



SOLIDARITY

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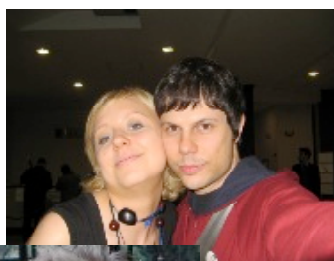


En Español
<http://www.champnetwork.org/index.php?name=solid>

“Nothing About Us Without Us”

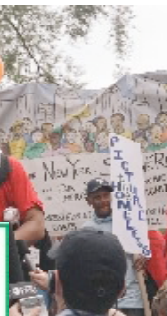
Drug users around the world organize for HIV and viral hepatitis prevention, healthcare, and human rights

— Suzy Subways, Editor, Solidarity Project



Swedish Users' Union activists Johan Stenbäck and Berne Stålenkrantz.

Masha Ovchinnikova from FrontAIDS and Matt Curtis from the Open Society Institute at the 18th International Conference on the Reduction of Drug Related Harm.



VOCAL's Louie Jones, speaking at a rally with New York City AIDS Housing Network (NYCAHN).



Used syringes collected by the harm reduction workers at Persepolis NGO, Iran.



Information, Communication and Education poster used in the Hong Kong harm reduction campaign.

We know that drug use—both legal and illegal—can increase a person's HIV risk. We also know that just quitting drug use is not a realistic option for everyone. Harm reduction strategies accept that drug use is part of our world and provide effective tools to reduce the harmful effects that drug use can have, such as viral hepatitis, HIV and overdose. HIV, hepatitis C and hepatitis B can be transmitted when people share injecting equipment, so syringe exchanges give

people clean, unused works and dispose of people's used ones. Methadone is a drug that can be prescribed and taken orally so that injection is avoided completely, and many people find they can keep their lives more manageable and healthy with methadone or another type of opiate maintenance therapy. In this issue of Solidarity Project, we explore ways that drug users around the world are organizing to protect themselves and their communities when society won't.



At the 18th International Conference on the Reduction of Drug Related Harm in Warsaw, Poland in May, the Joint United Nations Programme on HIV/AIDS (UNAIDS) [announced](#) that about a third of people who contract HIV worldwide outside of Africa are exposed through shared syringes during injection drug use or indirectly as sexual partners of people infected through shared syringes. The trend is similar in the United States, where these risk factors account for almost two-thirds of cumulative AIDS cases among women. Between 50-90%, of active and former injection drug users in the U.S. have hepatitis C (HCV), with most users becoming infected within the first years of beginning to inject. In Southeast Asia, Central Asia and Eastern Europe, injection drug use is a primary mode of transmission for both HIV and HCV. Yet only 8% of injection drug users worldwide have access to prevention services like opiate maintenance treatment and sterile syringes, according to UNAIDS.

The U.S.-led global “War on Drugs”—which puts drug users in the hands of police and prisons instead of serving users’ physical and mental health, housing, and recovery needs—increases the risk of contracting HIV and viral hepatitis, as well as the risk of overdose. Stijn Goossens, Director of Activism for the newly formed [International Network of People who Use Drugs \(INPUD\)](#) cites an example from his home, Antwerp, Belgium, to demonstrate the absurdity of making particular drugs illegal: “Antwerp jails are full of Moroccans in for the hash trade. How come they’re not full of Scottish people in for the whiskey trade?” Of course, Goossens and INPUD would oppose the incarceration of alcohol vendors from any country, but his point is clear.

Even before the emergence of HIV, drug users organized to provide services for their communities and to defend their human rights. Those who are directly affected by an issue must lead every struggle for justice—and this struggle is no different. As with any movement, drug user organizing faces considerable challenges, but they can be overcome, especially with the logistical support of former and non-users.

A Movement Grows

Drug user organizing started in the Netherlands in the early 1970s to reduce the transmission of hepatitis B, and in 1984, a users’ group in Amsterdam began the first distribution of syringes to prevent HIV. [The Drug User Organizing Manual](#), created by Jennifer Flynn for the Open Society Institute’s International Harm Reduction Development Program (IHRD), observes: “Heavily influenced by the AIDS movement, drug user organizing carries forward [The Denver Principles](#), which rejects victimization and creates a new identity that individuals can call themselves, rather than being given a label by the outside world.”

