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WELCOME TO LIVERPOOL

Welcome to the historic city of Liverpool and to IHRA's 21st annual conference. Liverpool is where the conferences began in 1990 and a lot has happened in harm reduction across the world since then, as the contents of the programme for this conference graphically illustrate.

The city dates back over 800 years. It is one of the greatest seaports in history, home of The Beatles, fanatical about football and European Capital of Culture in 2008. It offers something for everyone and we hope that you will take the opportunity during your stay to take in the sights and learn something of the local culture.

Information about the local area has been provided in the delegate bag you received when you registered for the conference and more information about the city and the wider area of Merseyside can be obtained from staff at the information desk in the entrance lobby to the conference centre.

Liverpool prides itself on being a friendly and diverse city, with a rich cultural mix and heritage. 'Scousers' – as we are known – look forward to hosting all of you and to making this year's conference a memorable and fitting celebration of 21 years of harm reduction conferences.

WELCOMES FROM IHRA

Dear Delegate,

It is my great pleasure to welcome you to Harm Reduction 2010: IHRA's 21st International Conference. I am especially pleased to welcome you to this 21st birthday event. The first conference was held here in Liverpool in 1990, and after 21 years it is good to be back in the city that launched these conferences.

The conference has grown in significance and stature over the years. The first event attracted around 400 of the early harm reduction workers. At that time harm reduction – especially related to HIV – had only been under development in a small number of countries. The first conference brought together many of the policy makers and frontline practitioners who were experimenting with and promoting the new idea of reducing drug related harm. Over the years the conference has been to many other countries and grown into the event that you will be participating in during the next four days.

This is now the pre-eminent meeting for the exchange of knowledge and ideas about harm reduction. It brings together politicians, policy makers, drug user activists, frontline workers, police, researchers, and educationalists.

On behalf of IHRA's Board of Directors, I would like to thank everybody who has contributed to this event including our conference partners, the Conference Consortium, and also the hundreds of people including you who will make these few days such a success.

IHRA is the leading organisation promoting harm reduction approach for all psychoactive substances on a global basis. Our work is to aim to improve public health, the human rights of people who use drugs, and reduce the individual and community harms from psychoactive drug use, and challenge laws and policies that have negative effects on the lives of all drug users. There are many members of the IHRA Board of Governors and IHRA staff at this conference, and they will be delighted to tell you more about IHRA's work. I wish you a successful conference.

Dr Mukta Sharma

Chair of the Board of Directors
International Harm Reduction Association

Dear Delegate,

IHRA's 21st birthday conference reminds us of how much has happened in the last two decades and what needs to be done as we move through the third decade of harm reduction. Being here in Liverpool to celebrate 21 years of the conference is a reminder of those first experimental HIV-related harm reduction projects. In 1986 Liverpool was home to one of the first three needle and syringe exchanges in the United Kingdom. The first needle and syringe exchange here in Liverpool was housed in a converted toilet in the Mersey Regional Drug Training and Information Centre.

Liverpool and the surrounding region saw a huge outburst of innovative and creative ways of responding to drug-related harms including outreach, peer education, micro-communications, expansion of methadone prescribing, and some heroin prescribing. This all came together in what became known as the Mersey Harm Reduction Model. In those first few years of harm reduction – between 1986 and the first conference in 1990 – there were parallel developments and a large interchange of ideas between people working here in the UK, in Europe, Australasia and North America.

As delegates, we have much to thank those pioneers for the work they did and the examples they set.

Moving through the third decade, we can reflect on how much has been achieved in terms of the acceptance of harm reduction around the world. However, much more needs to be done and there remain big obstacles to harm reduction: this includes a lack of resources, neglect of human rights and the damage caused by drug laws.

The conference is a lively meeting place which each year brings new challenges and new ideas. Please take advantage of the next few days and help contribute to and shape the next decade of harm reduction.

Gerry Stimson

Executive Director
International Harm Reduction Association

WELCOME FROM THE CONFERENCE CONSORTIUM

Dear Delegate,

Welcome to the conference, which marks the Conference Consortium's fourth collaboration with IHRA and marks the 21st anniversary of the first conference in 1990.

It is a great pleasure for the conference team, and a particular pleasure for me as a native son of Merseyside, to welcome you. Mukta and Gerry in their welcomes make reference to the beginnings and remarkable development of harm reduction, and acknowledge the role Liverpool played in this. It seems then most appropriate that we come together here to both take stock of what we have achieved and to look forward to the great challenges ahead for the 'next generation'.

The programme has something for everyone and combines formal sessions with a number of other activities, including the Dialogue Space, located in the exhibition area, which proved so popular during last year's conference in Bangkok, and the increasingly popular and influential Film Festival, now in its seventh year.

The members of the conference team, including an enthusiastic group of volunteers, are here to help you in any way we can, to make the experience of Harm Reduction 2010 fruitful, enjoyable and memorable. Everyone has worked hard to produce the event and we look forward to receiving your feedback – both incidental during the conference and via the forms we will ask you to complete at the end – which will help us in developing ideas for future events.

I would like to record my thanks to all of our sponsors and exhibitors and those organisations that have generously provided support in the form of scholarships to enable people to attend the conference. Many of these supporters have exhibition stands and I would encourage you to visit these during the conference.

The Conference Consortium was formed to promote debate and the exchange of information on good practice in all areas related to drug and alcohol policy. Through our association with IHRA we have been able to achieve this aim in a significant way. The close working relationship between the respective staff teams has made this possible and we look forward to continuing this here in Liverpool and into the future.

Enjoy the conference!
Best wishes
Paddy Costall
Managing Director
Conference Consortium

WELCOME FROM THE LOCAL ORGANISERS

Dear Delegate,

On behalf of the Liverpool local organising committee for Harm Reduction 2010 we offer you a warm welcome to our city and the 21st anniversary conference. Liverpool is a city full of passion, history, culture and humour – if you arrived here as a visitor we hope you leave us as a friend who will be back to spend time with us again soon.

Liverpool hosted the first Reduction of Drug Related Harm Conference in 1990. This highly influential annual conference has gone from strength to strength, travelling the world and now returning to where we feel is its spiritual home.

The Liverpool local organising committee is made up of a team of local professionals drawn from a range of services and organisations who worked together with a common aim – to bring the 2010 conference to our city and to contribute to making it the best ever event of its kind. We look forward to meeting you, to sharing our city with you, and most importantly to continuing the work started here 21 years ago.

Welcome to your 21st anniversary conference in Liverpool!

Sally Woods & Jim McVeigh
Joint Chairs, Liverpool 2010 local organising committee

CONFERENCE STAFF



INTERNATIONAL HARM REDUCTION ASSOCIATION

Gerry Stimson – Programme Director
Jamie Bridge – Programme Manager (to December 2009)
Jennifer Curcio – Scholarship Manager
Michael Kessler – Media Consultant
Annie Kuch – Programme Manager (from December 2009)
Andreas Woreth – Front of House Manager



Paddy Costall – Conference Director
Gill Bradbury – Medical Co-ordinator
Przemek Cieślak – Conference Assistant
Grzegorz Król – Technical Director
Bisola Obileye – Finance Director
Andy Stonard – Exhibition Manager
Joanna Szostakowska – Conference Manager
Michelle Vatin – Central Resources Director
Teresa Williams – Exhibition Manager
Magdalena Zięba – Conference Assistant

The staff are supported by a group of volunteers who will all be wearing T-shirts in the conference colour to help you identify them. We are here to help you in any way we can, so please don't hesitate to contact one of us should you have questions or require assistance.

CONFERENCE COMMITTEES

The development, production and delivery of each conference is only possible because of the assistance of a large number of individuals who give generously of their time. The organisers would like to offer to them a genuine vote of thanks for all their efforts.

EXECUTIVE PROGRAMME COMMITTEE (EPC)

The EPC is a professional body composed of distinguished people from the harm reduction field. Their role is to create the conference programme by organising sessions themselves, or by creating sessions out of the abstracts that have been submitted online. The EPC is representative of the host nation and region and also includes community members, young people and people who use drugs. Its members for Harm Reduction 2010 were:

Cinzia Brentari, Connections Project
Jamie Bridge, Global Fund to Fight AIDS, Tuberculosis and Malaria
Catherine Cook, International Harm Reduction Association
Greg Denham, Nossal Institute for Global Health
Martin Donoghoe, World Health Organization – Regional Office for Europe
Stephane Ibanez-de-Benito, United Nations Office on Drugs and Crime, and International Nursing Harm Reduction Network
Natalia Khodakevich, Russia
Anna Koshikova, All-Ukrainian Network of People Living with HIV
Ilham Lagrich, Middle East and North Africa Harm Reduction Network
Smiljka de Lussigny, World Health Organization – Regional Office for Europe
Jim McVeigh, Liverpool John Moores University

Russell Newcombe, Lifeline Project
Tim Rhodes, London School of Hygiene and Tropical Medicine
Eric Schneider, ACCES and the International Network of People Who Use Drugs
Gerry Stimson, International Harm Reduction Association
Kate Thomson, Joint United Nations Programme on HIV/AIDS (UNAIDS)
Annette Verster, HIV/AIDS Department
Sally Woods, Liverpool John Moores University

Supported by
Przemek Cieślak, Conference Consortium
Paddy Costall, Conference Consortium
Grzegorz Król, Conference Consortium
Joanna Szostakowska, Conference Consortium

STAFF AND COMMITTEES

INTERNATIONAL PROGRAMME ADVISORY GROUP (IPAG)

The IPAG comprises professionals from the harm reduction field representing the various strands of activity and different groups involved. Its tasks include proposing items for inclusion in the conference programme and also peer reviewing abstracts submitted to assist the EPC in its deliberations to create the final programme for the conference. Its members for Harm Reduction 2010 were:

Elie Aaraj , Middle East and North Africa Harm Reduction Network	Christine Ford , Substance Misuse Management in General Practice	Jeffrey Lazarus , The Global Fund to Fight AIDS, Tuberculosis and Malaria	Roxanne Saucier , Open Society Institute
Maria Boltaeva , Joint United Nations Programme on HIV/AIDS (UNAIDS)	Allen Frimpong , YouthRISE	Lisa Maher , National Centre in HIV Epidemiology and Clinical Research	Eberhard Schatz , Correlation Network
Holly Bradford , Korsang	Catherine Healy , New Zealand Prostitutes Collective	Xavier Majó-Roca , Department of Health, Government of Catalonia	Valentin Simionov , Romanian Harm Reduction Network
Jamie Bridge , The Global Fund to Fight AIDS, Tuberculosis and Malaria	Dagmar Hedrich , The European Monitoring Centre for Drugs and Drug Addiction	Mick Matthews , The Global Fund to Fight AIDS, Tuberculosis and Malaria	Siddharth Singh , Asian Harm Reduction Network
Jude Byrne , International Network of People Who Use Drugs	Vivian Hope , Centre for Research on Drugs and Health Behaviour & Health Protection Agency	Simona Merkinaitė , Eurasian Harm Reduction Network	Deborah Peterson Small , Break the Chains
Rosie Campbell , UK Network of Sex Work Projects	Marisa Ingleton , Scarlet Alliance, Australian Sex Workers Association	Warren D Michelow , University of British Columbia	Mat Southwell , International Network of People who Use Drugs
Catherine Cook , International Harm Reduction Association	Saliia Toktogulovna Karymbaeva , World Health Organization (CHECK DEPARTMENT)	Geoffrey Monaghan , United Nations Office on Drugs and Crime	Berne Stalenkrantz , Swedish Drug Users Union
Linda Cusick , University of the West of Scotland	Andrej Kastelic , South Eastern European – Adriatic Addiction Treatment Network	Pat O'Hare , International Harm Reduction Association	Tori Talavera , YouthRISE
Pablo Cymerman , Intercambios Asociación Civil	John-Peter Kools , Netherlands	Promboon Panitchpakdi , Raks Thai Foundation	Pascal Tanguay , Asian Harm Reduction Network
Kora DeBeck , BC Centre for Excellence in HIV/AIDS	Vikram Laishram , Manipur IntraVenous League	Suksma Ratri , CARAM Asia	Carla Treloar , University of New South Wales
Jason Farrell , Harm Reduction Consulting Services, Inc.		Gary Reid , World Health Organization, South East Asia Regional Office	Dwight Vick , West Texas A&M University
Robyn Few , The Sex Workers Outreach Project			Elena Yakovleva , AIDS Foundation East-West

LOCAL ORGANISING COMMITTEE MEMBERS – LIVERPOOL 2010

Each year, IHRA and the Consortium work closely with a Local Organising Committee, formed of key organisations, individuals and community members from the host country. This committee is responsible for promoting and facilitating local engagement with the event, supporting the development of the conference, helping to recruit volunteers and supporting the organisation of social and cultural events. Its members for Harm Reduction 2010 were:

Alan McGee – Independent Trainer	John Rankin – Merseyside Police
Bob Dale – Merseycare	Kate Prescott – The Mersey Partnership
Dawn Fantin – Liverpool John Moores University (LJMU)	Nick Evans – Addaction
Ian Noble – Merseyside Police	Rosie Campbell – UKNSWP
Jim McVeigh – Liverpool John Moores University (LJMU)	Russell Newcombe – Independent Researcher Lifeline
Jennifer Donnelly – Liverpool John Moores University (LJMU)	Sue Neely – Liverpool PCT
Joanne Christensen – Service User Representative	Sally Woods – Liverpool John Moores University (LJMU)

SCHOLARSHIPS

Every year scholarships and other types of financial support are awarded to a large number of individuals to enable them to attend, participate and present at this conference. This is crucial to ensure that a balance is maintained in relation to representation at the conference and its continued relevance as a global forum to promote harm reduction as both a concept and in practice. To enable us to do this we rely on financial support from a number of organisations. This year we are very grateful to the following for their generous financial contributions to support our efforts:

Conference Consortium www.conferenceconsortium.com
DFID (UK Department for International Development) www.dfid.gov.uk
IHRA (International Harm Reduction Association) www.ihra.net
IHRD (Open Society Institute's International Harm Reduction Development Program) www.soros.org/harm-reduction
UNAIDS www.unaids.org
World Bank www.worldbank.org

IHRA AWARDS

Each year IHRA acknowledges those who have made outstanding contributions to the field of harm reduction by presenting a range of awards at the annual conference. The International Rolleston Award will be presented during the Opening Session of the conference. The other awards will be presented during a special ceremony in the PanAm Restaurant and Bar, on Wednesday 28th April – more details of this can be found on page 9 of this reader.

