challenges in Behavioral and Clinical HIV Prevention Research

Jones, Kevin; Voytek, Chelsea; Hammond, Jon Paul; Fleck, Alexine; Freeman, Jennifer; Freeman, Evelina; Metzger, David; University of Pennsylvania-HIV/AIDS Prevention Research Division, Philadelphia, PA, USA

**Issue:** Identifying and recruiting individuals at high risk for HIV acquisition is essential for behavioral and clinical HIV prevention research. It is equally important to learn as much about the social context of these communities and connect with its members when research activities are neighborhood-based, as collected data has the potential to assist recruitment and retention efforts by providing crucial and current information important to the study.

**Project/Setting:** To meet these and other challenges described in the research literature, researchers designed a theory-based 'Ethnographic Research-Recruitment Model.' Before and during the recruitment and data-collection activities of a phase III, behavioral HIV prevention research study among injecting drug users (IDUs), ethnographers have: embedded themselves in communities and used qualitative methods, mapping and photo-documentation to learn about neighborhoods and its members; built relationships with key informants and gate keepers, while assessing perceptions of drugs, HIV/AIDS, and other research-related questions not covered by the study; identified sites for study recruitment; and actively assisted individuals in making connections to the study's neighborhood-based mobile assessment unit for pre-screening purposes. Using this approach, the study has pre-screened 3,064 IDUs between December 2002 and September 2005 in Camden, NJ and Philadelphia, PA (USA).

**Outcomes and Lessons Learned:** By using this approach, researchers believe they are closer to understanding the complexities of sexual risks, drug use, cultures of hustling and sex work, and research participation among IDUs; the necessity of on-going community involvement in research activities; and designing a method to achieve greater participation from individuals at high risk for HIV infection. This paper will describe potential measures to examine the efficacy of this model and discuss implications of using such an approach in drug and HIV/AIDS related research with marginalized populations. It will also highlight lessons learned about drug use, HIV risks and research recruitment from ethnographic field notes.

## We.111P

### Drug Practitioners as Researchers/Evaluators: Lessons Learned From Two UK Studies on Substance Misuse in Young People

Carey, Neil; Kenny, Steve; Manchester Metropolitan University, Manchester, UK

The aim of this paper is to outline the potential for translating research knowledge on young people's substance misuse for relevant stakeholders, by adopting Practitioner-Researcher/Evaluator designs in research/evaluation studies. We present some of the ethical, operational, and economic issues involved when including practicing drug workers as active and integral participants in researching and/or evaluating young people's substance misuse projects. We use two case examples to highlight instances of good and poor practice when involving practitioners as participant researchers/evaluators.

#### Case Examples:

1. An on-going research study that elicits young people's views and experiences of 'heavy-end' cannabis use. The study, commissioned jointly by eight Drug Action Teams (DATS) in Greater Manchester (UK), involves practicing drug workers as active research associates. The drug workers have volunteered to conduct research interviews with young people, have received training, are supported in their use of the research tools, and are debriefed regularly by the researchers following interviews with the target young people.
2. A pilot project within a Department of Health funded programme 'Drug Education and Prevention Information Service.' The pilot project, managed by Drugscope UK, employed external evaluation consultants to work with practitioners in a number of young people's drug prevention services, with a view to training and supporting them in undertaking their own service evaluations.

Drawing on the experiences of both these case examples, the paper discusses: the underlying principles and ethical considerations of such participatory study designs; the implications and issues for those commissioning and managing young people's substance misuse services, and the challenges and benefits for researchers, practitioner-researchers, and young people on whose behalf the research/evaluation is being undertaken. The paper will further address what we believe to be some of the potential limitations in adopting this type of study design when researching/evaluating young people's substance misuse.

## We.112P

### Storytelling to Share Knowledge About HIV/AIDS

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Health care has traditionally been the sole domain of health care workers trained to combat disease & to work with the social determinants of health to varying degrees of success. In Africa and other affected areas, due to the overwhelming impact of HIV/AIDS politically, socially, economically & individually, non health care business corporations are becoming involved in providing health care primarily to their employees with HIV/AIDS. The Schulich Business School at York University has created a partnership with the Global Business Coalition to have teams of student interns learn and implement strategies of the Business AIDS Model (BAM).

The presenting author, (a nurse) will explore the experience of the MBA students from Toronto who are participating in working with companies to produce sustainable, measurable and culturally appropriate health care for employees of multinational corporations that are working in areas that are greatly impacted by HIV/AIDS - such as the Ukraine, or Africa. The exploration will occur via the art of storytelling to see what background knowledge and research is used by persons from a business domain vs. a health care domain to create health interventions. The stories will also be explored to see where partnerships can be created between health care providers and business to help improve the lives of those living with HIV/AIDS.

This research project will show the importance of storytelling as a communication & knowledge transfer tool. It will also explore how business and health care may be able to work together instead of confrontationally to provide care in areas of high need.

## We.113P

### Tracking Research Participants Through Needle Exchange Programs

Woelfel, Tiffany; Jenkins, Lindsay; Digenzo, Jessica; King County Needle Exchange and Recovery Centers of King County, Seattle, WA, USA

**Issue:** Needle exchange programs (NEPs) provide an excellent resource for researchers in the field of harm reduction. Many studies track research participants for an extended period of time. Follow-up with research participants can be extremely difficult when working with a homeless population that is actively using. NEPs can provide researchers a place in the community that is constant and frequented by research participants,

specifically IV drug users in harm reduction research studies.

**Setting:** This information will be helpful for researchers or professionals who want to investigate the long-term effects of treatments for IV drug users. The King County NEP in Seattle, WA has a volunteer program comprised of various people, including research assistants and coordinators who use follow-up tactics at the NEP while volunteering.

**Project:** With new interventions and pharmacological treatments for HIV and HCV constantly being evaluated in the world of research, tracking participants who are at high risk and usually transient provides challenges. Contacting these participants is difficult because they do not have access to regular modes of communication, like telephones and computers. Researchers volunteering their time at NEPs place themselves in the natural environment of these participants for successful follow-up communication.

**Outcomes:** Many studies hold follow-up appointments with participants who frequent the King County NEP. Standard techniques for tracking participants include searching jail databases online, mailing letters, making phone calls and posting flyers. Having a constant presence at a NEP allows these researchers to become more acquainted with the target population's lifestyle and to meet them where they are in their choice of lifestyle. Research participants take note of these efforts and are more likely to make appointments and remain interested in the research goals. Volunteering at the NEP allows researchers to build a bridge between research and the community.

#### We.115P

**Voluntary Counseling and Testing of PLHA and IDUs**  
Masih, Nazir, New Light AIDS Control Society, Lahore, Pakistan

**Background:** In Pakistan AIDS and PLHA are neglected in all terms. Poverty low literacy rate are the major impediments and there are no serious efforts by the government to reduce new infections and progression of AIDS among IDUs in particular. People are reluctant to go for HIV testing and disclose their HIV status due to the extreme societal and family pressure of being abjugated, discriminated and stigmatized.

**Method:** Providing pre post test counseling to IDUs PLHA and their families to reduce the pressure and build their confidence. In the awareness raising campaign a series of training was done with religious leaders and quacks. By providing medicines ARV drugs, food support, school fee and moral support to reduce the burden of PLHA and their families. Established a network of PLHA people working for them and laboratories for testing and referrals.

**Results:** More than 70 PLHA including 8 IDUs their families are getting care and support. 48 IDUs are in contact. People are coming to get information facilitations of counseling care and support. Self-told stories of six PLHA are published. PLWA are the leading part of the awareness raising campaigns. Three more offices are established to facilitate PLHA in other cities. HIV positive IDUs stopped taking drugs. Print and electronic media is willing to publish telecast interviews documentaries of PLHA and a talk about AIDS as an issue. PLHA are becoming a part of Government Body at the policy making level. We have built a profound network of NGO, CBOs and International Organizations.

**Conclusion:** The active involvement of PLHA can help to increase the sensitivity about the issue at the public and government level. A lot more is yet to be done to create an environment worth living for PLHA and to stop the spread of epidemic.

#### We.116P

**Trends in Uptake of Voluntary Confidential Testing For HIV and Hepatitis C Among Injecting Drug Users in the UK: Implications For Prevention**

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<sup>2</sup> Centre for Research on Drugs & Health Behaviour, London, UK

**Background/Objective:** Uptake of voluntary confidential testing (VCT) for HIV and hepatitis C (HCV) is key to gaining access to treatment for those with these infections. It also offers an opportunity for delivering harm reduction messages and protective interventions to injecting drug users (IDUs). Levels of VCT uptake by IDUs in the UK are explored during a period of rising prevalence of HCV (from 33% in 2000 to 44% in 2004) and HIV (from 0.7% to 1.5%).

**Method:** Data from an ongoing unlinked anonymous survey of IDUs in contact with services was examined to explore trends in HIV and HCV VCT uptake. The survey collects oral fluid samples for anti-HIV and anti-HCV testing, as well as behavioural and demographic data. Multivariable analysis explored trends for current IDUs between 2000 and 2004.

**Results:** Ever having HIV VCT increased from 50% (1106/2188) in 2000 to 62% (933/1510, adjOR 1.3 p<0.01) in 2004, and for HCV from 47% (986/2009) to 67% (999/1493, adjOR 1.9 p<0.01). When recent testing - last VCT being in the previous two years - was explored there was little change over time for HIV from 51% (536/1056) in 2000 to 48% (416/861) in 2004, or for HCV 58% (511/882) to 62% (472/850). Whilst the proportion of those with their HIV infection diagnosed remained relatively stable over time (68% 53/78, 2000-2004), for HCV it increased from 37% (249/669)

in 2000 to 49% (300/615, adjOR 1.3 p=0.05) in 2004.

**Discussion:** Whilst the proportion of IDUs ever having accepted a VCT for HIV or HCV has increased over time, the levels reporting a recent VCT have remained unchanged. Considering the recent indications of increased HIV and HCV transmission there is a need for efforts to improve awareness of the benefits of VCT and access to testing.