In the United Kingdom, says longtime activist Andria Efthimiou-Mordaunt, syringe exchange has never been illegal, and public health, especially mental health, has usually been prioritized over criminalizing users. “We’re bonkers. That is, sad or slightly mad, rather than bad or naughty,” she quips. She estimates that about a quarter of the opioid users in the UK receive methadone, and 1% are prescribed heroin as maintenance therapy. Although only about a tenth of users get all the services they need, these relatively liberal policies have shown results. Less than 2% of injection drug users in the UK have HIV, according to a March [presentation](#) at the United Nations Commission On Narcotic Drugs. Efthimiou-Mordaunt attributes this success to the influence of drug user groups. “For years, people in more recognized user groups have been covertly influencing policymakers, who phone us requesting information—data about, say, safer injection rooms. This is rare, but it does happen,” she says. “Some of them surely care, and want to be advised from the horse’s mouth. They know we’re right, but they can’t be *seen* to be advised by us.”

Making Progress

By 2006, more than [65 countries](#) had some kind of syringe distribution, and the volume of methadone prescribed globally had increased four times since the mid-1990s. Even Iran now provides clean syringes and methadone, and not only to the general public, but in prisons as well—one of only eight countries to do so.

In Canada, the [Vancouver Area Network of Drug Users \(VANDU\)](#) has about 1,500 members, hundreds of whom are actively engaged in the group's efforts. Members visit each other in the hospital, attend nightly meetings to plan activist campaigns, and form alley patrols to check on users in the neighborhood. VANDU also launched North America's only safe injection site—a safe, health-focused space where people can inject drugs and connect with healthcare professionals and addiction services. It has reduced drug overdoses and needle sharing, attracted users at risk for HIV and hepatitis C, and increased the number of users seeking treatment or counseling—without leading to increases in crime or drug use.

The Danish Drug Users' Union, [BrugerForeningen \(BF\)](#), is one of the oldest such groups. Methadone patients run BF's daily drop-in center. The 630 members pay \$18 in annual dues and can have free collective meals, laundry, vitamins, first aid and painkillers, and bicycle service. They also have access to computers and the Internet, physical workout equipment, painter and hobby rooms, musical instruments, video equipment, and copy and print services. BF members present preventive drug-education trainings to young people, nurses, journalists and other professionals. They also provide trainings to police cadets, substantially influencing the way police think of and treat drug users.

BF's Syringe Patrol clears the streets of used works, picking up more than 200,000 syringes and needles a year, and now gets paid by the city of Copenhagen to do so. The group's president, Jørgen Kjær, says, "We have done this citizen service on a voluntary basis for 10 years, and it is great now to be paid approximately \$75,000 for a year's work. Our next-door neighbors are a children's library and the local citizen and culture house. Usually, user unions and most treatment institutions are hidden away along railway lines or harbor areas, but BF is right in the middle of Copenhagen, where we have rented 22-room premises in a community-owned building."



BrugerForeningen's Syringe Patrol safely picks up used needles around Copenhagen.

Confronting Tough Challenges

This kind of integration with broader society is rare. Even in nearby Stockholm, Sweden, syringe exchange is illegal. On May 4, activists from the [Swedish Users' Union](#) turned themselves in to the police to assess what the penalty would be. "We are handing out syringes for purely humanitarian reasons," Berne Stålenkrantz, the union's national chairman, told [The Local](#), an online Swedish news service. "And we are forced to do so since society is not providing this type of healthcare." INPUD's Stijn Goossens praises their



efforts and adds, “We are in a lucky position in Europe, because the consequences for this type of activity aren’t as severe as in the U.S. or Russia. That gives us some space to play with the system.”

The situation in the United States may not be nearly as bad as it is in China, which executes dozens of drug offenders each June to mark the United Nations International Day Against Drug Abuse and Illicit Trafficking. But the U.S. has become the greatest barrier to harm reduction worldwide and, of course, at home. In 2004, the State Department successfully pressured the United Nations Office on Drugs and Crime (UNODC) to stop supporting harm reduction. Two of the most relied-upon sources of HIV prevention funding in the world—the United States Agency for International Development (USAID) and the President’s Emergency Plan for AIDS Relief (PEPFAR)—refuse to fund syringe exchange.

