

harm reduction (härm ri·duk'shen) 1. Modality of working with individuals and communities to minimize adverse consequences of drug use. e.g. Overdose prevention, syringe access, healthcare especially for HIV, hepatitis and mental health needs, drug law reform including prison reform, housing, and drug treatment options.
2. A movement for social justice.



Taking Drug Users Seriously

Abstract Book

4th National Harm Reduction Conference

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What Can Public Health Provide to Harm Reductionists: Collecting Behavioral Data to Improve Targeted Interventions?

Abdul-Quader, Abu S. Sabin, Keith *Centers for Disease Control Atlanta GA*

Collecting appropriate behavioral data from incarcerated drug users has always been challenging. The Centers for Disease Control and Prevention have funded a number of studies to examine HIV incidence among newly admitted inmates of correctional facilities. These studies have been implemented in a number of states around the country. In an effort to collect behavioral data as well as serologic data to measure HIV incidence, the investigators have encountered a number of challenges and have developed unique responses to these challenges.

In this session, investigators from these studies will discuss their experiences of working in correctional facilities; will provide lessons learned from establishing public health surveillance systems in correctional facilities. There will also be discussion of implications on program development for harm reduction to prevent blood borne pathogens. Where applicable and appropriate, data will be presented on rates of hepatitis C infection and syphilis.

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The Problem with Drug Courts - A Critical Analysis of a Popular Program

Abrahamson, Daniel *Drug Policy Alliance Oakland CA*

Drug courts are one of most popular reforms to the Drug War to be embraced by politicians of all stripes. Several hundred drug courts are in operation in 49 states, serving tens of thousands of persons and spending tens of millions of state and federal dollars. However, many drug courts are anathema to fundamental principles of harm reduction, and even traditional principles of mainstream drug treatment. This presentation will discuss the ideological dangers that the national drug court philosophy poses for harm reduction principles, the practical dangers that drug courts pose to the delivery of appropriate and evidence-based substance abuse services, and the philosophical quandaries posed by the drug court movement for drug reformers.

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The State of Medical Marijuana: 2002 Update

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Since 1996, eight states and the District of Columbia have passed medical marijuana laws (as of June 2002). Medical marijuana legislation has been introduced -- or is poised for introduction -- in several additional states. And several landmark cases concerning medical marijuana have been decided by state and federal courts, including the U.S. Supreme Court in recent years. This presentation will summarize the legal developments in the field of medical marijuana and discuss their practical significance for patients, caregivers and drug reformers.

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Harm Reduction Initiatives among the Aboriginal Community

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We are presenting information on HIV/AIDS, harm reduction based services and statistical information. Last year, Aboriginal people accounted for 67% of the newly infected cases of HIV in this province. From 1996 to 1999, there was an increase of 91% in the number of Aboriginal people living with HIV across Canada. All Nations Hope AIDS Network is an Aboriginal AIDS Service organization whose mandate is to provide HIV/AIDS education, prevention, and support services to the Aboriginal people of this province. We have representation regionally, provincially, and nationally. We are involved with meetings, gatherings, task forces, committees, and boards. We voice our concerns regarding issues that need to be addressed in the area of HIV/AIDS. We also are a resource to many Aboriginal communities, service organizations, correctional facilities, treatment centers and any requesting individual. We support harm reduction initiatives, these include needle exchange programs, methadone maintenance programs, treatment centers and condom distribution among the Aboriginal service programs. We know and have seen the success of such initiatives among the Aboriginal people. In urban settings, the majority of clients that participate in such programs are Aboriginal people. We see the need for these services to continue and grow. Education and promotion of these services are important for our First Nation Communities. One of our needle exchange programs in Regina sees many Aboriginal residents from surrounding communities coming into Regina to exchange many used needles for clean ones. Intravenous drug use and sharing of needles/equipment has statistically been proven among Aboriginal people to be the risk behavior that has caused individuals to become HIV infected. Canadian statistics for 1999 show 59.5% of new cases of HIV infection among Aboriginal people list IDU as how they contracted the virus. When we look at who is using needle exchange programs, methadone maintenance programs and treatment centers, majority are Aboriginal people. A Regina methadone maintenance program has 170 patients and 82% are of Aboriginal ancestry. A Regina needle exchange program lists 92% of their clients as Aboriginal. This tells us that injection drug use in this province alone is a problem. Harm reduction based services have proven to reduce risk of HIV infection (this also includes other blood borne pathogens) to individuals that participate in risky behaviors till they deal with their addiction. With the methadone maintenance programs, these are fairly new initiatives in Saskatchewan. It had been in the last two years that some new programs have been developed to meet the needs of intravenous drug users. The programs are more accessible and are designed to reduce barriers to individuals accessing them. The College of Physician and Surgeons has recently handed down proper protocol for existing methadone maintenance programs to follow. It has been accepted by the existing methadone maintenance programs and their physicians. We have had several requests from Addiction counselors and Community Health Care workers from Aboriginal communities for information on this program. Residents living on Aboriginal communities are being placed on methadone maintenance programs and are being transported to the cities for the programs. We need to look for new programs and support existing programs that will address the issues behind intravenous drug use, supporting harm reduction initiatives is an important start but we need to get to the core of the problem. Gathering support from front line workers to provide a good referral base for Aboriginal people living with addictions was a goal that we achieved. We were able to provide a resource manual that included information on harm reduction initiated services in the province and information on these services. On a national basis, we were able to present our workshop at the National Aboriginal Hepatitis C Conference, National Alcohol and Drug Addictions Program Conference and several provincial conferences.