## We.117P

### Advocacy Works!

Cakic, Zoran<sup>1</sup> Ilic, Verica<sup>2</sup>

<sup>1</sup> NGO "Veza", Belgrade, Serbia and Montenegro

<sup>2</sup> Institute for Public Health, Belgrade, Belgrade, Serbia and Montenegro

**Issue:** Serbia is a country with a very low rate of persons tested for HIV. Although the official data show low prevalence, the estimations made following WHO recommendations show that registered numbers should be multiplied by ten to obtain a realistic picture. This means that 15 000 people in Serbia might be infected with HIV.

For that reason, promotion of HIV testing is one of the priorities for the government. Through the National HIV strategy, 2005-2010, it is strongly suggested and supported linkage between governmental and civil sector in this matter.

**Setting:** In Belgrade, Serbia, back in 2002, the French-based "Medecins du Monde" started with implementation of the Pilot Harm Reduction Program aimed to reduce incidence of HIV, hepatitis and sexually transmitted infections among drug injectors. The program has been supported by the Ministry of Health. The activities are now handed-over to local NGO "Veza", as planned before.

**Project:** A substantial increase of number of beneficiaries coming to Drop-in centre, renewed the idea presented to government officials by the beginning of the program: to perform screening on HIV and hepatitis for drug users in Drop-in center. Present legal obstacles prevent from performing any medical procedures out of medical institutions. Thanks to long-term advocacy efforts, a solution is found: IPH Belgrade will cover legal requirements, and "Veza" will offer space, recognized as friendly by drug users community.

**Outcomes and Lessons Learned:** Focused parameters for the program activities will not only be ones showing quantity, but also those emphasizing quality of service: Confidence with drug users, established in the Program, facilitates access to health care system, creating a network whose activities are directed towards systemic policy changes. Last, but not the least: HIV and hepatitis screening will contribute to create a more realistic picture on HIV epidemic in Serbia.

## We.118P

### Access to Information: Counseling Drop in Centers in Community Drug Hot Spots

Umo, Umo; Ezechiedo, Kelvin; Adekoya, Leila; Nigeria Youth Aid Programme, Surulere, Nigeria

**Issue:** Access to accurate and right information by young people has always been a far fetched issue most especially in developing countries like Nigeria. This has further exposed young people to negative peer influence and information which is a direct consequence of youth exposure to tobacco and gradually, to cannabis inhaling. This deplorable situation only calls for a more direct means of youth access to information in the community - the Information Youth Friendly / Counseling Booths.

**Description:** Shitta is a resettlement center in Surulere area of Lagos state densely populated and the use of cannabis in Shitta Estate (Small London) community by young people has been associated with health, social and economic setbacks; which has also been linked to the high school dropouts, crime, and street wondering "Area Boys" syndrome, unemployment as well as other social vices within the community.

**Project:** A community needs assessment was conducted using the Participatory Action Research (PAR) methodologies to determine appreciated community means of youth access to Reproductive Health (RH) information. Among identified means identified were through radio, dailies, peers, RH centers and TV. Using the pier-wise ranking tool (PAR) community participants ranked the RH information centers higher. With community acceptance, an information and counseling booth was erected to provide community members (young people) with accurate information as regards their sexuality and Reproductive Health issues. Trained community counselors (Peer Health educators) equipped data retrieval tools and the necessary skills provide eight (8) hours counseling services at the booth on a daily basis.

**Lessons Learned:** Young people are more comfortable discussing reproductive health issues with their peers. With a daily record of 20 to 25 clients visiting the counseling booths, it therefore stands as a major means of reaching young people with the right information at their door steps. Some young people have difficulty going to the booth the reason being that it is too close to their community and as such, would not want to be victimized.

## We.119P

### Cultural and Religious Factors Influencing the Vulnerability of Women/Girls to HIV/AIDS/Substance Abuse in Nigeria

Crown, Abiola, Women With Purpose, Bauchi, Nigeria

**Issues:** Gender roles influence the course and impact of the HIV/AIDS epidemic. Concerns regarding family



background, poverty and general morality regression have emerged as areas that need attention as regards HIV/drug abuse trends among the women/girls in northern Nigeria. Culturally conceived roles and identities of males and females characterize the substructure of communities that propagate exploitive traditions, and limit access to factors that reduce vulnerability.

**Description:** This study was undertaken to explore the factors influencing the vulnerability of Hausa women/girls to HIV/AIDS/substance abuse. In-depth interviews took place with a sample of 50 women and girls; and 20 traditional and religious leaders in five local governments in Bauchi States of Nigeria Interviews explored the traditional and cultural beliefs, as well as the structural factors that place women and girls at greater risk of HIV infection and substance abuse.

**Findings/Observation:** Findings revealed that, the vulnerability of females Nigeria is embedded in tradition; they face a "sacred order" of social and economic dimensions that compound their vulnerability. Cultural and religious values are significant in changing the current moral decay in the society.

**Implications:** If the society could apply some cultural and religious values to strengthen the few existing efforts, there would be a more sustainable reduction in HIV and drug related harm. For this to be realized, there would be need to undertake a study of each community's value system to drug use and practices that place women at risk so that elaborate awareness campaigns are done.

**Recommendations:** Conventional approaches of raising awareness and promoting positive behavioural change, and empowering women and girls is quintessential. However, sustainable interventions must include extensive collaboration with, male traditional leaders and religious leaders who are the "gatekeepers" of tradition and of the ideological substructure of the community. Interventions must be characterized by "locality development" principles - i.e., broad-based participation, cooperation, voluntarism, education, and community-determined initiatives and goals

#### We.120P

##### **Unlocking Our Futures: a National Study on Women, Prisons, HIV, and Hepatitis C**

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**Objective:** The purpose of this study was to examine the experiences and perceptions of women living in Canadian federal prisons on HIV and HCV prevention, care, treatment, and support.

**Methods:** The research was conducted using qualitative data collection and analysis techniques. These were designed to explore the lived experiences and perceptions of women in federal prisons regarding knowledge of and/or utilization of HIV and HCV programming. The techniques included in-depth, one-on-one interviews with the incarcerated women, and the thematic analysis of the transcribed interviews. The study protocol was ethically reviewed and approved by Dalhousie University.

**Results:** The research found that high-risk behaviours for the transmission of HIV and HCV are common among incarcerated women. It also found that the current response from both CSC and from community-based health organizations in terms of prevention education and harm reduction programs is failing to meet the needs of this population in many significant areas.

**Conclusions:** Based upon these findings, the report provides a series of recommendations for the Correctional Services of Canada, Health Canada, public health departments, community health centers and community based organizations. These recommendations are intended to assist in the development and implementation of a "best practice" framework in this sector, and ensure that the diverse needs of incarcerated women, with regards to HIV, Hepatitis C, and harm reduction, are met in a comprehensive and compassionate manner.

#### We.121P

##### **Sexual Risk Among SEP Participants and The Possibilities For Prevention Intervention**

[Braine, Naomi<sup>1,2</sup>](#) [Des Jarlais, Don<sup>1</sup>](#) [Yi, Huso<sup>2</sup>](#) [Goldblatt, Cullen<sup>1</sup>](#) [Turner, Charles<sup>3</sup>](#)

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<sup>3</sup> Research Triangle International, Washington, DC, USA

**Objectives:** to assess sexual risk behavior among SEP participants, and identify potential intervention strategies

**Methods:** This analysis utilizes data from two separate studies. In one study, interviews were conducted with a random cross section of participants at 24 US SEPs. A total of 4,346 SEP participants were interviewed, and data for this analysis comes from the 59% (N=2,563) who report any sexual activity in the previous 30 days. All participant interviews were done using Audio Computer Assisted Personal Interviewing. In a second study, data on program characteristics, including services provided, were collected from 126 US SEPs.

**Findings:** Sexually active SEP participants report low levels of consistent condom use with primary partners (17% heterosexual and 14% MSM) and casual partners (29% heterosexual and 17% MSM). These are similar to or lower than condom use rates among drug users who have not participated in explicit safer sex intervention, and the MSM rates are particularly low. While 87%

of SEPs distribute condoms to participants, only 31% provide STD-related services, and HIV education primarily addresses injection risk. Recent surveillance data indicates that for both males and females in the US, high risk heterosexual transmission accounts for a higher percentage of new HIV/AIDS diagnoses than IDU, and transmission remains high among MSM (MMWR 53(47), 12/04).

**Conclusions:** Sexual transmission could lead to continuing elevated HIV rates among SEP participants despite reductions in injection risk. SEP's emphasis on injection risk reduction may have enabled a culture of injection safety and sexual risk. Studies of HIV prevention emphasize the importance of social norms in shaping risk behavior, and the potential role of peer "intravention" (Friedman et al, 1999) in behavior change. Given the existing relationship between SEPs and IDU communities, SEPs are uniquely positioned to engage in both individual and community-oriented interventions to reduce sexual risk behavior among IDUs.

## We.122P

### Improving Retention, Through Care and Aftercare For Drug Users in the Borough of Sefton, England by Utilising the Drug Interventions Team

Sirett, Angela, South Sefton Primary Care Trust/Sefton Drug Action Team, Ellesmere Port, UK

In 2004/05, the Home Office allocated specific funding for each Drug Action Team in England which was designed to enable an increase in the numbers of drug users accessing treatment and to reduce the number of "DNA" (Did not attend - session) for clients who otherwise would not follow through with treatment. The Drug Interventions Programme (DIP) is proving a success with only three unplanned discharges out of 116 cases in the last quarter of the financial year 2004/5.

- Those drug users existing in the prison service.
- Those drug users existing in the Drug Rehabilitation orders system managed through Probation.
- Those drug users missed from the custody suites and courts through Arrest Referral.
- Those receiving Bail Support.
- Those falling out of the Restrictions on Bail scheme
- Those drug users who otherwise would not enter treatment for personal reasons through current Community Drug Teams.

The link with Criminal Justice is paramount. A major issue is that of drug related crime. The main premise of the DIP team is to capture those clients at risk of committing further crime and to therefore reduce the impact of crime on self and the community.

The dedicated and specialised nature of the team ensures the following services are available through the Care Co-ordinators and Specialised Prescribing team.