Nearly 200 syringe exchange programs operate in the United States, but this is still the only country in the world with an explicit ban on the use of federal funding for such programs. Several states still outlaw syringe exchange. All 50 states and Washington, DC, have some kind of syringe access — but even if it’s legal to buy them at pharmacies without a prescription, people can still go to jail for possessing them. If federal funding could be used to support syringe exchange programs, thousands of new HIV infections would be prevented each year.

The evidence shows it can be done. In an August 2006 [essay](#), Roseanne Scotti, director of [Drug Policy Alliance New Jersey](#), writes: “In other industrialized countries that implemented ‘sterile syringe access’ policies early on, the rate of HIV related to shared syringes is much lower: Australia, 4 percent; United Kingdom, 6 percent; Canada, 17 percent.” And in New York City, where community-based organizations have made harm reduction fairly accessible, the prevalence of HIV among injection drug users [decreased](#) from 50% in 1990 to 30% in 2000.

The war on drugs not only makes it difficult to prevent the transmission of HIV and hepatitis C, but it makes life much harder for those living with either or both of these viruses. About [2.3 million](#) people are currently incarcerated in the United States—the highest rate in the world—and the dramatic increase over the past 30 years is primarily due to sentences for nonviolent drug offenders. Prison is no place to be if you’re HIV-positive, and it creates even more challenges if you have hepatitis C. Many prisoners are never tested for HCV despite the high prevalence among incarcerated populations, and few incarcerated people who need HCV treatment receive it.

Developing New Strategies

Many Americans find it hard to imagine their country as one of the most repressive in the world, but drug user and harm reduction activists know the realities all too well. Some are developing innovative strategies to fight back. In New York City, [Voices of Community Advocates and Leaders \(VOCAL\)](#) is organizing itself as a drug users’ union modeled on the users’ unions in Europe and Canada. Members pay dues, reach out to other users with information and safe injection kits, receive leadership training, and aim for seats on city planning committees and national advocacy groups related to HIV and harm reduction so that active users are not shut out of services—or the decisions made about those services.

As drug user activists worldwide put it: *“Nothing about us without us.”*

Many AIDS activist groups in the U.S. have empowered active users to fight for prevention services, housing, and health care. Some have active users in leadership positions, although the groups may not

identify themselves as drug user organizations. These groups often look to alternative funding sources, such as benefit parties and other grassroots methods, in addition to applying for grants. The AIDS housing activist group and service provider [Housing Works](#), also in New York City, has a catering service and thrift shops. These innovative ventures not only raise unrestricted income, but provide jobs for people who have a hard time finding work in a discriminatory environment due to a history of homelessness, drug use, or sex work, or simply because they're transgender.

On May 13, at the 18th International Conference on the Reduction of Drug Related Harm, INPUD was formally launched after a year of internal development. With about 75 people in attendance, representing 26 countries and every continent but Africa, the network became a reality. One of its first projects will be to collaborate with the World Health Organization (WHO) to develop guidelines for conference organizers who welcome drug users on how to provide equipment for safer drug use to attendees who need it.

And after that? "I want to activate our professional harm reduction partners," says INPUD organizer Stijn Goossens. "Harm reduction is pragmatic. But I think it should be pragmatic at the individual user level, not the policy level. If you're going to be too pragmatic, with policy that hurts us, you will end up standing on the other side and fighting us." Asked if he is saying that something more revolutionary is needed, Goossens replies, "It sounds revolutionary, but it's all very logical."



Spectacular demonstrations took place on World AIDS Day 2006 in Teheran, Iran. More than 800 people visited Persepolis' programme for reducing HIV among drug injectors.

Harm Reduction Activism in Russia

By Masha Ovchinnikova

Masha Ovchinnikova is an activist and project coordinator at FrontAIDS, a Russian AIDS activist group. She is a former drug user living in Moscow and has been doing harm reduction work for about three years. She can be reached at Riotmasha@yandex.ru.

There are more than one million people living with HIV in the Russian Federation, and about 80 percent have an experience of injecting drug use. About 60 percent of people using injection drugs have hepatitis C (HCV), and about five million people in Russia are officially registered as living with HCV.

Harm reduction or forced detox?