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Development and Implementation of a Harm Reduction Mental Wellness Program in the Community

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For many years, the rigidity of admission criteria for mental health providers has presented a formidable obstacle for a large segment of the population, preventing individuals from accessing mental health services

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that respond to their immediate needs. These providers follow the DSM IV that considers substance use a disease and a maladaptive behavior (Axis I and II). Within this context, HIV and homelessness are contemplated as its consequences, therefore perpetuating the stigmas that deter individuals who present these issues from utilizing mental health services.

When the Harm Reduction approach is applied in a psychotherapeutic intervention, the participant's 'compliance' with treatment is maximized. Acceptance of the individual is unconditional and her/his options are respected and taken into account. Her/His ego strengths are reinforced to cope more effectively with feelings such as anxiety, depression, fear, etc. and consequently s/he is able to contemplate substance use options such as gradual reduction or even total abstinence.

Implementing a Mental Wellness Program at a Harm Reduction drop-in center is instrumental in maximizing the individual's engagement in care. No area is left without attention. Participants receive not only the medication needed to alleviate their emotional symptoms, but also orientation about drug interactions and side effects. S/he feels comfortable to have an honest conversation with the clinician about reducing harm when using substances, knowing that her/his immediate realities and concerns are considered seriously, without judgment or stigma.

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Sex Work and Harm Reduction: Outreach, Advocacy and Attitudes

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We know that being conscious of and fighting racism, homophobia, and classism is central and crucial to effective harm reduction work in our communities; and yet the classism, misogyny and homophobia of "sex worker phobia" still runs rampant even in the harm reduction movement.

Needle exchange volunteers to community health outreach workers pathologize sex workers and sex work, further disempowering sex workers and creating greater barriers to services for a segment of our community which had been criminalized and scapegoated long before the War on Drugs began. Harm Reductionists need to look at how their attitudes and beliefs about sex work and sex workers must mature so that the effectiveness of harm reduction work in the community as a whole can improve.

We examine society's typical negative stereotypes of sex workers that even many harm reductionists still hold, and how those can prevent harm reduction work in the community from being effective. We look at what is required for effective harm reduction advocacy on behalf of and outreach to sex workers; including working with and challenging other community members' phobias which disempower sex workers and create barriers to access to services for sex workers.

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Drug-Related Overdose: Sacramento IDU Experience's

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Clancey, Lynell *Sacramento Area Needle Exchange*

Sacramento Area Needle Exchange (SANE) staff interviewed 200 program participants and San Francisco Needle Exchange (SFNE) staff interviewed 75 of their program participants during 2001-2002. The administered interviews lasted approximately 30 minutes and participants were paid \$10 for their contribution to the research. Drug injectors were interviewed about a drug-related overdose they experienced or witnessed in the 12 months prior to the interview. The interviewees injected primarily

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heroin or methamphetamine. To date, data has been analyzed for 122 of these interviews; analysis for the 275 interviews will be completed by December. Thirty-nine percent (of 122) of the interviews were conducted with women and 80% of those surveyed were caucasian. Survey respondents ranged in age from 16-59, with an average of 42 years old. Of the available data, 11% had experienced a drug-related overdose (OD) in the past 12 months and 95% had witnessed an OD (13 fatal). Ninety-eight percent of these events involved heroin and 26% of those involved alcohol. A third of the events involved heroin and methamphetamine. The circumstances surrounding the ODs will be discussed with a focus on opportunities for intervention. Potential recognition, prevention, and response strategies for heroin-related ODs and methamphetamine-related ODs will be discussed.

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Rural vs. Urban: differences among consumers' risk behaviors and programs' operational characteristics at Calif. Syringe Exchange Programs (SEP)

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The California Syringe Exchange Program study (Cal-SEP) collected data from 23 SEPs between May, 2001 and February, 2002. For this analysis, we compared data from 91 consumers of 4 rural programs (Mendocino, Humboldt, Sonoma, and Fresno) and 254 consumers of 11 urban programs (Los Angeles (5), San Francisco (2), San Diego, Oakland, San Jose, and Sacramento). Consumers at rural programs were more likely to be Caucasian (65%) or Native American (11%) than those at urban programs (54% and 4%, respectively). More African American consumers were found at urban programs (18%) than at rural programs (5%). One-third of those interviewed at both rural and urban programs were female. Consumer behaviors significantly associated with a rural/urban difference include: reuse of syringes, paraphernalia sharing, backloading, needle stick injuries, drug treatment participation, indirect SEP use, use of ancillary services at the SEP, and drug of choice. Surprisingly, no significant differences were found regarding homelessness (35% of rural and 42% of urban consumers) or HIV infection. However, HIV infection was detected in twice as many urban consumers (6%) as in rural consumers (3%). SEP operational characteristics significantly associated with a rural/urban difference were delivery services, distribution, and availability of many ancillary services. Further analyses are required to determine reasons for the differences. These preliminary results suggest that additional examination of differences is warranted.

