HARM REDUCTION
INTERNATIONAL CONFERENCE 2013
JUNE 9 - 12 | VILNIUS, LITHUANIA

DAILY UPDATE Monday 10 June 2013

Power of the personal

'I DON'T HAVE A POLITICAL AXE TO GRIND – it's a personal story. But that's what the general public can relate to,' says Kate McKenzie, one of the speakers at this morning's *Evidence is not enough* session on the factors that led people from different backgrounds to harm reduction.

For Kate, it was her daughter Hannah's struggle with heroin, the subject of the 2008 documentary *Mum, Heroin and Me*. Since then Hannah has entered treatment, relapsed, and is now being treated in a French psychiatric hospital for mental health problems.

'They're treating her mental health rather than her addiction – rather than the symptom, they're going to the cause. I'm very passionate about dual diagnosis – I feel very strongly that often services are just putting a plaster on a wound and not getting to the root of the problem.'

Kate was also a member of the Brighton Independent Drugs Commission, one recommendation of which was a feasibility study into the establishment of consumption rooms in the city – something unsurprisingly seized on by the British press.

'Of course that's what they focus on, even though there were 20 recommendations, including around dual diagnosis. It's whipping up hysteria. My mantra is that the information out there is flawed, and a lot of misinformation is peddled by the popular press. It's down to people like myself to inform other families that this can happen to anyone.'

Her other mantra is that drug users need treatment rather than punishment, she states. 'I get very angry. Even among drug treatment I felt that their attitude was sometimes not wholly supportive and rather patronising. You don't always get the support when you need it.'

Personal stories can be an immensely powerful way of changing opinions, however. 'You see people become far less hardline, whereas if you say it's government policy or this or that commission, they tend to glaze over. If you can get the majority to be more understanding, then politicians wouldn't be so scared of changing policy.'

But she remains optimistic that this will change. 'More and more people in a position of authority are beginning to advocate the prescribing of heroin, for example. You just need a few more and for them to join up and put the pressure where it's needed. Politicians are still running scared, although often privately they agree.

'It's a complex, frustrating situation, but that doesn't mean we shouldn't try. We've got to keep battling.'

HIGHLIGHTS

Monday 10 June

MAJOR SESSIONS

Alfa Room

9.00–10.30
Evidence is not enough: family, community and social justice in the harm reduction response

11.00–12.30
Access to hepatitis C treatment: from national to global advocacy

14.00–15.30
OST: national regional development

16.00–17.30
National drug policy and harm reduction advocacy

17.30–19.00
Evening workshops on: a toolkit for care workers to manage ethical dilemmas; hepatitis C; and ketamine.

Dialogue Space

11.00–12.00: UN technical guidance: creating new advocacy platforms

12.00–13.00: Frontline: A photo-ethnography of drug using environments

13.00–14.00: Demonstration of low dead space needles and syringes

14.00–15.00: Drug law reform and HIV

15.00–16.00: Social media, harm reduction and drug policy reform

16.00–16.30: Communicating harm reduction

16.30–17.30: Women and harm reduction

HARM REDUCTION INTERNATIONAL

About the daily update

The Daily Update is produced on behalf of HRI by CJ Wellings Ltd, publishers of *Drink and Drugs News* (DDN) in the UK. DDN is a free monthly magazine circulated to people working in all areas of the drug and alcohol field, and is read worldwide online. The DDN website, which contains current and back issues of the magazine, is freely accessible at *www.drinkanddrugsnews.com*. To advertise in DDN email *ian@cjwellings.com*

Daily updates will be available on Monday, Tuesday and Wednesday mornings at the conference, and will include late changes to the programme.