The Russian government is more attracted to taking repressive action against drug use than encouraging harm reduction measures. Now government officials are discussing forced treatment for drug users. Methadone is a medication from the “first list” (the list of most dangerous) drugs, which means it is banned. We tried to raise this question in a meeting with the director of the Russian narcological system, N. N. Ivanez, and he said that it’s absolutely unrealistic to create a methadone therapy system in Russia now.

Drop-in centers and needle exchange programs are dependent on the local government’s opinion. In some cities, like Kaliningrad, needle exchange programs are absolutely prohibited. They are interpreted as a form of propaganda for drug use, so people who provide it are subject to arrest. In some places, syringe exchange is legal but, still, it is not well funded. Usually there are just two or three exchanges in each city, and drug users are often afraid of going to such places because they could be arrested near them.

Drug users and human rights

Many financial, bureaucratic and moral barriers keep drug users from being able to take care of their health, or sometimes their lives. People can’t receive any medical help at the usual clinics if they are “kicking.” If you want to go into a detox program, you have to wait a few weeks, sometimes more. You have to prepare a lot of documents and take some tests (including HIV testing). Then, there is no guarantee you’ll get good medicine — but what’s for sure is that you’ll be blamed and humiliated by the clinic staff.

Another problem is confidentiality of “drug user status.” You can’t get free treatment without official registration, but this list sometimes becomes available to the police. Although the situation has become somewhat better recently, the level of police abuse is still very high. Sometimes it’s still dangerous to buy a new syringe because the police are watching drug users near the pharmacies.

Drug users and activism

There are some “big” organizations advocating on the national level, but the main strategy is for local organizations to negotiate with local government. Also, when possible, activists are trying to educate powerful officials and doctors, holding trainings and seminars for them. Most of this activist work (80 to 90 percent) is done by active or former drug users. It’s very hard to do advocacy in this field because of the huge influence of the State Narcological Control Service, whose opinion is very dependent on the political situation. Before elections, for example, the police can temporarily close drop-in centers or start arresting people around them.

It is becoming harder to protest than it was in 2004, when FrontAIDS first began holding demonstrations. [In January 2006, President Vladimir Putin signed into law new restrictions on non-governmental organizations, and, in July, added amendments to the law on “extremist activity,” criminalizing public criticism of government officials. At an unauthorized gay rights march in May 2007, police arrested dozens of gay rights activists but few of the attackers who punched and kicked the activists. – Ed.]

Now, FrontAIDS is monitoring access to treatment for HIV, HCV and tuberculosis, to see the difference between the official story (that everyone has access and it’s free, with no discrimination) and the real situation. If we find problems, we will try first to negotiate. If that doesn’t have a result, we will have protests and demonstrations.

I think the more we attract international attention to the problems faced by drug users, and in Russia in particular, the sooner the situation will change for the better. The only context where the problems of drug users are discussed on the official level now in Russia is within the HIV and HCV epidemics. There is no comprehension of the rights of drug users as human beings, as members of society.



In November 2004, shortly after activists started FrontAIDS, the group protested outside the government administration building in St. Petersburg to demand HIV treatment for drug users.

Recovering Nepal: A National Drug Users' Network

By Anan Pun

Anan Pun is the Chairperson of Recovering Nepal, a network of local drug user activist organizations throughout the Asian country of Nepal. He can be reached at ananpun@gmail.com.

I am an activist from [Nepal](#), one of the poorest developing countries in the world, where HIV is growing explosively among injection drug users, sex workers, migrants and transgender people, and also in the general population. In a country of 2.3 million people, there are an estimated 200,000 drug users.

In Nepal, syringe exchange and maintenance therapy (with buprenorphine) are legal, and harm reduction has remained the mainstay of the Ministry of Health's national program for injection drug users. However, the program only reaches 8.6% of drug users, according to a composite program reach index. HIV prevalence among injection drug users has gone up to 68 percent, from less than one percent in 1995. For harm reduction to be effective, people who need syringe exchange and other services must have access to them, and the government needs to fully support the program. There has been much conflict between the Ministry of Health and the Home Ministry, which is responsible for security and the war on drugs.

