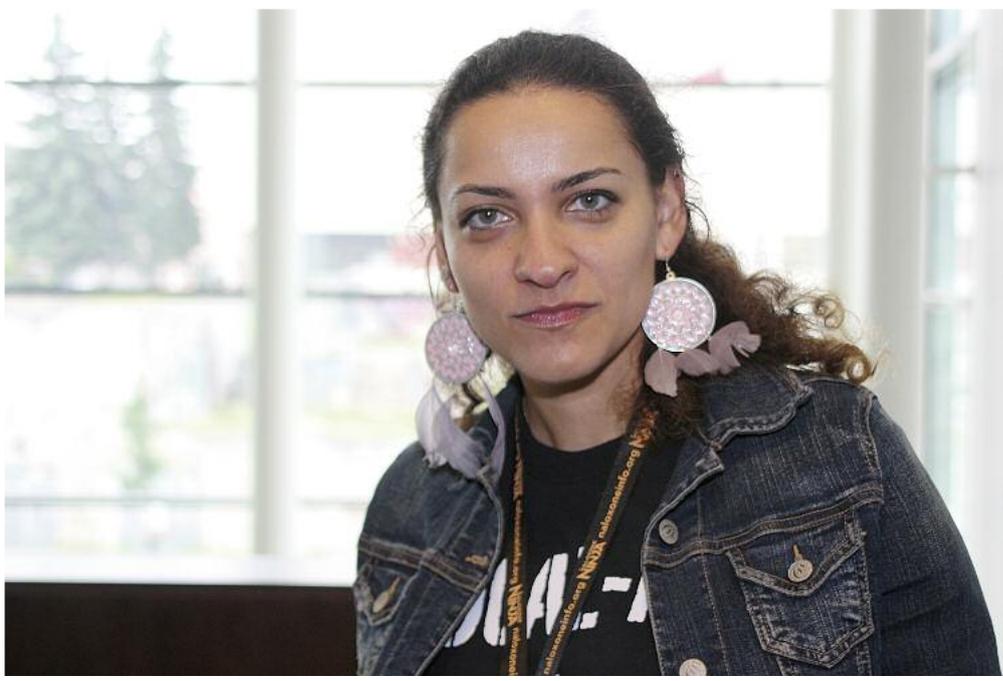
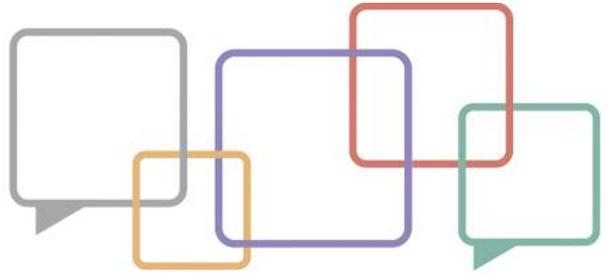


HARM REDUCTION

INTERNATIONAL CONFERENCE 2013
JUNE 9 - 12 | VILNIUS, LITHUANIA

DAILY UPDATE Tuesday 11 June 2013



Voices of the community

'IT'S NOT ALWAYS EASY TO ORGANISE AND MOBILISE PEOPLE WHO USE DRUGS,' said Anastasia Teper of VOCAL-NY (Voices of Community Activism Leaders), a New York-based drug users' union.

VOCAL was founded in 1997 as an organisation aimed at finding housing for drug users, but developed into a means of organising and mobilising people who were substance users and who were HIV positive. 'It started with two people and one organiser,' she said.

'The goal is to build the power of low-income people who use drugs, and end the drug war – which is very much a racial and economic justice issue. We have to find the fire in the belly of the people who are affected by these issues, and help to empower and organise them.'

The organisation recruited through member-led outreach, targeting people at needle exchanges and other services and then with 'relentless follow-up' by phone and in person, she said. 'Mobilising people is not easy – they can have a multitude of issues. But we follow up all new contacts, creating meaningful opportunities for people, and we also want to develop people into leaders – learning while doing.'

A key issue was empowerment, she told the conference. 'How do you speak to authority if you've been put down all your life? That's a very difficult transition to make.'

VOCAL-NY was able to show people that their participation would 'result in real and concrete improvement in the lives of people who use drugs', she said, and it had carried out successful programmes around securing housing for people with HIV, as well as police harassment for syringe possession.