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'Diversion To Treatment' Laws - Future Trends, Opportunities and Dangers

Appel, Judy Abrahamson, Daniel Drug Policy Alliance Oakland CA

The passage of Proposition 36 by 61% of the California electorate in November 2000 jump-started a national dialogue about alternatives to incarceration for low-level drug offenders, as well as about alternatives to traditional drug courts. In 2002, legislatures in a handful of states, including Hawaii and New Mexico, introduced legislation modeled on Proposition 36. In November 2002, voters in Michigan, Ohio and Washington, D.C. voted on initiatives that drew upon, and went further than Proposition 36. The introduction of similar legislation appears likely. This presentation will compare and contrast these various pieces of legislation from the harm reduction perspective, discuss the opportunities that lie ahead for harm reduction advocates to shape the language and implementation of these laws, describe the importance of organizing community voiced behind these laws, and forewarn of the dangers to the harm reduction movement of remaining on the sidelines while these issues are debated. Daniel Abrahamson will describe

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the various initiatives and laws and how they fit within larger drug reform efforts. Judy Appel will discuss the impact of these initiatives on individuals, communities and treatment providers. The organizer from Ohio or Michigan will speak about the importance of grassroots organizing and public education in affected communities as a necessary component of implementing these laws consistent with harm reduction principles.

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The Future of Medical Marijuana

Appel, Judy *Drug Policy Alliance Oakland CA*

In the past few years, eight states and Washington DC have passed medical marijuana law reforms. This past year witnessed additional efforts in numerous state legislatures. The Courts have become involved in the issue, often with conflicting results. The federal government has increased its attention on the provision of medical marijuana, orchestrating raids both on physicians and distribution centers. Amidst this confusing political landscape, what will future medical marijuana reform look like and how will it succeed? This presentation will discuss the policy implications of the current state of medical marijuana reforms and the implications for future legislation, looking at a variety of strategies including passing both local and state laws allowing for public cultivation and distribution, and insulating state law enforcement from federal coercion.

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Evaluation of Educational Pamphlets on the topic of Harm Reduction with use of "Designer Drugs"

Askin, Susan *McMaster University Warton ON Canada*
Murphy, Lawrence *Hamilton Social and Public Health Services Dept*

Objectives: To explore the reactions of youth and young adults to pamphlets intended to provide harm reduction education about designer drugs.

Design: Qualitative descriptive approach using semi-structured interviews

Setting: Central West Ontario, Canada and Internet

Participants: This study explores the experiences of non-, previous and current users of illicit drugs, who have been exposed to the designer drugs pamphlets. The sample includes two populations; A) community teens, young people accessing counseling services and street youth and B) people attending dance clubs/raves.

Methods: Face to face interviews have been conducted and taped whenever verbal consent was obtained in population A. Anonymous online interviews using email/internet chats were conducted in population B. Taped interviews were transcribed. Internet interviews were saved as text. All data were coded by principal investigator and research assistant and codes confirmed by another investigator.

Participants were asked to respond to questions exploring pamphlet dissemination and key messages received and retained. Intentions and behaviours that changed after exposure to the information were explored. Themes that emerged include perceptions of what "staying safer" means and sources of harm reduction information.

Main Findings and Conclusions: Preliminary findings suggest several ideas to increase the value of the educational material for potential readers. The dissemination of these pamphlets has been wide spread and well received. Complete analysis of these data will be finalized by August 31, 2002.

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Providing prevention strategies for incarcerated youth

Atkins, Harold *ARIS San Jose CA*

Incarcerated youth "serve time" different than adult inmates. Peer pressure plays a larger role in the life of a young inmate than that of an older inmate. Youth are more prone to join gangs and engage in unsafe practices that place them at high risk for contracting HIV and HCV due to lack of appropriate prevention education. Youth are interested in remaining safe however; they are not interested in the way disease prevention strategies are presented. Abstinence-only programs work for some but not most populations. Most youth do not see their behavior as problematic. Admitting they are powerless over anything while incarcerated could be viewed as a sign of weakness in a place where strength equals respect. Providing prevention education strategies specifically for incarcerated youth is essential. When working with incarcerated youth establishing trust and maintaining a strong referral base that is sensitive to the needs of this population is essential. A continuum of care that is youth focused is crucial to the ongoing health and well being of incarcerated youth.

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HIV and Substance Abuse amongst Women of Color

Azhar, Sameena *Center for AIDS Prevention Studies (UCSF) Berkeley CA*

No other epidemic in the history of humankind has spread so fast or been so devastating as AIDS. Every minute, six people ages 13-24 are infected with HIV. 35 million people worldwide are HIV+. I seek to recognize a policy problem within HIV/AIDS care and propose a solution. As such, I have broken the structure of the thesis into two main parts: the problem and the solution. In the first part, I introduce two main issues: the AIDS epidemic and substance abuse. In discussing these issues, there will be a focus on the preconditions which make certain subpopulations at high risk. The main population of focus will be women of color, and more specifically, substance-abusing women of color.

In the second part of the thesis, I will discuss the correlation between HIV and substance abuse, focusing on the preconditions which make certain subpopulations at high risk. I will look at current American and international policy around these issues—or more appropriately the lack of policy around these issues. In the ultimate chapter, I will make policy recommendations around what can and should be done in the future to adequately address this growing problem.

The ultimate purpose of this work is to offer some steps that can be taken to counteract the spread of HIV amongst substance-abusers in general, and more particularly amongst those users who are women of color. The constituency of women within the HIV population has been historically underestimated, although substance-abusing women are 1½ times more likely than men to support their addictions by exchanging sex for money or drugs. In recent years, there has been a dramatic rise in the incidence of AIDS cases amongst substance abusing women. As the number of individuals infected with HIV continues to grow exponentially, this phenomenon can be overlooked no longer.