Recovering Nepal was founded in 2001 by an energetic group of active drug users and ex-users, including women and people living with HIV and hepatitis C. Our goal was to combat blood-borne diseases and drug-related harm. It began with a series of workshops, during which drug users had an opportunity to share their experiences, reflect on their feelings, observations and insights, and learn from each other. Now, we have 17 employees, 3,000 individual members, and more than 50 member organizations in different regions of the country. I have been working with Recovering Nepal since the beginning.

Most members of the executive board are ex-users or active users. Since May 2003, Recovering Nepal has served as a strong network of committed people who are helping to address stigma and discrimination, raising our voices to promote basic rights, lobbying and advocating for policy change, and increasing quality access to affordable, comprehensive treatment and care for drug users who are living with HIV and hepatitis C. Currently, Recovering Nepal is focused on training new grassroots leaders in the local drug users' groups.

Since we held a protest at its headquarters on May 11, the Ministry of Health has said it is ready to involve organizations of drug users, men who have sex with men, sex workers, and HIV positive people in its Global AIDS Fund application and planning process. The Global Fund has denied grants to Nepal because these democratic reforms are needed. But we can see now that our protest has had an impact, and the situation will get better.



Recovering Nepal led a silent protest at the Ministry of Health in Kathmandu on May 11, 2007 to demand that Nepal's Country Coordinating Mechanism (CCM) involve drug users, men who have sex with men, sex workers and HIV positive people in its Global AIDS Fund (GFATM) application and planning process.

What is a User Group?

By Andria Efthimiou-Mordaunt

An excerpt from “Junkies in the House of the Lord,” a dissertation about drug user organizing written in 2004 for the master’s program in Social Policy and Planning at the London School of Economics.

Drugs users, illegal or prescribed, have developed many models of self-organisation, but their great diversity in size and function can make definition difficult. A group could consist of as few as three people focusing on local improvement of their drug treatment services (REFORM in London) to larger Non Governmental Organisations (NGOs), with sufficient funding to pay employees, e.g., the Drug Users Advocacy Group in Amsterdam (MDHG), who also lobby on a national level. Albeit that some User activists are salaried, it should be clear that the majority in this research, and in general, are volunteers. The reasons for this range from a lack of skills, confidence or consistent good health to the State undervaluing their inputs as politically unacceptable or lacking in therapeutic substance. Drug users are often led to believe that they ‘owe’ something to society, thus establishing the notion that they do not deserve salaries, not to mention the fact that known drug users experience overt and covert employment discrimination, (less likely to be an issue in the drugs field.)

In their article “Defining the Drug User” (1998), Balian and White differentiate between “recreational users” and users who appear to have lost the choice to recreationally use. They challenge ex-users who desire union membership to consider whether they are “strong” enough to be around active drug users without lapsing, and to take responsibility for the lapse should it happen. M. Southwell, founder of the National Drug Users Development Agency (U.K./NDUDA) also offers a definition: “Drug users, who may/may not have used treatment services, but have worked within the established user groups, and related activism.”

I will define User Groups as, “A group of ex/current criminalised drug users who try to improve the quality of their lives and of their wider communities by campaigning for local and/or national drug policies, which typically work towards reducing the death, disease and (where possible) crime, related to illicit drug use.”

Download the complete dissertation at the [Canadian Harm Reduction Network](#).

Harm Reduction and Crystal Meth

Many of us recall moments of drunken sexual risk-taking—whether disastrous or delicious—and can attest to the fact that crystal meth (methamphetamine) isn’t the only drug that can lead us to make decisions that put us at risk for HIV. The link between crystal meth use and risky sexual behaviors certainly isn’t limited to men who have sex with men. It’s a complicated link that isn’t well understood, varying from person to person and situation to situation. The community websites described below were created and maintained with the participation of current and former crystal users. Both sites are geared toward gay and bisexual men, but the content is relevant for anyone using or interested in understanding crystal meth. They offer a harm reduction approach, providing individuals with various tools to help them make informed personal decisions.