A description of each award, together with a list of previous award winners in each category, is printed below.

THE INTERNATIONAL ROLLESTON AWARD

This award is presented to an individual who has carried out groundbreaking work or excellent service to the reduction of drug- and/or alcohol-related harm at an international level. Examples of such work include advocating for harm reduction programmes and practice, dedicated delivery of harm reduction teaching and training, advancing scientific research and the evidence-base for harm reduction, or the continued provision of funding or resources for harm reduction initiatives.

THE NATIONAL ROLLESTON AWARD

This award is presented to a group or individual that has made an outstanding contribution to the reduction of drug- and alcohol-related harm in the nation which is hosting the IHRA conference that year.

THE INTERNATIONAL FILM FESTIVAL AWARD

This award is given to the best film or documentary on an issue relating to the reduction of drug-related harm shown during the conference Film Festival. This award is jointly presented by IHRA and the organisers of the Film Festival – the Centre for Harm Reduction at the Burnet Institute, Australia.

THE CAROL AND TRAVIS JENKINS AWARD

Since the 15th International Conference on the Reduction of Drug Related Harm in Belfast (2005), this award has been presented each year to a current or former drug user who has made an outstanding contribution to reducing drug-related harm. The award was initially named after Travis Jenkins, the extraordinary jazz musician and composer who died of cancer in 2004. Travis Jenkins overcame a heroin addiction in order to marry and raise two sons, travel around the world with his anthropologist wife and create his music. In 2009, the award was renamed the Carol and Travis Jenkins Award in memory of Carol Jenkins, who worked for many years with the Papua New Guinea Institute of Medical Research as a medical anthropologist, and was one of the leading instigators to the setting up of the National AIDS Council. Carol Jenkins was renowned for her research into sexual behaviour and who was a leading expert on HIV and AIDS. Equally important was her connection with the Hagahai people of Papua New Guinea, who were her second family.

THE BONNIE DEVLIN MEMORIAL SCHOLARSHIP

This award was inaugurated at Harm Reduction 2008, in Barcelona. It has been developed as a tribute to Bonnie Devlin, a woman who was not only instrumental in the organisation of the 1996 International AIDS Conference and the 2006 IHRA Conference (both in Canada), but also in the development of community programmes, services and research for people affected by drug use.

THE PAOLO PERTICA FELLOWSHIP

Established in 2004 by the European Network of Drugs and Infections Prevention in Prisons (ENDIPP) in recognition of the work of Paolo Pertica with imprisoned drug users in the UK and his efforts to forge links between organisations and individuals in other countries undertaking similar work, the aim of the Fellowship is to encourage innovative harm reduction work or research in prison and other custodial settings by enabling the recipients to develop small projects. These projects must clearly demonstrate how they contribute to improving the conditions of those individuals in custody who either have drug use or HIV-related needs. In 2009 this award was established as an IHRA award.

INTERNATIONAL ROLLESTON AWARD WINNERS

1992 Dave Purchase on behalf of North American Syringe Exchange (USA)	1998 Nick Crofts (Australia)	2005 Zunyou Wu (China)
1993 Ernie Drucker (USA)	1999 Jean-Paul Grund (Netherlands)	2006 Robert Newman (USA)
1994 Alex Wodak (Australia)	2000 Pat O'Hare (Italy)	2007 Vladimir Mendelevich (Russia)
1995 Anne Coppell (France)	2001 Fabio Mesquita (Brazil)	2008 Andrew Ball (Australia)
1996 Aaron Peake (Nepal)	2002 Ethan Nadelmann (USA)	2009 Ralf Jürgens (Canada), and Sam Friedman (USA)
1997 Luigi Ciotti (Italy)	2003 Ambros Uchtenhagen (Switzerland)	
	2004 Anya Sarang (Russia)	

NATIONAL ROLLESTON AWARD WINNERS

1992 Les Drew (Australia)	1998 Tarcisio Andrade (Brazil)	2004 Tony Trimmingham (Australia)
1993 Wijnand Mulder (Netherlands)	1999 André Seidenberg (Switzerland)	2005 Des Flannagan (Northern Ireland)
1994 Catherine Hankins (Canada)	2000 Mike Wavell (Jersey)	2006 The Drug User Advisory Group (Canada)
1995 San Giuliano Unità di Strada (Italy)	2001 Jimmy Dorabjee (India)	2007 Marek Żygadlo (Poland)
1996 The Australian IV League (Australia)	2002 Tatja Kostnapfel-Rihtar (Slovenia)	2008 Àmbit Prevenció (Spain)
1997 Alain Mucchielli (France)	2003 Mae Chan Project (Thailand)	2009 Thai Drug Users' Network (Thailand)

INTERNATIONAL FILM FESTIVAL AWARD WINNERS

2004 "Hi Dad" – Theresa Wynnyk and Sherry McKibben (Canada)	2008 "Harm reduction video, Cambodia – Injecting Drug Use" – David Eberhardt (USA)
2005 "Mohammad and the Matchmaker" – Maziar Bahari (Iran)	2009 "A Cleaner Fix" David Gungh (Indonesia)
2006 "Worth Saving" – Gretchen Hildebran and Leah Wolchok (USA)	
2007 "FrontAids" – Eugene Zaharov and Sergey Bogatyrev (Russia)	

CAROL AND TRAVIS JENKINS AWARD WINNERS

2005 Paisan Suwannawong (Thailand)	2008 Theo van Dam (Netherlands)
2006 Jason Farrell (USA)	2009 Holly Bradford (Cambodia)
2007 Alexandra Volgina (Russia)	

THE BONNIE DEVLIN MEMORIAL SCHOLARSHIP

2008 Ananda Pun (Nepal)	2009 Dmytro Sherembey (Ukraine)
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THE PAOLO PERTICA FELLOWSHIP

In 2009 this award was established as an IHRA award. Saman Zamani was the first person to be awarded the Paolo Pertica Fellowship at the Bangkok conference in 2009. Saman will be presenting the findings of his report "Monitoring patterns of drug-related risk behaviors among

prisoners recruited from prison units with either MMT or NSP" which has been supported by the fellowship, on Wednesday 28th at 16.00 in session C33: Drug Use and Infections in Prisons: Perspectives from the Inside

INFORMATION FOR DELEGATES

VENUE

You will find a diagram showing details of the venue inside the back cover of this reader. We hope that this will assist you in navigating your way around the building. Should you have any problems with this, or require any additional information not included here, please ask one of the conference staff or volunteers, or visit the information desk on the ground floor, next to the main entrance.

Please note that the entire building is non-smoking. The only place you can smoke is outside and please use the bins provided to dispose of used smoking materials and other waste.

REGISTRATION AND DELEGATE BADGES

The Registration and Information Desk is located next to the main entrance to the venue on the ground floor. Event management staff and volunteers will serve at this desk at the following times:

- ◇ Sunday 25th April 11:00–17:00
- ◇ Monday 26th April 07:30–18:00
- ◇ Tuesday 27th April 07:30–18:00
- ◇ Wednesday 28th April 07:30–18:00
- ◇ Thursday 29th April 07:30–16:00

Conference delegates must wear their badges at all times in order to gain access to the conference sessions and exhibition areas, as well as the conference reception and party. **Conference volunteers and the venue security will not allow anyone to enter the conference area without a valid badge.**

If you have mislaid your badge, please contact the registration desk on the ground floor. Replacement badges will be issued at a cost of GBP 100 each.

CONFERENCE PROGRAMME

Following the Opening Ceremony on Sunday 25th April the formal programme for the conference will run daily from 09:00 to 17:30 Monday 26th to Wednesday 28th April and from 09:00 to 17:00 on Thursday 29th April. Full details of the programme are contained in a later section of this reader.

LANGUAGES AND TRANSLATION

The official language for IHRA conferences is English. However, the conference organisers are committed to providing simultaneous translation into at least one additional language each year. For Harm Reduction 2010 – simultaneous translation will be provided between English and Russian and English and French for over half of the formal conference programme – including:

- ◇ Opening and Closing Sessions
- ◇ Plenary and Major Sessions
- ◇ half of the Concurrent Sessions (those that are taking place in rooms 1, 3 and 11)

Translation headsets can be obtained on the ground floor, next to the main entrance to the venue. To obtain a headset, delegates are required to deposit a valid passport, identification card or credit card, which will be returned in exchange for the headset at the end of each day. Delegates will be charged GBP 160 for lost or misplaced headsets.

In order to avoid large queues for headsets, please think ahead and obtain your headset during the breaks before each session. Please return the headset equipment at the end of each day.

SPEAKERS

All speakers **MUST** upload their presentation slides in the “Speakers Room” at least 12 hours before their session – and **WILL NOT** be able to upload their presentations in the session rooms.

The “Speakers Room” is Room 10 located on the auditorium level, and it will be open as follows:

- ◇ Sunday 25th April – 10:00 to 16:00
- ◇ Monday 26th April – 08:00 to 17:00
- ◇ Tuesday 27th April – 08:00 to 17:00
- ◇ Wednesday 28th April – 08:00 to 17:00
- ◇ Thursday 29th April – 08:00 to 11:00

FILM FESTIVAL

Film presentations and screenings will take place on the auditorium level in Room 1B. Please see the separate “Film Festival Programme” for further information.

POSTERS

Posters will be exhibited in the foyer on the auditorium level. There will be 2 poster sessions: Session 1: Monday 26th – Tuesday 27th and Session 2: Wednesday 28th to Thursday 29th with different posters displayed during each. Change of display will take place after lunch on Tuesday 27th. The prime time for viewing will be during coffee and lunch breaks and we would ask that all those exhibiting their work try to be available at least during these times to answer any questions delegates might have about their exhibits.

EXHIBITION AREA AND DIALOGUE SPACE

This is located in the basement (level –1). The exhibitors are key supporters of the IHRA conferences and we encourage all delegates to take the time to explore the numerous display stands. The area also hosts the dialogue space – a recent addition to the conferences – where there will be a programme of more ‘informal’ presentations, discussions and debates taking place throughout the conference. More information about these sessions has been provided on a separate sheet in the delegate bags.

LUNCH AND REFRESHMENTS

From Monday 26th to Wednesday 28th April morning coffee, lunch and afternoon tea will be served in the exhibition area. On Thursday 29th April morning coffee and lunch will be served in the exhibition area, with afternoon tea available in the foyer on the auditorium level. To enter the exhibition area all delegates must display a valid delegate badge.

Serving times for lunch and refreshments are:

- ◇ Morning coffee 10:30 to 11:00
- ◇ Lunch 12:30 to 14:00 (Thursday 29th April 12:30 to 13:30)
- ◇ Afternoon tea 15:30 to 16:00 (Thursday 29th April 15:00 to 15:30)

WELCOME RECEPTION

All delegates are cordially invited to the opening Welcome Reception, hosted by Kevin Molloy, Chair of the Conference Consortium. The Mayor and local dignitaries welcome you on behalf of the City of Liverpool.

IHRA AWARDS CEREMONY AND CONFERENCE PARTY

The annual IHRA Awards Ceremony will take place on Wednesday 28th April in the PanAm Restaurant and Bar, located in the Albert Dock, very close to the main conference venue. The Awards Ceremony will begin at 20:00 (doors open at 19:30) and on arrival guests will be offered a complimentary drink and canapés. More information about the IHRA Awards can be found on pages 6 and 7 of this reader.

Immediately after the Awards Ceremony the conference party will also take place in the PanAm. Entertainment will be provided by the Mersey Beatles, a well-known tribute band to Liverpool's most famous sons, who will be supported by our very own Harm Reduction All Stars.

To enter the Awards Ceremony and conference party all delegates must display a valid delegate badge. The venue has limited capacity and no exceptions can be made. Please ensure that you arrive early to avoid disappointment.

MEDICAL AND HARM REDUCTION SERVICES

In addition to general first aid services provided by staff from the venue, there will be some specialist medical, health care and harm reduction facilities coordinated by Gill Bradbury – Registered General Nurse – and her assistants, Claire Gavin and Jan Hucker, who are also experienced harm reduction practitioners. They will be available, for individual consultation, in the designated medical room (Room 8) during conference hours. They will conduct a brief triage assessment to establish which external services you require referral to, and will make the necessary arrangements for you to attend and receive treatment there. No prescribing services will be available on site and acute / primary health care needs will be met by a local General Practitioner (doctor) following triage assessment.