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English and Spanish Political Advertising for Pharmacy Sale of Syringes in California

Backes, Glenn Ruiz-Sierra, Julie Sisk, Taylor *Drug Policy Alliance Sacramento CA*

In June of 2002, Drug Policy Alliance's legislative advocacy arm, the Center for Policy Reform will buy airtime throughout the Central Valley of California for 30-second television and radio spots in support of the Pharmacy Syringe Sale and Disease Prevention Act. The ads will be aired on cable stations including

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CNN, MSNBC, Telemundo, Galavision and Univision. TV spots will run approximately 150 times each week for three weeks, and serve a market of ten million viewers. English and Spanish versions of each of the ads reflect both commitment to bilingual outreach, and to base political considerations of Latino voting power in California.

We believe that this is the largest ever media campaign in support of harm reduction legislation in the United States. Participants will see the ads in English and Spanish (total 2 minutes), learn their effect in terms of changes in public opinion as measured by telephone polls of likely voters and their impact on public policy.

The primary presenters are the writers of the ads, as well as the legislation that it supports. We were actively involved in every aspect of this legislative campaign, and passionately committed to its success in suppressing the spread of HIV and hepatitis among injection drug users.

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Harm Reduction Legislation in California 2001-2004

Backes, Glenn Taylor, Whitney Ruiz-Sierra, Julie Drug Policy Alliance Sacramento CA

This 15-minute presentation will provide a quick overview of harm reduction legislation drafted or supported by the Drug Policy Alliance and the Center for Policy Reform in 2001-2002, and our plans for 2003-2004 sessions. By the end of the presentation, participants will know the basic outline of 7 bills from 2001-2002, and whether they were passed by the California legislature and signed by Governor Gray Davis. Participants will be introduced to DPA's agenda for 2003-2004, including sentencing and 3-strikes reform, and be encouraged to join us in organizing in California.

The bills covered include:

- o Pharmacy Syringe Sale and Disease Prevention Act, which would allow adults to purchase syringes without a prescription
- o The Overdose Prevention, Recognition and Response Act
- o Hepatitis C Prevention, Screening and Treatment for Prisoners
- o High School ASSETS After School Safety and Enrichment for Teens program
- o Welfare reform to allow drug offenders to qualify for treatment
- o Methadone reform, removing the prescription cap
- o Proposition 36 reforms, including ending the practice of remanding prisoners or probationers to incarceration solely for positive urine analysis
- o Planned legislation to reform sentencing guidelines

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Politics Get Personal: The Battle over Needles in the California Legislature

Backes, Glenn Ruiz-Sierra, Julie Drug Policy Alliance Sacramento CA

In late April of 2002, the California State Senate Health and Human Services Committee debated the Pharmacy Syringe Sale and Disease Prevention Act. After expert testimony in support of the bill from 20 distinguished organizations--representing physicians, pharmacists, nurses, drug users and their families, drug treatment, veterans, retailers, unions and drug policy reformers--one witness appeared in opposition, from the Committee on Moral Concerns. We pick up the video presentation with his outrageously offensive comments about drug users, which was then supported by offensive comments about the families of drug users by Republican Senator Ray Haynes, which provoked a heated and personal response from two powerful Latina legislators, Senator Liz Figueroa and Senator Deborah Ortiz, who revealed that they

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had lost brothers to drug overdose. Senator Figueroa explains how her brother's access to syringes as a diabetic protected him from AIDS and hepatitis. The drama climaxes with sincere and unguarded comments by senators in support of the legislation, and a vote of 9-2 in favor of the bill.

This dramatic tape demystifies the legislative process to a great degree, and inspires optimism in the democratic process among viewers. It should stir exciting discussion among conference attendees. The tape is professional quality, the official broadcast of the California State Senate.

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Integrating Viral Hepatitis Prevention into Harm Reduction Programs

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Schmitz, V. *Multnomah County Health Department Portland OR*
Torres, Donald *Public Health Division of State of New Mexico Albuquerque NM*

Background and rationale: Viral hepatitis is a major public health problem in the U.S. An estimated 120,000 new hepatitis B virus (HBV) and hepatitis C virus (HCV) infections occurred in 1998. Approximately 1.2 million Americans are chronically infected with HBV and an estimated three million are chronically infected with HCV. Illegal drug users, especially injection drug users (IDU) are at very high risk of infection with HBV and HCV, as well as hepatitis A virus (HAV). Integrating hepatitis prevention services into existing harm reduction and substance abuse treatment programs is an essential step towards prevention and control of these diseases.

Objectives: To explore strategies for, share experience and barriers to integrating hepatitis prevention activities, including education, counseling, testing, vaccination, and referral where appropriate, into existing harm reduction and substance abuse treatment programs; to track activities; to explore mechanisms for outreach to high risk populations; to measure the impact of integration on existing services.

Content experience in Multnomah County (Portland), OR, New Mexico, and Seattle/King County, WA on integrating hepatitis prevention into existing programs will be presented. Strategies for outreach to high risk populations, integration, evaluation, and tracking of counseling, testing, vaccination, and medical management services, and measurement of the impact of services on existing programs will be discussed.

