



Harm reduction 'built by communities, torn down by enforcement'

'The government has spent millions on drug rehabilitation – and people like me become guinea pigs,' Shaharudin bin Ali Umar told the conference. 'They break you down to build you up.'

Describing experiences that spanned 30 years in Malaysian drug dependence treatment centres, he showed photographs of weapons used to discipline him and the scars he had suffered from repeated beatings.

'If you are suspected as a drug user you are given compulsory treatment and kept under observation. If you relapse you get more jail sentences and lashes,' he explained. 'But the result is not effective – there is a 70 to 90 per cent rate of return to drug use.'

The military style discipline and abuse included beatings with baseball bats and bricks and being burned on his private parts with a lighter. 'The scars may finally have healed, but the bad memories remain forever,' he said. 'I was humiliated and beaten until I forgot what pain is.'

Interrogation began at the admission process. Then detoxification took between two weeks and a month, during which 'when the guard changed they started torturing us – humiliating torture I feel too shy to tell you'. A

medical check-up and 'orientation process' were followed by a phasing system, which involved 'being beaten by a religious teacher and treated as animals'.

While hopeful that changes were on the horizon, he said progress was hampered by the impossibly large size of the rehab centres, lack of methadone for detox and constant beatings.

'Harm reduction in Malaysia is like a sandcastle – built up by community organisations and then torn down by enforcement activities,' he said.

Srey Mao from Cambodia – whose colleague took over her presentation when she became too traumatised to speak about her experiences in a detention centre – told of 'a place where living conditions are not for humans'. Packed into one room 'where they don't care what age or sex you are', and where there was no toilet, food, water, nor mosquito nets, she had seen her friend die from a beating, another drown trying to escape, and a fellow inmate electrocuted. The backdrop to her presentation showed Srey Mao reaching through bars of a crowded cage. 'Srey Mao would like this facility closed,' said her colleague. 'She would like the Cambodian government or anyone who can help, to close this down.'

HIGHLIGHTS

Wednesday 22 April

Major Session: Evidence in harm reduction

This session brings together some of the leading research papers that were submitted this year – including some from Thailand.

Queens Park 3 (2nd Floor)
09:00 – 10:30

Major Session: Parliamentary panel discussion

The Asian Forum of Parliamentarians on Population and Development has coordinated a panel of politicians from across Asia to discuss the topic of decriminalising drug use.

Queens Park 2 (2nd Floor)
11:00 – 12:30

Lunchtime Lecture

Dr. Ethan Nadelmann – the executive director of the US Drug Policy Alliance – is giving a lecture entitled 'Barack Obama on Drugs: Don't Give Up on the USA!'.

Queens Park 3 (2nd Floor)
12:45 – 13:45

Film Festival

There will be another packed programme of screenings today – including films from Vietnam, Iran, Canada and the Caribbean.

Panorama 1 (3rd Floor)
13:00 – 18:00

Conference Party and IHRA Awards

All delegates are invited to attend this year's conference party, which will include the presentation of the 2009 IHRA Awards and a performance from Kormix – a hip hop group made up of drug users from Cambodia.

Pool Terrace (9th Floor)
18:30 – 21:00





Art for health's sake: artist Kim Davis from Globally Aware decorated the conference lobby with a banner promoting human rights and health.

Programme changes

WEDNESDAY 22 APRIL 2009

Sessions

M6: This session will now be chaired by Swarup Sarkar from the Global Fund.

M6: Abstract #331 (Norah Palmateer) has been withdrawn.

C25: Abstract #890 (Leah Utyasheva) has been withdrawn.

C30: Abstract #368 will now be presented by Ade Aulia Erwin instead of Henri Puteranto.

C30: Abstract #495 (Gabi Becker) has been withdrawn.

C33: Abstract #254 (Andrea Marongiu) has been withdrawn.

C33: Abstract #320 will now be presented by Vivian Hope instead of Fortune Ncube.

Posters

Abstract #104 will now be presented on **Board 14** instead of Board 1.

Abstract #150 (Board 5) will now be presented by Andrea

Krusi instead of Danya Fast.

Abstract #359 will now be presented on **Board 15** instead of Board 35.

Abstract #265 (*Pills and pints: risky drinking and associated health outcomes among regular ecstasy users in Australia*) will now be presented on **Board 17** by Jessica George.

Abstract #368 (Board 1738) will now be presented by Ade Aulia Erwin instead of Puteranto.