- Housing/Welfare rights
- Education/Training/Employment
- Social support
- General Healthcare
- Specialised Medical Practitioners prescribing
- Onward treatment services including Relapse Prevention.

The Care Co-ordinators are experienced drug workers but have individual focus on specialised areas of work to ensure that all clients needs are met. The success of this approach to retaining clients in treatment means that Sefton DAT will adopt this system for all client groups requiring treatment and act as the main conduit for people new into treatment services.

## We.123P

### Methadone Treatment Retention and it's Effectiveness with Street-Recruited Opiate Injectors

Booth, Robert; Corsi, Karen; Kwiatkowski, Carol; Rinehart, Debbie; Brewster, John; University of Colorado School of Medicine, Denver, CO, USA

**Objective:** Methadone maintenance has been shown to be effective in reducing injection drug use but its effect on HIV risk reduction among IDUs is less clear. The amount of time spent in treatment can, however, provide further benefit in effecting these behaviors. This work examines predictors of retention and its effects on drug injection frequency and injection-related risks among street-recruited opiate IDUs.

**Methods:** Targeted sampling methods were used to recruit 469 out-of-treatment opiate IDUs through street outreach in Denver, CO. Subjects were randomly assigned to receive one of three behavioral interventions: strengths-based case management addressing service needs; motivational interviewing focusing on motivation to change and encourage treatment entry; and risk reduction targeting reducing HIV-related risk behaviors. Primary outcomes were: treatment entry, treatment retention and reduction of injection-related risk behaviors.

**Results:** Participants averaged 39 years of age, 70% were male and 50% white, 18% African-American, and 22% Hispanic. They had been injecting drugs for an average of 18 years. Results showed that assignment to the case management condition (chi-square=4.24, p<.05), female gender (chi-square=3.92, p<.05), having more outreach contacts (OR=1.06, p<.002) and in the determination stage of change (chi-square=8.33, p<.01) predicted retention. At follow-up, significant reductions on the following variables were noted for those who remained in treatment for 90 days or more compared to those who left early or did not enter: less injection drug use (p<.02), injected drugs less frequently (p<.0005), less likely to have shared a used needle

( $p < .05$ ) or to have split the drug solution ( $p < .05$ ), and less total injection-related risk behaviors ( $p < .05$ ).

**Conclusion:** Injection drug users who remain in treatment past 90 days show better outcomes related to their drug use and HIV risk behaviors. Retaining IDUs in treatment is therefore a priority as is learning what predicts treatment retention.

#### We.124P

##### **Harm Reduction Model Within an Acute Care Setting Designed to Improve Perinatal Outcomes For Women Experiencing Problematic Substance Use**

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**Policy /Practice:** Harm reduction model within an acute care setting designed to improve perinatal outcomes for women experiencing problematic substance use.

**Issue:** Substance using women needing maternity care who come from the Downtown Eastside of Vancouver and other high risk neighbourhoods across British Columbia, have lives characterized by poverty and hunger, unstable living conditions, low levels of social support, histories of violence and exploitation, and often apprehension of previous children. A tailored, respectful and compassionate response is required in the provision of maternity care.

**Setting:** BC Women's Hospital in Vancouver has responded to the need for services for this population by opening a dedicated unit for pregnant and postpartum women with problematic substance use.

**Project:** A multidisciplinary team works together with women within a harm reduction framework. Care is not dependent on women being abstinent, and there is a revolving door policy. New mothers are supported to have their babies room in with them and the goal is to reduce drug-related harm to women, their babies, and the community as a whole. Ministry social workers work with hospital staff to support mothers to retain custody of their children where possible. Mothers and infants stay until both are medically ready to be discharged (a minimum of 7 days postpartum) and women are only discharged to safe situations.

**Outcomes and Lessons Learned:** We are demonstrating that a harm reduction model of care (without the use of drug screens) can be applied to a high risk population and improve perinatal mortality/morbidity. We have learned that opiate exposed infants have up to a 40% less need for pharmacological treatment for withdrawal when they are rooming in with their mothers, and that more mothers retain custody of their infants when given the chance to parent in hospital.

#### We.125P

##### **Drug Addictive Disorders of Children and Adolescents And HCV In Novosibirsk,**

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Substance abuse is a steady growing and serious problem, especially among young persons in West Siberia. The number of parental drug users suffering from HCV is steadily increasing. In children and adolescents the tendency of growth of the number of patients who used opiate derivatives (including heroin from 1998) was shown. 235 children and adolescents with drug addictive disorders hospitalized to Municipal Drug Addiction Center for Children and Adolescents and 60 patients with HCV + opiate addiction were analyzed. At present time the main part of these patients (63%) are using opiates (one half home-made opiates and other part - heroin). More than 70% of these patients had hepatitis B or C. There was a tendency to more intensive growth of number of patients with drug addictive disorders among adolescents and children, living in ecologically polluted districts of Novosibirsk and Iskitim (city in Novosibirsk Region, place of cement production). In drug addictive disorders group comparatively to healthy persons (105 persons) there was decreased activity of several acute phase proteins (serum alpha1-proteinase inhibitor activity, CRP, albumin concentration), indicating the decreased host resistance and modified acute phase protein reaction on drugs intake; immunomodulators were recommended in complex treatment of children and adolescents with drug addictive disorders (especially, girls). Immunomodulators had positive effect in restoration of host defense mechanisms during treatment of patients with HCV + opiate addiction. The significant restoration of serum acute phase proteins concentration was shown in case of treatment of HCV patients + opiate addiction by combination of treatment with immunomodulators. So, unfavorable clinical development of drug addictive process involved growth of the number of adolescents and children using hard drugs. One can conclude that immunomodulators are perspective in combined treatment of drug addictive disorders, especially in patients with HCV and HBV.

**Acknowledgement:** The biological investigations partially were supported by grant of Kindermissionswerk (Project 98 0427 002 vk 09198 "Prevention Program for Narcotic Addictions among Youth in Novosibirsk, Russia).

## We.126P

### Role Play Strategies to Train Practitioners to Intervene in Alcohol Use in Pregnancy and Fetal Alcohol Syndrome

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**Issue:** Healthcare providers are almost universally fearful of the issues which might arise from asking sensitive questions about their patient's drug/alcohol use behaviors. Role playing can help practitioners develop practical skills necessary to respond to women who may expose a fetus to drinking during pregnancy, thus inadvertently resulting in a child with FAS.

**Setting:** The Southeastern U.S. Educational Center on the Prevention of Fetal Alcohol Syndrome has developed and tested simple and advanced role play techniques for health practitioners and medical students to model these skills.

**Project:** We will describe our role play techniques and demonstrate them using 3 brief video clips.\* The first technique requires little advance preparation and involves two audience/class members to role-play a practitioner and a mother who drank in pregnancy. The pair is challenged to demonstrate common improprieties/misspoken words that can characterize the conversation between practitioner and patient, followed by class discussion emphasizing good practices. The second technique for medical students involves advanced preparation (participants are provided content guides in advance), with students being video-taped in pairs. One member of each pair plays a student doctor; the other plays a mother who drank in pregnancy whose young infant presents with signs suggestive of FAS. One video is then selected to show at a subsequent class with discussion of good practices.

We will discuss the positive evaluations of these methods by participants, and provide audience members with tools/templates to conduct similar role-plays in their own educational offerings.

#### Lessons for Discussion:

1. Preempt students' fears of role-playing.
2. Illustrate the effectiveness of performing an objective alcohol assessment as well as a systematic plan for discussing FAS.
3. Anticipate and counteract defensive responses by a patient.
4. Explore practitioner attitudes about alcohol ab/using women.
5. Acknowledge the artificialness of role-play and how things might differ in real cases.
6. While leading discussion of role plays, accentuate the positive.

\* Videos are shown with participants' permission.

## We.127P

### Eclipsing Venus: The status of research of Methadone Maintenance and Women

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This presentation provides a review of two decades of research (1985 - 2005) on the harm reduction strategy of Methadone Maintenance and women. This review reveals that women are under represented in studies on Methadone Maintenance. Significant amounts are written on harm reduction by way of condom use by sex-trade workers while very little is researched or understood about the experience of women. Literature does exist on the topic of providing Methadone Maintenance to pregnant women however the concern of Methadone treatment for pregnant women appears to focus heavily on reducing harm to the fetus while ignoring the woman struggling in addiction.

Multiple medical conditions, both physical and mental, are directly linked to opioid drug abuse (O'Conner & Fiellin, 2000). Psychological distress, depression, and anxiety have been reported to be more prevalent in the female population of heroin users (Gordon, 2001; Baker, Case & Policicchio, 2003). They are often victims of violence, involved in crime related activities and are participants in the sex-trade (Baker, Case & Policicchio, 2003).

This review examines research published in English between 1985 and 2005 on Methadone and women. Methadone, Methadone Maintenance, women, opioid addiction, HIV, and not for pain were selected as key words to search CINAHL, Medline, PsychINFO, ERIC and Social Work Abstracts. This presentation provides a summary of the major themes and foci of these studies. The gaps in the research literature are provided along with a comparison in the number of studies conducted with men versus women.

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**We.128P****Civil War, Migration of Men, Gender Disbalance, Female Prostitution**Khidirova, Alfira<sup>1</sup> Khidirov, Murtazokul<sup>2</sup><sup>1</sup> NGO "RAN", Dushanbe, Tajikistan<sup>2</sup> Harm Reduction Association of Tajikistan, Dushanbe, Tajikistan

**Issue:** Civil war (1992 - 1997) in Tajikistan, has led to an economic crisis. Has compelled many men to migrate in other countries in searches of work that has led to gender disbalance. Many of them do not come back and do not help the families. Women in these families have remained with children and should solve problems of pecuniary maintenance of family therefore many of them are compelled to be engaged in prostitution.

**Approach:** We interviewed 22 women of prostitutes in cities of Dushanbe and Tursunzade of the Republic of Tajikistan; the majority of them lived in family dormitories.