- [Tweaker.org](#) is an innovative San Francisco-based website with an array of resources for men who use crystal meth. Committed to harm reduction, the site provides background information about crystal meth and how it affects your physical, mental and sexual health. Tweaker.org includes a public forum in which men share their experiences and ideas about crystal meth. Men may submit their “True Stories” for publication and read the refreshingly honest writings of others, including some searingly funny anecdotes. Click on “Campaigns” to see current and past social marketing campaigns that Tweaker.org has kicked off. The site also includes a helpful list of harm reduction resources. This summer, sections of the site will be launched in Spanish, allowing it to serve even more men.
- [CRYSTAL NEON](#), based in Seattle, provides accurate, honest information about how crystal affects the body and mind, options for reducing sexual and drug-using risks associated with crystal, and suggestions for managing or stopping crystal use. NEON's philosophies are rooted in the concept of harm reduction and the belief that all individuals are capable of making life-enhancing decisions, regardless of their drug use. The website has useful materials, like a downloadable budget worksheet (click on “Managing” and then “Paying Your Dealer... and Your Rent!”) It's also clever and lots of fun!

For information about the possible effects of crystal meth use on HIV disease progression and interactions between meth and anti-HIV drugs, read [Much Ado About Meth](#) by Tim Horn, published in the Spring 2005 issue of *ACRIA Update*.

TAKE ACTION — WHAT YOU CAN DO

- 1) **Lift the federal funding ban on syringe exchange programs:** Contact Daniel Raymond, Policy Director at the Harm Reduction Coalition, to help you set up a meeting with your representative or senator to discuss lifting the federal ban on syringe exchange, both in the US and for international programs. Email Raymond@harmreduction.org or call (212) 213-6376, extension 29.
- 2) **Provide overdose prevention for newly released inmates:** Investigate whether your local jail or nearby prison provides overdose prevention support for inmates re-entering the community, including naloxone (or “Narcan”), which reverses or prevents the toxic effects of opioid overdose. Very few facilities do. A study published in the January 11 issue of the [New England Journal of Medicine](#) found that newly released ex-prisoners had a nearly 13 times greater risk of death during their first two weeks out of prison than the general population. The leading cause was drug overdose.
- 3) **Ensure re-entry programs for inmates returning to their communities:** Call Congress at (202) 224-3121 and ask your representative to support prison re-entry programs by voting for the Second Chance Act of 2007 (H.R. 1593), introduced by Representative Danny Davis (D-IL). To find out who your representative is, visit www.house.gov and enter your zip code. According to [Families Against Mandatory Minimums \(FAMM\)](#), the Second Chance Act “would provide re-entry funding on the state and local level to support former prisoners’ needs for housing, mental health and substance abuse treatment, education, employment and rebuilding family and community ties.” Next step: Ask your senator to co-sponsor the Senate’s version, or thank them if they’re already on board.



- 4) **Reform federal crack cocaine policies:** On May 1, the [United States Sentencing Commission \(USSC\)](#) sent Congress an amendment that would reduce the length of federal sentences for crack cocaine convictions by an average of 16 months for most offenders. While this positive amendment will automatically become law if Congress doesn't try to block it by November 1, the USSC emphasized that genuine reform of our nation's unjust crack cocaine sentencing policies will require proactive legislative action by Congress. Representative Charles Rangel (D-NY) has proposed a bill that would help do that by equalizing federal sentencing guidelines for crack and powder cocaine, the Crack-Cocaine Equitable Sentencing Act of 2007 (H.R. 460). Visit [The Sentencing Project](#) to learn more about H.R. 460 and call your representative to urge him or her to become a co-sponsor.
- 5) **Show solidarity:** On June 3, Recovering Nepal sent a letter to government officials demanding consistent, quality methadone for drug users, and asking for a meeting to address the mismanagement and intermittent operation of the government's methadone program. If you'd like to help, please contact Anan Pun at ananpun@gmail.com or the Asian Harm Reduction Network at info@ahrn.net.
- 6) **Stay involved:** Visit the Harm Reduction Coalition's [Take Action page](#) to send messages to legislators or write a letter to the editor of your local paper about political issues related to syringe access, overdose prevention, drug treatment, safer drug use, HIV and hepatitis C. You can also use the page to search for a syringe exchange program near you that needs volunteers.

RESOURCES

Drug User Activist Sites, Videos, Writings and Artwork

[Video interviews with INPUD activists](#) at the 18th International Conference on the Reduction of Drug Related Harm in Warsaw, produced by the Hungarian Civil Liberties Union, Black Poppy Magazine, and Dinamo Brasil.

[Asian Harm Reduction Network](#)

Rich with photos, news, reports on the effectiveness of harm reduction, and other resources, including a regional events calendar and documents on related topics.