'Seventy per cent of the people surveyed by VOCAL had been arrested for syringe possession,' she told delegates. 'And 87 per cent of them had been carrying documentation saying they were participants in official syringe exchange programmes.'

The organisation had held rallies and secured the attention of the media, and eventually a syringe access law had been passed in 2010. Among its current campaigns, meanwhile, were the mandatory offer of hepatitis C testing for people of the 'baby boomer' generation and marijuana decriminalisation.

'The issues are really deeply felt, because we're really trying to end the war on drugs,' she said.

HIGHLIGHTS

Tuesday 11 June

MAJOR SESSIONS

Alfa Room

9.00–10.30

Financing of harm reduction

11.00–12.30

Human rights violations: who is to blame and what should be done?

14.00–15.30

Sex work and harm reduction

16.00–17.30

From paper to practice: preventing viral hepatitis among people who use drugs

17.30–19.00

Evening workshops on: Strengthening harm reduction workers and values; overdose basics and training of trainers; and shaping international drug policy.

Dialogue Space

11.00–12.00: Marijuana reform as harm reduction in the USA

12.00–13.00: Demonstration of foil pipe making techniques

13.00–14.00: Naloxone – stopping overdose! The launch of naloxoneinfo.org

14.00–15.00: Europe and harm reduction project launch

15.00–16.00: 'New' recovery narratives and harm reduction

16.30–17.30: The use of 'direct action' in harm reduction



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About the daily update

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

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

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



The Ukraine had seen vast improvements in its HIV/AIDS response, although the success was 'fragile', executive director of The International HIV/AIDS Alliance in the Ukraine, Andriy Klepikov, told a press conference yesterday. Michel Kazatchkine and Nicolas Cantau, meanwhile, stressed the Global Fund's commitment to continue funding for treatment and prevention in the region, and hoped that Ukraine's example could be followed in Russia, where less than ten per cent of injecting drug users have access to treatment. Left to right: Andriy Klepikov, Michel Kazatchkine, Nicolas Cantau and former UK health secretary Norman Fowler.

ANNOUNCEMENT

Harm reduction funding in Central and Eastern Europe and Central Asia – the current state of play and options for the future. A press conference from 10.45–11.30 this morning in the Media Centre, with EHRN executive director Sergey Votyagov, EHRN steering committee member Nino Tsereteli and HIV/AIDS programme manager at WHO, Martin Donoghue.

Programme changes – TUESDAY 11 JUNE 2013

Sessions

- P2:** Financing of harm reduction: the correct affiliation of **Victoria Macdonald** is health and social care correspondent, Channel 4 News.
- P2:** Financing of harm reduction: **Michael Borowitz** from the Global Fund to Fight AIDS, Tuberculosis and Malaria, is not coming. New speaker is **Daniel Wolfe**, International Harm Reduction Development Program, Open Society Foundations.
- M4:** Regional track – Human rights violations: who to blame and what should be done? **Dainius Puras** will chair the session instead of **Stephen Lewis**. **Romas Valentukevičius**' correct affiliation is representative of the ombudsman office (Lithuania). New speaker: **Lella Cosmaro**, chairperson of the HIV Civil Society Forum, European Parliament (Italy).
- CC11:** #797 Access to justice for vulnerable women in the criminal justice system in Sierra Leone – **Sabrina Mahtani** is not coming. New speaker **Ruth Morgan**

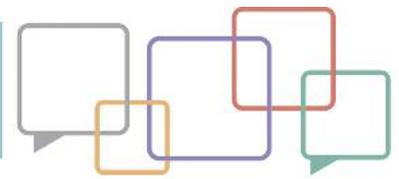
Thomas will present on Connecting and amplifying the voices of sex workers through global and regional networks.