Due to local requirements, for delegates who were unable to export controlled drugs from their country for the purpose of substitution therapy, continuation of prescribing (for the conference duration and travel home) will only be possible for those people who have made all the necessary arrangements in advance. This includes having a doctor's letter – (written clearly, in English) from your existing treatment provider, detailing drug type, daily dose and frequency, as well as any significant health problems.

INTERNET CAFE

An Internet cafe – kindly supported by H2 Events – is available in the basement, near to the exhibition area. This is for delegates to use to check and send business e-mails. Please be considerate in your use of this facility, particularly at times of high demand, during coffee, lunch and tea breaks.

Wi-Fi access can be purchased from the venue. If you require this please contact the Business Centre in the main lobby of the venue.

MEDIA

All media and press matters are handled by Michael Kessler, IHRA's media consultant, who can be contacted in Room 6.

Mobile: +34 655 792 699

Email: mkessler@ya.com

Skype: mickgpi

PROGRAMME

Sunday 25th April 2010

16:20

OPENING SESSION

Room 1

OS

Opening of Harm Reduction 2010: IHRA's 21st International Conference

Welcome to Liverpool

Paddy Costall, Managing Director, Conference Consortium

MD Productions – Liverpool's award-winning dance and entertainment group

Opening session of the conference

Chaired by Mukta Sharma, Chair of the International Harm Reduction Association

Michael Brown, Vice-Chancellor, Liverpool John Moore's University

Paul Hayes, Executive Director, NHS National Treatment Agency for Substance Misuse

Gerry Stimson, Executive Director, IHRA

Keynote conference address and the Rolleston Oration

Michel Sidibé, Executive Director, United Nations Joint Programme on HIV/AIDS

2010 International Rolleston Award

Pat O'Hare, Honorary President of IHRA: presentation of the Award

Welcome addresses

Mat Southwell – International Network of People Who Use Drugs

Allen Frimpong – YouthRISE

Gary Reid – 7th International Drugs and Harm Reduction Film Festival

18:45

WELCOME RECEPTION FOR ALL DELEGATES

All delegates are warmly welcomed to the opening Welcome Reception. Hosted by Kevin Molloy, Chair of the Conference Consortium. The Mayor and local dignitaries welcome you on behalf of the City of Liverpool

Monday 26th April 2010

09:00–10:30
PLENARY SESSION

Room 1		P1
<i>Chair:</i> Mariam Claeson		
Harm Reduction: Next Generation Challenges		
Bradley Mathers		
732 How successful have global efforts to expand HIV prevention been? Results of a global systematic review		
Gerry Stimson		
252 Three cents a day is not enough: resourcing HIV harm reduction on a global basis		
Urban Weber		
338 The Global Fund's leadership on harm reduction		
Alvaro Bermejo		
946 A health system's strengthening approach to development financing: what does it mean for harm reduction?		

10:30–11:00
TEA/COFFEE BREAK
11:00–12:30
MAJORS

Room 1A M01 <i>Chair:</i> Simona Merkinaitė Young Drug Users: Emerging Drugs and New Trends Chantale Kallas 961 Youth-centered treatment: having youth at the center of harm reduction Iulia-Veronica Broasca 1014 Invisible for the state! Aram Barra 382 Young people, harm reduction and non-injectable drugs Kolawole Oreoluwa 1015 Advocacy for harm reduction in Oyo State, Nigeria: lesson learned Kyla Zanardi 970 Youth RISE up HIV prevention!	Room 3 M02 <i>Chair:</i> Roland Simon Harm Reduction in Europe Paul Griffiths 301 Harm reduction in Europe: the historical and political context, current perspectives and future challenges Franz Trautmann 452 Global drug policy developments in the past decade: looking for a balance between harm reduction and repression Mat Southwell 606 A European harm reduction network: strengthening civil society to promote and defend harm reduction Eberhard Schatz 609 Harm reduction in Europe: experiences, lessons learnt and what's next	Room 11 M03 <i>Chair:</i> Andrew Ball Evidence in Harm Reduction Tim Rhodes 156 Fear and structural violence as barriers to harm reduction: Qualitative case studies on police violence in Russia and Serbia Jean-Paul Grund 114 A review of the evidence for peer-driven interventions in harm reduction and examples of recent applications in new populations and areas of intervention: the PROZE trial David Marsh 979 The Canadian randomized trial of Diacetylmorphine vs. Methadone for opioid addiction Catherine Cook 894 The Global State of Harm Reduction 2010
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12:30–14:00
LUNCH BREAK

732 How successful have global efforts to expand HIV prevention been? Results of a global systematic review P1

Background: Needle and syringe programmes (NSP) and opioid substitution treatment (OST) are implemented in an increasing number of countries worldwide. These interventions must be implemented to scale and must successfully reach significant proportions of IDU populations. Global and regional estimates of NSP and OST coverage are lacking, but necessary to understand progress towards achieving an adequate response to HIV among IDUs.

Methodology: The Reference Group to the United Nations on HIV and Injecting Drug Use undertook a systematic review of data describing NSP and OST service provision worldwide, gathering data from: peer-reviewed literature searches (1864 documents reviewed); online searches for non-peer-reviewed material (751 documents); document hand-searches (462 documents identified); requests for data from relevant organisations and individuals (300 personal/official communications plus 95 documents received). A multi-stage process of country-level consultation with experts from various sectors in-country was used to obtain feedback on data accuracy and completeness.

Results: NSPs have been introduced in 82 countries containing 81% of the estimated global IDU population (GIP). Worldwide, < 10% of IDUs access NSPs per year; only 8 countries (3% GIP) achieved a level of >50%. The extent of needle-syringe distribution varies substantially between countries; globally, fewer than 20 needles-syringes are distributed per IDU per year. Eastern Europe has the highest regional IDU prevalence, but less than 1 syringe is distributed per IDU per month. OST has been introduced in 73 countries (64% GIP), with approximately 1.2 million people in treatment. Only 65 countries (61% GIP) have implemented both NSP and OST.

Conclusion: Even where countries have introduced these core HIV-prevention interventions, the scale of implementation varies widely, and few have achieved coverage that may contain or reduce HIV epidemics among IDUs. These results confirm an urgent need for NSPs and OST to be expanded globally.

252 Three cents a day is not enough: resourcing HIV harm reduction on a global basis P1

Background: Effective, affordable technologies exist to prevent the spread of HIV infection among people who inject drugs. The international community has endorsed universal access to prevention. Yet many people do not get the prevention services which they need and to which they are entitled. Access to and coverage of harm reduction interventions is poor.

Methods: We aimed to collect information on HIV-related harm reduction expenditure in low and middle

income countries, 2007–9. Harm reduction was defined as the comprehensive package of interventions. We obtained information from donors' websites, project financial reports, websites of multilateral agencies, web searches, a questionnaire to country and philanthropic donors and through personal contacts. Given the poor quality of the data we tried to cross-check information against various sources. Our aim was to come up with a plausible estimate of spend.

Results: It is not possible with the present record-keeping systems of donor agencies to arrive at a definitive figure. There are considerable difficulties in calculating harm reduction expenditure but we suggest that a plausible estimate of the total annual investment in harm reduction in low and middle income countries was around \$160m in 2007. This falls far short of the estimated \$2–3 billion that UNAIDS indicates is required each year for HIV prevention for people who inject drugs. The spend per injector is 3 US cents per day or \$12.8 per year. About one-third to one-half of this would have been spent on direct harm reduction services.

Conclusions: Global expenditure on harm reduction must be better monitored. The scale of investment in harm reduction needs to be quickly and radically increased and be proportionate to need. Donors should set targets for the proportion of spend going to HIV harm reduction, with 20% of prevention funds going to harm reduction.

338 The Global Fund's leadership on harm reduction P1

Injecting drug use is a major driver of the HIV epidemic globally, particularly in Eastern Europe and Asia. Whilst a robust body of evidence points to the effectiveness of harm reduction programmes to halt and reverse epidemics driven by injecting drug use, uptake of these programmes in developing and transitional countries has been slow. In part, this stems from inadequate financial resources for harm reduction; legal, socio-cultural and medical barriers leading to stigmatisation; and weak health systems unequipped to manage marginalised groups. In low-income countries where programmes have been rolled-out, coverage remains low.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, has become the major source of external funding for harm reduction programmes in countries experiencing concentrated HIV epidemics driven by injecting drug use. Between 2004 and the end of 2008, the Global Fund invested around US \$180m in harm reduction programmes in 42 countries. This funding has helped to initiate and scale up harm reduction programmes in settings where domestic funding was lacking – for example, in Eastern Europe and Central Asia, where a number of countries benefiting from Global Fund-financed grants implemented by a range of stakeholders, predominantly by civil society organisations, are now reporting coverage rates of over 30%.

In addition to financing harm reduction programmes globally, through its inclusive approach to managing HIV epidemics in varied contexts, the Global Fund has stimulated a strong dialogue between at-risk groups and governments. Further, in a number of fora, the Global Fund has engaged in a dialogue with countries to encourage an evidence-based approach to policy-making that recognises the immense value of harm reduction in HIV prevention and control – an approach the Global Fund will continue to support in the years to come.

946 A health system's strengthening approach to development financing: what does it mean for harm reduction? P1

Issue: Global commitments to universal access for people who use drugs have not been met. Coverage of services remains poor. In 2010, global financing for HIV is moving away from targeted HIV-specific programmes to "wider" programmes that strengthen health systems in developing countries. Are resources for targeted HIV-related interventions for people who use drugs threatened?

Setting: Injecting-related HIV prevalence continues to rise in many developing and transitional countries.

Key arguments: Health financing trends that increase investment in government-led health services present problems for people who use drugs. Mainstream health services are a site of discrimination and human rights violations for people who use drugs across the world. A health system's approach to health financing may lead to a reduction in resources for HIV/AIDS programmes, and therefore a reduction in harm reduction programmes.

In countries with weak health systems, the needs of drug users for comprehensive care may not be prioritised. In undemocratic states, government health systems will continue to exclude or harm drug users. In both settings, civil society organisations are a way to get services to people who use drugs.

Outcomes: Civil society organisations can get services to people who use drugs while the long-term task of strengthening health systems is underway. Health planning will need increasingly to integrate community-based and health facility-based health care.

The HIV work that is not clinic-based – HIV prevention, community mobilisation and outreach, advocacy for rights, police and community education – will need continued investment.

Implications: Set health systems' strengthening targets that address the HIV and other health needs of people who use drugs.

Build capacity of civil society providers of health and social services to meet HIV targets.

Advocate for WHO to commit to tackling stigma and discrimination related to HIV and drug use in health care settings.

Monday 26st April 2010

14:00-15:30
Room 1A
C01
Chair: Allen Frimpong

Youth-Friendly Harm Reduction Interventions
Mags Bojthe

1037 What is needed in order to move into the next decade of harm reduction? A young person's approach

Catherine Byrne

671 A harm reduction response within drug education

Thinzar Tun

407 "One way ticket to hell" for young migrant drug users in Myanmar

John Howard

126 "Opening doors"; a participatory approach to increasing access to and participation in youth-friendly harm reduction

Femi Aina Fasinu

621 Reducing harmful drug practices among young people in land border communities in Nigeria; the YDI example

Room 3
C02
Chair: Nicholas Clark

Challenges in Drug Treatment
Robert Bruce

115 Methadone as HIV prevention: high volume methadone sites to decrease HIV incidence rates in resource-limited settings

Joanne Neale

78 What is the role of harm reduction when drug users say they want abstinence?

Vladimir Mendelevich

145 Bioethical preferences of supporters and opponents of OST in Russia

Long Thanh Nguyen

640 Scaling up the methadone maintenance therapy program in Vietnam based on preliminary outcomes of a pilot intervention

Room 11
C03
Chair: Beatrice Stambul

Harm Reduction Policies: Challenges for Developed or Well-Funded National Approaches
Simona Merkinaite

1026 Scale down of harm reduction in Eurasia: what the next generation will be

Rizky Syafitri

685 Harm reduction in Indonesia: challenges and opportunities

Walter Cavalieri

639 Harm reduction in Canada: one step forward and two steps backwards

Fabrice Olivet

297 From institutionalization to regression; the French case

15:30-16:00
16:00-17:30
Room 1A
C07
Chair: Roxanne Saucier

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes
Deming Xin

790 Naloxone: a missing link in harm reduction in China

Maram Azizmamadov

688 Overdose prevention in Gorno Badakhshan Autonomous Region (GBAO) of Tajikistan

John Gutenson

1011 Naloxone distribution in Chicago, USA: honoring life really makes a difference

Shona Schonning

1025 Overdose: a major cause of preventable death in Central and Eastern Europe and Central Asia

Danny Morris

909 Introducing "take home" naloxone in Wales: from strategic direction to implementation

Room 3
C08
Chair: Steve Hamer

Substitute Prescribing
Paul Duffy

131 Methadone diversion: why it happens, what the illicit market looks like and the implications

Tessa Parkes

941 "Sometimes our people get tossed out of the system"; accessibility and appropriateness of MMT and harm reduction services for aboriginal peoples in British Columbia, Canada

Mariesha Jaffray

281 Improving outcomes and quality of life for people on MMT: the enhanced pharmacy services (EPS) RCT

Hussein Rassool

330 Methadone substitution therapy; the Mauritian context

Room 11
C09
Chair: Fabio Mesquita

Harm Reduction Policies: Challenges for Developing National Approaches
Dave Macdonald

10 Working in the dead zone: harm reduction with conflict-affected and displaced populations

Leah Utyasheva

549 Effects of UN and Russian influence on drug policy in Central Asian countries of the Commonwealth of Independent States

Azizbek Boltaev

930 Closed for reasons?! Lessons learned from the closure of opioid substitution therapy in Uzbekistan

Chinara Seitalieva

342 Inter-parliamentary working group in Central Asia; additional approach to HIV epidemic in the region

12:30-17:30
DIALOGUE SPACE

The Dialogue Space provides a platform for discussion and debate of "hot topics" and "late-breaking" issues, as well as an opportunity for the launch of reports and products that will be of interest to delegates. Located in the exhibition area, with 2 stages and accommodation for up to 75 people per session, you can find details of the various activities scheduled in the separate Dialogue Space Programme, a copy of which was distributed in the delegate bags you received on arrival at the conference.