Reporting team: Claire Brown, David Gilliver, Ian Ralph. Design: Jez Tucker. For editorial enquiries or feedback, please email *claire@cjwellings.com*

Lithuanian minister of health, Vyentis Povilas Andriukaitis, shares a joke with John-Peter Kools of conference's international review committee before the serious business of the week gets underway. 'We are meeting to discuss a range of problems, including how to increase awareness and support for the fight against the HIV epidemic and how to make sure we save as many lives as possible,' said Mr Andriukatis.

Programme changes – MONDAY 10 JUNE 2013

Sessions

M3: *Access to hepatitis C treatment: from national to global advocacy, correct abstract number for 'Role of community in eliminating barriers to hepatitis C treatment' by **Sergey Golovin** is **#945***

CC08: *National drug policy and harm reduction advocacy **#590** One step forward and two steps backward in Indonesian drug policy and harm reduction – **Asmin Fransiska** will not be presenting.*

In CC06: *New approaches to harm reduction programming – **#740** Feasibility and acceptability of adding tincture of opium (TO) substitution treatment programme to OST clinics in Iran – **Leila Seiri** is not coming. Replacement: **#320** Tikking the boxes: HIV combination prevention for men who have sex with men (MSM), including intravenous drug users in Cape Town, South Africa by **Machteld Busz**.*

CC10: *Regional track – opioid substitution treatment: who defines the quality? Chair change: instead of **Sergii Dvoryak** – **Erikas Maciunas**/**Ona Davidoviene**. Speaker change: instead of **Telman Mamedgasanov**, director, the Republican Drug Treatment Center (Azerbaijan) – **Aleksey Aleksandrov**, chief narcologist (Belarus).*

CC05: *Regional track – drug policy: open dialogue. **Volodymyr Tymoshenko**, head of the State Drug Control Service (Ukraine), is not coming. New panelists for this session: **Antonijus Mikulskis**, deputy head of Vilnius Police Department; **Tea Tsulukiani**, minister of justice (Georgia); **Jind ich Vobo il**, national anti-drug coordinator, Government of the Czech Republic.*

Posters

***Pablo Cymerman**'s poster **#719** (previously scheduled to Monday session, board 28) will be presented on Tuesday on board 52.*

***Ricardo Fuertes**'s poster **#891** will be presented on board 5 on Monday: Implementation of a low threshold harm reduction centre in an area of street sex work and crack users in Lisbon, Portugal.*

***Patrick Gallahue**'s poster **#633** – Human rights guidance in international drug control (scheduled for first Monday session, board 16) – will not be presented.*

***#795**, **Maeve Anne Daly**; **Catherine Maria Comiskey**; **Orla Dempsey**; **Jennie Milnes**; The physical and mental health outcomes of the children of opiate-using parents – will be presented on Monday, on board 45 (originally scheduled for Wednesday, board 67).*

***#681**: Demographic and behavioural patterns that impact PWID injection practice: Finding from Hridaya Baseline Study, **Visvanathan Arumugam** will be presented on board 11 on Monday.*

‘We need to reclaim the moral, ethical and philosophical basis of harm reduction’

HRI executive director **Rick Lines** tells the Daily Update about some of the key themes and programme highlights of this year’s conference

‘Eurasia is one of the regions that’s been most severely hit by the HIV epidemic related to injecting drug use,’ says HRI executive director Rick Lines of the decision to stage this year’s conference in Lithuania – the first time the event has been held in the Baltic States, and its first time in Eastern Europe since 2007.

‘It’s also a region where the harm reduction response is underdeveloped,’ he says. ‘There are high levels of need and a lot of countries with generally poor harm reduction services, severely repressive drug laws and human rights violations against people who use drugs. Having the conference in the Eurasian region was an important way to call attention to these issues.’

Lithuania is also home to HRI’s partner organisation, the Eurasian Harm Reduction Network. ‘They approached us with a proposal to hold the conference here and they’re a fantastic organisation so we jumped at the chance,’ he says.

This year’s theme is the *Value/s of harm reduction*, with a focus on two key issues. The first is the economic case – the fact that harm reduction ‘not only saves lives but is also a very cost-effective public health intervention’, he states.