**Key Points:** 62 % of the interrogated women have been raped in the age of 13 - 15 years, 84 % are married, but their husbands migrated in other countries during several years are there, not helping the families. All of 100 % of women as a result of sexual services or provide with other small works financially families where are from 2 up to 8 person in everyone. 96 % at rendering sex of services do not use condoms. 78 % of women have wrong the information on ways of transfer of a HIV. 26 % of women compel the 13 - 14 years daughters to rendering sexual services.

**Implications:** The wrong and limited information on ways of transfer of a HIV, a low level of use of condoms, demands acceptance of urgent actions on preventive maintenance of prevalence of a HIV among women whom one have remained as a result of migration of husbands and solve pecuniary maintenance of family by rendering sexual services.

**We.129P****Improving the Identification of Substance Use during Pregnancy: Creating a Community Collaborative**Hills, Holly<sup>1</sup> Young, M. Scott<sup>1</sup> Ulrey, Mary Lynn<sup>2</sup><sup>1</sup> Florida Mental Health Institute, University of South Florida, Tampa, FL, USA<sup>2</sup> DACCO, Inc., Tampa, FL, USA

**Objectives:** The use of alcohol and drugs during pregnancy is considered a major public health problem; it is recommended that women be fully assessed for substance use at their first prenatal visit. Data was collected by Women's Resource Specialists (WRSs). Questions addressed include:

- Do different screening methods yield different rates of identification of individuals 'at-risk' for use during pregnancy?

- Do rates of substance abuse treatment involvement increase in the sample in contact with the WRSs?
- Do women engage in recommended activities?

**Methods:** After obtaining consent to participate, women were administered two screening instruments, the 4Ps Plus and the TWEAK. A positive score on either measure prompted a more complete evaluation (ASI, M.I.N.I. Screen, TSC-40). Findings from the interviews prompted referral recommendations; when indicated, an abbreviated battery was completed at one-month intervals.

**Results:** Of 101 baselines collected, 32 scored positively on the 4Ps Plus (31.7%), while 12 (11.9%) achieved positive screens on the TWEAK. In total, 33.7% of women were found to be 'at-risk' for substance use during pregnancy. Analysis of the correlation between the total scores on the 4Ps and TWEAK revealed a .38 association ( $p < .001$ ;  $n = 101$ ). Of those women who screened positively and completed a follow up evaluation, 68% reported active involvement in substance abuse treatment at the follow up interview. Women responded positively to referral recommendations.

**Conclusions:** Women seen in obstetric clinics were found to be 'at-risk' of substance use during pregnancy at rates consistent with national samples applying the same instruments. Though the TWEAK and 4Ps+ scores are significantly correlated, they measure different interpretations of what it means to be 'at-risk'. The WRSs found 34 'at-risk' women who likely would not have been detected through standard methods. The presence of symptoms consistent with a history of sexual abuse should be further evaluated.

**We.130P****Women Working Toward their Goals Through AADAC Enhanced Services for Women (ESW)**Watkins, Michele<sup>1</sup> Chovanec, Donna<sup>2</sup><sup>1</sup> AADAC (Alberta Alcohol and Drug Abuse Commission), Edmonton, AB, Canada<sup>2</sup> University of Alberta, Edmonton, AB, Canada

**Background:** In 2004, AADAC carried out a qualitative research project to determine the outcomes achieved by women involved in its Enhanced Services for Women (ESW) program. ESW's mandate is to provide an enhanced level of addiction services to women by meeting them 'where they are at,' both physically (by providing outreach services) and in their readiness to change. ESW serves pregnant women, women who are at-risk of becoming pregnant while using substances and women who are postpartum and using substances.

**Methods:** AADAC's standard method for determining client outcomes via telephone survey was ineffective in contacting the difficult-to-reach population ESW serves. As a result, researchers undertook a qualitative study to assess what outcomes ESW clients were achieving. Researchers collected data from face-to-face interviews

with current and past ESW clients and group interviews with service providers.

**Results:**

1. The challenges women described prior to coming to ESW fall under six distinct categories.
2. These women identified the changes they experienced in the areas they previously identified as challenges.
3. ESW was important in:
  - Linking clients to addiction services and a support network
  - Building relationships with clients

**Conclusions:**

1. Current best practice provides the basis for an effective model for working with women.
2. Messages regarding the services and successes of ESW are needed.
3. Expanding and enhancing the community support network may lead to improved outcomes.
4. Developing shared sensitivities between addiction services and child protection services may lead to improved outcomes.
5. This research identifies different ways of measuring outcomes, particularly for hard-to-reach populations.
6. Consideration could be given to expanding ESW services across a range of geographic areas.
7. Treating women in a holistic manner is crucial, since substance use is not the only concern clients face.
8. ESW demonstrates an effective model for working with special populations.

**We.131P**

**Drugs, the Law and Human Rights: Legal Services and Harm Reduction**

Eastwood, Niamh; Saville, Sebastian; Swaine, Katy; Toh, Janice; Release, London, UK

**Issue:** Legal problems arising from issues such as debt and lack of adequate housing create added pressure for those coping with drug dependency.

It can be very difficult for drug users to access the type of professional help that can be required to address legal issues.

Providing accessible assistance with these fundamental issues can therefore be key to harm reduction.

**Setting:** The Release legal team has successfully provided legal outreach services within drug projects in London for over 15 years.

We are currently under contract with four London drug agencies to provide free legal advice and assistance to their clients. The service is provided by the three qualified lawyers on our legal team, through weekly drop-in sessions and follow-up work back in the Release office. Clients are also able to access us by telephone or email.

**Project:** Legal advice and assistance is provided to clients of the drug projects. Here are some examples of the areas in which we provide advice and assistance:

- Housing: disrepair/possession proceedings
- Homelessness
- Debt
- Benefits appeals
- Complaints about police
- Claims to the Criminal Injuries Compensation Authority
- Basic criminal matters

Our service is intended to cover situations where clients cannot obtain legally aided advice and assistance.

**Outcomes:** Often simple steps, such as advocacy or negotiation on behalf of a client, can solve a problem that had seemed insurmountable.

Demand for the legal outreach service is consistently high and the work is time-consuming.

We would welcome the opportunity to share our experience with colleagues worldwide and to hear about the experiences of others in relation to legal services and harm reduction.

**We.132P**

**Exploring The Meanings Of Motherhood For Drug-Using Women**

Edgecliffe-Johnson, Abigail, ICPR, London, UK

**Issue:** It has been shown that drug-using women often attempt to abstain from, or reduce, their drug use during pregnancy. However, it has also been shown that despite this high level of motivation to change, many women relapse into past patterns of drug use when faced with the complexities of mothering.

**Approach:** This paper presents early findings from a study of social constructions of motherhood for a group of highly-stigmatized women in Manchester, UK where there is a comparatively high level of support and service provision for drug-using women. Using ethnographic methods of observation and in-depth interviewing, women's experiences of being parented and of being a parent within the context of drug use are explored.

**Key Points:** Like many women, drug-using women want to be 'good' mothers. However, the way 'good' is defined will impact a woman's ability to achieve 'goodness.' For drug-using women, their ability to live up to their own ideals may significantly impact their perception of self-worth and fitness to parent. Perceived failure or success at mothering may then mirror or indeed precipitate failure or success at drug treatment/use reduction.

**Implications:** If women's expectations of motherhood can be more fully understood, then it may be possible for health and treatment providers to help women manage those expectations, thus preventing women from

feeling like failures as mothers. This, in turn, may help them achieve their goals for managing their drug use.

#### We.133P

##### I-Track: Observed Increase in Prevalence of HIV among Injecting Drug Users in Two Rounds of I-Track Survey

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**Background:** Two rounds of enhanced surveillance (I-Track) of HIV associated risk behaviours among injecting drug users (IDUs) have been conducted at selected centres across Canada in 2002-03 and 2004-05. This abstract presents results of prevalence of HIV infection among IDUs at the participating centres.

**Objective:** To describe differences in HIV prevalence among IDU at selected centres and across two time periods in Canada.

**Methods:** Cross-sectional surveys of IDUs who reported injecting drugs in the preceding 6 months recruited mostly from needle exchange program sites were conducted in 2002-03 and 2004-05. An interviewer-administered questionnaire elicited information on demographics, substance use, injecting and sexual behaviours; finger prick blood or oral fluid samples were collected for HIV testing.

**Results:** A total of 794 IDUs were recruited from Toronto, Regina, Sudbury, and Victoria during the pilot phase in 2002-03. During phase I of the studies in 2003-2005, 1434 IDUs were recruited from Edmonton and Winnipeg and the four cities which participated in the pilot phase. The HIV prevalence in Winnipeg and Edmonton was observed to be 13.1% and 24.2% respectively. During the two rounds of surveys, the HIV prevalence increased in Regina from 1.2 % to 2.9%, in Toronto from 5.1% to 8.0%, and in Sudbury from 10.1% to 12.2%. The HIV prevalence in Victoria showed a decline from 16.0% to 15.2%.

**Conclusions:** Results suggest that the HIV prevalence among IDU differs markedly between sites in Canada and increased during the study period. Possible explanation for the increase will be examined, including difference in the characteristic of participants and

increased infection rates as indicated by serologic tests to detect recent infection.

#### We.134P

##### Experiences With Pregnancy and Abortion Among Young Thai Methamphetamine Users

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<sup>2</sup> Research Institute for Health Sciences, Chiang Mai University, Chiang Mai, Thailand

**Background:** Methamphetamine (MA) is widespread among young people in Northern Thailand and has been associated with increased sexual risk behaviors. Our preliminary research indicated that unintended pregnancy is a major source of concern among MA-using young women. Further qualitative interviews explored experiences of pregnancy and abortion among this population.

**Methods:** Forty qualitative interviews were conducted with male and female MA users aged between 18 and 24 in Chiang Mai, Thailand. Interview topics included sexual behavior, experiences with pregnancy and abortion, abortion techniques and sources of assistance. Interviews were conducted in Thai, transcribed, translated into English, and analyzed for emergent themes.