AFTERNOON

CONCURRENT SESSIONS

Room 1B **C04***Chair:* Javi Rio-Navarra**Drug Consumption Sites: Politics and Research****Anne François****847** Medical students in a safe injecting facility: an innovative way of improving future medical care for drug users?**Marianne Jauncey****406** Politics versus public health and supervised injecting centres in 2010**Liz Evans****994** "Hanging on" to insite; the socio-political context of a community fighting to keep an injection site**Thérèse Huissoud****432** Routine monitoring in the Geneva Drug Consumption Room (DCR) 2002–2008**Room 4** **C05***Chair:* Jamie Bridge**Route Transition Interventions: Public Health Gains from Preventing or Reducing Injecting****Carol Strike****503** Targets for change; injection initiation and modeling behaviours**Neil Hunt****530** Break the cycle: opportunities and challenges for preventing initiation into injecting in Eastern Europe**Martin Busch****347** Heroin snorters; a group neglected by harm reduction**John-Peter Kools****482** How an entire generation of injectors switched to non-injecting; the Dutch experience on promoting the transition away from injecting 1990–2009**Room 12** **C06***Chair:* Magdalena Harris**Insights from Qualitative Research****Karla Wagner****557** Perceived consequences of refusing to share injection equipment: a qualitative study**Andrea Krüsi****722** "Because I've been extremely careful": responsibility, HIV and the neo-liberal drug-using subject**Peter Davidson****666** Social barriers to the utilization of pharmacy sales of syringes in Tijuana, Mexico**Anya Sarang****938** Models of drug use and mechanisms of regulation and control: a qualitative study in Russia

TEA/COFFEE BREAK

CONCURRENT SESSIONS

Room 1B **C10***Chair:* Susie Mclean**Health, Risk and Injection Drug Use****Don Des Jarlais****477** The international research on racial/ethnic disparities in HIV infection among injection drug users**Xavier Majó****203** Prevalence of HIV, HCV and other sexually transmitted infections and associated risk behaviors among Spanish and immigrant IDU in Catalonia, Spain**William Zule****209** Syringe type and HIV risk: current knowledge and future directions**Naem Saleem****327** Laying the foundation of harm reduction in resource poor setting of Pakistan**Room 4** **C11***Chair:* Anya Sarang**Children and Young People Affected by Drugs****Kathrin Houmøller****510** "I still love my mum": tensions in how children and young people talk around parental substance misuse**Joanna Busza****240** Patterns of injecting drug use among street children in Ukraine**Lisa Sturrock****490** "The kids are alright": minimising harm to children of substance users**Stephanie Gloyn****665** Healing ourselves: supporting drug-using mothers who have lost children**Room 12** **C12***Chair:* Russell Newcombe**Dance Drugs and Legal Highs****Zoe Davey****518** Legal highs, research chemicals, novel psychoactive drugs, and the Internet: the challenge for harm reduction**Fiona Measham****553** From pills and powders to plant feed: deterrence, displacement and harm reduction in a climate of successful supply reduction**Celia Morgan****1017** K-Day – Bridge-building in Action: An example of collaboration around an emerging drug trend between the drug using community, academics and practitioners

FILM FESTIVAL

4 LEADING FILM MAKERS 12:30–14:00 LUNCHTIME12:30 **Welcome to the Film Festival**12:42 **Preacher** (Finland)12:45 **Drug Addict** (Canada)13:30 **Nowhere Game** (Australia)**14:00–15:30 SYMPOSIUM**14:00 **Suee "The Needle"** (India)14:40 **The Other Choice** (Nepal)15:05 **HIV, Hep C and injecting drug use** (UK)**15:45–18:00 LOUNGE**15:45 **Break the Ice** (Australia)16:20 **Street Shot** (Australia)16:30 **Hep C: Any Person, Any Age** (Australia)16:45 **Coping with Stress and Grief – Men's Version** (Australia)16:55 **Underclass: Disadvantage in Melbourne and how we can change it** (Australia)17:10 **Gadejuristen – Danish Street lawyers** (Denmark)17:20 **Heroin & Crack: Inside and Out** (UK)**SCREENINGS IN THE FACT MOVIE THEATRE – SEE THE BACK COVER MAP****18:00–19:30 SESSION 1: ASIA THEME**18:00 **Welcome to the Film Festival**18:05 **This is My Destiny** (Afghanistan)**19:45–21:15 SESSION 2: THE WAR ON DRUGS THEME**19:45 **Shovelling Water** (Colombia)20:25 **OSI Drug Policy Animated Report**20:35 **Excerpts from "The War on the War on Drugs"** (USA)21:05 **Trip to Earth: Report on how human beings deal with drugs** (Argentina)

Tuesday 27th April 2010

09:00–10:30
PLENARY SESSION

Room 1 **P2**
Chair: John Ashton

The Next Generation of Drug Policy: Decriminalisation and Beyond

Martín Acuña
1039 Shift of paradigm in drug-related public policies in the Argentine Republic and Latin American countries

Ann Fordham
915 Decriminalisation: pushing the limits of drug control

Fatima Trigueiros
1043 National strategy on drugs in Portugal: innovation and evidence

Steve Rolles
1002 After the War on Drugs; blueprint for regulation

10:30–11:00
TEA/COFFEE BREAK
11:00–12:30
MAJORS

<p>Room 1A M04 <i>Chair:</i> Stephane Ibanez De Benito</p> <p>Mental Health and Drug Use</p> <p>Eliot Albert 352 The production of stigma by the disease model of addiction: why drug user activists must oppose it</p> <p>Lynda Poirier 96 Working together</p> <p>Girard Vincent 892 Lessons for harm reduction model from a French psychiatric experience of a therapeutic squat for the homeless with dual diagnosis in Marseille, France. How can we develop the harm reduction model in the mental health field?</p> <p>Howard Gough 956 Drug treatment and co-occurring disorders in Jamaica</p> <p>Cheryl White 142 Self-medicating to survive: a critique of “dual diagnosis/concurrent disorders” to expose the myth of “Addiction” as a disease and promote harm reduction policies that enhance pleasurable illicit drug use</p>	<p>Room 3 M05 <i>Chair:</i> Paul Bergen</p> <p>Tobacco Harm Reduction: Healthier So Why Not Acceptable?</p> <p>Peter Lee 139 Snus as a virtually safe alternative to smoking: a review of the evidence</p> <p>Carl Phillips 220 Tobacco harm reduction is economically and ethically superior to policies of abstinence</p> <p>Adrian Payne 213 Tobacco harm reduction: need for a more holistic regulatory framework</p> <p>Ernest Drucker 728 Tobacco and the future of harm reduction</p>	<p>Room 11 M06 <i>Chair:</i> Anne Coppel</p> <p>Gender Issues in Harm Reduction</p> <p>Tamar Todd 541 The latest frontier for the war on drugs: the womb</p> <p>Anna Olsen 388 “It’s just one of those things”: living with hepatitis C and contextual meanings of health among women who inject drugs</p> <p>Sophie Pinkham 166 Increasing capacity for gender-sensitive harm reduction in Eastern Europe and Central Asia</p> <p>Dul Maya Pun 64 The plight of female drug users in Nepal</p>
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12:30–14:00
LUNCH BREAK

1039 Shift of paradigm in drug-related public policies in the Argentine Republic and Latin American countries P2

Argentina, like all the other Latin American countries, has adhered to the 1961, 1971 and 1988 United Nations Conventions on drugs and the subsequent laws that have been passed reflect this by penalising possession of drugs for personal use and imposing heavy penalties for drug trafficking and even micro-traffic. This enforcement-focused approach to drug control has placed a heavy burden on the judicial system and the high incarceration rates for drug-related offences have led to prison overcrowding.

To address the negative consequences of prohibition, many countries in Latin America have enacted a series of laws to decriminalise the possession of small quantities of drugs for personal use: Brazil (2006), Chile (2005), Paraguay (1988), Uruguay (1998), Mexico (2009). Argentina's and Colombia's Supreme Courts have recently followed suit in the cases of "Arriola" and "Bastidas" 2009, respectively.

The Argentinian government's decision, translated at an international level into the United Nations (51st session, March 2008), advocating a paradigm shift in drug policy towards greater emphasis on access to the health care and respect for the drug user's dignity and basic human rights. At a national level the shift led to the establishment of the Scientific Advisory Committee on Drugs, aimed at developing drug-related programmes from a public health perspective, and pursuing reform of domestic and international drug control systems in line with the international conventions on human rights.

The committee's calls for reform highlighted the need to ensure access to health care as the central focus of any drug policy, as well as critiquing the failure of the current drug policy on supply control and demand reduction indicators. This critique demonstrated in particular the futility of enforcement efforts which disproportionately focused on low-level users and small-scale dealers.

915 Decriminalisation: pushing the limits of drug control P2

Almost all nations are currently members of the global drug prohibition regime. This operates via a UN-based treaty system comprising a suite of three international drug control conventions: the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The bedrock of the regime is the Single Convention. This contains a general obligation for signatory nations, subject to the

provisions of the convention, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. Although the prohibitionist ethos of the regime is beyond doubt, the conventions nonetheless contain a certain degree of flexibility. This presentation explores the various legal mechanisms behind such "wiggle room" and outlines how a growing number of parties to the conventions have engaged in "soft defection" from the regime's prohibitive expectancy; a process involving interpretative strategies that keep national policies within the confines of the letter, if not the spirit, of the international legal framework. Despite such grey areas, latitude is by no means unlimited, however. Indeed, it will be shown how, in expanding domestic policy space, many states are now at the limits of what is legally permissible within the extant regime. The presentation will also show how, while the conventions permit a degree of policy flexibility in terms of possession for personal use, there is no such scope for production and supply. This is a particularly acute point of tension as more jurisdictions adopt tolerant approaches to dealing with the recreational use of cannabis.

1043 National strategy on drugs in Portugal: innovation and evidence P2

In 1999, the Portuguese government approved the first national strategy on drugs, a historic turning point for drug policy. One of the measures proposed by the strategy was the decriminalisation of consumption and possession of all illicit drugs for personal use (defined as a quantity that must not exceed that needed for average individual consumption over ten days). In 2001, this was made law in Portugal. This new law meant that personal consumption and possession would no longer be considered a crime, but would constitute an administrative offence – therefore no longer carrying a penalty of imprisonment.

The main purpose of this law was to prevent and reduce drug use and to promote and protect the health and social well-being of people who use drugs and encourage them to enter treatment. Eight years later, all the available evidence and indicators suggest that the overall impact of this law has been positive – although a direct link between these results and decriminalisation cannot be assumed. Decriminalisation is one element of a comprehensive national strategy aimed at preventing drug use, facilitating access to counselling and treatment, and establishing effective measures to reduce the adverse health and social consequences of drug use.

There have been some problems and challenges in implementing the law and we intend to propose some

adjustments to it in the near future, based on past experiences.

The INCB originally accused Portugal of disrespecting the UN conventions on drug control but – after two missions to Portugal – they now recognise some of the benefits of Portuguese law. The 2009 World Drug Report noted that "Portugal's decriminalisation of drug usage in 2001 falls within the Convention parameter". The 2009 Annual Report of the EMCDDA has also recognised that decriminalisation has not led to an increase in drug use or drug tourism in Portugal.

1002 After the war on drugs; blueprint for regulation P2

This presentation explores what an evidence-based drug policy, based on public health and harm reduction principles, might look like if freed from the constraints of existing absolutist prohibitions on drug production, availability and use specified by the UN drug conventions. In a post-drug-war world how might legal regulation and control of drug markets function? What would the appropriate models be for different drugs? How could they be developed and implemented?

It will be argued that legal regulation of drug markets – finding the optimum point between the extreme poles of absolute prohibition and unregulated legal commercial activity – is the rational continuation of a broader harm reduction approach; one that considers the origins of drug harms in macro policy environments, specifically the punitive enforcement approaches.

The menu of possible regulatory options for drug markets will be reviewed in summary, including potential legal controls over products, outlets, vendors, availability, premises and using environments, and purchasers, to consider how to control availability in ways that deliver the best outcomes both for users and wider society.

It will be proposed that different drugs, depending on product risk assessments and local environments, could be made available either through medical prescription models, a specialist pharmacist model, various forms of licensed sales or licensed premises, or unlicensed sales. More risky drugs would be less available, less risky drugs relatively more available, thus in the longer term progressively shepherding patterns of use towards safer drugs, preparations, behaviours and environments, in direct contrast to the harm maximising impacts of illicit drug markets. Implementation would be phased over a number of years and supported by rigorous monitoring and evaluation.

This presentation aims to broaden the harm reduction debate by providing a foundation for discussing legal drug regulation as a practical option for the next generation of drug policy development.