‘But we also wanted to focus on the *values*, because one of the things we’re seeing is the pushback against harm reduction by conservative governments pushing a recovery agenda. Even five years ago the anti-harm reduction lobby was trying to argue against the scientific basis of harm reduction, but you rarely hear that now. Instead they try to frame harm reduction as this kind of morally suspect, very clinical response that doesn’t value people and sees them as simply receptors of services. So it’s also about reclaiming the moral, ethical and philosophical basis of harm reduction.’

Wednesday sees a debate on whether policy reform advocacy and harm reduction advocacy are in sync in the run-up to the 2016 UN General Assembly special session on drugs. ‘That’s a really important part of the programme,’ he says. ‘At this moment, political momentum in drug policy reform is based around two issues – cannabis reform in the US and other places, and concerns around state security in Latin America. So the question for harm reductionists is how do we fit into this – how do we use the opening that’s being created in the drug policy debate to advance harm reduction?’

Many harm reduction organisations have pragmatically avoided involvement in drug policy reform debates, he stresses, so that their services aren’t seen as ‘Trojan horses’ by governments. ‘It’s recognising that we have to be part of that discussion, but in a way that doesn’t threaten essential programmes.’

Other highlights include sessions on important new work around injecting drug use and people under 18, and a number of high-profile speakers. ‘The degree of interest from high-level speakers has really been beyond anything we’ve had before, and again a lot of that is overlapping with the growing movement around drug policy reform,’ he says. ‘It’s an important part of trying to destigmatise harm reduction, and hopefully the presence of dignitaries like Michel Kazatchkine and President Ruth Dreifuss will also have an impact in the region.

‘How do we use the opening that’s being created in the drug policy debate to advance harm reduction?’
RICK LINES

‘The other important thing is just how great it’s been working with the Eurasian Harm Reduction Network,’ he states. ‘They’ve been a great partner and it was really a good opportunity to build the relationships between our organisations – we’ve already started to develop a lot of other partnerships and advocacy efforts. It’s been a really good experience for us.’

In the vanguard

The Vilnius Centre for Addictive Disorders was home to the first methadone programme in a former Soviet country. *The Daily Update* hears from its director, Dr Emilis Subata

'We hope that the conference will attract the attention of the media and promote discussions among Lithuanian professionals, specialists, politicians and the general public.'

DR EMILIS SUBATA

At this year's conference, opioid substitution therapy in the form of methadone and buprenorphine will be available for delegates who are unable to export medication from their own country (see facing page), prescribed by Dr Emilis Subata.

Dr Subata has led the Vilnius Centre for Addictive Disorders for more than 20 years. A psychiatrist by training, he has been an expert consultant for the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and United Nations Development Programme (UNDP) among others, and is also an associate professor at Vilnius University, itself a WHO collaborating centre for harm reduction.

While Eastern Europe has struggled with a well-documented HIV problem, it was at his treatment centre that the very first methadone programme in a former Soviet country was established, in October 1995, something which may help to explain why Lithuania's HIV rates are among the lowest in the region.

'One of the reasons for that is that we implemented opioid substitution therapy in the three biggest cities in Lithuania before HIV had really appeared among injecting drug users,' he says. 'It wasn't a reaction to HIV cases among IDUs – it was prior to the first cases among IDUs. In those three cities, quite a large number of IDUs with long histories of injecting were able to access treatment programmes, and needle exchange programmes were introduced quite early as well – starting around 1996 in the sea port of Klaipėda and then in Vilnius in 1997. So we started harm reduction programmes much earlier than in Latvia or Estonia, for instance.'

Rates of HIV transmission through injecting drug use have fallen substantially in recent years, but it remains the case that HIV testing is not always easily accessible. 'It's done mostly by NGOs with external funding, so we might not have the most exact data,' he acknowledges.