- CC12:** Harm reduction donors – chair will be **David Wilson** instead of **Nedim Jaganjac**.
- CC13:** **Mohd. Zaman Khan Rahim Khan** is not presenting.
- CC15:** Regional track – the cost of hepatitis C. Session will be chaired by **Tim Nguyen** instead of **Azizbek Boltaev**. Speaker change: **Archil Talakvadze**, deputy minister of corrections and legal assistance, Georgia, replaces **Paata Sabelashvili**, Georgian Harm Reduction Network. New speaker: **Lyudmila Maistat**, International HIV/AIDS Alliance (Ukraine).
- In CC16:** **Raminta Stuikyte**'s affiliation is EHRN and EATG.
- CC18:** Creative uses of the law – #826 How bureaucratic loopholes can help get IDUs out of pre-trial detention: **Ralf Jurgens** will be presenting instead of **Dmitry Dinze**.
- CC19:** Healthcare and health needs – #473 A history and explanation of the USA

'911 Good Samaritan' law and its implications for preventing fatal overdose – **Meghan Ralston** is not coming. New presentation by **Lung Vu**: #751 Estimating the health impact of a take-home naloxone programme for people who inject drugs in Russia.

Posters

- #210: **Anindita Ray, Suchandrima Bhattacharya**. Returning to the fold: social and economic reintegration of drug users in Kolkata, India will be presented on Tuesday in poster session 2, on board #16.
- Machteld Busz** will be presenting poster #320, board 11, Ticking the boxes: HIV combination prevention for men who have sex with men (MSM), including intravenous drug users in Cape Town, South Africa (instead of **Glenda Mangnus**).
- Poster #440 Mentoring to maintain momentum, board 47, will be presented by **Daniel Vassallo** instead of **James Parker**.
- Pablo Cymerman**'s poster #719 (previously scheduled to Monday session, board 28) will be presented on Tuesday on board 52.



Changing core beliefs

'My belief is that the drug policy of any society is decided by the taboos and morals of the civil population,' Sean Cassin of Ireland's Drug Policy Action Group told Monday's *Evidence is not enough* session. 'The big challenge for harm reduction in the future will be to interfere with the core beliefs that exist there in terms of disease and morals and harm.'

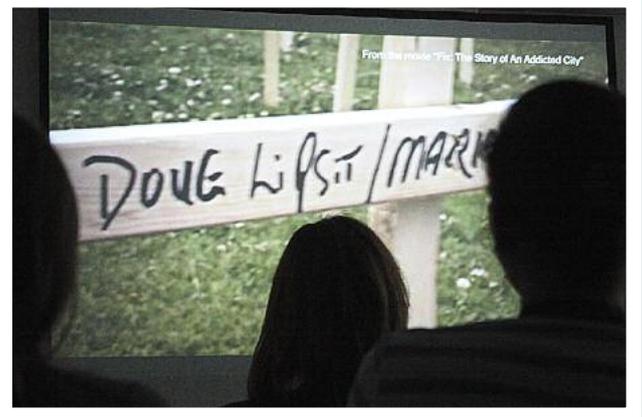
He had established, and still managed, Ireland's first church-owned services for drug users, based at an inner-city Franciscan friary in Dublin. 'To be truthful, the founder was actually a drug user who would come into the church in the early '90s, because the police usually wouldn't follow him in there,' he said. 'He started to bring his friends because it was a safe place, and we would distribute needles and syringes before the health services were doing that.'

In terms of public perception, the 12-step model had also helped to propagate a notion of powerlessness, he said, 'even though there is no basis in science or fact for the disease model'. Worldwide there were 230m drug users, of whom just 27m were problem users, he said. 'There are massive markets for drugs and a perception about harm that is worldwide and the biggest obstacle to initiating harm reduction policies.'

Harm reduction 'purists' tended to avoid any debate 'that gets into the moral poles about decriminalisation or prohibition', he said, and 'they're able to operate effectively because of that'. There was also an accusation of 'surveillance medicine' levelled at some workers – 'why are medicine professionals getting involved in the area of pleasurable drugs?' Most deaths by overdose had to do with the context of the market, meanwhile – 'the illegality of drugs, the rushing to use, lack of control over content'.

Many harm reduction services operated a 'field hospital' model, he said. 'While the war goes on around us and the bullets are flying, the hospital does its work but doesn't comment or raise any moral issues. But my worry about that is that the underlying moral belief that drug use is evil goes unchallenged.'

'We could do no better than to shift our ethos to that of John Stuart Mill's "greatest happiness" principle,' he concluded – that actions are right in proportion to how much they promoted happiness, and wrong in proportion to how far they produced the opposite. 'Happiness means pleasure – and the absence of pain.'