**Results:** analysis indicated that fear of pregnancy was a very commonly cited reason for condom use among males and females, far exceeding concern about HIV/STI transmission. Pregnancy was widespread among respondents and their friends. Respondents described severe social consequences of pregnancy among young unmarried Thais on the individual and their families. As a result, young women will "do anything" to avoid continuing a pregnancy. Almost all of the reported pregnancies were terminated using various methods, primarily through the use of low-cost pills obtained from certain pharmacies for use as a vaginal suppository. Respondents did not report seeking advice from health providers, rather, most sought assistance from friends.

**Conclusions:** Pregnancy and abortion are common experiences among young, female Thai MA users, yet may not be uniquely associated with MA. However, MA users face unique challenges in coping with unexpected pregnancy as their resources for assistance are further limited by the alienation, stigma and illegality of their drug use. There is a critical need for harm reduction efforts targeting this population to address women's health needs beyond that of HIV/STI prevention.

## We.135P

### The Social Construction of Crystal Meth "Horror Stories" and the Impact of Public Health Social Marketing Campaigns

McVinney, Donald, Harm Reduction Coalition, New York, NY, USA

Using a sociological framework to examine how social problems are constructed, this workshop will deconstruct what are popularly known as media "horror stories" that have recently grabbed public attention about the harms of crystal meth use. Most of these media stories rely upon a typical melodramatic formula that identifies innocent victims, villains, and heroes and these are usually thematic in content: toxic waste dumping from meth labs; child endangerment and "crystal orphans" from crystal meth-using parents; meth dealing and witness murders; personal stories of successful people who have crashed and burned on crystal meth; and stories of crystal-fueled HIV infections, all of which contribute to moral panic. Examples of these narratives will be presented in this workshop.

Public health campaigns that target crystal meth use emerged often as a reaction to these media horror stories. In emotionally laden environments with affected communities asking or demanding that health departments "do something", campaigns have been launched with little evaluative research of their impact. While well-intentioned, social marketing campaigns may unwittingly create the impression that everyone's using crystal and therefore potentiate crystal use (known as unintended consequences). Looking at precedents like anti-drug campaigns on college campuses when drug use increased, this workshop will survey recent crystal meth campaigns targeting gay men and invite participant feedback about their impact.

## We.136P

### First Step: A Residential Treatment Program Serving Substance-Involved Postpartum Mothers and Their Infants in Sarasota, Florida

Young, M.; Clark, Colleen; Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida, Tampa, FL, USA

**Issue:** Most United States substance abuse treatment (SATx) programs were designed for male clients, not to address the special issues of mothers with dependent children. While day care may allow parents to continue treatment, many substance-involved mothers lack child care finances.

In response, programs have developed to assist substance-involved pregnant/postpartum mothers. The most promising serve mothers and their children, recognizing that treatment must embrace the parental role. Many are residential and allow children to live with their mothers. Though limited, data indicate that it is benefi-

cial to include children in the design and implementation of a mother's SATx.

**Setting:** First Step's Mothers and Infants Transitional Living Program (MITLP), located in Sarasota, Florida, is a twelve-month residential SATx program that provides a place for mothers and their children to live together throughout treatment. The program serves both mothers and their young children. Parent services include weekly parenting skills classes, budgeting classes, and educational child development groups. Children receive include medical, infant mental health development, and other services.

**Project:** Established in October 2004, the MITLP has enrolled eleven mothers and their children this first year. The program contracts with community agencies to offer the greatest variety of services, including agencies providing infant and medical services. MITLP's residential environment and service blend are designed to reduce the harms associated with parental substance use, including harms related to family and child custody issues.

**Outcomes and Lessons Learned:** At intake, three MITLP clients (27.3%) reported being concerned about the possibility of losing child custody, and two (18.3%) indicated previous child custody loss. MITLP offers parenting and family services to help enhance clients' family practices. MITLP clients reported extensive histories of childhood and adult physical and sexual abuse. In response, the program offers trauma-related services (Seeking Safety) designed to treat co-occurring substance use and trauma-related problems.

## We.137P

### Working With Partners of Substance Users To Address Feminization of the HIV Epidemic - "Women Make A Difference" - a Case Study From North E

Mittal, Ashita<sup>1</sup> Khanna, Manjul<sup>2</sup> Sailo, Lalhupuii<sup>2</sup> Virk, Harsheth<sup>2</sup>

<sup>1</sup> UNODC South Asia Regional Office, New Delhi, India

<sup>2</sup> UNODC, New Delhi, India

**Issue:** In the northeastern part of India, there is clear evidence of the transmission of HIV from IDUs to their non-injecting sex partners and wives. Recent data on the spread of HIV/AIDS is clearly evident of transcendence beyond high-risk groups to affecting younger women and adolescent girls within the households.

**Setting:** The NE region of India faces severe problems resulting from injecting drug use and consequent risk of HIV/AIDS. It had also resulted in HIV infection among women sexual partners of IDUs through unprotected sex resulting in significant numbers of young and often HIV positive widows who have passed it on to their children. Women also use drug or act as peddlers or join sex trade.



**Project:** The strategy adopted by UNODC ROSA in partnership with Government and others included advocacy on the issue of women, drug use and HIV, capacity building on gender concerns, support for programmes addressing HIV risk prevention for partners of drug users and creation of women friendly services including formation of peer led networks and interventions for women drug users with or without high-risk sexual behaviour

**Outcomes and Lessons Learned:** The projects have been able to create awareness and formed self-help groups for marginalized and stigmatized women including vocational rehabilitation trainings and micro credit programs or revolving funds leading to increased decision making ability. Women now increasingly accepted into their families are empowered to negotiate the use of condoms with their partners, demonstrating a low cost community-based model of programming for reducing risks and vulnerabilities among partners of substance users in resource poor settings.

#### We.138P

##### **Crack And Cocaine Use Among Female Prostitutes In Glasgow: Risky Business**

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<sup>2</sup> Turning Point Alcohol and Drug Centre, Melbourne, Australia

<sup>3</sup> University of Strathclyde, Glasgow, UK

The experience of crack and cocaine use among females with a history of drug use, currently involved in prostitution (n=19) or who were in the process of exiting prostitution (n=10) in Glasgow, Scotland, is described. Participants were recruited from a drop-in in the city centre's red light district, a drop-in in the east end of the city's red light district and from a service working with women who were exiting prostitution. In-depth semi-structured qualitative interviews enquired about their use and experience of using cocaine and their perception of its effect on working practice. 23 of 29 participants had used cocaine and 15 out of 29 had used crack cocaine. In reality, freebase not crack was being self-manufactured from cocaine powder. Participants considered that cocaine use in the city was not restricted to prostitution but was reflected throughout the drug scene generally. One possible reason suggested for this was a perceived reduction in heroin availability at a time when cocaine was increasingly readily available. There was no evidence from participants to suggest that they were first introduced to cocaine through prostitution. Most participants believed that using cocaine did not affect how they worked, however they perceived that other prostitutes were prepared to take more risks to support their cocaine use and had to work longer hours to finance a cocaine habit compared to financing a heroin habit. Only participants recruited from the east

end of the city spoke about their desperation for money and the sexual risks that they were prepared to take to buy cocaine. Harm-reduction messages should address the sexual and personal risks that some female prostitutes may be taking to support their cocaine use. Treatment and support services need to adapt to changing drug trends and offer appropriate treatment options and harm-reduction advice to cocaine users.

#### We.139P

##### **Linking Vulnerable Women: a Population Health Approach**

Carriere, Gayle, Interior Health, Kamloops, BC, Canada

**Issue:** Vulnerable, disadvantaged women have unmet needs that result in poor health outcomes.

**Setting:** A population health approach to disadvantaged, vulnerable women was undertaken in the BC Interior city of Kamloops, population 82,000. The initiative would be of interest to municipal program planners, public health practitioners, and social services agencies.

**Project:** In collaboration with the City of Kamloops, Phoenix Centre (alcohol and drug treatment) and local businesses, Public Health conducted a Needs Assessment to determine the needs, priorities and barriers faced by vulnerable women. As a result, a full day event marketed and promoted at food banks and soup kitchens as a women's health day was held. Ten social determinants were addressed in the form of practical educational sessions and demonstrations; Thirty two (32) NGOs, and public institutions (RCMP, health authority, municipality social services) were presented in trade show style, and seven health stations were available for onsite interventions. Ninety seven (97) women attended the full day conference complete with day and after-school care for their children.

**Outcomes and Lessons Learned:** Using population health concepts to design strategies for a specific population of vulnerable women in Kamloops was an efficient, effective and comprehensive approach to affecting health disparities and reduce inequities between population groups. The approach also promoted capacity and empowered other sectors of the community to participate in solutions that ultimately improve the health of the whole community of Kamloops.

## We.140P

### Women and Harm Reduction: Limits and Brazilian Possibilities

Junqueira, Liliane<sup>1</sup> Bastos, Wulmar<sup>2</sup> Amorin, José Eduardo<sup>3</sup>

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<sup>3</sup> Associação CasaViva, juiz de fora, Brazil

**Aim:** Construction of a group of women - users and partners of users of injectable drugs, crack and other drugs, where we could promote knowledge, information and HIV/DST/AIDS/Hepatitis prevention, through day-to-day questions related to sexuality, fragility, vulnerability and reduction of stigma of these women; encouraging the systematic learning of the use of condom, promoting the practice of safe sex and access to health services.

**Method:** The women are recruited through an individual approach in an area of intense commerce and consumption of crack and other drugs, in order to participate in Workshops on Safe Sex, done fortnightly, participation being voluntary and lasting two hours.

It is used: genital protease, serial album, films, posters, and through a participative methodology, it takes place the exchanging of experiences among women - users /partners of crack users about different forms of prevention, listed the safe sex practices, highlighting hygiene, local, partners, their conditions to make sex. We provide kits of pipes for the use of crack, condoms, folders.

**Outcome:** 334 women were assisted between July of 2001 and June of 2005, through face-to-face interventions, being 22 related to the project, aged from 13 to 52. It was given: 7.171 female condoms, 6.199 male condoms and folders. 164 women were directed to health centres, testing and treatment to HIV/AIDS/Hepatitis.