Most of Lithuania's major population centres now have needle exchange programmes, however, and the ten largest cities have opioid substitution therapy, accessible free of charge. 'In most of the cities there are no waiting lists, although we do have some in Vilnius,' says Dr Subata.

His clinic also operates a mobile needle and syringe exchange service, which means that the service is accessible to drug users throughout the city. 'We used to

have a mobile van – the "blue bus" – but we've replaced it with a more advanced vehicle,' he says. 'We've had a specially designed, heated bus with a counselling room for about two years now.' All of the service users' files at the centre are also managed by social workers rather than clinicians, which leaves the doctors free to concentrate on treatment. 'We find it's a big advantage, compared to the earlier practice when the physician was taking responsibility for the patient,' he says.

Things haven't always been easy, however, with attempts to close down his service as recently as 2005. 'At that time there was an attack from some politicians in the parliament who were very strongly against harm reduction,' he explains. 'But the programmes survived, and the funding was always available from the Ministry of Health, so there has been a mixed attitude. The ministry was always supportive of harm reduction and opioid substitution therapy, and the government's drug control offices were also always supportive of these interventions, but from time to time there were politicians who expressed negative opinions about harm reduction – there were discussions in the media, as well as between agencies and so on.'

It all depends on the political climate, 'the same as anywhere else in Europe', he states. 'We have conservative politicians who are critical of harm reduction, and more progressive politicians who are more accepting.'

Unlike many places, however, there has been very little resistance to the implementation of harm reduction interventions from the public, he says. 'I would say the general public is largely neutral. Some years ago there was a formal survey on attitudes towards opioid substitution therapy, and it found positive opinions. The police are also quite supportive of opioid substitution therapy and harm reduction because they're disillusioned about the ability of law enforcement alone to suppress the drug trade.'

The staging of the 23rd International Harm Reduction conference in Vilnius is also a significant event, he believes. 'We hope that the conference will attract the attention of the media and promote discussions among Lithuanian professionals, specialists, politicians and the general public,' he says.

NEWS from the medical room

Once again this year, **Gill Bradbury**, registered general nurse and harm reduction practitioner, is coordinating the conference's medical and healthcare services. She tells us what's involved

This year we've been able to expand the range of services being offered, to make them truly worthy of a harm reduction event.

Dr Emilis Subata, director of the Vilnius Centre for Addictive Disorders, has kindly agreed to prescribe opioid substitution therapy (OST) for delegates who are unable to export medication from their country of origin, such as Ukraine, Belarus, Kyrgyzstan, Armenia and Tajikistan. Arrangements have also been made with a private doctor who will facilitate treatment for delegates from Russia who are dependent upon opiates but unable to access OST, due to methadone and buprenorphine not being permissible in Russia. We anticipate at least 20 delegates needing such treatment, which will be dispensed on a daily basis from the clinic.

I am glad to report that we have the opportunity to offer an open Needle Syringe Programme (NSP). We have endeavoured to ensure that people's needs are fully met, with a variety of needles and syringes being provided, along with other injecting equipment such as stericups (cookers), filters, citric acid and vitamin C, swabs and water. Foil for smoking will also be available and outreach NSP provision will also be offered. Much of this equipment has been generously donated by Exchange Supplies, the UK's leading supplier of specialist injecting equipment (www.exchangesupplies.org).

Sharps bins for safe disposal of injecting equipment will be available in the main toilets within the venue, as well as in the medical room. Equally, people will be supplied with individual disposal units, which can be handed in at the end of the conference.

A new feature of our service is the provision of naloxone – another welcome gift, this time courtesy of Kaleidoscope Drug Services, UK (www.kaleidoscopeproject.org.uk). There will be more than 100 kits available for distribution, and training can be provided for those who need it.

We will also be able to provide confidential HIV testing by appointment. This will include a pre- and post-test discussion, plus screening. This is being offered by Demetra (http://demetra.lt), an association for HIV affected women and their families.