Abstract #519 (*Factors associated with supervised injection facility usage among survival sex workers*) will now be presented on **Board 53** by Marla McKnight.

Abstract #737 (Board 85) will now be presented by Carolina Cano instead of Mehboob Dada.

Abstract #920 (*l-bogaine's potential for the treatment of methamphetamine abuse*) will now be presented by Jason Farrell on **Board 1**.

Conference notice

Additional meeting: International Doctors' Harm Reduction Network

In the workshop lounge – Meeting to discuss the launch of the above: Do we need one? Why do we need one? **Thursday 23 April, 12.45-13.45.** All doctors welcome, as well as interested others. Contacts: Chris Ford, UK or Simon Boerboom, Netherlands. If you can't make it, email chrishelen.ford@virgin.net

About the daily update

The Daily Update is produced on behalf of IHRA by CJ Wellings Ltd, whose team publishes *Drink and Drugs News* (DDN) in the UK. DDN is a free fortnightly magazine circulated to 11,300 UK substance misuse workers, and is read worldwide online. The DDN website, which contains current and back issues of the magazine, is freely accessible at www.drinkanddrugsnews.com

To advertise in DDN, email ian@cjwellings.com. Daily Updates will be available on Tuesday, Wednesday and Thursday mornings at the conference, and will include late changes to the programme.

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



A question of liberty

Ahead of this morning's *Legal interventions: reducing harms and improving rights* major session, head of legal services and deputy director of Release, Niamh Eastwood, looks at how the civil rights of drug users are being eroded

THE UNITED KINGDOM GOVERNMENT is often perceived as a leader in the implementation of harm reduction initiatives and in its pursuit of ensuring treatment as a cornerstone of any drug policy. There is no doubt that the UK is far ahead of many other countries, and that the financial investment in treatment since 1998 has been unprecedented. However there has been little discussion of the worrying infringement of the civil rights of drug users, infringements that would be considered completely unacceptable for any other section of society.

Since 2005 a number of new laws have been introduced which have directly targeted drug users. They have included drug testing on arrest and mandatory treatment if found positive, pre charge detention for up to eight days, the closure of premises for up to six months where there is suspicion of Class A drug use and confiscation orders in respect of those found guilty of minor drug offences. These new laws have gone unchallenged and some have been quietly introduced to the wider public – it seems drug users are being treated as guinea pigs.

The criminal justice arena is not the only area where drug users

face unusual and degrading treatment. In the provision of their healthcare they can receive treatment that would not be acceptable to the rest of society. Guidelines issued by the National Institute for Health and Clinical Excellence (NICE), the body responsible for ensuring good practice in healthcare, have clearly stated that everyone should receive treatment if diagnosed with hepatitis C – this includes those actively using drugs. Yet many senior medical consultants still refuse to provide this treatment, based on their own prejudice.

Release, the UK's centre of expertise on drugs and drugs laws, is positioning itself to challenge some of these laws through strategic litigation. This is a process whereby test cases are used to change policy or positions. It is important for the legal field to work closely with those in drug treatment to identify areas of potential action. Today's major session looking at legal interventions as part of harm reduction will consider this issue and that of providing legal services directly to drug users. There will also be a meeting at 12pm today to discuss the development of an international legal network working with drug users – anyone interested is welcomed to attend.

Time for a human rights approach to drugs policy

A human rights based approach had not yet been applied to drug policy, UN special rapporteur on torture Manfred Nowak told delegates in Tuesday morning's *Harm reduction and human rights* plenary session.

Most UN human rights treaties had reached universal ratification, he said, the main principles being participation, non-discrimination and the accountability of states. However, human rights needed to be mainstreamed into all policy areas of the UN.

Regarding the human rights implications of international drug policies so far, the victims were not just farmers and drug consumers, but also people in need of pain relief and palliative care, he stressed. 'These are people totally out of this scene. Up to 80 per cent of the world's population has little or

no access to pain relief – there are many reasons for this, but the war on drugs is one.'

There were numerous ways in which drug consumers were victims of human rights violations, he told delegates. These included arbitrary detention, torture, inhuman prison conditions and excessive punishments, including the death penalty. Alongside these were antiquated methods of forced treatment and detoxification, as well as exposure to increased risk of HIV and hepatitis C.