KEEPING IT REEL: Delegates watch *inSite* – *not just injecting but connecting*, a film by the Hungarian Civil Liberties Union (HCLU) that looks at the only legally operating injection facility in North America. For a full listing of all the films being shown, see the booklet in your delegate bag.

Right time, right place

'The conference is taking place at the right time and at the right place,' executive director of the Eurasian Harm Reduction Network, Sergey Votyagov told delegates in Sunday's opening session.

'This is the right region to hold the conference...'

SERGEY VOTYAGOV

Despite increasing wealth, most governments in the former Soviet region still did not invest in harm reduction programmes, he said, with international donors often the only ones providing 'the financial and moral' support. 'So this is the right region to hold the conference, although regrettably for the wrong reasons,' he said. 'Lack of investment in harm reduction costs lives.' Lack of money was not the only structural barrier, however. 'Money follows priorities and the money is spent on a wasteful law enforcement approach.' Now was the time to make the transition from donor funding to investment by domestic governments, he said.

'Our long-term slogan is "nothing about us, without us", Eliot Albers told the conference. 'For us the centrality of meaningful participation is not negotiable, and a fundamental principle that should lie at the heart of all work.' No process, document or service could be said to embody this unless 'our community's input has been built in from the start', he stressed. 'It's not about being asked to endorse a document we haven't even seen.'

'Some of us have been told we're troublemakers,' he continued. 'But our principles are non-negotiable. We are more than aware of the fact that our community is diverse, and you need to be able to bring that to the table. If you are committed to meaningful participation, you will find us a very willing partner.'

Challenging the status quo

'When I started to use heroin I was only 18,' Irena Yermolayeva told delegates in *Evidence is not enough*. 'There is a moment when all drug users want to quit, but in my country of Kyrgyzstan there was no accessible, free detox or rehab available. So I had to wait.'

Several years later she had met other drug users involved in harm reduction services and was inspired to help people in a similar position to herself, one of whom was a 15-year-old girl. 'She had syphilis but it wasn't possible to treat STIs without parental approval. Her partner was also beating her and forcing her to provide sexual services. She needed shelter, but the laws in our country meant that she couldn't get it.'



'There is a moment when all drug users want to quit.'

IRENA YERMOLAYEVA

If she could make three recommendations to policy makers, she said, they would be accessibility of reproductive health services for teenagers without having to get the permission of their parents, the need to develop services and approaches designed

specifically for young drug users, and rehab and crisis centres for young drug users and vulnerable groups.

'Young drug users must have the chance not to be imprisoned and not to become inmates,' she said. 'In Kyrgyzstan, there are no rehab centres available for young people and teenagers.'

Young drug users were also experiencing violence from the police, she said, while Inspector Abdallah Kirungu of the Tanzanian police also described how drug users in Tanzania were being criminalised.

Forty-two per cent of injecting drug users in Dar es Salaam were HIV positive, he said, and the Tanzanian AIDS Prevention Project had initiated meetings with the police to discuss the impact that arresting drug users was having on their work. This prompted him to go incognito to see the actions of the police for himself, he told the conference.

'I found to my shock and dismay that the police were furthering drug-related harms,' he said, with officers ambushing drug users to confiscate and sell their drugs, harassing clients at HIV and methadone services, and extorting money and demanding sexual favours from sex workers.

'These practices called for an integrated harm reduction intervention for police officers. We need to educate our police force about drug harms to individuals and society, and the police need to be mandated and supported to take drug users for treatment rather than arrest. Police officers who extort sex workers and sexually violate them should also be subject to disciplinary action and prosecution, and we must also empower drug users and sex workers to protect their human rights.'

The Tanzanian police were not able to do this alone, however, he stressed. 'It needs to be supported by those already in the field.'

The right to life

'If you break stereotypes,' Lithuania's health minister Vytenis Povilas Anriukaitis told delegates, 'you break down walls.'

Human rights included the right to live, to have opportunities and to acknowledge that people are equal, he said. 'We must always remember that. It's predetermined positions that destroy people's lives – we have to fight for leadership.'