Implications for Programs/Policy: Integration into existing programs of activities to prevent and control hepatitis among persons at high risk for multiple infections (HIV, STDs, hepatitis) makes good public health sense. However, limited experience exists as to the feasibility, efficacy, and effectiveness of integrated services. Activities presented will provide much-needed information in support of program integration and setting of policy to support integration of services to persons at risk for multiple diseases.

Implications for Research: Program evaluation and outcomes research (both disease and behavioral) are critical to efforts to integrate services for prevention and control of blood borne and sexually transmitted diseases. Planning for this research must be integral to integration activities, as public health settings with limited resources need to determine the most efficient and cost-effective ways to provide services to at-risk populations.

Learning Objectives:

1. By the end of the session, participants will be able to describe strategies to and identify barriers against integrating viral hepatitis prevention activities into existing harm reduction and substance abuse treatment programs;
2. By the end of the session, participants will be able to describe key factors in targeting and reaching persons at high risk for hepatitis infection who may benefit from integrated service delivery.

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HIV Medication Adherence, Resistance and Life Expectancy among Active Drug and Alcohol Users: The Action Point Model

Bamberger, Joshua Baillie, Carol Klein, Pam *San Francisco Dept of Public Health San Francisco CA*
Demmons, Shawna *Institute for Community Health Outreach*
Song, Yong Strings, Sabrina *University of California*

HIV medication adherence is a complex and challenging issue for all HIV infected people who choose to initiate antiretroviral (ARV) treatment. Individuals who have advanced HIV disease and are taking ARV must take greater than 90% of their doses to prevent the development of resistance. People who take less than 50% of their doses do not select out a resistant virus. However, people who adhere to ARV between 50% and 80% are less likely to develop opportunistic infections and be admitted to the hospital and live longer than people who take less than 50% of their ARV doses. Many IDUs are challenged to integrate medication adherence into their activities of daily living. Since 1999, the Action Point Adherence Projects in San Francisco have provided individualized adherence support to improve the quality of life among active drug and alcohol users who are or who are at risk for homelessness. Among the over 200 individuals who have enrolled in Action Point, more than 90% have a history of active injection drug use or heavy alcohol intake. Nonetheless, Action Point clients have a mortality rate of less than 2% compared to a community control group of 8%. Among the Action Point clients who have died, all have been either active amphetamine or crack cocaine users. In this presentation, we will explain the complex dynamic between adherence, resistance, drug use and quality of life and mortality and describe our Action Point model that assists drug and alcohol using clients to adhere to ARV therapy.

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The San Francisco Heroin Overdose Prevention Campaign

Bamberger, Joshua *San Francisco Dept of Public Health San Francisco CA*

Background: In 1998, death due to heroin overdose was the third leading cause of years of lost life for all San Franciscans behind death from cardiovascular disease and HIV/AIDS. To reduce mortality due to HOD, community, university and governmental organizations worked together to develop a multi-interventional program directed towards active heroin users. In 2000, deaths due to HOD fell more than 50%.

Description of program: A series of focus groups and community meetings led to the development of the poster, pamphlet and phone card "Fix with a Friend" campaign that discouraged users to inject alone as well as encouraging users to call 911 for observed HOD. A separate campaign trained county jail inmates in CPR and HOD prevention. In addition, the SF Health Dept. funded a study of naloxone distribution as well as conducted a study that showed that no HOD 911 calls over a 3-month period resulted in arrest, probation or parole violations or warrants being issued among bystanders.

Conclusion: A HOD prevention program involving community and governmental groups can be developed that incorporates a social marketing campaign, the criminal justice system and police, epidemiologic research and medication technology to reduce death due to HOD. The effect of this intervention on mortality rates due to HOD in 2001 will be presented.

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The San Francisco Medical Cannabis User ID Program

Bamberger, Joshua *San Francisco Dept of Public Health San Francisco CA*

Background: In 1996, California voters overwhelmingly passed Proposition 215, the Medical Cannabis Compassionate Use Act. In response, the San Francisco Department of Public Health, in collaboration with users groups, the police, the district attorney and city supervisors developed and maintain the Medical Cannabis User ID Card program to assist patients in a six county area in Northern California.

Description: The program is administered by city employees at the SF Health Department offices. Cannabis users and their caregivers present a form letter that identifies that the patient may have medical benefit from the use of marijuana. The department staff collects a fee, verifies that the health provider wrote the letter and is licensed and in good standing with the state, generates a random identification number, issues a card with the patient's photo and then returns all documentation to the patient and their caregiver. The card can be verified electronically by the police so they validate that the individual is a registered medical marijuana user.

Results: Over 4000 ID cards have been issued. The \$25 dollar administration fee insulates the health department from criticism that public funds are being used for the ID program. Returning all documentation to the patient or caregiver may prevent the DEA from raiding the health department. Departmental representatives continue to work with users group to assist access to medical marijuana despite a Federal crackdown.

Conclusion: The lessons learned in San Francisco can be useful to other governmental institutions and advocates attempting to assist users of medical cannabis.