As usual, we will undertake brief consultations relating to minor illnesses and injuries, whereupon basic first aid will be offered along with any appropriate treatment or medication. If more specialist services are required, we can refer on. In the event of an emergency, people should call 112. The emergency hospital is Vilniaus Greitosios Pagalbos Universitetinė Ligoninė, at Šiltnamių str. 29, LT-04130 Vilnius; telephone: (+370) 5 216 9069.

The medical room (number 314 on the first floor) will be staffed by myself, a paid nurse from the Baltic American Clinic, and volunteers, some of whom will be engaging in NSP outreach work. The medical room staff, including volunteers, will be wearing white t-shirts with orange writing, saying 'Can I help?' on the front and 'Medical Services' on the back, along with the HRI conference logo.

I will be available on + 370 690 41914. This is my number for the purpose of the conference only and is provided via a Lithuanian registered sim card, so any calls should be cheap!

Our most grateful thanks go to the volunteers, organisations that have donated the necessary goods, EHRN and HRI staff, all of whom have worked very hard to make this a valuable and comprehensive service.

Robert Carr civil society Networks Fund hosts Q&A

THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND (RCNF) was launched in Washington DC in July 2012 in memory of Dr Robert Carr and his work in protecting the human rights of vulnerable communities. The fund aims to support global and regional civil society networks, addressing critical factors for scaling up access to HIV prevention, treatment, care and support, as well as protecting the rights of inadequately served populations (ISP) across the world.

ROBERT CARR FUND
for civil society networks

The RCNF responds to the reduction in adequate and reliable funding for networks. At country level, inadequate attention is paid to the communities and populations most in need of effective HIV prevention, treatment, care and support, to the protection of their human rights, and to overturning stigma and discrimination. Inadequately served populations include people living with HIV, gay men and other men who have sex with men, people who use drugs, prisoners, sex workers and transgender people. In a number of localities, women and girls, youth, migrants and people living in rural areas could also be considered ISP.

Civil society networks play a crucial role in addressing barriers to universal access to HIV-services and play a strong role in advocacy by securing the voice and leadership of the communities and populations most affected by HIV. When properly resourced and effective, many networks influence important policy developments that lead to more effective and efficient national and local programmes.

The RCNF is overseen by an International Steering Committee (ISC), bringing together the founding donors, the governments of Norway, the UK and US, and the Bill and Melinda Gates Foundation (BMGF), as well as representatives of global and regional civil society networks. The ISC is advised on funding by a Programme Advisory Panel (PAP) and the fund is supported by a Fund Management Agent, Aids Fonds.

The RCNF funded 24 networks in its inaugural year, and has recently announced the second request for proposals. More information at www.robertcarrfund.org

Harm Reduction International, the Eurasian Harm Reduction Network and the International Network of People who Use Drugs are hosting a forum for conference delegates to meet representatives of the Robert Carr civil society Networks Fund and ask questions about the fund and the application process, on ***Monday, 10 June at 3pm–4.30pm in The Delta Room, 23rd Floor, Radisson Blu Hotel.***

Equipping people to influence policy

ACROSS THE WORLD, civil society organisations play an important role in promoting alternative drug policies that are grounded in human rights and public health, *writes Ann Fordham*. Civil society can hold governments to account for the harms of ineffective, repressive policies, and help to ensure the supportive policy environments in which harm reduction services can operate effectively. These groups have helped to build the global momentum in favour of drug policy reform.

In order to further build the capacity of civil society around the world, the International Drug Policy Consortium (IDPC) has been working alongside the Eurasian Harm Reduction Network (EHRN) and other partners to develop a comprehensive drug policy training toolkit. The toolkit is the only resource of its kind focusing on global drug policy reform, and its goal is to help advocates understand and influence drug policy making processes at home and abroad.