Human rights were not invalidated by drug use, former president of Switzerland Ruth Dreifuss told the conference. Lithuania was playing a pioneering role in harm reduction in Eastern Europe, she said, with HIV rates ten times lower than in some neighbouring countries. However, the 'ticking timebomb' of hepatitis C meant that adequate coverage of services was vital.

Ensuring that services were accessible and affordable for all was challenging, she said. International solidarity was essential, with financing from states and NGOs combined and pharmaceutical companies making their drugs affordable in poorer countries.

'HIV was a brutal teacher,' she told delegates. 'We learned that mass incarceration for drug possession – far from discouraging drug use – was the place where HIV, hepatitis C and drug use were allowed to flourish. Our approach has to be more comprehensive.'

It was also vital to consider harms 'beyond the public health approach', she said. These included the increased power of criminal organisations, which not only challenged weaker states but had actually come to threaten democracy and the rule of law in many parts of the world.

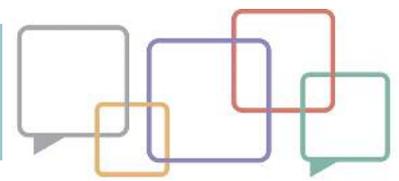
'Mass incarceration is a huge waste of public resources, and human rights violations are justified by the war on drugs,' she said. It also remained vital to fight for and finance harm reduction measures, and ensure they were accepted and understood by the public.

'We are all committed to achieving these aims,' she told delegates. 'And you are saving lives.'



'Mass incarceration is where HIV, hepatitis C and drug use flourish.'

RUTH DREIFUSS



Former Swiss president Ruth Dreifuss, former Polish premier Aleksander Kwaśniewski and Michel Kazatchkine from The Global Fund discuss the need to move to a public health approach to tackling HIV and hepatitis C within the Central and Eastern European region. Governments within the region should be working towards removing barriers that stop access to clean needles and substitute prescribing, said Mr Kazatchkine.

Tackling the silent epidemic of hepatitis C

‘Sixty per cent of people who inject drugs worldwide are infected with hepatitis C – it’s the silent epidemic,’ said Azzi Momenghalibaf, chairing a session on access to hepatitis C treatment, before asking each of the five panellists to give a snapshot of the situation in their country.

‘In Russia we have a very large number of people infected – between 3m and 7m,’ said Sergey Golovin. ‘But these are unofficial figures – we do not have a national programme.’

Fewer than 1 per cent of people with HCV in Russia were accessing treatment and drugs were often left unused at hospitals as people were not coming forward.

‘We have highs and lows in Russia,’ he said, the highs being prices, prevalence of HCV and need for treatment, and the lows being awareness, access and demand for treatment. There were signs of activism for a state-funded programme and pressure on producers to lower prices: ‘There will be action and protests,’ he said.

Amritananda Chakravorty spoke of the long fight ahead for drug users in India, where they were seen as criminals rather than patients. ‘We need political commitment at national and international level,’ she said. ‘It is the ultimate obligation of the international community to respect the right to life of people who use drugs.’

Paisan Suwannawong outlined the scale

of the challenge in Thailand, where ‘the government still excludes people who use drugs’. ‘We must continue to educate and advocate for people with hepatitis C,’ he

said. ‘The most important thing is that we continue to fight for decriminalisation of people who use drugs and access to healthcare.’

Dasha Ocheret of the Eurasian Harm Reduction Network had been involved in mapping data. ‘No one officially excludes people who use drugs from treatment, but there are huge gaps between official policies and what actually happens,’ she said. If people injected drugs in Russia, for example, they would have a very low chance of treatment, depending on their doctor.

With the absence of good national guidelines in any country, a ‘recent wave of activism’ was playing its part in raising the profile of hep C treatment. In Ukraine the government had reacted to pressure and adopted a treatment programme, and in Georgia civil actions and patient groups had been successful in starting a hep C programme in prisons.



‘We need to explore compulsory licences for safe and effective drugs...’

KARYN KAPLAN

‘We should never stop fighting for what’s right,’ said Karyn Kaplan, who talked about the new generation of hep C drugs – direct acting anti-virus drugs without significant side effects – that meant cure rates of up to 100 per cent. ‘We need to explore compulsory licences for safe and effective drugs,’ she said. ‘We need to make sure they’re affordable.’

Calling for collective action, she added: ‘This is a matter of public health urgency,’ and encouraged delegates to sign an online petition at www.hepcoalition.org.