Tuesday 27th April 2010

14:00-15:30
Room 1A
C13
Chair: Rick Lines

Harm Reduction and Human Rights
Richard Elliott

895 Treatment or torture? Applying international human rights standards to compulsory drug dependence treatment

Richard Pearshouse

747 The illegal arrest, arbitrary detention and torture of people who use drugs in Cambodia

Rajesh Khongbantabam

245 Human rights bodies must defend drug users

Room 3
C14
Chair: Daniel Wolfe

Legal and Policy Developments
Yu Liu

313 What can be done under the new drug control law in China?

Zaman Rahim Khan

642 Shooting three birds with one stone: reducing crime, drug use and harm by treating substance abuse

Silvia Inchaurrega

724 Argentina's Supreme Court declaration about unconstitutionality of punishment for drug possession and consumption and new risks for drug users. The challenges for harm reduction in times of change and misunderstanding

Laura Thomas

749 Harm reduction as official city policy in a US city - how helpful can it be?

Beatrice Stambul

657 French system: institutionalisation and addictology: what's happening?

Room 11
C15
Chair: John Jolly

Integrating Harm Reduction Into Medical Practices
Christine Ford

468 The role of primary care as a model of integrating comprehensive care and treatment

James Rowan Blogg

312 Why do we need a network for harm reduction doctors? Doctors informing drug policy: a development perspective

Zumrat Maksudova

451 Public health project coordinator

Liliya Khalabuda

980 One step to integration of harm reduction into narcology clinic in Kazan, Russia

Sarz Maxwell

362 Primum non Nocere: the critical relationship between Harm Reduction and Primary Medical Care

15:30-16:00
16:00-17:30
Room 1A
C19
Chair: Jallal Toufiq

Introducing Harm Reduction in the Middle East and North Africa
Joumana Hermez

188 Hepatitis B and C among IDU: whose business is it?

Adnan Khan

637 Evidence-based design of the IDU component of the national HIV response in Pakistan

Olivier Maguet

875 Lessons learnt from the Médecins du Monde harm reduction programme in Afghanistan

Elie Aaraj

171 Harm reduction networks and the Global Fund: lessons learned from a civil society application

Room 3
C20
Chair: Tatyana Margoun

Law in Action: Legal Aid for People who Use Drugs
Irina Khrunova

1012 On-line legal aid to Russian drug users

Pfiriael Kiwia

614 Drug users deserve more than criminalization and prosecution; let's face it

Ricky Gunawan

578 Access to justice for drug users: a community legal empowerment approach in Indonesia

Tripti Tandon

439 Reclaiming treatment as a right: drug litigation in India

Room 11
C21
Chair: Olga Rychkova

Policy Barriers Faced by Pregnant and Parenting Women Who Use Drugs
Kathrine Jack

368 Drugs, pregnancy and parenting: US legislation, policy and practice

Ronald Abrahams

369 Barriers of care impacting perinatal outcomes: the Vancouver experience

Maksym Demchenko

711 Integration of services and best practices of NGOs in state structure

Daria Ocheret

527 Fighting stigma to include gender-sensitive programming in Eastern Europe

12:30-17:30
DIALOGUE SPACE

The Dialogue Space provides a platform for discussion and debate of "hot topics" and "late-breaking" issues, as well as an opportunity for the launch of reports and products that will be of interest to delegates. Located in the exhibition area, with 2 stages and accommodation for up to 75 people per session, you can find details of the various activities scheduled in the separate Dialogue Space Programme, a copy of which was distributed in the delegate bags you received on arrival at the conference.

AFTERNOON

CONCURRENT SESSIONS

Room 1B **C16***Chair:* Scott Burris**Needle and Syringe Programmes****Lauretta E. Grau****479** Prevalence and predictors of transitions to and away from syringe exchange use over time in three US cities: the impact of syringe dispensing policy changes**Nguyen Thi Huynh****805** Report on the outcomes of a five - year DFID-funded harm reduction project implemented by the government in twenty-one provinces in Viet Nam**Sara Young****537** One man's junk: building support for harm reduction through community engagement around drug litter**John Bolloten****3** Bradford needle exchange database**Room 4** **C17***Chair:* Amy Salmon**Social Science Research Methods (discussant Jean-Paul Grund)****David Moore****76** Agent-based modelling: one response to complexity and relevance in drug research and policy**Suzanne Fraser****94** Hepatitis C and its social and political complexities: generating relevant knowledge for policy**Dave Burrows****611** Use of appreciative inquiry methods in evaluating harm reduction programs**Christopher Smith****1056** Socio-spatial stigmatization and the contested space of addiction treatment: Remapping strategies of opposition to the disorder of drugs**Room 12** **C18***Chair:* Michael Orgel**Harm Reduction for People who Use Prescription Drugs****Scott Burris****221** Harm reduction for prescription opioid users: a new frontier for harm reduction**Nabarun Dasgupta****216** Project Lazarus: community based overdose prevention for medical and non-medical prescription opioid users**Traci Green****317** Geographic and contextual factors of prescription opioid abuse in the United States: results from ASI-MV® Connect**Robert Heimer****141** Chronic pain is common among opioid abusers in Maine, USA**Roux Perrine****516** Pulmonary disease in IDUs: time to use novel tools for reducing harm from filler particles due to injection of pharmaceutical products

TEA/COFFEE BREAK

CONCURRENT SESSIONS

Room 1B **C22***Chair:* Judith Byrne**Peer Driven Interventions****Zaw Thein Oo****423** Strengthen peer network by creating enabling environment in Myanmar, South East Asia**Sione Crawford****949** Double jeopardy: ensuring that people who inject drugs involved in harm reduction and peer distribution are not placed in harm's way of contradictory policy and law**Raffi Balian****988** Meaningfully driven**Oleksandra Datsenko****521** Empowering young IDUs and women IDUs through peer – driven intervention in Ukraine**Room 4** **C23***Chair:* Patricia Erickson**Cannabis Normalisation: Cross-National Perspectives, Evidence and Implications (discussant: Fiona Meashan)****Simon Lenton****293** An Australian perspective on cannabis normalization: the backlash against progressive policies: recriminalization of cannabis use in Western Australia**Dirk Korf****869** A Dutch perspective on cannabis normalization: testing the limits of the concept**Ross Coomber****129** The normalisation of social drug dealing: the extension of a concept (and where does it stop?)**Mark Asbridge****379** A Canadian perspective on cannabis normalisation among adults: has all the stigma gone?**Room 12** **C24***Chair:* Allan Clear**Perspectives on Stimulants****Connie Carter****508** Meth, panic and harm reduction: understanding the opponents of harm reduction**Jenny Scott****217** Harm reduction advice based on the analysis of crack cocaine seizures in Swindon, UK**Marie-Claude Couture****56** Incidence of HIV and sexually transmitted infections among young women sex workers in Phnom Penh, Cambodia**Amanda Roxburgh****318** Mental health, drug use and risk among gay, lesbian and bisexual community members in Sydney, Australia who report regular methamphetamine use

FILM FESTIVAL

12:30–14:00 LUNCHTIME**12:30 Ben: Diary of a heroin addict (UK)****13:45 Reflections – Overdose Awareness Day (Australia)****14:00–15:30 SYMPOSIUM****14:00 Shovelling Water (Colombia)****14:35 Kyrgyzstan: Pioneers of harm reduction (Kyrgyzstan)****15:05 Home (China)****15:45–18:00 LOUNGE****15:45 Tales from the Robber's Dog: The two Charlies (UK)****15:58 Mr Mange Goes Over (UK)****16:07 Trip to Earth: Report on how human beings deal with drugs (Argentina)****16:15 Are We Going Out? (Spain)****16:32 Working Towards Recovery (UK)****16:43 Jack, Jill and the Green Devil (Ireland)****16:55 The War on the War on Drugs (USA)****SCREENINGS IN THE FACT MOVIE THEATRE – SEE THE BACK COVER MAP****17:15–18:45 SESSION 1: BRITISH THEME****17:15 Welcome to the Film Festival**
17:20 Ben: Diary of a heroin addict (UK)**19:00–20:30 SESSION 2: AUSTRALIA THEME****19:00 Bastardy (Australia)**

Wednesday 28th April 2010

09:00–10:30
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Chair: Maria Golovanevskaya

Shining a Light on the System: Using Monitoring and Advocacy to Effect Change
Atikah Nuraini
227 Claiming justice and care: essential findings on police abuses against drug users in Indonesia

Olga Belyaeva
691 Empowering patients: the experience of the all-Ukrainian OST patients's association

Lev Babenko
686 Drug users defend patients' rights in Kyrgyzstan

Evgenia Maron
830 Innovative ways to engage PWUD and PLHIV in advocacy through patients' monitoring and evaluation

Room 3
M08
Chair: Colleen Adele

Tuberculosis and Integrated Care for People Who Use Drugs
Kostyantyn Dumchev
658 Integrated care for IDUs in practice: results of an assessment of implementation experience in seven recently created integrated care centres in Ukraine

Theo Smart
523 Integrated TB/HIV and substitution therapy services for drug users: case studies from four countries

Yin Min Thuang
339 Prioritizing TB as major component in six sites' harm reduction programs in Myanmar

Marina Smelyanskaya
993 Models of integrated TB treatment for drug users in Kyrgyzstan, Russia and Ukraine

Alasdair Reid
303 Integrated TB/HIV services from policy to action; the need for activism

Room 11
M09
Chair: Ernst Bunning

Responsible Hospitality: Reducing Harm in the Nightlife Economy
Lisa Jones
289 Reducing harm in drinking environments

Rachel Frances Herring
93 Where are we coming from, where are we going? "Partnerships" as an approach to reducing alcohol-related harm at local level

Adam Chafetz
86 Making drunkenness socially unacceptable: part one

Stephen Watson
1054 Crime reduction and public safety in a challenging night economy

Alison Stathers-Tracey
1055 City safe: Liverpool's responsible partnership

10:30–11:00
TEA/COFFEE BREAK
11:00–12:30
MAJORS
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M10
Chair: Pye Jakobsson

The War Against Sex Workers
Dinara Bakirova
1007 Resisting raids and violence against sex workers: a community empowerment approach in Kyrgyzstan

Nicolette Burrows
1004 Cross-cultural peer to peer capacity development: the Fijian experience

Marija Tosheva
703 Mobilization of national and international communities against raids, human rights violations and criminalization of sex workers in Macedonia

Catherine Stephens
948 Getting in the door, getting to the microphone, getting to be heard: a long journey: making space in civil society for sex workers' rights

Room 3
M11
Chair: Annette Verster

Viral Hepatitis A, B and C: An Overview
Nick Walsh
877 Viral hepatitis in people who inject drugs: epidemiology, current response and proposed priorities

Evaldo Stanislaw Araújo
1006 Brazilian experience in providing HCV (viral hepatitis) assistance and prevention

Damon Brogan
260 From world beaters to dead-beaters: how Australia failed in its response to the epidemic of hepatitis C amongst people who inject drugs

Zoe Dodd
551 Engaging hepatitis C positive drug users, primarily those who use crack cocaine, in an interdisciplinary model of care and treatment

Room 11
M12
Chair: Jean-Paul Grund

Theories and Philosophies of Harm Reduction
Russell Newcombe
24 A multi-disciplinary theory of drug-related harm reduction

Luis Falcato
562 The concept of "moderate drug use" as an innovative theoretical framework and its potential for future harm reduction policies

Julian Buchanan
251 Harm reduction: it was twenty years ago today and it's been going in and out of style

Stanton Peele
103 Changing concepts midstream: the meaning of tobacco addiction

12:30–14:00
LUNCH BREAK
12:45–14:00
Border Crossings – a drama performance with forum from The Outside Edge Theatre Company.

After the performance there will be a chance to discuss the issues raised in the play and an opportunity for audience members to suggest interventions, alternative actions and endings.

PRESENTATION ABSTRACTS FOR THURSDAY PLENARY SESSIONS – PLEASE SEE PAGE 23

PLENARY ABSTRACTS

1036 Confronting the contradictions between law enforcement and harm reduction: A 25-year ethnographic perspective on the war on drugs in the U.S. inner city P3

Drawing on 25 years of participant-observation data collection among drug users and street sellers in the United States this paper calls for public health to engage with law enforcement to reduce the harms to health and human rights caused by the US model of zero tolerance in the war on drugs. Fear of punitive repression – not inadequate access to health services – is the primary dynamic exacerbating risk-taking among street-based drug users in the US and many parts of the world. We need to go beyond traditional models of low-threshold health and social services (needle exchange, safe injection sites, mobile clinics, shelters and etc.) to develop strategies directed at law enforcement that curb the harms to the public's health caused by police violence on the street on the one hand and institutionalised repression in prisons and jails on the other.

172 Addressing barriers to the implementation of scientific evidence into drug policy P3

Issue: Despite the wealth of evidence that law enforcement has been an ineffective tool for reducing drug-related harms, the overwhelming policy response continues to focus energy on police and prisons.

Setting: Beyond its failure to curb drug availability and use, over-emphasis on law enforcement has also produced a range of unintended consequences, including the emergence of a massive international illegal market estimated to be worth as much as \$320 billion annually.

Key arguments: These massive drug profits fuel crime, violence and corruption in countless urban communities and have destabilised entire countries such as Columbia, Mexico and Afghanistan. Although the failure of the war on drugs has become obvious to many, the reasons that it continues to be supported by governments are not well understood. In this context, it is important to recognise the role that non-scientific lobby groups play in maintaining the drug policy status quo. This includes the influence of the prison lobby's efforts in advocating for mandatory minimum sentences in the

US as well as highly active law enforcement lobby groups that ignore scientific evidence of the drug war's failure while fighting to prevent the implementation of alternative regulatory and public health approaches.