The Spring 2003 issue of [The Positive Side](#), from the Canadian AIDS Treatment Information Exchange (CATIE), features an essay by HIV and hepatitis C positive activist Chantale Perron about her personal journey from injecting heroin to her much-preferred daily methadone treatment; why drug user organizing is so important; and how recovery, domestic violence, and harm reduction providers can better serve women. For a PDF version that includes profiles of HIV positive women drug users who work in AIDS and harm reduction services, click here, scroll down to "Sex, Drugs & HIV" and click on "PDF" to the left.

[Niz - Making Smart Into Cool](#)

Artwork at the Conscious Art Gallery by the creator of *Junkphood*, a zine for at-risk drug users that included poetry, artwork, and interviews along with public health information about preventing HIV and hepatitis and was distributed at the Drop-In Center in Santa Cruz, California.



[Speech by Paisan Suwannawong](#), director of the Thai Treatment Action Group (TTAG), at the International AIDS Conference in Bangkok in 2004. Beginning with his personal story as a drug user living with HIV, Paisan denounces the killings of thousands of drug users as part of Thailand's war on drugs.

Allan Clear, executive director of the Harm Reduction Coalition, wrote a funny and informative anecdote-filled blog from the Warsaw conference, with entries on [May 16](#) and [May 18](#).

Reports, Papers and Scientific Research

The March 2007 issue of the [International Journal of Drug Policy](#) is free to the public and is packed with analyses about the current state of the harm reduction movement. Of particular interest for drug user organizing is a commentary by N. Stafford, "Using words: The harm reduction conception of drug use and drug users." Visit the site and go to the March 2007 issue.

Scientific research by the British Columbia Centre for Excellence in HIV/AIDS on the effectiveness of [Insite](#), Vancouver's safe injection site, at reducing the harm associated with injection drug use to individuals and the community.

The 2006 report of the [Independent Working Group on Drug Consumption Rooms](#) offers evidence from projects around the world that drug consumption rooms (also called safe injection sites) save lives, and recommends that pilot programs be introduced in the United Kingdom.

[Closed to Reason: The International Narcotics Control Board and HIV/AIDS](#): a 2007 report by the Canadian HIV/AIDS Legal Network and the Open Society Institute about how the section of the United Nations in charge of ensuring that countries comply with UN drug conventions blocks harm reduction programs around the world and gets in the way of UN efforts to fight AIDS.

[The Rise of Harm Reduction in the Islamic Republic of Iran](#) (PDF). A July 2005 briefing paper from the Beckley Foundation Drug Policy Programme.

Syringe Exchange in Prisons: The International Experience, a report from the Harm Reduction Coalition, January 2007.

Links en Español

["La Reducción del Daño"](#) at InfoRed SIDA explains harm reduction in theory and practice.

"Servicios a Usuarios de Drogas: Haciendo una Diferencia en Muchas Vidas" by José-María Medellín, from *Body Positive*, Summer 2005, profiles three harm reduction service programs in New York City.

["Reducción de daños en usuarios de drogas en latinoamérica: difícil, posible y necesario"](#) by Silvia Inchaurrega, director of the Centro de Estudios Avanzados en Drogadependencias y SIDA (CEADS) at the Universidad Nacional de Rosario and president of the Harm Reduction Association of Argentina (ARDA). The article includes an excellent bibliography.

Uso de Drogas y VIH/SIDA. De la Medicalización a la Ciudadanía, by Graziela Touzé, president of Intercambios, an organization concerned with drug problems in Argentina, argues for a harm reduction



approach and respect for the dignity of drug users.

Las Naciones Unidas y la Reducción del Daño is a 2005 position paper about the United Nations and harm reduction, from the left-leaning Transnational Institute.

Riesgo de VIH/SIDA relacionado con el Uso de Crack is a PowerPoint document summarizing research from El Salvador about HIV risks associated with use of crack cocaine.

Harm Reduction Basics for AIDS Service Organizations and Activists

— Workshops from the Harm Reduction Coalition

The Harm Reduction Coalition's Harm Reduction Training Institute makes its training materials available for public use on its website. Here are two trainings that may be useful for service providers and activists:

Overview of Harm Reduction and Sterile Syringe Access: This training by Anna Benyo discusses the basic concepts of harm reduction for service providers and public health and policy workers, and can be adapted for activists and support groups.