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Workshop: Making It Work: helping active clients access services in an abstinence-based system

Barnes, Julie Marshall, Kerry Kasserman, Whitney *AIDS Action Boston MA*

We practice harm reduction, but we are still in the minority. Many resources are blocked to active users, and many agencies are not welcoming to active clients or the people who advocate for them. The workshop will focus on practical techniques for helping clients get the benefits and services they need (housing, financial help, medical care) in a system that rewards abstinence and penalizes drug use. We will draw on our experiences as housing advocates practicing harm reduction with HIV+, homeless, mostly active, clients in Boston. Topics will include:

- Creating Safety: way to assure confidentiality around drug use so clients can be honest with you without jeopardizing the other services they need to live.
- Offering Tips on Behavior: helping clients to present "well" to access services
- Creative Use of Scarce Resources: cobbling together resources to help clients survive and improve standard of living
- The Inside Scoop: sharing honest information with clients about what you both can expect from abstinence-based providers and systems
- Housing Readiness Counseling: realistic nonjudgmental assessment with clients on what small changes they can make to move towards housing
- Recognizing Success: small steps and positive reinforcement
- Developing a "Safe Provider" network: how to reach out and "suss" out other providers about their ability and willingness to work with active clients.
- Supporting Self-Advocacy: empowering clients to speak up for equal treatment as drug users at every opportunity

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Ibogaine: Moving beyond Agonist/Antagonist/Maintenance Medications Towards an Addiction Interrupter Model

Beal, Dana *Cures not Wars* New York NY

Ibogaine is a substance derived from the bark of the root of *iboga tabernanthe*, an African rainforest shrub. It is the principal alkaloid of twelve active beta-carbolines, and is now available both as purified Ibogaine HCl, and in a whole plant extract that contains all the active alkaloids.

This presentation traces the discovery and development of Ibogaine as the first treatment for poly-drug dependency that is neither a blocker nor a maintenance drug, but an "addiction interrupter." Since the first verification of addicts' anecdotal claims of efficacy in the animal model the late '80's, a number of different neuro-chemical paradigms have been advanced to explain the novel mechanism at work.

Previously, in the '50's and '60's these were a) psychoto-mimesis (Gottlieb, MK-Ultra), b) de-conditioning (Leary, Alpert), c) reversal of addiction to a pre-addictive state (Lotsof). Animal research of the 80's focused on the dopamine model--i.e., dopamine as "reward" (Glick, Broderick). But at the beginning of the '90's two diametrically opposed explanations of ibogaine mechanism grabbed the limelight-- the work of Gouterel, Golnhoffer and Jouvét likening the ibogaine effect to the reprogramming that occurs during REM sleep, and the finding of Molliver and O'Hearn of high-dose cerebellar neuro-toxicity and their consequent suggestion that Ibogaine might be eliminating addicted cells. In the mid-'90's new explanations emerged involving down-regulation of tolerance to opiates and supersensitivity to stimulants at the NMDA receptor (Poppik, Skolnick), and a serotonergic long-acting metabolite (Mash, et al) with weak opioid agonist properties that would make Ibogaine much more like a long-acting depo-narcotic.

"The Ibogaine Story" (Beal, DeRienzo) correlated NMDA regulation of calcium influx with an underlying anatomy of calceous microtubules thought according to the hypothesis of Hameroff et al to generate consciousness from coherent photons. This explained certain quantum phenomena observed during Ibogaine experiences while allowing for a window of neuro-plasticity that accounted for long-lasting changes observed after treatment --a notion that was confirmed by recent work on Ibogaine's interior effects in neurons by Emmanuel Onaivi, who found tell-tale traces microtubulin-associated protein.

Working with the Mash group, C.M Anderson even proposed a mechanism for this, involving suppression of a complex serotonergic network of in the brainstem reticular formation (RF), primarily in the dorsal raphe nucleus, resulting from sudden massive destabilization of the normal rhythmicity of this network, olivocerebellar systems, and other linked RF and forebrain sites, jolting the linked sites into a "self-organized critical state." This "SOC" resembles fetal REM, in which PGO spikes and other phasic activity come in "bursts" analogous to sand slides or traffic jams, but representing critical fluctuations in the PGO "orienting response" linking the brainstem with limbic and cortical structures such as the amygdala and temporal lobes, and facilitating rapid functional brain reorganization.

More recent findings, however, have thrown all of these explanations in doubt, starting with revision of the dopamine hypothesis based on the findings of Robinson and Berridge--to wit, that dopamine acts primarily to attach salience to things in the environment rather than being pure "reward" that Ibogaine is somehow downregulating. Likewise, where Molliver et al cited activation of glial cells (scavenger cells) as equivocal evidence of neural damage, Parpura and Hayden found that glia signal via glutamate discharge, so that glia are turned on by any major glutaminergic event such as the super-stimulation cerebellum on Ibogaine. On the other hand, Conquet, et al found that removal of the metabotropic glutamate receptor mGluR5 made it impossible to addict mice to cocaine, even though their dopaminergic systems respond to cocaine as usual.



Finally, development of 18-Methoxycorinaridine by Glick, et al presents the paradox of an Ibogaine congener that is effective in stopping self-administration of opiates and stimulants in animals, but is not particularly active at either serotonin or NMDA receptors.

In sum, though thousands of people continue to take Ibogaine to tackle their addictions, and Ibogaine has given a whole generation of researchers new insights into the brainchemistry of addiction, no one knows exactly how this stuff works.