A human rights based approach to drug policy, however, would be based on the principle of participatory decision-making, involving not just drug users but people in need of palliative care. Harm reduction itself was a human rights policy, he told the

conference. In terms of the UN, however, the situation was that 'Geneva doesn't talk about drugs and Vienna doesn't talk about human rights'. It was essential to break this cycle, he said.

Among the comments from delegates were a questioning of the consistency of the language used by the UN, including 'derogatory language in well meaning documents' and calls for 'meaningful involvement of people who use drugs on every level'. On the question of whether human rights issues were merely discourse for 'lawyers and academics', however, Nowak asserted that 'human rights is a bottom up approach and multi-disciplinary – all kinds of people are fighting for human rights, and risking their lives.'



Employing drug users in harm reduction can give agencies unprecedented access to hard to reach communities. But only if it's done right



WINNING HEARTS AND MINDS

This morning's session *The good, the bad and the ugly*, part of the 'user's choice' series, looks at employing drug users in harm reduction from a number of angles – even running the organisation themselves. 'That raises the question of not having to hide things and play the game – allowing people to talk honestly and openly about their drug taking,' says INPUD board consultant Mat Southwell

Southwell has extensive experience of running drug services in London. 'This was before I came out publicly as a drug user,' he says. 'We had a team where more than half of the staff were drug users, either in treatment or not – there were problems, but there were real opportunities that came out of that as well.'

This was back in the '90s– has the situation changed since then? 'A very good indication is that all the drug using drug workers were sacked after I left,' he says. 'The big challenge in services is that people who are caught using drugs are basically told "have a clean reference and leave without making any noise". So the problems never get challenged. It's about saying "we have employed drug users very successfully in drug services". We were doing pioneering harm reduction work, but it wasn't sustainable because it was driven by individual managers and when they left everyone else went back to their fearful position.'

Does he have any sense of optimism that things might change for the better? 'The UK is particularly problematic, because we have this NTA-driven model that at best says "if you're in treatment or an ex-user you can be involved, but if you're still using you can't". It's completely tokenistic. We're told to shut up and accept it, but we did for ten years employ drug users and had an award winning team. I'm not trying to say there were no problems, but the benefits outweighed the problems.'

Among those benefits are valuable experience and insight, he stresses. 'That's not to say that experiential expertise is better than professional expertise – we had both. You also get a trust with the local using community – it immediately gives you a way in, especially with hard to reach communities – and you get the ability to intervene in the local scene. For instance, when crack broke you could see those trends coming because people are out there taking part in those trends. You get much better intelligence from the ground much more quickly.'

A key issue for agencies is about being brave enough to do the

work, he says. 'One of the success stories of the HIV era was the way that drug users brokered relationships between new developments and practice, but it's hard to see that tradition continuing. It's also about using your peer expertise and your privileged access to pursue a community development approach. Just employing drug users doesn't automatically get you those things.'

Indeed he believes that the main downsides to employing drug users stem from the way it's done, rather than the process itself. 'I don't think there are negatives per se, but there are huge negatives if you do it badly,' he says. 'When I came into the field back in the late '80s I saw people appointed as outreach workers on methadone and stuck out there with no training to do one of the most complex jobs in the drugs field. And drug users are often put into that role – one of the most challenging and demanding – at half the salary rates of other professionals.'

Agencies that employ drug users in a tokenistic way will find those workers cease to be a broker between the organisation and the drug using community, he says. 'They can be patsies, put up as "our nice reformed drug user" – organisations will just appoint their favourite drug user and say "we've done it." The problem is it alienates that drug user from the community and makes people feel even more marginalised. If you give people participation without power it actually increases their sense of powerlessness.'

Employers also need to be realistic with people, he stresses. 'The biggest problems come with not offering training, proper supervision or a safe environment where they can talk about the inevitable risks and challenges posed by going back into the using community and working in it,' he says

Rushing into the process without thinking about the implications can carry huge risks, he warns. 'The danger is that it can sabotage the whole process. Back in the 1980s, because of these few cases that were very poorly managed, even though there were good intentions, the idea of employing drug users in outreach in that period was discredited. There's a policy impact if you don't do this right.'

***The good, the bad and the ugly* is at 11.00. The next 'users choice' session is *Drug user organising in Asia* at 16.00, which offers delegates a chance to hear about emerging drug user activism.**



Syringe sharing in Thailand 'alarmingly high'

There was an 'alarmingly high' rate of syringe sharing among injecting drug users in Bangkok, Thomas Kerr of the British Columbia Centre for Excellence in HIV/Aids told delegates in yesterday afternoon's Harm reduction in Thailand session.

