



Catching up on ideas

Some conference delegates wore face masks to protect themselves from the SARS virus.



IHRA President,  
Dr Alex Wodak



## Conclusions

Poster Presentation

- In summary, we found that 28% percent of active IDU surveyed during the study period reported obtaining syringes from the unsanctioned peer-run exchange. Variables that were independently associated with obtaining syringes from this source included frequent cocaine injection, injecting in public, and requiring help injecting.
- It is noteworthy that each of these variables has been associated with HIV risk in previous studies. The finding that use of the VANDU table was independently associated with safer syringe disposal is worthy of further study as to whether this association is causal.
- In settings where limited syringe availability continues to contribute to unsafe behavior, there is evidence to suggest that drug user's organizations can play a major role in reducing harm among their peers by delivering harm reduction services to their drug users.

# STRENGTHENING PARTNERSHIPS

## 14th International Conference on the Reduction of Drug Related Harm

'The starting point for all our efforts...'

Placards which read 'Protect the rights of drug users', 'Stop AIDS among drug users, families and friends' and 'Harm Reduction in Thailand - 10 years too late?' greeted Thailand's Minister of Health, Mrs Sudarat Keyuraphan, as she delivered her address at the opening ceremony of the 14th International Conference on the Reduction of Drug Related Harm held in Chiang Mai, Thailand during April 2003. Appearing visibly shaken by the silent demonstration, the Minister of Health nonetheless echoed the sentiments behind the words on the placards in her speech.

'We can no longer afford to limit responses to supply and demand reduction measures alone,' she said. 'Therefore the region urgently needs to enable harm reduction policies, strategies and programs for both licit and illicit drug use. In their absence Thailand and Asia may face an epidemic that can threaten both the economy and society.'

With more than 7 million people living with HIV in the Asian region, the urgency of the situation is clear. New outbreaks of HIV infection among people who inject drugs are being reported in some areas. It is believed that the epidemic is no longer contained within specific population groups. The link between injecting drug use and sexual transmission is believed to be driving the HIV epidemic in Asia as HIV is spread from people who inject drugs to their sexual partners. While there is little systematic data collected on other harms arising from drug use, there is an estimated 40 to 90 percent prevalence of hepatitis C (which is comparable to Australia).

Just how these challenges are to be addressed would be the subject of the 292 presentations and 220 posters that formed the content of the following four

days. However, it was clear at the opening ceremony that a more compassionate and equitable approach to injecting drug use and drug users was to be the foundation of all of these strategies.

As Thailand's Wassawut Yimchaen said in his address at the ceremony: 'No matter what our methodology or background, the starting point for all our efforts must be to ensure the basic human rights of those we wish to help.'

A user for more than five years, Wassawut provided a first hand account of the stigma and discrimination faced by people who use drugs. He said, 'People who use drugs

are almost never seen as people with dignity. They are viewed as dangerous, untrustworthy, irresponsible people. People to be feared.'

While the reason for this perception may be the source of many discussions, the negative consequences that flow from it cannot be denied. In light of the devastating size and impact of the HIV epidemic and other harms arising from injecting drug use, Wassawut said, 'The government needs to immediately implement a full range of harm reduction programs, particularly needle exchange, to address the HIV/AIDS and hepatitis crisis exploding in our community. We also need a legal

environment which allows us to participate actively in relevant policy decision-making and program implementation.'

The need for greater recognition of the fact that ostracising and marginalising a group of people makes them especially vulnerable to harm and disease was highlighted by another speaker, Massimo Barra from the Italian Red Cross.

'Singling out injecting drug users as people deserving of punishment drives drug use and drug users underground. This encourages the sort of unsafe practices that can result in public health disaster,' he said. 'The only way to reverse this trend is for governments to implement policies that bring about a deliberate shift from social exclusion to social inclusion of injecting drug users. Strategies to reach out to them and make their practices safe are essential. The provision of clean needles is just a start.'

### Harm Reduction in the Region

Against the grim picture of the looming HIV epidemic in Asia, needle and syringe programs have at least made a foothold in the region. However, any cause for celebration or even relief is qualified at this stage. Mukta Sharma from the London School of Economics presented the findings from a review of drug policies in eleven Asian countries (Afghanistan, China, India,

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## 4 a tale of two decades

The first NSP outlet was established in 1987 in Sydney, New South Wales. Since then the Program has expanded with approximately 850 outlets located in a range of settings. Find out how it all began and the peaks and troughs that have characterised one of the most successful public health initiatives in the world.

## 4 opinion piece

Why is it that a handful of syringes in a garden bed is cause for community outrage, but the devastating impact of increased hepatitis C infection attracts little media comment?

David Crosbie provides insights into the workings of the media.

## 7 COAG SUPPORTING MEASURES RELATING TO NSP FUNDED PROJECTS

Profile of Victorian projects funded under the 1999/2000-2002/2003 Council of Australian Government's (COAG) Illicit Drug Diversion-Supporting Measures. The 2003-2004 Federal Budget allocated continued funding over four