Outcomes: While researchers from across scientific disciplines have helped prove the ineffectiveness and harms of drug law enforcement, this research has been consistently attacked by lobby groups and other third-party organizations that seek to discredit those who question the effectiveness of drug prohibition.

Implications: Sadly, these efforts have been highly successful, and there are many examples of politicians moving to cut off research funding to scientists who wish to explore policy alternatives. These issues have contributed to an unwillingness among individual scientists to speak out. This plenary will describe the above issues and discuss the importance of scientists in promoting change.

775 The myths and reality of hepatitis C in injecting drug users for hepatitis C P3

Injecting drug users (IDUs) carry a disproportionately large burden of hepatitis C infection (HCV) but they are far less likely than other HCV positive individuals to be treated for their infection. This is despite evidence that treatment outcomes for IDUs are similar to that of non-IDUs. We reviewed the literature on the treatment of HCV in IDUs and the treatment barriers including current drug use, heavy alcohol use and history of mental illness. We assessed if these purported barriers affected the likelihood of an IDU having a sustained virological response (SVR), the marker of successful treatment.

Many clinicians and many HCV trials make treatment conditional on IDUs having a period of abstinence from injecting or require concurrent participation in a drug treatment programme. However, there is no evidence in the literature to show that total abstinence or drug treatment increases the likelihood of a SVR.

IDUs are more likely to report a history of past or current heavy alcohol use and this is often used as a barrier to accessing treatment. This is despite our review finding no evidence that a history of heavy alcohol use prior to treatment means a person is less likely to obtain an SVR.

Similarly, despite IDUs having a higher level of psychiatric illness (including depression and schizophre-

nia), the SVRs achieved by these patients were similar to other patients. The literature suggested that patients with a history of depression (regardless of IDU status) when treated with antidepressants during treatment achieved higher SVRs than those not on treatment.

Many of the current barriers IDUs face in accessing hepatitis C treatment are not evidence based. The challenge for IDUs, clinicians and the community is to ensure that treatment decisions are based on the best available evidence and treatment is tailored appropriately on a case-by-case basis.

1001 The need for mainstreaming evidence-based harm reduction P3

Issue: In order to achieve universal access (UA) to HIV prevention, treatment and care, harm reduction is a priority issue. If we don't reach people who use drugs with evidence-based interventions we will not achieve UA.

Setting: Over the last decade we have achieved a lot in the area of harm reduction. WHO has contributed to the development of the evidence base for harm reduction as a public health approach. Tools and guidelines have been developed in collaboration with many stakeholders. International agencies and in particular NGOs and CSOs have all advocated for the implementation and scale up of harm reduction.

Key arguments: While good data on the availability and coverage of the various interventions are still scarce, we know that services are not available and do not reach all those in need. In many countries, services are provided by NGOs and CSOs on a small scale.

Outcomes: We have reached agreement at the global level on what needs to be done and how to measure progress. A comprehensive package of interventions and indicators has been defined, and targets have been set for countries to reach in order to have an impact on the HIV epidemic.

Implications: We have developed the tools and guidance and many have advocated for implementation of harm reduction interventions. Despite all these efforts, there are still barriers in place to scaling up programmes. In order to scale up interventions and have an impact, countries need to take responsibility and mainstream harm reduction into their public health response to HIV and drug use.

Wednesday 28th April 2010

14:00–15:30
Room 1A
C25
Chair: Peter Higgs

Compulsory Detention of Drug Users: We All Know It Is Happening But What Can We Do?
Simon Baldwin
444 Compulsory detention of drug users: we all know its happening but what can we do?

Thu Thi Huong Vuong
649 Improved access to services and quality of life for people returning from drug rehabilitation centers in Ho Chi Minh City, Vietnam

Minh Thi Pham
960 The role of drug user groups in advocating for improved treatment

Joseph Amon
616 Engagement with compulsory drug detention centers: a legal and ethical framework

Room 3
C26
Chair: Margaret Hellard

Clinical and Programmatic Issues around Hepatitis C Treatment
Philip Bruggmann
154 Management of hepatitis C in complex patients: alcohol, mental health, HIV and HBV co-infection

Jason Grebely
669 Assessment and treatment of hepatitis C virus infection among people who inject drugs in Australia

John Farley
872 Five-year follow-up of treatment of chronic hepatitis C virus infection in IVDU in correctional institutions and community settings: implications for a successful HCV treatment program

Jason Farrell
110 Resolving barriers to treating HCV among IDU's

Carla Treloar
233 Uptake and delivery of hepatitis C treatment in opiate substitution treatment: perceptions of clients and health professionals

Room 11
C27
Chair: Dagmar Hedrich

Harm Reduction in European Prisons and Criminal Justice Systems
Alex Stevens
437 Towards equivalence: harm reduction services in European criminal justice settings

Hans Wolff
74 Syringe exchange for intravenous drug users in prison

Sandra Essid
373 A community-based organisation's advocacy strategy for implementing a syringe exchange programme in French prisons: the AIDES experience

Garry Stillwell
1016 Post-release overdose deaths – how big is the problem?

15:30–16:00
16:00–17:30
Room 1A
C31
Chair: Natalia Khodakevich

Harm Reduction Projects and Services in Eastern Europe
Natalia Dolzhanskaya
709 Attitudes towards the provision of services to patients with HIV among Russian drug treatment specialists and their readiness to make HAART available for them

Elizaveta Berezina
566 Social services created on the basis of harm reduction projects in Russia

Elena Romanyak
306 Harm reduction in the context of social inclusion, access to and quality of health systems

Olga Pravdyva
687 Provision of services for persons with triple diagnosis of HIV/TB/drug addiction in Ukraine

Room 3
C32
Chair: Maria Ovchinnikova

Drug User Networking
Oscar Montenegro
969 The movement of "going out of the closet"; next generation of drug users and activism in Latin America

Pye Jakobsson
802 More in common than not; sex workers and drug users' rights in Sweden

Olena Kucheruk
625 A "return ticket" for people who use drugs: media/advocacy campaign to promote OST in Ukraine

Eka Setiawan
198 Creative intervention in a creative city for justice to all drug users

Room 11
C33
Chair: Cinzia Brentari

Drug Use and Infections in Prisons: Perspectives from the Inside
Saman Zamani
800 Monitoring patterns of drug-related risk behaviors among prisoners recruited from prison units with either MMT or NSP

Irina Magas
780 Peer education in prison settings

Rebecca Winter
386 Back on the "horse": injecting drug use in the immediate post-prison release period. Results from a prospective cohort study of ex-prisoners with a history of injecting drug use in Melbourne, Australia

Sandra Chu
546 "Under the skin": effective advocacy for HIV prevention in Canadian prisons

12:30–17:30
DIALOGUE SPACE

The Dialogue Space provides a platform for discussion and debate of "hot topics" and "late-breaking" issues, as well as an opportunity for the launch of reports and products that will be of interest to delegates. Located in the exhibition area, with 2 stages and accommodation for up to 75 people per session, you can find details of the various activities scheduled in the separate Dialogue Space Programme, a copy of which was distributed in the delegate bags you received on arrival at the conference.

AFTERNOON

CONCURRENT SESSIONS

Room 1B **C28**
Chair: Suzanne Fraser

Parents Who Use Drugs

Polly Radcliffe
763 "Once I'm clean I'm cushty and I can stay clean you know - it's getting clean", hopes and dreams of abstinence in substance misusing mothers' interview accounts

Sydney Weaver
160 "Left out": father exclusion in harm reduction maternal health services

Lorna Templeton
294 Working with family members: a globally neglected aspect of harm reduction

Tony Trimmingham
395 Families; a vital force for both harm reduction and treatment

Room 4 **C29**
Chair: Louisa Degenhardt

Drug Use in Gay, Lesbian, Bisexual and Transgender Communities

Samuel Friedman
138 Harms and risks encountered by women drug users who have sex with women

Nicky Bath
392 Our lives, our issues, our health; the role of drug user organisations in reducing stigma and discrimination among gay, lesbian, bisexual and transgender communities

Angela Matheson
321 Don't share a bloody thing and other adventures in harm reduction for gay men

David Stuart
280 Targeting London's LGBT steroid injectors

Room 12 **C30**
Chair: Smiljka De Luissing

The Internet and Harm Reduction

Michael Linnell
72 Is there an app for everything? Harm reduction and the i-Phone

Andrew Preston
426 "BBVsim": a computer model of blood-borne virus epidemics amongst injectors

Levente Móró
954 Seven years of harm reduction in and by the Hungarian psychedelic community DAATH

Dhojo Wahengbam
39 Establishment of an online HIV network for IDUs and the PLHIV community

TEA/COFFEE BREAK

CONCURRENT SESSIONS

Room 1B **C34**
Chair: Alex Wodak

Innovative Approaches to Reducing Non-Viral Health Harms

Linda Johnstone
360 ECG screening for clients in drug treatment

Lloyd Baron
463 Promoting respiratory health: current and novel harm reduction interventions

Barbara Broers
867 Implanted central venous catheters for intravenous drug users: an ethical dilemma

Claire Shaw
151 Contamination, adulteration and other agents in illicit drugs. A guide for policy makers, practitioners and drug users

Room 4 **C35**
Chair: Samuel Friedman

Staying Safe: Second Generation Approaches to Hepatitis C and HIV Prevention

Amy Salmon
308 Women staying safe in Vancouver

Magdalena Harris
201 Agency, strategy and upbringing: long-term injectors staying safe from hepatitis C in Sydney

Peter Higgs
734 Luck, chance and good fortune: accounts of long-term injectors staying safe from hepatitis C in Melbourne

Pedro Mateu-Gelabert
517 Staying safe: training injection drug users in strategies to avoid HCV and HIV infections

Room 12 **C36**
Chair: Rosie Campbell

Sex Work and Harm Reduction in the UK: Safety, Skills and Struggles for Social Inclusion

Georgina Perry
448 Through pragmatism to possibility; an exploration of how harm reduction principles make a difference to the lives of sex workers

Shelly Stoops
1009 Hate crime, harm reduction and social inclusion: addressing violence against sex workers in Merseyside

Justin Gaffney
911 Contemporary harm reduction and support service needs of male sex workers in the UK: the Sohoboyz male sex worker needs assessment and skills development programmes

FILM FESTIVAL

12:30–14:00 LUNCHTIME

12:30 **This is My Destiny (Afghanistan)**
13:47 **Returning Home (Ukraine)**

14:05–15:30 SYMPOSIUM

14:05 **BALKA: Women drug users and HR in Ukraine (Ukraine)**
14:40 **Live: A training film of the use on injectable Naloxone to prevent opiate overdose death (USA)**
14:58 **Overdose Retrospective (UK)**
15:18 **Drogues: VIH et autres risques (USA)**

15:45–18:00 LOUNGE

15:45 **Dispensing Cannabis: The California Story (USA)**
16:42 **Addicted in Afghanistan (Afghanistan)**

Thursday 29th April 2010

MORNING

09:00–10:30

MAJORS

Room 1A

M13

Chair: Damon Barrett**Harm Reduction for Producer Nations? Farmers' Perspectives on the War on Drugs****Sanho Tree****442** Harm reduction for producer nations? Farmer's perspectives on the war on drugs – Colombia**Tom Kramer****447** Harm reduction for producer nations? Farmer's perspectives from Burma and Afghanistan on the war on drugs**Pien Metaal****449** Harm reduction for producer nations? Farmers' perspectives from Bolivia on the war on drugs

Room 3

M14

Chair: Paul Duffy**Ageing Substance Users in the Developed World****Caryl Beynon****83** Drug use and ageing: setting the scene**Miriam Boeri****822** A contextual analysis of risk behaviors among older adult drug users and harm reduction in suburban versus inner-city social environments**Thor Whalen****900** Collaborative research on harm reduction: sociological insights, life course theory and mathematical modeling techniques used to inform future research**Rachel Ayres****159** Where is the last generation? Obstacles to accessing treatment amongst older drug users in Bristol, UK

Room 11

M15

Policies and developments in Asia and the Pacific**Chris Hagarty****1053** Assessment of policies, resources and services for people who inject drugs in Asia**Robert Power****144** Situational assessment of drug and alcohol trends in sixteen Pacific countries and territories**Fabio Mesquita****1052** The Asian harm reduction strategy from 2010 to 2015

10:30–11:00

TEA/COFFEE BREAK

11:00–12:30

MAJORS

Room 1A

M16

Chair: Geoffrey Monaghan**Police and Harm Reduction****Aleksandr Zelichenko****91** Instruction for police forces for HIV/AIDS prevention in service personnel and vulnerable population groups. Harm reduction advocacy to police in Kyrgyzstan; more effective regulation within better regulatory frameworks**Tyson Volkman****733** Combined effects of police practices on the drug-related harms in Tijuana, Mexico**Nicola Singleton****535** A framework for taking a harm reduction approach to drug-related enforcement activity**Soumen Mitra****799** Getting there: community policing to police social responsibility – law enforcement and HIV prevention**Naomi O'Connor****863** Exploring contributing factors limiting the effectiveness of the needle syringe exchange program in Kuala Lumpur, Malaysia

Room 3

M17

Chair: Don Des Jarlais**Public Health Surveillance of Infections and Behaviours among Injecting Drug Users****Dagmar Hedrich****496** The state of second-generation HIV surveillance for IDUs in Europe**Vivian Hope****366** Two decades of informing harm reduction: sero-behavioural surveillance of infections among injecting drug users in the UK**Annette Verster****246** The target-setting guide: from consensus on the theory to practical roll-out**Martin Donoghoe****794** Prove it: tracking success of harm reduction during nine years of second-generation HIV surveillance among IDUs in Ukraine