**Conclusion:** The workshops on safe sex lead to satisfactory discussion and questioning, making it possible the link among information, values, attitudes and behaviors, leading to alternative actions of protection, culminating with reportings of major awareness and commitment to change behavior towards practices of risk, to understanding the body, the femininity, sexuality, as well the promotion of self-esteem, getting these "women" committed to setting up their place towards prevention of DSTS/HIV/AIDS/Hepatitis, building in this way a "self" mode of protecting themselves.

## We.141P

### Use Of Condoms Amongst Sex Workers Who Trade Sex For Drugs And Money

Mungazi, Godfrey; Magwere, Tinashe; Vision and Hope Foundation, Harare, Zimbabwe

**Introduction:** HIV prevalence rate among sexually active people in Zimbabwe is 23.1% and of this 50% is among women mainly sex workers. Too few studies have however been carried out on women who trade sex for either money or drugs. This information is needed in order to design and implement timely and appropriate interventions.

**Methods:** Interviews were carried out with 200 sex workers to explore socio-demographic characteristics, drug use and risky behaviours and other HIV associated risks.

**Results:** 135 of the interviewees were 24 years and below and 65 were 25 >30. The median age of initiation into sex work was 15. All of the respondents use drugs and 39.5% use drugs with clients. 72% never used condoms with intimate partners. 38% used condoms inconsistently and only with occasional partners. Factors associated with HIV infection included marijuana and cocaine injection.

**Conclusion:** HIV infection among sex workers is associated with risky drug use patterns, early age of initiation into sex work and inconsistent condom use. Given the high levels of mobility along with inconsistent condom use, there is a potential for HIV transmission to occasional partners and their spouses. With this, there is need to expand HIV prevention and care strategies that address multiple risks faced by these women, their partners and the occasional partners wives.

## We.142P

### Initiation of Hepatitis C Virus (HCV) Treatment among Injection Drug Users (IDUs)

Genoway, Krista<sup>1</sup> Grebely, Jason<sup>1</sup> Raffa, Jesse<sup>1</sup> Duncan, Fiona<sup>2</sup> Khara, Milan<sup>2</sup> Viljoen, Mark<sup>2</sup> DeVlaming, Stanley<sup>2</sup> Tyndall, Mark<sup>3</sup> Conway, Brian<sup>1</sup>

<sup>1</sup> University of British Columbia, Vancouver, BC, Canada

<sup>2</sup> Vancouver Coastal Health, Vancouver, BC, Canada

<sup>3</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

**Background:** Many IDUs are not receiving treatment for HCV infection, despite data suggesting that treatment is safe and effective in this group. With this in mind, we sought to examine the utilization and acceptance of HCV treatment among IDUs.

**Methods:** HCV RNA positive IDUs attending an inner city community health clinic were randomly recruited to complete surveys on social, health, drug use and HCV treatment characteristics.

**Results:** In this cohort (n=50, mean age=43 [24-57]), there exists high rates of unstable housing (44%), dis-

ability/social assistance (90%) and mental illness (60%). Eighty-eight percent of the cohort had engaged in recent injection drug use, with 62% reporting heroin and 46% reporting cocaine use. Seventy-six percent of patients felt that their HCV has negatively impacted their health. Of those interested in receiving treatment for HCV (86%), only 46% of patients have ever been offered treatment. In total, 10% (n=5) of patients received treatment for HCV. Four of five patients have remained on treatment for HCV (mean = 13 weeks) and patient adherence to pegylated-interferon and ribavirin has been 100% in this small group. This is despite illicit drug use in 4 of the 5 patients in the 6 months preceding treatment.

**Conclusions:** Despite a strong interest in receiving HCV treatment in this cohort, high rates of unstable housing, illicit drug use and mental illness provide significant barriers in the provision of HCV treatment. In IDUs with a demonstrated commitment, HCV treatment can be safe and effective, despite ongoing drug use. Further research is needed to understand how treatment barriers can be overcome in the delivery of HCV care in this group.

#### We. 143P

##### Women-Centred Harm Reduction, Evidence for their Integration

Poole, Nancy<sup>1</sup> Dell, Colleen<sup>2</sup>

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**Issue:** Researchers, women's service providers, policy and program designers, users and harm reduction advocates have identified the need to articulate and advance our understanding of the intersection of "women-centred" and "harm reduction-oriented" care for women with substance use, and related health, criminal justice, income security and social burdens.

**Setting:** Two studies, one undertaken by the Elizabeth Fry Society of Manitoba and one by the British Columbia Centre of Excellence for Women's Health (BCCEWH) illustrate how incorporating a women-centred and harm reduction-oriented approach to research in two settings generated findings that support a woman-centred and harm reduction-oriented approach that address the needs of marginalized women and the policies that affect their care.

**Project:** The Manitoba study involved criminalized women in defining the meaning of self-harm and the needed response to women who use self-harm as a way of coping and survival. The BC study looked at the supports chosen by substance-using pregnant women and new mothers accessing prenatal care and other assistance from a multi-faceted agency (Sheway) in the

downtown eastside of Vancouver. The presentation will cover the women-centred research approaches taken in the two settings, the meaning of harm and harm reduction identified by women, the choices women made toward growth/stabilization, and the responses they found helpful.

**Outcomes:** Both studies have made a significant contribution to the understanding of women-centred, harm reduction-oriented care for marginalized women. Findings related to the intersection of women-centred and harm reduction-oriented care, and the impact that the findings have had on service provision guidelines and provincial policies will be explored. The linking and translation of this work represents part of a larger strategy by the BCCEWH and the Canadian Centre on Substance Abuse to advance understanding of gender specific approaches to treatment, health promotion and harm reduction for women in Canada.

#### We. 144P

##### Family Reflective Teams In Inpatient Residential Treatment

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In addiction programs guided by the traditional Minnesota Model, loved ones and clients are often part of activities guided by a pre-set agenda which targets problems, deficits, and loss as they embrace their new-found diseases of either addiction or codependency. Such participants may struggle with finding hope to rebuild their relationships and there is typically little room to appreciate a person's unique lived experience in the face of the canons of a disease model and the associated deficit labels of addicts/alcoholics or enablers/codependents.

In contrast, when clients and loved ones participate in a reflecting team, they are invited to give open voice to their own experiences, hopes, and wisdom. The family reflecting team process at the Maple Ridge Treatment Centre borrows from the ideas and practices of Michael White (1995, 2000). The process supports appreciation and connection in contrast to pursuit of truth and destruction of denial (or other "character defects"). It is through the mutual witnessing of a respectful conversation that a more informed and open understanding of "the other" takes place. As a result of this enriched understanding and appreciation of "the other", a matrix emerges for the deepening of healthier connection and support between the client and family members. It is our belief that improvements in the vitality of connection with loved ones are crucial to client gain during and post treatment. As reported by many clients and loved ones, the "Family Reflective Day" component of programming at MRTC is one of the most valuable aspects of the therapeutic process. Clients in treatment

also learn that they can take an active part in rebuilding their relationships rather than believing that "sobriety" is a magical cure that will heal all of their relationship difficulties.

## We.145P

### When Do Mother's and Religion Matter? Two Different Paths to Recovery and Disclosure By HIV+ IDUs

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**Background:** Religion and family have been cited as key contributors to recovery for IDUs. Some treatment programs include religion. Family ties may support full HIV+ disclosure. However, it is not clear when these support systems are effective and when they are not.

**Methods:** Case study of one male and one female Latino IDUs using in-depth interviews in Brooklyn, NYC. Both knew they were HIV positive. Both were older than 50, had long histories of drug use, had been part of the same drug scene, and had been incarcerated for drug use and dealing.

**Results:** Although they share similar histories regarding drug use, sporadic homelessness, incarceration, sustained support by their mothers with rejection by other family members and had low religiosity during drug injection periods, and used their mothers and religion as anchors for support, their recovery and disclosure processes had very different outcomes: The woman had complete drug withdrawal, full disclosure, social integration and no risk behavior; the man had numerous relapses, limited disclosure, social isolation and continued risky injection. This divergence may be partly due to the different roles mothers and religion played. For the woman who stopped engaging in high-risk behaviors, the mother became a bridge to the extended family, facilitating disclosure of HIV+ status to family members; religion became a bridge to acceptance into the wider community. In the other case, the mother was the sole supporter and only person to whom HIV+ status was disclosed; and his experienced religiosity was an individual relationship with God, rather than a form of social mediation.

**Discussion:** We hypothesize that mothers and religion can be important potential sources of support for recovery and for disclosure of HIV+ status if they facilitate ties to a wider family and to community networks that facilitate "de-stigmatization". Further research should explore these issues.

## We.146P

### Focusing on the Family to Reduce Drug and Alcohol Related Harm

Templeton, Lorna, Deputy Manager, Senior Researcher, Manager of the Alcohol, Drugs and the Family Research Programme, Bath, UK

Drug and alcohol misuse are issues of major international public health concern. Debates are rife over the best response to take to tackle the problems and reduce harm. This paper will consider the role of the family in harm reduction, by exploring how the family can be negatively affected by the substance misuse of a relative, how their involvement in treatment can positively influence treatment outcome, and how family members can have their own service and treatment needs met. Supporting evidence will be presented from various projects that have been undertaken by the UK alcohol, drugs and the family research programme, based at the Mental Health Research and Development Unit at the University of Bath. This evidence will include the development and testing of a brief intervention in both primary care and specialist drug and alcohol service settings, where results from a recently completed randomised controlled trial will be presented, alongside evaluations of services specifically for children and families. Within the broader historical tradition of thinking and responding on a largely individualistic level to substance misuse, implications for harm reduction, in the light of this consideration of the importance of the family, will be discussed.

## We.147P

### HCV Treatment of Drug Users in the Netherlands

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**Objectives:** Although HCV infection is common among drug users in the Netherlands, only few drug users receive treatment. In this study the following research questions are investigated:

1. What initiatives regarding screening and medical treatment of HCV among drug users can be identified?
2. What bottlenecks are there according to drug users and medical professionals?
3. What good practices are there?