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The People's Home: Culturally Specific Supportive Housing for Chronic Public Inebriates-An Overview of Anishinabe Wakiagun

Beckman, Mikkel *Corporation for Supportive Housing Minneapolis MN*
Grovendor, Kelby *Anishinabe Wakiagun*

This 90-minute workshop will highlight a model for Culturally Specific Supportive Housing for Chronic Public Inebriates. Anishinabe Wakiagun is a permanent supportive housing program in Minneapolis, Minnesota that does not require residents to be sober in order to retain their housing. The goal is to minimize the harmful and negative consequences of the residents drinking patterns, while providing a stable culturally appropriate living environment. The housing is culturally based and creates an environment in which the identity and experience of people in a specific group or culture can be recognized, explored, accepted and celebrated.

Anishinabe Wakiagun creates a community, in which each individual's presence is needed, not merely tolerated; in which each tenants contributions are recognized and relied upon; a community that engenders a sense of inclusion and belonging.

Anishinabe Wakiagun offers 40 units of permanent housing. It was established in 1996 for Native American chronic public inebriate men and women. Admission to the housing is targeted to persons with a long-term history of homelessness, twenty or more admissions to Detox, two or more attempts at CD treatment and physical deterioration due to alcohol use. The building was created after the American Indian Chemical Health Task Force identified that there were 450 Native American chronic public inebriates in Minneapolis. Many of these men and women were living in encampments in and around the Phillips Neighborhood in South Minneapolis and relied primarily on Emergency Services for their housing and medical needs. In the five years prior to the project being built, 55 chronic inebriates had died or were killed due to exposure to the elements and victimization by predatory persons.

Topics to be covered include:

- o History of the development of the building
- o Culturally-specific services
- o Design features which incorporated harm reduction principles into construction of the building
- o Funding
- o Outcomes/statistics and results of 3 Hennepin County Office of Planning and Development studies showing the positive effects that the building has had on the well-being of the residents as well as the savings in public costs due to the diversion of people from expensive emergency service facilities to a more supportive environment.

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Harm Reduction Group Treatment in a General Outpatient Psychiatric Clinic

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Benson, Mark C. *Bronx Veterans Affairs Medical Center Bronx NY*

This presentation will focus on dual diagnosis group therapy (K. Sciacca 1991) that emphasizes harm reduction for persons who remain ambivalent about abstinence because their substance use continues to offer some tangible benefits. These benefits include but are not limited to pain relief, symptom reduction, social/relationship reinforcement, anger management, and an escape from material deprivation. This approach to harm reduction involves problem solving and developing discrepancy to generate motivation and to develop strategies that enhance self-efficacy (Miller and Rollnick 1991).

The primary goal of this group is to meet the needs of individuals, who cannot tolerate the structure and expectations of MICA programs and have no stated desire to discontinue their substance use, especially when that use is episodic and in many cases adaptive.

This group provides a forum for individuals to consider attitudinal and lifestyle change strategies. A significant portion of this population have longstanding problems with attachment and relationship development, which makes developing therapeutic alliances the most important of all clinical tasks.

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HIV prevention in Russia and the role of technical advisers

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According to the Ministry of Health of the Russian Federation, in May 2002 the number of registered HIV cases in Russia was 194,012. 84% are 15-30 year-olds. The Russian Federal AIDS Center estimates that the number of HIV cases is close to 1 million. Injecting drug use still is the driving force of HIV/AIDS epidemic in Russia. Over 90% of all HIV cases with the known route of transmission are among injecting drug users (IDUs).

Since 1996, international organizations (OSI/IHRD, DFID, MSF/AFEW, UNAIDS, etc.) have supported HIV prevention programs among IDUs and sex workers implemented by Russian NGOs. Currently 42 harm reduction programs are funded by OSI-Russia/IHRD/DFID. For further development, among other things HR programs need regular training and practice, technical assistance, experience and information exchange.

In my presentation I will describe HR projects in Russia. I will present initiatives organized/funded by OSI/IHRD addressing the needs of HR programs and contributing to the development of HR. Among them training provided by AIDS Foundation East-West, technical assistance by OSI technical consultants (TC), and practice in training centers (Kazan and St. Petersburg). I will focus on the role and contribution of these players to developing HR projects in Russia, networking, and advocacy.

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Who Benefits from the War on Drugs in Russia?

Bidordinova, Asya *Aids Foundation East-West (AFEW)*

Since the adoption of the current Russian Law on Drugs (1998), dozens of thousands of people have been incarcerated as punishable amounts of illegal drugs were reduced to almost zero. Many police officers benefit from this situation.

The Russian war on drugs provides corrupt police officers with the opportunity to earn their living by protecting dealers while prosecuting drug users. Corrupt judges and prosecutors also profit from their access to drug-related criminal cases.

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In the presentation I will use news reports, interviews with users and outreach workers, and official announcements to demonstrate how officials benefit from the war on drugs and how the Law on Drugs contributes to overall corruption. I will also present possible solutions including steps that human rights activists have been or should be undertaking and the role of civil society including drug using communities.

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Enabling People to Stay Alive--An Effective Opiate Overdose Prevention Program

Bigg, Dan *Chicago Recovery Alliance Chicago IL*
Maxwell, S

Issue: The Cook County Medical Examiner's Office (CCME) reported 466 opiate-related overdose deaths in 2000. This toll has increased for more than a decade and more than doubled in the last 4 years. This carnage is especially tragic when there exists an incredibly effective antidote to opiate intoxication called naloxone. Naloxone has been the standard of opiate overdose reversal for over 35 years but has yet to find its way to where it is desperately needed – people using opiates.