Room 11

M18

Chair: Jim McVeigh**The Use of Anabolic Steroids and Related Drugs****Michael Evans-Brown****705** The evidence for the harms caused by anabolic steroids and associated drugs**Andreas Kimergård****697** The use of performance-enhancing drugs in Denmark: addressing a public health issue through anti-doping programmes designed for elite sport**Bengt Kayser****914** Developing a harm reduction response to the use of anabolic steroids: Geneva, Switzerland**Frank Henderson****662** Developing successful harm reduction programmes for performance enhancing drug users; perspectives from south – east England

12:30–13:30

LUNCH BREAK

PLEASE REFER TO PAGE 19 FOR THE PRESENTATION ABSTRACTS

AFTERNOON

13:30-15:00

PLENARY SESSION

Room 1

P3

Chair: Tim Rhodes

Creating Evidence for Action

Philippe Bourgois

1036 Confronting the contradictions between law enforcement and harm reduction: a 25 year ethnographic perspective on the war on drugs in the US inner city

Evan Wood

172 Addressing barriers to the implementation of scientific evidence into drug policy

Margaret Hellard

775 The myths and reality of hepatitis C for injecting drug users

Andrew Ball

1001 The need for mainstreaming evidence-based harm reduction

16:45

CLOSING SESSION

Room 1

CS

Closing session of Harm Reduction 2010: IHRA's 21st International Conference

Chaired by Bill Stronach, International Harm Reduction Association

Keynote closing address

Mandeep Dhaliwal, United Nations Development Programme

The Next Generation of Harm Reduction: Addressing the Development Dimensions

Final reflections on the conference

Eric Schneider, International Network of People who use Drugs

Thank you's

Gerry Stimson – International Harm Reduction Association

Paddy Costall, Conference Consortium

Handover to Harm Reduction 2011: IHRA's 22nd International Conference

Welcome to Beirut, Lebanon on behalf of Middle East and North Africa Harm Reduction Network

Elie Aaraj, Director, SIDC, Lebanon

Close of conference

Poster Presentations

The posters index shows only one presenting author for each submission.
Full list of authors and co-authors can be found on the conference CD, in the abstracts book.

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177	38	HIV prevalence and high-risk behaviors among men injection drug users' prisoners in Shiraz, Iran	Afsar Kazerooni, Parvin
398	108	Capacity building and development of M&E system for HRSOs	Aleshkina, Yulia
311	70	Keeping ahead of the law: progressive integration of harm reduction in Indonesia	Alexander, Risa
108	24	Believe	Ali Umar, Shaharudin Ali Umar @ Jaa
374	97	Injection equipment sharing among French IDU: Results from the "AIDES & Toi" survey	Andreo, Christian
182	39	Capacity and acceptability of peer prison health volunteers in Chiang Mai Women Correctional Institute	Angkurawaranon, Chaisiri
205	43	Harm reduction in the penitentiary system of Ukraine	Antonovich, Drozd Roman
106	22	Lessons learned from the first phase of the "half way house" in southern Thailand	Apakupakul, Nualta
431	117	Reducing the harm of traditional medicinal alcohol consumption at Vender Shops, Southern Thailand	Apakupakul, Nualta
158	34	Ketamised? Materials for young Ketamine users "where they're at" and "why they're at it"	Ayres, Rachel
483	127	Social and behavioural research as a basis for implementing effective methods of HIV prevention among most-at-risk adolescents	Balakireva, Olga
238	52	Court mandated structured alcohol treatment – what works?	Baldwin, Helen
239	53	Need of the hour; an integrated approach to harm reduction practices for the next generation in Manipur, India	Bangkim, Singh Chingsubam
250	56	An educational tool for illustrating the potential of tobacco harm reduction	Bergen, Paul Lohrenz
314	71	Scaling up methadone maintenance across Indonesia	Blogg, James Rowan
358	90	Using the age of initiation of injecting drug use to advocate with service providers in Ukraine to start working with young IDUs	Bondar, Tetiana
222	47	Reaching female IDUs: an effective strategy to halt HIV among IDUs in Bangladesh	Bosu, Anup Kumar
396	106	Rights of injecting drug users to good HIV treatment outcomes: late presentation to anti-retroviral therapy (ART) programs and transfer to closed settings have the potential to impact negatively on long – term clinical outcomes for IDU on ART in Vietnam	Burdon, Rachel
402	110	Early on amphetamines	Burrows, Christine
480	126	New challenges for needle exchange – the changing profile of needle and syringe programme clients	Chandler, Martin
302	67	A real 'false' consumption room in Paris	Chappard, Pierre
420	113	CARHAP- Funded prison services in Kyrgyzstan	Chayahmetov, Baurjan
267	60	Female regular sex partners of male drug users: a neglected face of harm reduction in Bangladesh	Chowdhury, Ezazul Islam
61	12	The supervised injection site court decision in Canada: getting it right for the wrong reasons	Christie, Timothy
150	31	Treatment pathways and longitudinal outcomes for opiate users	Comiskey, Catherine Maria
512	134	"You are being treated like a human being – not like dirt" – results from a patient satisfaction survey in an opioid maintenance treatment setting	Dampz, Magdalena
111	25	The Asgard Project – holistic harm reduction for young people in North East Lincolnshire	Darby, Annie
235	51	Revolutionising "outreach": a new computerised treatment for substance use	Davies, Glyn
383	103	Engaging the industry in developing products for harm reduction: the case of the British Columbia Centre for Disease Control (BCCDC) harm reduction program in Ontario, Canada	de Vasson, Pierre
384	104	Optimizing harm reduction operations and maximizing health outcomes: the case of the British Columbia Centre for Disease Control (BCCDC)	de Vasson, Pierre
136	29	Estimating the numbers of children of problematic drug users and their residential circumstances to inform research, policy and practice	Duffy, Paul
440	119	Scaling up harm reduction in Thailand through integration of government, non-government, and private sector programs	Duke, Alex
197	42	Ensuring success of drug substitute programs by engaging clients in community HIV/AIDS interventions in the city of Bandung	Erlangga, Riechie berly
257	57	Mortality risk and predictors among young injection drug users in San Francisco (UFO study)	Evans, Jennifer Lynn
315	72	Connecting drug use and pain in GLBTQ communities	Flaherty, Ian McPhail
18	4	The need for a needle exchange program in Iceland	Fridjonsdottir, Helga Sif

MONDAY 26th/TUESDAY 27th April 2010

ID#	Board	Abstract title	Presenting author
47	10	Group-sex events (GSEs) among drug users: a new generation of sex-related harm reduction research and action programs are needed	Friedman, Samuel R
486	129	The extent of behavioural surveillance related to HIV and STIs among injecting drug users in Europe	Gervasoni, Jean Pierre
434	118	Cannabis monitoring in Switzerland: the sentinel system	Gervasoni, Jean-Pierre
225	49	Changing life through harm reduction	Ghimire, Pankaj
57	11	Scaling up coverage of quality of HIV and AIDS prevention targeted to most at risk population and Treatment, care and support services for IDUs and PLHA in Kathmandu-Nepal	Gurung, Binod
27	6	"One more for the road?" Does emotional intelligence influence the response?	Hicks, Richard Edward
416	112	Related factors for entering methadone maintenance treatment among a cohort of drug users after their release from prison in Taiwan	Huang, Yen-Fang
149	30	The progress of needle and syringe program in relation to change regulation in Taiwan	Huang, Yen-Fang
349	87	The changing profile of substance users in treatment and its implications for future provision	Hurst, Ayesha
401	109	Peer-driven needs assessment among opiate users in Dushanbe, Tajikistan	Ibragimov, Umedjon
224	48	Next decade of harm reduction and drug policy reform in the Americas. Where is America Latina looking at in the Obama's era?	Inchaurraga, Silvia
107	23	The role of harm reduction and human rights in changing drug control system in Latin America	Inchaurraga, Silvia
214	45	Klotho Program: early identification of HIV / AIDS contamination targeted to drug users	Isabel Ponte, Isabel Ponte
176	37	MOBILIAPU – mobile help project helps the most vulnerable people	Järvi, Iina Eeva-Riitta
282	61	Reproductive health risks and access to reproductive health screening in methamphetamine users in Chiang Mai Women Correctional Institute	Jiraporncharoen, Wichuda
329	79	Education of prisoners' family members for HIV and drug prevention in Iranian prisons	Kasraei, Farzad
287	63	One hit kits: changing injecting practice?	Kelly, Jennifer
259	58	The next generation of peer educators – where are they?	Kelsall, Jenny
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Bergen, Paul Lohrenz	An educational tool for illustrating the potential of tobacco harm reduction	250	POSTER1
Bermejo, Alvaro	A health system's strengthening approach to development financing: what does it mean for harm reduction?	946	P1
Beynon, Caryl	Drug use and ageing: setting the scene	83	M14
Binh, Kieu Thanh	Reducing HIV/AIDS transmission among injecting drug users: 7 years' experience of the China-Vietnam Cross Border Project	476	POSTER2
Blogg, James Rowan	Scaling up methadone maintenance across Indonesia	314	POSTER1
Blogg, James Rowan	Why do we need a network for harm reduction doctors? Doctors informing drug policy: a development perspective	312	C15
Boeri, Miriam	A contextual analysis of risk behaviors among older adult drug users and harm reduction in suburban versus inner-city social environments	822	M14
Boeri, Miriam	The unintended consequences of drug control policy in the United States: a case study of cold cook methamphetamine production	880	POSTER2
Bojthe, Mags	What is needed in order to move into the next decade of harm reduction? A young person's approach	1037	C01
Bolloten, John	Bradford needle exchange database	3	C16
Boltaev, Azizbek	Closed for reasons?! Lessons learned from the closure of opioid substitution therapy in Uzbekistan	930	C09
Bondar, Tetiana	Using the age of initiation of injecting drug use to advocate with service providers in Ukraine to start working with young IDUs	358	POSTER1
Borodkina, Olga	Meth injection and HIV risk in Russia: political response and practice	622	POSTER2
Bosu, Anup Kumar	Reaching female IDUs: an effective strategy to halt HIV among IDUs in Bangladesh	222	POSTER1
Bourgeois, Philippe	Confronting the contradictions between law enforcement and harm reduction: a 25 year ethnographic perspective on the war on drugs in the US inner city	1036	P3
Boyd, Susan	Obstacles to harm reduction and drug policy reform: representations of marijuana grow-operations	727	POSTER2
Broasca, Iulia-Veronica	Invisible for the state!	1014	M01
Broers, Barbara	Implanted central venous catheters for intravenous drug users: an ethical dilemma	867	C34
Broers, Barbara	Substance users who inject in open wounds: what attitude for the healthcare worker?	861	POSTER2
Brogan, Damon	From world beaters to dead-beaters: how Australia failed in its response to the epidemic of hepatitis C amongst people who inject drugs	260	M11
Bruce, Robert	Methadone as HIV prevention: high volume methadone sites to decrease HIV incidence rates in resource-limited settings	115	C02
Bruggmann, Philip	Management of hepatitis C in complex patients: alcohol, mental health, HIV and HBV co-infection	154	C26
Buchanan, Julian	Harm reduction: it was twenty years ago today and it's been going in and out of style	251	M12
Bunchipanichvattana, Sarayuth	Radio outreach	1030	POSTER2
Burdon, Rachel	Rights of injecting drug users to good HIV treatment outcomes: late presentation to anti-retroviral therapy (ART) programs and transfer to closed settings have the potential to impact negatively on long – term clinical outcomes for IDU on ART in Vietnam	396	POSTER1
Burns, Katya	A training programme for delivering harm reduction services to women IDU and female partners of male IDU in Pakistan and India	927	POSTER2
Burns, Michael	Challenging the myth that chaotic harm reduction service users do not engage with testing, screening and support services	526	POSTER2
Burris, Scott	Harm reduction for prescription opioid users: a new frontier for harm reduction	221	C18
Burrows, Christine	Early on amphetamines	402	POSTER1
Burrows, Dave	Use of appreciative inquiry methods in evaluating harm reduction programs	611	C17
Burrows, Nicolette	Cross-cultural peer to peer capacity development: the Fijian experience	1004	M10
Busch, Martin	Heroin snorters; a group neglected by harm reduction	347	C05
Busza, Joanna	Patterns of injecting drug use among street children in Ukraine	240	C11
Buxton, Jane A	HCV co-infection in HIV positive population in BC, Canada	951	POSTER2
Byrne, Catherine	A harm reduction response within drug education	671	C01
Cameron, Heather	Mothers for recovery support groups	681	POSTER2
Can, Nguyen Ba	Integrating behavioural survey into HIV sentinel surveillance in Vietnam	636	POSTER2
Carter, Connie	Meth, panic and harm reduction: understanding the opponents of harm reduction	508	C24
Cavaliere, Walter	Harm reduction in Canada: one step forward and two steps backwards	639	C03
Chafetz, Adam	Making drunkenness socially unacceptable: part one	86	M09
Chandler, Martin	New challenges for needle exchange – the changing profile of needle and syringe programme clients	480	POSTER1