Thirty per cent had reported sharing in the last six months, 65 per cent of whom had described multiple borrowing events. The rates were high by international standards but low by Thai standards, with up to 50 per cent of IDUs reporting sharing in some areas.

The main reasons given were being too far from syringe outlets, pharmacies being closed or, worryingly, pharmacies refusing to give out needles. While there were undoubtedly misconceptions about HIV risk in this population, he said, there were also 'straightforward

social and structural' factors behind the statistics. 'Widespread access to sterile syringes is needed in Thailand now. Failure to provide this is violating the rights of people who use drugs.'

The Thailand Global Fund Round 8 Project, being launched in June, would target 12,000 Thai drug users, said Robert Gray of Population Services International. There had been harm reduction projects in Thailand for many years but reaching 12,000 people at one time was something that had never been done before – the programme would use 75 community pharmacies to distribute free injecting equipment and condoms to IDUs in Bangkok, before expanding the service to 150 more pharmacies in other provinces. There would also be training for police and pharmacists to address the targeting and stigmatisation of drug users.

Tough messages for a tough problem

Tuesday afternoon's Alcohol policies and social marketing session looked at attempts to use the media to try and change drinking patterns. Tuari Potiki of the Alcohol Advisory Council (ALAC) in New Zealand described an entrenched drinking culture where young people learned their drinking behaviour from adults and older peers.

'New Zealand has a very similar drinking culture to countries like England, Ireland and Scotland,' he said. 'People go out to get tanked. Eighty per cent of the population describe themselves as regular drinkers, so it's very difficult to change behaviour.'

Seventy per cent of police time was spent attending alcohol related incidents, and there were significant problems with cheap alcohol and alcohol licensing, he said. 'It's very easy to get a liquor licence, and very hard to lose it.'

ALAC had been trying to raise awareness, taking a whole population approach. 'We didn't want to vilify young people for their drinking when they're just mimicking the behaviour of adults,' he said.

'Social marketing is perceived by some as a soft option, but it is an important way to get your message across,' he told delegates – 26 per cent of people reported drinking less a year after the campaign. The organisation had run into controversy with a series of hard hitting television adverts depicting people vomiting and children being injured by drunken adults, but it felt it had needed to make an impact.

'There were a lot of New Zealand drinkers who didn't see their drinking as a problem to them or anyone else,' he said. 'But that's not what our research was telling us.'



Larisa Pintilei: providing harm reduction services in Moldova

Inside harm reduction

Thailand's harsh anti drug laws result in high levels of imprisonment for drug users from the Bangkok area, according to research on effects of incarceration carried out by The Mit Sampan Harm Reduction Centre, presented by Kanna Hayashi and Aung Yu Naing.

Twelve former and current drug users had been trained to design, plan and implement the research, with the findings used to help improve the health of drug users. The survey of 252 drug users, of which 26 per cent were women, found 78 per cent had spent time in prison where they were more than twice as likely to share equipment as drug users in the community. The study concluded there was a high risk of harm, and a great need for harm reduction services to be available in Thai jails.

The challenge of providing harm reduction services had been grasped by Larisa Pintilei (above) and the Department of Penitentiary Institutions in Moldova. After a long advocacy campaign to persuade prison staff and governors of the potential benefits, they have been providing harm reduction services in prisons in Moldova for eight years. The services, including needle exchange, advocacy services, and provision of condoms, had resulted in a marked decrease in cases of HIV, and the project being recognised as an example of best practice.



Putting out the fire

Elden Chamberlain of the International HIV/Aids Alliance, in collaboration with Health and Development Networks, reports on a regional success story

With most governments in Asia unwilling to embrace a comprehensive harm reduction approach, we have seen an explosion of HIV among drug users. However one country has gone against this trend.

Taiwan does not spring to mind when considering best practice for harm reduction – nonetheless Asia's best example of a comprehensive harm reduction programme exists in this small country. 'When the house is on fire you need to do something about it,' said Dr Hou Sheng-mou, former health minister of Taiwan, at a meeting on Monday evening. He was describing the dramatic rise of IDU-related HIV between 2004 and 2006. 'After looking around the world for ways to tackle this problem, a harm reduction approach seemed like the best solution.'