Incorporating Overdose Prevention, Recognition, and Response Education into Our Work with IDUs: This training by Emalie Hurliaux, MPH, gives practical first aid advice and shows you how to inject naloxone to reverse overdose, which is the leading cause of death for injection drug users. "Since November 2003, over 700 people have received [overdose prevention] training and take-home naloxone," the PowerPoint presentation tells us. "To date, over 180 of these participants have reversed an overdose using naloxone."

You can download both presentations at the Harm Reduction Coalition's [Training Materials](#) page.

Overview of Harm Reduction and Sterile Syringe Access

Adapted from a workshop by Anna Benyo, Syringe Access Policy Coordinator, Harm Reduction Coalition

Working Definition of Harm Reduction

- Harm reduction is a set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

Key Principles of Harm Reduction:

- Designs and promotes public health interventions that minimize the harmful affects of drug use.
- Understands drug use as a complex, multi-faceted issue that includes behaviors from severe abuse to total abstinence.
- Meets people where they are in the course of their drug use.
- Ensures that people who use drugs have a real voice in the creation of programs.
- Affirms that people who use drugs are the primary agents of change.
- Empowers communities to share information and support each other.

Social and Environmental Factors:

- Harm reduction recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities make people more vulnerable to drug-related harm—and effect our capacity for effectively dealing with drug-related harm.
- It does not imply that the real dangers associated with licit and illicit drug use, and the ways those issues impact our lives, are any less important than they are.

Harm Reduction Practice Calls For:

- Non-judgmental, non-coercive provision of services.
- Programs without many requirements (low-threshold program models)—it should be easy for people to participate.
- Resources for people who use drugs.

Harm Reduction & Sterile Syringe Access:

- Syringe exchange first started in Holland in response to a hepatitis B outbreak in the 1980s.
- The first legal syringe exchange program in the United States started in Tacoma, Washington, in 1988.
- These programs are rooted in activism and advocacy.

Goals of Harm Reduction:

- To prevent disease.
- To offer sterile syringes to prevent HIV and viral hepatitis.
- To reduce mortality.
- To prevent overdose, through training and naloxone distribution.
- To link users to medical care and social services.
- To provide treatment for drug dependence through buprenorphine or methadone maintenance.
- Empower communities and reduce stigma through community organizing and engagement.

Proven Effectiveness:

- Syringe access programs are the most effective, evidence-based HIV prevention tools for people who use drugs.
- Seven federally funded research studies found that syringe exchange programs are a valuable resource.
- In cities across the United States, people who inject drugs have reversed the course of the AIDS epidemic by using sterile syringes and harm reduction practices.

Key points in research:

- Syringe exchange *does not* encourage drug use.
- Syringe exchange *does not* increase crime rates.
- Syringe exchange *does not* increase needlestick injuries in the community.
- Syringe exchange *does* reduce rates of HIV infection.
- Syringe exchange *does* reduce risk for hepatitis C infection.
- Syringe exchange programs link participants to drug treatment, medical care, housing, and other social services.



Call for Papers:
AIDS in Culture IV: Explorations in the Cultural History of AIDS
México City, December 9 - 13, 2007

Deadline for Abstract Submissions: August 15, 2007

Conference Languages: English, Castilian, German, French and Nahuatl

Homepage: www.aidsinculture.org

AIDS is not simply an illness. The conference cycle "AIDS in Culture," organized by Enkidu Magazine in Mexico City and the International Society for Cultural History and Cultural Studies (CHICS) in cooperation with CENSIDA (The National Mexican AIDS Council) and CNDH (The National Human Rights Commission in Mexico), seeks to examine cultural responses to AIDS across a wide range of perspectives. The conference will explore the processes by which AIDS is constructed as a cultural phenomenon and how different societies attempt to create meaning in health, illness and disease. The conference aims to bring together academics as well as activists, artists and other professionals, and promote innovative multidisciplinary and multicultural exchange and dialogue.

This year, "AIDS in Culture" will focus on AIDS and Otherness and AIDS in Narratives of Identities. Papers addressing translations between cultures and re-negotiations and re-constructions of cultural identities in relation to AIDS and HIV are particularly welcome.

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We look forward to hearing from you!

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