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Chesnay, Catherine	From anonymous clients to a well-known clientele: data collection tools for anonymous needle exchange/safer crack use programs in Ottawa	702	POSTER2
Chowdhury, Ezazul Islam	Female regular sex partners of male drug users: a neglected face of harm reduction in Bangladesh	267	POSTER1
Christie, Timothy	The supervised injection site court decision in Canada: getting it right for the wrong reasons	61	POSTER1
Chu, Sandra	"Under the skin": effective advocacy for HIV prevention in Canadian prisons	546	C33
Comiskey, Catherine Maria	Treatment pathways and longitudinal outcomes for opiate users	150	POSTER1
Connelly, Chris	Lessons learned from HIV/AIDS work with people who use drugs in Asia	552	POSTER2
Cook, Catherine	The Global State of Harm Reduction 2010	894	M03
Coomber, Ross	The normalisation of social drug dealing: the extension of a concept (and where does it stop?)	129	C23
Cooper, Hannah LF	Do local arrest rates shape injection network size?	744	POSTER2
Couture, Marie-Claude	Amphetamine-type stimulant use and HIV/STI risk among young women engaged in sex work in Phnom Penh, Cambodia	563	POSTER2
Couture, Marie-Claude	Incidence of HIV and sexually transmitted infections among young women sex workers in Phnom Penh, Cambodia	56	C24
Crawford, Sione	Double jeopardy: ensuring that people who inject drugs involved in harm reduction and peer distribution are not placed in harm's way of contradictory policy and law	949	C22
Cuddy, Kevin	Cocaine, treatment and public health: a case study in Merseyside and Cheshire	788	POSTER2
Dampz, Magdalena	"You are being treated like a human being – not like dirt" – results from a patient satisfaction survey in an opioid maintenance treatment setting	512	POSTER1
Darby, Annie	The Asgard Project – holistic harm reduction for young people in North East Lincolnshire	111	POSTER1
Dasgupta, Nabaran	Project Lazarus: community based overdose prevention for medical and non-medical prescription opioid users	216	C18
Datsenko, Oleksandra	Empowering young IDUs and women IDUs through peer – driven intervention in Ukraine	521	C22
Davey, Zoe	Legal highs, research chemicals, novel psychoactive drugs, and the Internet: the challenge for harm reduction	518	C12
Davidson, Peter	Social barriers to the utilization of pharmacy sales of syringes in Tijuana, Mexico	666	C06
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de Vasson, Pierre	Engaging the industry in developing products for harm reduction: the case of the British Columbia Centre for Disease Control (BCCDC) harm reduction program in Ontario, Canada	383	POSTER1
de Vasson, Pierre	Optimizing harm reduction operations and maximizing health outcomes: the case of the British Columbia Centre for Disease Control (BCCDC)	384	POSTER1
Demchenko, Maksym	Integration of services and best practices of NGOs in state structure	711	C21
Des Jarlais, Don	The international research on racial/ethnic disparities in HIV infection among injection drug users	477	C10
Dias, Rick	Hey you, I want to talk to you! – What to say to someone who is injecting drugs	990	POSTER2
Ditmore, Melissa Hope	Holistic care for people in Cambodia who use drugs	241	POSTER2
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Dodd, Zoe	Engaging hepatitis C positive drug users, primarily those who use crack cocaine, in an interdisciplinary model of care and treatment	551	M11
Dolzhanskaya, Natalia	Attitudes towards the provision of services to patients with HIV among Russian drug treatment specialists and their readiness to make HAART available for them	709	C31
Donoghoe, Martin	Prove it: tracking success of harm reduction during nine years of second-generation HIV surveillance among IDUs in Ukraine	794	M17
Drucker, Ernest	Tobacco and the future of harm reduction	728	M05
Duffy, Paul	Estimating the numbers of children of problematic drug users and their residential circumstances to inform research, policy and practice	136	POSTER1
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Duke, Alex	Scaling up harm reduction in Thailand through integration of government, non-government, and private sector programs	440	POSTER1
Dumchev, Kostyantyn	Integrated care for IDUs in practice: results of an assessment of implementation experience in seven recently created integrated care centres in Ukraine	658	M08
Dzung, Hoang Kim	Enabling the role of family members in supporting in risk reduction and preventing relapse at the community level	655	POSTER2

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Elliott, Richard	Treatment or torture? Applying international human rights standards to compulsory drug dependence treatment	895	C13
Erlangga, Riechie berly	Ensuring success of drug substitute programs by engaging clients in community HIV/AIDS interventions in the city of Bandung	197	POSTER1
Essid, Sandra	A community-based organisation's advocacy strategy for implementing a syringe exchange programme in French prisons: the AIDES experience	373	C27
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Evans-Brown, Michael	The evidence for the harms caused by anabolic steroids and associated drugs	705	M18
Falcato, Luis	The concept of "moderate drug use" as an innovative theoretical framework and its potential for future harm reduction policies	562	M12
Farley, John	Five-year follow-up of treatment of chronic hepatitis C virus infection in IVDU in correctional institutions and community settings: implications for a successful HCV treatment program	872	C26
Farley, John D	Continuation of treatment of inmates with hepatitis C infection on discharge to the community: The Inmate Community Health Reintegration Services Project (InCoHRS) experience: Vancouver, British Columbia	952	POSTER2
Farley, John D	Successful treatment of inmates of correctional institutions on methadone maintenance treatment for hepatitis C virus infections	934	POSTER2
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Fasinu, Femi Aina	Reducing harmful drug practices among young people in land border communities in Nigeria; the YDI example	621	C01
Fernandez, Osvaldo	Patterns of cocaine use in São Paulo / Brazil: an 11-year follow-up of a network of cocaine users	966	POSTER2
Flaherty, Ian McPhail	Connecting drug use and pain in GLBTQ communities	315	POSTER1
Ford, Christine	The role of primary care as a model of integrating comprehensive care and treatment	468	C15
Fordham, Ann	Decriminalisation: pushing the limits of drug control	915	P2
François, Anne	Medical students in a safe injecting facility: an innovative way of improving future medical care for drug users?	847	C04
Fraser, Suzanne	Hepatitis C and its social and political complexities: generating relevant knowledge for policy	94	C17
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Friedman, Samuel	Harms and risks encountered by women drug users who have sex with women	138	C29
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Gaffney, Justin	Contemporary harm reduction and support service needs of male sex workers in the UK: the Sohoboyz male sex worker needs assessment and skills development programmes	911	C36
Gasper, Dharmaraj	Drug usre network	752	POSTER2
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Gervasoni, Jean-Pierre	Cannabis monitoring in Switzerland: the sentinel system	434	POSTER1
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Grau, Lauretta E.	Prevalence and predictors of transitions to and away from syringe exchange use over time in three US cities: the impact of syringe dispensing policy changes	479	C16
Gray, Robert	Building sustainable naloxone supply for Russian people who use drugs	528	POSTER2
Gray, Robert	Preventing transition to injecting in Central Asia	534	POSTER2
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Gurung, Binod	Scaling up coverage of quality of HIV and AIDS prevention targeted to most at risk population and Treatment, care and support services for IDUs and PLHA in Kathmandu-Nepal	57	POSTER1
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Haemmig, Robert	Tobacco wars: a lesson of drug control in a socio-cultural historical overview	721	POSTER2
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Hagarty, Chris	Assessment of policies, resources and services for people who inject drugs in Asia	1053	M15
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Harris, Magdalena	Agency, strategy and upbringing: long-term injectors staying safe from hepatitis C in Sydney	201	C35
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Hedrich, Dagmar	The state of second-generation HIV surveillance for IDUs in Europe	496	M17
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Henderson, Charles Andrew	Service Interventions designed to optimise the New Zealand needle exchange programme (NEP)	1040	POSTER2
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Higgs, Peter	Luck, chance and good fortune: accounts of long-term injectors staying safe from hepatitis C in Melbourne	734	C35
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Ho, Wing-Yin, Cecilia	Peer support as a method of risk reduction through an action research in injecting drug-user communities: experience in Macao (China SAR) pilot project	868	POSTER2
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Hossain, Furkan	Experiences on implementation of comprehensive harm reduction program: future direction for policy makers	725	POSTER2
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Huynh, Nguyen Thi	Report on the outcomes of a five – year DFID-funded harm reduction project implemented by the government in twenty-one provinces in Viet Nam	805	C16
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Inchaurraga, Silvia	The role of harm reduction and human rights in changing drug control system in Latin America	107	POSTER1
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Inchaurraga, Silvia Susana	Human rights and drug use handbook: advocacy tasks on reducing discrimination	965	POSTER2
Isabel Ponte, Isabel Ponte	Klotho Program: early identification of HIV / AIDS contamination targeted to drug users	214	POSTER1
Jack, Kathrine	Drugs, pregnancy and parenting: US legislation, policy and practice	368	C21
Jaffray, Mariesha	Improving outcomes and quality of life for people on MMT: the enhanced pharmacy services (EPS) RCT	281	C08
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Jinlong, Gui	Legal aid services for drug addicts and PWLHAS in Kunming, Yunnan Province, China	608	POSTER2
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Jones, Lisa	Reducing harm in drinking environments	289	M09
Joseph J, Amon	Engagement with compulsory drug detention centers: a legal and ethical framework	616	C25
Jourdan, Michael	Harm reduction philosophy and the art of helping	850	POSTER2
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Karimova, Nasiba	Improved methodology for client behavior monitoring	753	POSTER2
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Khalabuda, Liliya	One step to integration of harm reduction into narcology clinic in Kazan, Russia	980	C15
Khan, Adnan	Evidence-based design of the IDU component of the national HIV response in Pakistan	637	C19
Khan, Ayesha	Effectiveness and coverage of HIV interventions for FSW in Pakistan	600	POSTER2
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Khodabandeh, Farideh	Methadone maintenance therapy (MMT) as a harm reduction strategy in young people	192	POSTER1
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Khrunova, Irina	On-line legal aid to Russian drug users	1012	C20
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Kimil, Ahmet	Intercultural help with drug addiction (ISH) empowers cultural minorities	899	POSTER2
Kiwiia, Pfiirael	Drug users deserve more than criminalization and prosecution; let's face it	614	C20
Knox, Sherilyn	What's sexual orientation got to do with it? Engaging lesbians and bisexual women in harm reduction strategies	750	POSTER1
Kools, John-Peter	How an entire generation of injectors switched to non-injecting; the Dutch experience on promoting the transition away from injecting 1990–2009	482	C05
Korf, Dirk	A Dutch perspective on cannabis normalization: testing the limits of the concept	869	C23
Kramer, Tom	Harm reduction for producer nations? Farmer's perspectives from Burma and Afghanistan on the war on drugs	447	M13
Krüsi, Andrea	"Because I've been extremely careful": responsibility, HIV and the neo-liberal drug-using subject	722	C06
Kucheruk, Olena	A "return ticket" for people who use drugs: media/advocacy campaign to promote OST in Ukraine	625	C32

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Law, Fergus Daniel	The trouble with benzodiazepines in drug users: a review of the literature with suggestions for clinical guidelines	773	POSTER2
Lebega, Oleksandr	SMT procurement in Ukraine. Current status and improvement strategies	818	POSTER2
Leclerc, Pascale	High HIV and HCV incidence among IDUs in the province of Québec	682	POSTER2
Leclerc, Pascale	Trends in drug used by IDUs in the province of Québec – 2003 to 2008	692	POSTER2
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Maguet, Olivier	Lessons learnt from the Médecins du Monde harm reduction programme in Afghanistan	875	C19
Maguet, Olivier	Nationwide inventory of harm reduction measures in French prisons	75	POSTER1
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Malayeri Khah Langaroodi, Zahra	Women's substance dependence treatment needs in Tehran: What the program-planners should know	700	POSTER2
Marchuk, Lesia	Integration of harm reduction practices into state health care system	672	POSTER2
Markaryan, Ludmila	Interactions of HR projects with public institutions	897	POSTER2
Maron, Evgenia	Innovative ways to engage PWUD and PLHIV in advocacy through patients' monitoring and evaluation	830	M07
Marongiu, Andrea	Wound botulism among injecting drug users in England: 2004 to mid-2009	456	POSTER1
Marsh, David	The Canadian randomized trial of Diacetylmorphine vs. Methadone for opioid addiction	979	M03
Marsh, David C	A Canadian perspective on cannabis normalization among adults: relationships between cannabis use and other substance use and problems	564	POSTER2
Martínez, Nieves	Clinical signs and symptoms in cocaine injecting drug users, report of sanitary professionals working in a medically supervised injection centres (MSICs)	735	POSTER2
Martínez, Nieves	Heroin consume measure by urine analysis in patients within the methadone maintenance program in CAS Vall d'Hebron	972	POSTER2
Matejic, Jelena	Development of methadone centers' network in southeastern Serbia during transition period, under the Ministry of Health's patronage and Global Fund support	713	POSTER2
Mateu-Gelabert, Pedro	Heroin production in Colombia: A threat for a HIV epidemic in Colombia and Latin America?	738	POSTER2
Mateu-Gelabert, Pedro	Staying safe: training injection drug users in strategies to avoid HCV and HIV infections	517	C35
Mathers, Bradley	How successful have global efforts to expand HIV prevention been? Results of a global systematic review	732	P1
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Mengxing, Wang	Carrying out legal aid services among drug addicts	811	POSTER2
Merkinaite, Simona	Advocating for evidence-based and balanced drug policies: building civil society involvement in Eastern Europe	1023	POSTER2
Merkinaite, Simona	Scale down of harm reduction in Eurasia: what the next generation will be	1026	C03
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Metaal, Pien	Harm reduction for producer nations? Farmers' perspectives from Bolivia on the war on drugs	449	M13
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