**Methods:** The following research methods were applied:

1. In depth qualitative interviews with drug users with HCV;
2. Survey among medical doctors providing addiction care;
3. Additional in depth interviews with medical doctors, specialists, nurses and health authority workers involved in HCV projects.

**Results:** The survey shows that HCV is an important topic for doctors providing addiction care. Almost 100% state that institutions for addiction care should facilitate screening and treatment of HCV among drug users. Good practices will be presented.

However, the survey also demonstrates that management of institutions for addiction care pay little structural attention to screening and treatment of HCV. Medical personnel are not facilitated to provide HCV-care. Also bottlenecks concerning side effects of HCV medication, referral to medical specialists, material impediments such as homelessness, clients having no health insurance and alcohol abuse are experienced.

The interviews with drug users show that HCV is an important issue among this group too. Drug users are aware of the gravity of the illness. However, in many instances they have a distorted view of treatment and chances of recovery.

**Conclusions:** There is a need for accurate information on HCV and medical treatment of the illness. This conclusion applies for both professionals and drug users. Drug users do not receive appropriate counselling. Whether they receive treatment or not is largely dependent on their own persistence. It follows that marginalised drug users are hardly ever treated for HCV.

#### We.148P

##### Determinants of Antiviral Treatment Initiation in a Hepatitis C-Infected Population Benefiting From Universal Health Care Coverage

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<sup>4</sup> Department of Medicine, University of Montreal, Montreal, QC, Canada

**Background and Aims:** In view of increasing therapeutic efficacy, the delivery of antiviral hepatitis C (HCV) treatment is expected to increase. Yet, practical experience reveals a low rate of treatment, particularly among intravenous drug users (IDU). The aim of this study was to examine the prevalence of HCV treatment and identify factors associated with HCV treatment in a population of patients evaluated in an academic hepatology outpatient clinic in 2001-2002.

**Methods:** We reviewed charts from HCV-infected patients having attended the outpatient clinic of the liver service between January 2001 and December 2002. Regression analysis were conducted to compare patients according to HCV treatment initiation.

**Results:** Of 378 eligible patients (past IDU 61%), 143 (40%) initiated antiviral treatment. Being in a

methadone maintenance program and a strong willingness to be treated were independently associated with treatment initiation, while current intravenous (IV) drug use, alcoholic liver damage on biopsy, precarious housing arrangements and personality disorders were negatively associated with initiating treatment. Of the 238 patients who were offered treatment, 95 (40%) refused to be treated. Patients who refused antiviral treatment did not differ from the treated group in terms of past or current substance abuse.

**Conclusion:** Only 40% of eligible patients initiated treatment, and treatment refusal while offered was very common. Determinants of treatment initiation included methadone maintenance treatment attendance and patient's motivation for antiviral treatment. The process of decision for HCV treatment involves interactions between patient's will and physician's perception.

#### We.149P

##### Care and Treatment of Hepatitis C in Active Substance Users: Developing a Multi-Disciplinary Model of Care

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**Introduction:** To date most active drug users have not had access to treatment for hepatitis C, and substantial barriers continue to exist that prevent treatment availability for this population.

**Methods:** Active drug users interested in hepatitis C care and treatment are recruited in partnership with community-based organizations in New York City. Medical evaluations are conducted, including liver biopsy when indicated, and treatment is offered when no contraindication are present. Participants receive multi-disciplinary care including medical, psychiatric, and social services. Study staff help participants secure social services and escort participants to all medical appointments.

**Results:** Of 19 persons recruited to date, 17 have received an initial medical evaluation. Most (53%) were homeless and most (84%) had an Axis I psychiatric diagnosis. Participants had a poorer quality of life than the general population, as measured by the Hepatitis C Quality of Life instrument ( $t = -3.921$ ;  $\alpha = .004$ ). Ninety-one percent scored above the cut-off score for moderate depression on the Beck Depression Inventory. Despite significant psychosocial challenges, the attendance rate at medical appointments was 79%, with a mean of 1.1 missed appointments. Most participants required assistance securing social services such as benefits and housing. Four of 17 participants were hepatitis C viral RNA negative. Seven participants have received a liver biopsy, with a mean fibrosis stage of 2.2. Before being evaluated, participants reported per-

ceived barriers to initiating hepatitis C treatment including more pressing medical concerns (36%), concerns about treatment side-effects (36%), unstable housing (36%), and mental health problems (27%). Of the six participants for whom hepatitis C treatment has been recommended, four are attempting to stabilize their housing, one is delaying treatment to address other physical health concerns and one is stabilizing on psychiatric medication before treatment initiation. Accrual and data collection are continuing.

**Conclusions:** Active drug users, despite experiencing multiple psychosocial problems, can be engaged in hepatitis C care using a multidisciplinary approach that offers intensive support and assistance meeting psychosocial needs.

THURSDAY MAY 4, 2006

**Th.01.1****Crystal Methamphetamine Use Associated With Non-Fatal Overdose Among a Cohort of Injection Drug Users**Fairbairn, Nadia<sup>1</sup> Wood, Evan<sup>1</sup> Stoltz, Jo-anne<sup>1</sup> Li, Kathy<sup>1</sup> Montaner, Julio<sup>1</sup> Kerr, Thomas<sup>1</sup> Buxton, Jane<sup>2</sup><sup>1</sup> British Columbia Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada<sup>2</sup> BC Centre for Disease Control, Vancouver, BC, Canada**Background/Objectives:** The present study evaluated the prevalence and correlates of non-fatal overdose among a polysubstance-using cohort of IDU in Vancouver.**Methods:** We evaluated factors associated with non-fatal overdose among participants enrolled in the Vancouver Injection Drug User Study (VIDUS) using univariate statistics. Self-reports of the awareness of drugs taken and drug potency, polysubstance use, and assistance received at the time of non-fatal overdose were also recorded.**Results:** From December 1st, 2003 to June 1st, 2005, 551 participants were followed. In total, 37 (6.7%) individuals reported experiencing a non-fatal overdose in the previous 6 months. Factors positively associated with non-fatal overdose included public injecting (OR = 4.74, 95% CI: 2.35 - 9.37,  $p < 0.001$ ), crystal methamphetamine use (OR = 4.11) and injection (OR = 3.63), morphine use (OR = 3.55), non-injection opiate use (OR = 3.30), frequent heroin use (OR = 2.28) and sex trade work (OR = 2.12). Factors negatively associated with non-fatal overdose included participation in methadone maintenance therapy (OR = 0.31) and injecting alone (OR = 0.36). Sixty-two percent of individuals were unaware of drug potency, 64.9% of IDU were taking other drugs at the time of overdosing, with crack being the main drug (37.0%), 54.0% were assisted by ambulance personnel, 56.8% were taken to ER or hospital, 38.1% left the ER or hospital before being released, and 35.1% were given Narcan.**Conclusion:** These findings indicate a need for structural interventions that seek to modify the social and contextual risks for overdose, increased access to treatment programs, and trials of novel interventions for crystal methamphetamine users.**Th.01.2****Sexual Risk Behaviours Amongst Young Methamphetamine Users in Northern Thailand**Sirirojn, Bangorn<sup>1</sup> Thomson, Nicholas<sup>2,3</sup> German, Danielle<sup>3</sup> Gann, Donny<sup>3</sup> Sherman, Susan<sup>3</sup> Celentano, David<sup>3</sup> Aramrattana, Apinun<sup>1</sup><sup>1</sup> Chiang Mai University Research Institute for Health Sciences, Chiang Mai, Thailand<sup>2</sup> Burnet Institute, Chiang Mai Research Institute Health Sciences, Chiang Mai, Thailand<sup>3</sup> Johns Hopkins University, Baltimore, MD, USA**Introduction:** Preliminary baseline data from a study conducted in Chiang Mai amongst young MA users and their social networks indicated high rates of STIs including chlamydia (20%) and gonorrhoea (12%). With this in mind it was deemed necessary to qualitatively investigate the sexual culture and behaviour of young yaba users.**Methods:** A research team from Chiang Mai and Hopkins Universities designed and implemented 30 semi structure interviews amongst MA users in Chiang Mai. The interviews covered a range of topics, including participants' sexual histories; the meaning of sex; sexual influences; condom use; sex on MA and/or alcohol and the effects on sexual feeling and behaviour; knowledge and experience of associated risks of unprotected sex including STIs and pregnancy; and ideas for increased health promotion.**Findings:** Participants generally initiated sex at an early age, with a median of 13 years old. Initial sex primarily occurred within a relationship, and was often accompanied by alcohol. The majority spoke of learning about sex from pornographic videos. Condoms were not generally used during sex. Subsequent sexual histories included numerous sexual partners. Participants were divided on the effects of MA on sex but noted its influence on prolonged and injurious sex. Participants also acknowledged that MA could increase sexual desire. Participants commented on the role of sex in MA drug economy. Many participants have had experience of both STIs and unwanted pregnancies and the associated implications including access to treatment and abortion.**Implications:** There is a drastic need to increase condom use and STI knowledge amongst young MA users and their sexual networks. There is urgent need to provide increased and improved access to treatment of STIs for this group. There is reason to suggest that MA use in South East Asia has widespread implications for the HIV epidemic. There is urgent need to review and change availability and scope of contraception and abortion options for young people in Thailand.

## Th.01.3

### Occupational Use of Injected Methamphetamine In Commercial Sex Workers In Moscow, Russia

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**Background:** There are an estimated 170,000 commercial sex workers (CSWs) in Moscow. Drug use levels among this population are largely unknown. In Russia, methamphetamine use is a relatively new phenomena with potential for rapid growth.

**Methods:** 483 Moscow street commercial sex workers were enrolled in a cross-sectional study in which clinical testing and treatment for HIV and STIs was given and a behavioral survey examining sexual and drug use practices was administered.