The toolkit is the result of several years of development and the delivery of IDPC training sessions in Poland, the Philippines, Thailand, Indonesia and Kenya. It has been designed to allow IDPC, EHRN and a wide range of other individuals and organisations to deliver workshops on drug policy advocacy. It is an open access resource, meaning that anyone is free to download, use and adapt the materials for their own needs.

The toolkit includes a number of activities, presentations and exercises, all designed to keep participants engaged and active. These range from the 'tree of good drug policy' to the creation of 'advocacy action plans', and the activities are split into four modules – the current drug control system, effective drug policy, harm reduction advocacy, and civil society engagement in drug policy advocacy. To deliver every activity in the toolkit would take about a fortnight, so instead it is meant as a menu from which a facilitator can pick and choose the activities which best suit their context, audience and timeframe.

The toolkit will be launched at a special lunchtime event on ***Monday 10 June, from 12.45 – 13.45 in the Sky Bar of the Radisson Blu Hotel****, followed by a one-day sample training event on* ***Thursday 13 June*** *– also in the Radisson Blu Hotel. Visit www.idpc.net, or contact jbridge@idpc.net, for more information.*

Ann Fordham is executive director of the International Drug Policy Consortium

Difficult Decisions

John Miller, of the Coalition for Children Affected by AIDS, explains how he became involved in developing an ethical decision-making toolkit to combat bias against parents who use drugs

'A care worker might be legitimately concerned, *even after* checking his or her bias at the door. But how could we separate the bias from the real ethical dilemma?'

JOHN MILLER

Jude Byrne and I knew that care-workers deserved more than blame and finger-wagging. In Vienna in 2010, she and I grappled with an important question: how can we support care workers in the ethical dilemmas they face, while also challenging them to question their bias against parents who use drugs and other key affected populations?

I work with the Coalition for Children Affected by AIDS, and wanted children in key affected populations to get good quality, family-centred care and support. Jude had told me there were real barriers to this – criminalisation, bias, and justifiable mistrust of service users. Jude was approaching the question as a mother who uses drugs, someone who had experienced first hand the unfair judgments of care workers.

We knew the question was complicated: if people who use drugs are like other parents, then we can't ignore that some might neglect or abuse children – just as non-drug using parents might. A care worker might be legitimately concerned, *even after* checking his or her bias at the door. But how could we separate the bias from the real ethical dilemma?

Almost nothing exists out there to help care workers make ethical decisions in community-based settings. Only the wealthiest hospitals have ethicists on their staff. Meanwhile the rest of the world carries on, doing what they think best, but often relying on personal value systems, or on policies that can never foresee every situation. And care workers are among the lowest paid workers, many of them members of the populations they are serving. It isn't easy to flout an unjust law when you have your own children to feed and you could lose your job.

We put together a working group – as representative as we could make it – comprising key population groups, ethicists, funders, and care worker organisations. We conducted an international survey. We learned that at least monthly and *sometimes daily*, care workers face ethical dilemmas – situations where different values, beliefs, responsibilities, or concerns pull them in different directions. They have to make difficult decisions; ones that will result in the most good, or the least harm. When they don't get support, this creates a huge burden and can lead to burnout. The guilt and questions linger – did I make the best choice? Was there a way to avoid the harm I may have caused?

We designed a toolkit that we think is easy to read and easy to use. At the core of the toolkit is a code of ethical values and principles to anchor the process. A simple four-step method guides care workers. They're prompted to question their bias while collecting all the information and separating fact from assumption. They weigh up the ethical values and principles in conflict. They elaborate options and their possible consequences. Then they make a decision, act on it, document it, and evaluate later, debriefing with colleagues.

Draft three of the toolkit is being pilot tested this summer, and is being presented on ***Monday 10 June*** *in an oral abstract session from* ***11am-12pm****. For those interested in a hands-on workshop on how to implement the guidance, there will be a workshop delivered by members of the project's working group from* ***5:30pm to 7pm*** *the same day.*