Dr Hou and his team devised a monitoring, screening, syringe and methadone programme, supported by education and treatment referral. In 2005 the government approved a trial programme in four counties, leading to a significant reduction in new HIV cases. It immediately grasped the importance of the results – unlike many 'pilot' projects elsewhere in the region – and implemented a nationwide programme the following year.

The results speak for themselves. IDU-related HIV infections dropped from 70 per cent of all cases in 2005 to 28 per cent in 2008, while drug related crime dropped 27 per cent. 'The greatest challenge in promoting a harm reduction programme is to change people's mindset – from thinking of IDUs as criminals to thinking of them as patients,' said Dr Hou.

The Taiwanese Centre for Disease Control estimates it has prevented more than 50,000 cases of HIV. The evidence is there. Taiwan's neighbours need to take notice.

A people's champion

This morning's major session, *Risk environments and drug harms*, is dedicated to Bruce Johnson. **Don Des Jarlais** remembers a research pioneer

All of us in the community of substance use research mourn the sudden and untimely passing of Bruce Johnson, our exceptional colleague and one of America's leading authorities on illicit drug markets and the criminal and social consequences of drug use and sales.

Bruce earned his Ph.D. in sociology from Columbia University and was affiliated with the National Institute of Justice's arrestee drug abuse monitoring programme from its inception in 1987 to its close in 2003, and his five books and more than 150 articles are based on findings emerging from more than 20 federally funded research projects.

Since 1992 Bruce had directed the Institute for Special Populations Research (ISPR) at NDRI (National Development and Research Institutes), the nation's largest nonprofit research organisation focused on substance use. Using both qualitative and quantitative methods, ISPR investigates the epidemiology and consequences of substance use among diverse, at-risk populations including

marginalised groups such as the poor, the homeless, distressed households, arrestees, and persons from particular ethnic communities.

Recent ISPR studies include analysis of changes among illegal drug users and drug markets in New Orleans and Houston following Hurricane Katrina, transient domesticity in partnering patterns among drug-using African-Americans in New York City, prescription opioid use, misuse, and diversion among street drug users and development of web-based training for practitioners regarding traumatic brain injury, hepatitis C, HIV confidentiality, methamphetamine use and methadone treatment.

Bruce was also the director of Behavioral Sciences Training in Drug Abuse Research, the largest substance abuse-focused pre- and post-doctoral training program in the US, where fellows are recruited from a spectrum of countries and

cultures and from fields including sociology, psychology, anthropology, criminology, criminal justice, history, nursing and public health. In all, Bruce nurtured the careers of more than 160 research professionals in the first 24 years of the programme. He was particularly concerned with advancing the careers of women and members of racial and ethnic minority groups, and at the time of his death he was serving as an expert staff member of a coordinating centre for minority fellowship programs funded by the federal Substance Abuse and Mental Health Services Administration.

A champion of collaboration, Bruce maintained decades-long working relationships with several fellow researchers who profited from his intellectual and personal generosity. Many who worked with him recall unsolicited acts of kindness along with the research advice we actively sought from him. He loved to scuba-dive and he'd contact his staff from pretty much anywhere he was travelling to offer comments on a grant proposal, conference paper or journal article – and sometimes to

remind them to water his plants. Bruce also loved the symphony, and the sounds of Mahler and Mozart wafting from his office were reliable signs that proposals and publications were under construction.

Bruce's concern for the marginalised and the troubled was not merely academic. Many years ago, with other members of the church he belonged to in New York City, he helped found a community nonprofit that provides healthy meals, shelter, therapy, training and counseling to needy individuals, helping people to turn their lives around.

It isn't necessary to count the number of lives Bruce touched in order to feel the magnitude of our loss. But we also know that his contributions to social science, and especially research on substance use, are equally great and lasting.

Bruce D. Johnson, Ph.D.

February 22, 1943 – February 21, 2009



'It isn't necessary to count the number of lives Bruce touched in order to feel the magnitude of our loss.'



Compulsory treatment denies human rights

Thai drug policy had the objective of treating addicts as patients not criminals, diverting them to assessment and drug treatment. The reality was somewhat harsher, said Richard Pearshouse of the Canadian HIV/Aids legal network, who had studied Thailand's compulsory drug rehabilitation system and contributed to Tuesday's session on compulsory drug dependence treatment centres.