**Results:** 312 participants reported drug use. 68 (14%) of the subjects reported ever using methamphetamines with 54% of those using within the last 6 months. Age of initiation of drug use (18) preceded initiation into sex work (20 years of age). 61% of injecting drug using CSWs first injected opium, with only 5% injecting methamphetamines before any other drug. 33% of methamphetamine use and 50% of cocaine use was initiated when the CSW was with clients. Heroin and opium injecting occurs primarily with friends (77% and 79% of injecting heroin and opium users respectively). CSWs who inject with clients primarily use methamphetamines (33% of methamphetamine users compared to 4% of injected opium users and 11% of injected heroin users). 25% of methamphetamine injectors reported having traded sex for the drug (compared to none of the injecting opium users and 11% of the injecting heroin users).

**Conclusions:** Moscow street CSWs began drug use before entering into sex work. Injecting drug use with other sex workers, pimps and madams is almost non-existent, with pimps imposing fines on the CSWs for drug use. Heroin and opium are primarily used with friends. Methamphetamines are used mostly with clients. This trend could continue develop as methamphetamine use gains in popularity, especially in the sex trade thereby increase the exposure of CSWs to infection including HIV and HCV.

## Th.01.4

### Boltushka: Use of Homemade Amphetamine in Odessa, Ukraine

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<sup>4</sup> Harvard Medical School, Boston, USA

**Background/Objectives:** Homemade amphetamine-type stimulants have been reported used in Russia and other Eastern European countries for decades. One amphetamine preparation is known in Russia as ephedrone (methcathinone), and is the oxidation product of ephedrine with potassium permanganate (KMnO<sub>4</sub>), in contrast to methamphetamine, a reduction product of ephedrine. Ephedrone is also known as "vint" and in Odessa as "boltushka" (shake). While data is scant, health effects previously reported include cardiac arrhythmias and Parkinsonian symptoms. We studied available local knowledge about boltushka and report patterns of use among local injection drug users.

**Methods:** As part of a Rapid Policy and Assessment Process (RPAP) in Odessa, Ukraine, research team members reported current knowledge of drug use patterns, including patterns of use of boltushka, the street-level description of the recipe, and IDU-reported associated health effects.

**Results:** Informants described making boltushka by crushing cold and sinus medication pills, adding potassium permanganate (widely used as a disinfectant in Eastern Europe) and household vinegar, and shaking vigorously until the preparation was a deep red color and "smelled like cherries", a characteristic scent of ketones. This solution results in a crude preparation of ephedrone and is primarily injected by very young and/or very poor people. Boltushka is generally prepared for personal use rather than being sold and cost per dose was estimated as <USD\$1.00. Health effects of injecting the crude, unfiltered solution are unknown although boltushka users are reported to shake wildly.

**Conclusions:** Beyond HIV and hepatitis C risk from shared injection equipment, health effects of homemade amphetamines are poorly documented. Interventions beyond available harm reduction efforts may be required. Education/treatment specific to boltushka users and screening for other physical harms may be important interventions. Further results from our on-going study about patterns of use of boltushka use in Odessa will be reported at the conference.



**Th.02.2****Mindfulness Meditation, Harm Reduction, and the Middle Way**Marlatt, G. Alan, Seattle, WA, USA

The purpose of this presentation is to provide an overview of the results of a prison meditation program administered to volunteer inmates with a history of harmful drug and alcohol use in a Seattle correctional center. Both male and female inmates (N = 57) who participated in a 10day Vipassana meditation retreat were followed-up three months after release from prison and their outcomes were compared with a case-matched control group (N = 60). Results showed significantly less alcohol/drug use and improved mental health outcomes for those in the meditation condition, compared to the control group. The Buddhist philosophy of the "middle way" (as opposed to the dichotomous extremes of continued excessive drug use or total abstinence) is compatible with the basic precepts of harm reduction, such as "meeting the person where s/he is at", and fosters a sense of acceptance and lifestyle balance. A new outpatient harm reduction program for people with addictive behavior problems, mindfulness-based harm reduction, will also be described in terms of new study, funded by the National Institute of Drug Abuse.

**Th.03.1****Youth and Decision-Making**Usenko, Dima, Kyrgikistan

The HIV epidemic in CIS region is mostly in young people between the ages of 14-30. All national programs of all countries in CIS region have prevention and harm reduction among youth as the one of chief priorities. Funding and resources allocated for implementing HIV-related activities are the largest part of national plans and budgets.

Young people are perceived to be one of the most vulnerable to HIV and AIDS. There are a lot of factors for this, but one chief issue is excluding young people from the process of making and control of political decisions. Young people are excluded or under-represented in the national coordination mechanisms, are not able to influence the development of strategies of HIV preventive work on a national level, nor part of monitoring and evaluating existing efforts.

There exist a lot of reasons, myths or vague explanations why young people are excluded such as young people:

- haven't enough experience/knowledge/responsibility
- haven't "political influence/respect"
- don't know what's best for them (adults know better)
- should be thankful and satisfied that they are served by any interventions and should not ask more than what adult politicians want to provide.

These myths are raising different challenges: declining effectiveness of HIV programs, funds and resources are spent for nothing, young people refusing to participate in non-adequate programs and young people continuing dangerous behaviours and practices.

If countries want to stop the spread of HIV, they need to increase the attractiveness of HIV Prevention/Harm reduction programs and their commitment of young people receiving HIV related services. All these points require active participation of young people in the process of decision-making and implementation.

What should be done to include young people in this process? Common knowledge supposes that young people should advocate and lobby their interests. It can be done in friendly, indifferent or amicable environment, by active advocacy (like mass demonstrations) or by very close and very informal contacts with influential advocates, adherents or supporters from the circle of officials or public stakeholders. These methods of youth inclusion in the decision-making process in the field of HIV are an area for ongoing discussion.

**Th.03.2****There Is No Minimum Age With Infectious Disease: Working With Youth To Prevent Drug Related Harm**Yin, Yu, Yunnan, China

**Background:** Located next to northern Myanmar, Yunnan has been known for one the primary distribution stop of illicit drugs with high HIV/AIDS epidemic in China.

Youth aged between 15 to 35 years old has become the major drug addict and potential victims of HIV/AIDS. In Yunnan Province, the average age of drug users is 27 and the trend tend to be younger, they have become the most vulnerable group in the society. At the meantime, a considerable numbers of youth have interested in participating the works of against drug abuse and HIV/AIDS prevention as volunteers. The volunteers have lots of creative idea in educating their peer on drug issues and AIDS prevention, yet harm reduction is a brand new concept to local people and their knowledge on such issues is limited.

**Method:** These volunteer have recognized their limitation and have gathered occasionally to talk about their puzzlement, gradually they have established a discussion group to share their understandings and information on HIV/AIDS and drugs issues. With ARHP support, they set up an email group, arrange regular informal chat meeting, invite experts frequently to answer their question and use brainstorming to help peers to solve their question related on harm reduction and HIV/AIDS issues.

**Outcome:** The volunteer group has grown steadily, its members have become more knowledgeable on HIV/AIDS and drugs issues, their self-confidence have increased, and they have been actively participated in

the local household to household education programs on harm reduction, and joined in the helping drug users' family members program and taught them about HIV/AIDS prevention. They have also reach out to students groups to enlarge their impact on youth against HIV/AIDS and drugs. All their works have facilitate the building of supportive environment for harm reduction implementation of ARHP project.

### Th.03.3

#### **Open Service Centers as a Strategy to Prevent Drug Related Harm Among Children and Youth in Street Circumstances in Porto Alegre, Brazil**

Neiva-Silva, Lucas, Center of Children and Youth in Street Circumstances Psychological Studies, Federal University of Rio Grande do Sul, Porto Alegre, Brazil

The existence of children and adolescents living in street context is one of the main social problems in Latin America. It is observed a high level of drug abuse among this street population. The most frequently used drugs are alcohol, marihuana, inhalants, crack and cocaine. Social actions has been developed in order to solve this problem, or at least, to reduce their consequences. However, in general, few successes have been obtained due to the complexity of the problem and the multiplicity of the involved variables. The aim of this speech is present the actions undertaken in Porto Alegre, Brazil, in Open Service Centers. What makes these Service Centers different is the possibility of children and adolescents come and go at will, with no restrictions, such as a requirement to "get out" of the streets in order to participate in the programs offered at the centers. The main strategy is offer a group of activities such as sports, education, health care, professional training, leisure and arts activities, and shelter. These activities intend to be more attractive than streets, gradually promoting the youth social insertion. The main result is the decreasing of the time on the streets on a daily bases. Consequently, it leads to reduction of drug abuse and its related harm, such as violence, risk sexual behaviors, infectious diseases and illicit activities.

### Th.03.4

#### **CRYSTAL CLEAR: A Peer- Based Health Promotion Project**

Padgett, Caitlin, Vancouver Coastal Health, Vancouver, BC, Canada

**Issue:** The development of a participant-driven project that empowers marginalized street-involved youth using methamphetamine to make safer, healthier choices and to increase individual and community awareness.

**Setting:** According to anecdotal evidence, methamphetamine predominates as the drug of choice for the 700 to 1000 street youth in Vancouver's Downtown South, a community of about 80,000 residents. Evidence suggests youth who are afflicted by poverty and homelessness are some of Vancouver's most vulnerable residents.

**Project:** The youth participants pursue a continuum of activities that include street level outreach and needle exchange, harm reduction, support, peer education and participatory research. Peers also engage in community-based advocacy - increasing the awareness of the larger community about the needs of street-involved youth that use methamphetamine.

The project is unique in that it is both youth driven and community responsive at the same time, working within VCH.

**Outcomes:** The youths' peer advocacy and referrals increase access to support groups for youth that are HIV or Hepatitis C positive, and increase access to community detox and health services. The project has partnered with a community clinic to conduct a pilot study of the peers ability to increase referrals of street-involved and marginalized youth to primary health care and needle exchange.

A model of training, health promotion and integration has been developed and it a working example of participant-driven programming. It is transferable to any urban community or sub-community in need of increased awareness and access to health-related services, education and advocacy.

The presentation would include the following:

- A presentation from peer participants who will speak from their experiences training and working with Crystal Clear;
- A discussion of the key learning from the development of this model, and the initial findings of a longitudinal program evaluation;
- A discussion of the benefits and challenges of a youth-driven, peer-user project within a larger organization, Vancouver Coastal Health (VCH).

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