Michel Kazatchkine joined the session to give The Global Fund’s support in advocating for hepatitis C and to launch the Russian edition of *The Hidden Global Hepatitis C Epidemic*.

‘Two thirds of people who use drugs are affected by hepatitis C,’ he said. ‘It’s treatable and curable but so few people are accessing treatment.’



Sharing techniques

Join us for an interactive dialogue session collecting and demonstrating foil pipe making techniques from around the world, and discussing their potential as an alternative to injecting, says **Neil Hunt**

Inject, smoke, sniff, swallow, insert. People elect to use different drugs in different ways. Quite often we also choose to use the same drugs in different ways, according to the situation, the quality or formulation of the drug. This is the normal ebb and flow of drug taking. We may have preferences, but these aren't necessarily rigid. Sometimes these shifts are very striking. Witness the impact of the shift away from injecting in The Netherlands and parts of Spain, or the way that methamphetamine use seemed to partially replace heroin during Australia's heroin 'drought'.

In a global context in which prohibition aggravates the risks and consequences of injecting, it is helpful to appreciate the alternatives that exist and the reasons why these may sometimes be preferable. Smoking base heroin, crack or crystal methamphetamine on foil using a home constructed pipe can offer advantages that people value. It's good to have choices.

Chasing heroin instead of injecting can reduce overdose risks on occasions when you are also using benzos or have been drinking alcohol. Chasing crack rather than injecting or piping it reduces the intensity, but makes it last longer and can leave a large residue in the pipe to enjoy at the end of smoking session – 'Best Til Last', as an early HOT Team social marketing project put it. When veins are shot and hard (or almost impossible) to get, chasing may get more of the drug to your brain and faster, than repeatedly chasing and missing finer and finer veins. Or it may help avoid using veins that some

people prefer not to use in the groin or neck and give other veins a chance to recover.

If you are trying to get a hit together and withdrawing, a little smoke first can calm things down and take some of the agitation and urgency out of the situation. Then you have more time to put the hit together carefully and better options to avoid using in risky environments where you will be in a hurry, and the dangers of wasting the drugs through missed hits or rushed preparation also increase.

Some people's preference for injecting means that alternatives such as smoking on foil are of no interest, but the evidence shows that others value having more options. One way in which needle and syringe programmes and drug consumption rooms have begun to extend their range of services, is to provide foil that can be used on site (DCRs) or taken away (NSPs and DCRs). In NSPs this addition to services also means that people who chase, but don't inject, also start coming to services for the first time, improving engagement and opportunities for harm reduction with non-injectors.

Please join us to learn how to make foil pipes and some of the techniques for their use. This is a participative session, so if you have a better or different pipe design, come along and show everyone – especially if you have good designs for using crystal meth. We'll be delighted to learn from you.

The foil pipe making demonstration will take place in the dialogue space today at 12.00–13.00.

Challenging brutal treatment in India

Manipur was a small state but with a long, porous border with Myanmar and the highest proportion of people who use drugs in India, Rajkumar Nalinikinata, of CoNE (Community Network for Empowerment) told delegates in Monday's Users' choice session.

It also had one of the highest rates of HIV in India, standing at 28 per cent among people who used drugs and with hepatitis C rates as high as 90 per cent in some districts. There was, however, 'no response' in terms of prevention, testing and treatment, he said.

People identified as drug users were also frequently penalised, harassed and extorted by the police, he said. 'Some of us are also forcefully admitted to treatment centres without our consent.' These were characterised by a lack of proper medical care, forced labour and physical abuse, with people chained to beds for the first 15 days of their stay. 'When we try to put in any kind of complaint, the consequences will be physical abuse or torture in some form,' he said. 'It's clearly not a treatment centre but rather a detention centre.'

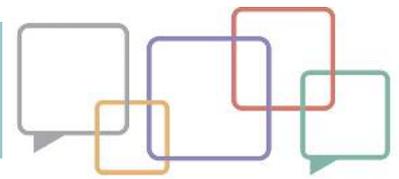
The consequences were that few people sought treatment, and



treatment outcomes were very poor, he stated. 'People are also developing mental problems as a result of this, and there are increasing numbers of people dying in treatment centres. Families fear sending people to treatment centres – 16 people died in one month in one centre, because of lack of medical care.'