Conditions were deplorable in many of the 84 compulsory drug treatment centres, 50 of which were run by the military. Most people were detained for more than the maximum 45 days while they waited for the provincial sub-committee to determine whether they would be given a custodial or non-custodial sentence. They would be held in crowded conditions without water or access to medical treatment. 'We had to sleep on our sides,' reported one detainee. 'If I moved I might lose my space.' When the decision came, there was no right of appeal.

'One of my urgent concerns is to eliminate the use of pre-detention treatment while being assessed and enforce a minimum standard of care,' said Mr Pearshouse. 'The system needs comprehensive and rigorous assessment.'

Tran Tien Duc from the Futures Group in Vietnam reported that government drug policy in his country was based on zero tolerance.

'Officially the government encourages voluntary rehabilitation, but it is non-existent in the community – sooner or later you will go to compulsory rehab for up to two years,' he said.

The law entitled people 'who are in danger of relapse' to be kept in centres for up to two years, he said. They were channelled through stages

that included detox, behaviour education, liaison therapy, drug relapse counselling, vocational training and post-rehab management, but there was no harm reduction in these closed settings.

Health services were determined by the revenue available at individual centres based on their previous running costs, rather than by health needs. 'Health of residents is not a priority,' he said.

'With the lack of understanding of drug dependence and high stigma, the relapse rate is very high – 90 to 100 per cent,' he added. 'Things could be changed more positively if they changed from being compulsory to harm reduction.' The system was as costly as it was ineffective: 'With the current approach of putting drug users in centres, 146.9m US dollars will be required from 2006-2015.'

Delegates reacted strongly to treatment being described by governments as a form of harm reduction – common to the presentations in this session.

'Many of us have been advocates of treatment as harm reduction, but when I look at some of the results of that I am appalled,' said Deborah Small from the US. 'We should agree on a language to call these centres concentration camps,' said another. A delegate from China described how he had been in treatment 11 times, which involved enforced labour from 7am, to 11pm. 'Is this something you could genuinely call drug treatment?,' he asked. 'We call on everyone who has suffered to speak out... we get human rights by fighting – not being passive.'

Sonia Bezziccheri from UNODC summed up delegates' call for active partnerships with all relevant international organisations: 'We want to see drug dependence at the heart of drug policy.'

**ชุมชนเสวนา
DIALOGUE SPACE**
Building Bridges
Sharing Knowledge
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The Global Fund
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IHRA's 20th International Conference
Bangkok • April 20 - 23 2009

The **ชุมชนเสวนา Dialogue Space** at IHRA provides the opportunity for all conference participants to engage in the sharing of information, knowledge and open dialogue addressing issues of harm reduction and HIV/AIDS, providing local and regional voices with a global platform. The dialogue space will be the main venue for grassroots organisations and civil society to meet and discuss with all other stakeholders involved in harm reduction how they can partner to support locally-driven community development efforts. The space aims to fill the gap between high level policy making and the realities of addiction and drug use.

The Global Fund, as the leading funder of harm reduction programs globally, is taking the lead in organising this dialogue space, **located in the exhibition area**, in partnership with the UNAIDS family, aiming to work with both community and technical partners.

Schedule of Sessions at the Dialogue Space

	20 April	21 April	22 April
10.30 - 2.00	Networking Zone	Networking Zone	Networking Zone
2.00 - 3.30	Opening and Meet the Leaders Michel Kazatchkine, the Global Fund	Meet the Leaders: The UN Family and Harm Reduction	Meet the Leaders: Craig McClure, IAS
3.30 - 4.00	Break	Break	Break
4.00 - 5.00	Red Ribbon Award Organizations Present Their Programs on Harm Reduction	International Union of People who Use Drugs	The Global Fund and Harm Reduction
5.00 - 5.30	International HIV/AIDS Alliance: Community Systems Strengthening and Harm Reduction	Prohibition Enforcement or Public Health? Raks Thai Foundation	
5.30 - 6.00			

The Global Fund is also organising a lunchtime session in the main programme of the IHRA Conference: Scaling-up harm reduction: achievements and challenges 20th April, 12:45-13:45, Room Queen's Park 3



HARM REDUCTION WORKS

A series of campaign resources produced by Exchange Supplies for the National Treatment Agency and Department of Health to reduce drug related death and blood-borne virus infection.

For full details, and to view the resources online, go to HarmReductionWorks.org.uk



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World Health Organization



INPUD is a global network of people who believe that citizens do not forfeit their humanity and human rights simply because they choose to use substances covered by the international drug control system.