

As IHRA gathers steam for the next international conference on harm reduction, DDN talks to Gerry Stimson about the bigger picture.

Pushing frontiers of harm reduction

We want to create an environment where harm reduction is accepted and implemented, says Professor Gerry Stimson, IHRA's executive director for the last two years.

The International Harm Reduction Association is best known for its work on behalf of illicit drug users, but its remit includes all psychoactive drugs and the organisation is having to stretch itself to cover a burgeoning agenda on alcohol and tobacco harm reduction.

Stimson is not daunted. Heading towards IHRA's eighteenth conference next year in Warsaw, he describes an expanding network that supports the small but energetic executive council of 12, that covers most global regions.

The annual conference has a particularly important role in sharing practice and inspiration. 'It's where people can exchange ideas, new practice and research,' says Stimson. 'It's also a breath of fresh air once a year – a supportive environment.'

Follow-up action demonstrates the event's influence. One delegate from Taiwan had been attending conference for about eight years, learning about harm reduction. When his country uncovered a major problem with injecting drug users and HIV infection a couple of years ago, he was able to open doors for an IHRA delegation to visit Taiwan to speak to ministers, doctors and conferences.

'Last year Taiwan adopted harm reduction and now has methadone and needle exchanges,' explains Stimson. 'That's the way we like to see our influence.'

Part of IHRA's bigger picture comes through promoting harm reduction with international organisations. Work over the years with the World Health Organisation,

United Nations Association and the United Nations Office on Drugs and Crime has brought significant policy changes in different countries.

This might not seem important for the UK – 'which doesn't take much notice of the UN!' Stimson acknowledges. 'But it's incredibly important for many countries that there's a UN document that says substitution treatment and harm reduction are OK,' he adds. 'It helps them to push forward.'

While the steady work supporting other countries goes on, IHRA is frequently called to the front line. When the US put pressure on the European Community to 'back off' on harm reduction, IHRA joined with others to form a coalition of drugs policy, human rights and HIV/Aids organisations that worked behind the scenes to brief governments who were sending delegations to the Commission on Narcotic Drugs.

Similarly, when UNA was reviewing prevention and the US insisted that syringe exchange shouldn't be mentioned, 'we organised delegations from other countries to make sure good sense prevailed,' says Stimson.

Earlier in the year IHRA lobbied against the International Narcotics Control Board's proposal to WHO that they move buprenorphine into the more stringent Single Convention. Had the INCB succeeded, WHO would have put the drug under tighter control and made it harder for doctors in different countries to prescribe it, but a campaign involving 160 organisations in 40 countries convinced them not to reschedule the drug.

Such co-ordinated action underlines Stimson's statement that 'we're not just IHRA, but IHRA and others'. But the handful of organisations that IHRA works with regularly, adds to the association's

dynamic culture and makes it nimble in responding to smaller organisations' needs. Many small but sincere bodies that don't really know where to start in tackling harm reduction in their areas are given a route to engage in advocacy – with the spin-off that IHRA receives valuable offers of volunteer support.

Funding – 'always a struggle, but getting better' – comes from a mixture of conference, the association's membership, donations

released, have been listening to the many arguments around increasing taxation to reduce consumption.

'But there are an awful lot of things that can be done to make the environment safer for drinkers and those affected by drinkers,' Stimson points out, applying the harm reduction philosophy that hasn't always been considered in the alcohol debate. Alcohol harm reduction can be very like drugs harm reduction, he says. 'You can

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and some grants for project work. It helps that every opportunity is maximised: many people use the international conference as a stage for their own meetings, 'which keeps the spin-off groups ticking over until next time', says Stimson.

He reflects that progress in harm reduction has been tremendous over the last 20 years, from the movement's humble beginnings in a few agencies in the UK, Holland and Australia. Now there are needle exchanges in 65 countries and methadone and buprenorphine in about 60 countries – but in other areas the challenges are only just beginning. IHRA is fully involved in applying the harm reduction agenda to alcohol and tobacco, and with the EU alcohol policy about to be

change the drinking environment, the management of the pub, transport, bar staff training – a lot of harm reduction activities are relevant to public order.'

Similarly, discussions with the campaigning group Action on Smoking and Health (ASH) are bringing a harm reduction perspective to the table in dealing with smokers' nicotine addiction, which will be echoed in ASH's future policy.

Unfazed by needing to be everywhere at once, Stimson is preparing to fly to Iran, having just returned from Barcelona. IHRA's mission is to animate and harness help, and his commitment to engaging with like-minded others makes him a determined ambassador. **DDN**

Recognising that not everyone interested in harm reduction could be in Vancouver, IHRA held a London event to share the content of this year's conference. IHRA's Jamie Bridge reports.