His organisation, CoNE, however – a state-level network of people who use drugs in Manipur – had formed a fact-finding team to investigate deaths and human rights violations in treatment centres, producing a report which had been shared at state level. An advocacy campaign had been launched, with press briefings and consultations, which ultimately led to a state declaration to immediately stop chaining inmates in the name of treatment, and other violations of human rights, alongside a commitment to ensuring quality services.

'We were able to bring about changes after the community came together to address these issues,' he said.



Reaching out to children in Romania

The first harm reduction outreach projects in Romania had begun in 1999, Iona Tomus told delegates in Monday afternoon's *Children, young people and drug use session*. However, as of this month, all funding for harm reduction services in Romania would stop.

The implications were dire, she warned. Figures from 2011 showed that there were around 17,000 people injecting drugs in Bucharest, and far fewer syringes than were necessary because of lack of funds. 'Of course the consequences appeared immediately,' she said. 'In 2010 the HIV rate among people who inject drugs was 3 per cent. By 2012, it was 31 per cent.'



'We have a lot good practice – we just need to bring it together.'

IONA TOMUS

"Everything about us, without us".

The children using drugs were mostly in Bucharest, she said, and typically had low levels of education and literacy, as well as behavioural and health problems. Rates of homelessness were also high. 'I am a harm reductionist, so what should I do?' she said. 'Officially, harm reduction service providers state that they don't offer services to children, but they do.' This could often lead to confrontations with police, she added.

'There are also moral questions – is it right to give syringes to a child, for example – as well as lack of funding and lack of proper instruments to create child-friendly services. But changing the law is an important issue and something that we're trying to do on an ongoing basis.'

It was also vital to standardise the methods by which the number of children using drugs was monitored internationally, she stressed. 'We need to know our epidemic and how it differs to that of adults, and make guidance specific, accessible and relevant. We have a lot good practice – we just need to bring it together internationally and fill the many urgent gaps.'

The problem was particularly acute among younger people, she said, exacerbated by rising rates of 'legal high' use, particularly mephedrone. The age of initiation could be as young as ten, she said, and rates of equipment sharing were high. 'In order to have access to health and social services, however, you need the permission of parents. It's the opposite of "Nothing about us, without us" – it's



DYNAMIC DISPLAY: The team from Westminster Drug Project in the UK promote their *Giving Something Back* programme in the poster display area. 'The key factor that prevents an individual from relapsing is gainful employment. This can be either paid or even unpaid in the early stages. The *Giving Something Back* programme provided by WDP has already resulted in very positive outcomes and has provided a real alternative to many of our users who are in recovery to give them a purpose in life which no longer involves drugs or alcohol,' said Yasmin Batliwala, WDP chair. Visit the poster area on the mezzanine floor to see this and other displays, and talk to the people who created them.

Engaging with Indonesia's young street users

'Young people who use drugs have unique developmental and situational needs that aren't addressed by traditional adult-orientated services,' Tesa Sampurno of Indonesian peer-support programme Rumah Cemarah told delegates in yesterday's *Children, young people and drug use session*.

Just over 2 per cent of the Indonesian population used drugs, he said, equivalent to between 3.8 and 4.2m people, with his service targeting young people in the city of Bandung. 'Many of them are street-involved, poly-drug users and experience a wide range of harm due to their drug use,' he said. 'And programmes are failing to reach them.'

Harassment from law enforcement made it even harder for services to access vulnerable young people, he stressed. 'They can be beaten up, and even hospitalised, by police officers or security staff just because they're walking in the mall, for example. So they become closed off.'

His organisation, however, was directly engaging with young people in different parts of the community, he stated. 'Importantly, Rumah Cemarah has established the trust of young people who use drugs, who now freely share their experiences, seek advice and bring their friends. The youth themselves are now the brain and the core of the programme – the programme is running because of them.'

Flexibility and creativity were essential when working with young people, he said, as were demonstrating respect for, and belief in, them. 'You need patience and the ability to demonstrate a safe and supportive environment, as you need to provide holistic, integrated programmes that recognise drug use as just one part of the broader needs of young people. We don't just talk about drugs, but about their life problems, their social problems – every aspect of their lives.'



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