Lessons for local practice

Last month, 130 people from various backgrounds gathered in London to gain feedback from the 17th International Conference on the Reduction of Drug Related Harm – an 'international harm reduction circus' held in Vancouver in May, that was attended by over 1,300 people from around the world. Inevitably, many people were unable to travel to Canada, so this event provided an important forum to make the key lessons as accessible as possible.

Tim Rhodes, director of the Centre for Research on Drugs and Health Behaviour, opened by stressing that harm reduction services must be flexible, proactive and innovative to address the current challenges, such as rising HIV prevalence, high hepatitis C prevalence and increasing rates of crack injecting. Gerry Stimson then presented the key themes from Vancouver – such as user involvement, human rights, alcohol harm reduction and young people – and emphasised that 'conferences are only as good as what comes before and what comes after', so harm reduction around the world must apply the lessons from Vancouver in order to advance.

Andria Efthimiou, Grant McNally and Daren Garratt spoke about user advocacy, 'the means to honestly facilitate the empowerment of users', which has been developing internationally since the eighth International Conference in Paris, in 1997. There were groundbreaking international and national user group meetings in Vancouver as well as scholarships, facilities and support for drug users. The conference represented true involvement of drug users, as opposed to tokenistic 'user representation'. Post-Vancouver, the international drug user group released their declaration statement and the national user group published a guide on user involvement – *Nothing About Us Without Us*.

Jo Kimber from the CRDHB presented the latest information on bacterial infections, which are

overlooked by most harm reduction services, despite affecting one in three drug injectors in Europe. These problems are often compounded by poor hygiene, hurried injecting techniques, delays in seeking help and barriers to accessing primary health care. The concluding lesson for harm reduction services was that early diagnosis and treatment must be a priority, alongside on-site education and advice in harm reduction services and low-threshold primary health care.

Neil Carey presented research on harm reduction, young people and 'heavy' cannabis users. The sample were using 'skunk' daily and were vulnerable (although none had been diagnosed with chronic mental health problems). Heavy cannabis use was regarded as a need to smoke first thing in the morning and last thing at night, and the enjoyment of cannabis above anything else. To effectively tackle this, harm reduction services must engage young people, consider their own perceptions of their use, understand the function that cannabis plays and offer alternative coping mechanisms.

Danny Kushlick of the Transform Drug Policy Foundation presented his 'alternative view' of Vancouver, where areas that 'exuded health' sat alongside poor areas, and he praised the city's drug strategy as 'the best on Earth'. (Vancouver has North America's only drug consumption room). Next year's international conference will embrace the debate about drug prohibition and he closed by looking ahead to a 'long embrace' between the harm reduction and legalisation fields.

Paul Turnbull of the Institute for Criminal Policy Research opened a session on heroin use by focusing on how non-problematic users challenge how we view the drug. The key factors were individual circumstances and characteristics, environments and external commitments ('a life beyond

drug use'). Most non-problematic heroin users 'were not immersed in heroin subculture' and did not inject, so harm reduction services must dispute the socially constructed 'junkie stereotype'.

Nicola Metrebian of the National Addiction Centre then presented the latest news from the UK's prescribed heroin trial, which is comparing injectable diamorphine, injectable methadone and 'optimised oral methadone' treatments. The final report is due for publication in July 2008 and will add to

justice settings. In particular, prisons and the police represent unique opportunities to deliver harm reduction. However, these opportunities are often under-utilised and significant advances can be made through post-release services, improved attitudes, substitute treatments, and needle exchanges. European studies have found a significant reduction in drug use in both coerced and voluntary individuals – so coercive treatment can play a role in a coherent drug policy, rather than being

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the international evidence, hopefully advancing harm reduction in the UK.

Charlie Lloyd then presented the Joseph Rowntree Foundation's report on drug consumption rooms, which found a considerable need in the UK, with its high rates of drug-related deaths, hepatitis C, homelessness and public injection. Internationally, drug consumption rooms have been shown to save lives, improve health and reduce sharing and these facilities should be piloted in the UK and integrated into existing services. National guidance is currently being written but the government has refused to support the idea.

Finally, Tim McSweeney of ICPR reviewed the criminal justice topics from Vancouver, where several presentations highlighted examples of good and bad harm reduction practice in criminal

in conflict with harm reduction.

Overall, the one-day event was a success, providing a snapshot of the Vancouver conference and allowing for open discussions that were at odds with the hot and stuffy lecture theatre. Events like this can help to ensure the continued development of harm reduction – we look forward to seeing you at the next one!

Jamie Bridge is communications and project officer at IHRA.

Adapted from the Rapporteur Report by Gill Bradbury and Jamie Bridge, available at www.conferenceconsortium.org alongside the session slides. For information on next year's international conference, visit www.harmreduction2007.org