Setting: Chicago Recovery Alliance has operated harm reduction outreach with syringe exchange for over 10 years in Chicagoland. A cornerstone of CRA's work has been assistance with 'any positive change' as a person describes it for him/herself. Critical characteristics of this work are respect and collaboration with all people injecting. After disease, overdose is a chief concern of the people participating in our program and many wished for additional options for positive change in this area. Naloxone is a prescribed drug but not a controlled (or scheduled) drug – the DEA has determined that it has no potential for abuse.

Project: A project was developed to address overdose with the 'state of the art' utilization of naloxone via physician prescription. Interested participants are taught the fundamentals of opiate OD prevention and intervention and a protocol to follow in case of opiate OD. This protocol with the acronym SCARE ME describes a stepwise approach to recognizing and effectively intervening in reversing and opiate OD. Materials used in this project are freely available for download at <http://www.anypositivechange.org/res.html>.

Results: The CCME reported a 20% decrease in opiate-related deaths in Cook County in 2001 (92 fewer deaths!). This sizable first decrease in opiate-related fatality correlates with making naloxone available through this program but other factors could be at play too. Further study of other community factors is warranted. As of September 11, 2002, we have received reports of 93 peer reversals of opiate overdose from over 1,300 people reached with this intervention. In all cases the OD'd person was non-responsive to stimuli and breathing insufficiently to sustain life. Naloxone was administered in each of these cases and it quickly restored breathing. Additionally, because naloxone has a short life of about an hour in the body the life-saving person also stayed with the person who OD'd for at least a couple hours to make sure the OD did not return when the naloxone wore off.

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Clients are easy to engage services are not.

Blank, Mike *Surrey Alcohol and Drug Advisory Service Surrey UK*

There is no such thing as a hard-to-engage client, only hard-to-engage services. In 1999 SADAS developed an assertive outreach team targeting dual diagnosis clients with mental health and concurrent drug/alcohol problems. These clients were often disengaged or intermittently engaged with helping services and presented with high risk behaviours. On evaluation in 2001 a surprising finding was that the largest group

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of clients were not suffering from severe and enduring mental illnesses but were diagnosed as personality disordered or had no diagnosis. They frequently presented with high risk and antisocial behaviours.

This paper explores the development, operation and evaluation of the service and suggests some meaningful harm-reduction measures for assertive outreach teams working with this client group.

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Confidential, no-blame inquiries: Can they reduce drug related harm?

Blank, Mike *Surrey Alcohol and Drug Advisory Service Surrey UK*

When an unexpected death occurs, for instance a suicide in hospital or following a routine operation there is usually a process by which the institution charged with the individual's care reviews the events leading to the death and try's to learn lessons from it. When a drug user dies in Britain, whilst there may be an internal drug service inquiry and an inquest there is no standard multi-agency inquiry process which seeks to establish what happened in the weeks leading up to the death and whether steps could have been taken to prevent it.

Research by the Advisory Council on the Misuse of Drugs reveals that most drug users have been in contact with a helping agency in the two weeks prior to their death and that opportunities therefore exist to prevent the death. This paper suggests that the inception of a multi-agency no-fault no-blame inquiry system could help to reduce drug deaths by examining the circumstances leading to the death, identifying changes in practice and disseminating its recommendations to agencies. The paper also describes the process of setting up an inquiry system and will examine one sample case.

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Beyond Latex: Advocating for non-condom tools for reducing risk during sex

Bloom, Marcy *Aradia Women's Health Center Seattle WA*

Because of cultural norms, drug use, domestic violence, economic dependence and other issues, millions of receptive sex partners worldwide (women and men) can't and don't always insist on condom use with male partners. Microbicides --substances that can be used vaginally or rectally to reduce risk of HIV or STDs-- are being developed to give people another way to protect themselves from transmitting or acquiring infections during sex.

This workshop explores why access to user-controlled (rather than partner controlled) tools such as microbicides are an essential element of the Harm Reduction Continuum. Like other Harm Reduction Strategies, microbicides will most immediately benefit those who are marginalized by poverty, race, gender, class, drug use, etc. and thus, may lack the power in their relationships to refuse unprotected sex. Since condom promotion alone does not address this power imbalance, microbicide advocates seek access to a range of tools (overt and covert) that individuals can choose among when they need protection.

This session provides an overview of what microbicides are, how they will work, what political and economic barriers are impeding their development and what advocacy work needs to be done to overcome those barriers. It also reviews what is known about the advisability of using Nonoxinol-9 and over the counter lubricants to reduce HIV risk during sex. Finally we will explore how participation in a national campaign to generate political demand for microbicides is being incorporated into the advocacy agendas of harm reduction services providers and advocates around the country.

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Evaluation of a UK treatment voucher scheme for female sex workers addicted to drugs

Bloor, Roger *University of Keele Staffordshire UK UK*

A project is described which is the result of cooperation between a statutory National Health Service Drug Treatment Centre and agencies working with women sex workers. The project provides fast track access to drug treatment for women sex workers by providing vouchers for evening clinics which can be distributed by voluntary agencies to their contacts who are addicted to drugs. These vouchers provide a fixed appointment time and are distributed 5 days prior to the appointment slot.

The evaluation of this project is described with an analysis of take up rate and outcomes measured with a standardised assessment outcome instrument.

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The role of harm reduction in syringe exchange programs (SEPs): Can it be measured and does it matter?

Bluthenthal, Ricky *RAND and Charles R. Drew University Santa Monica CA*
Anderson, Kathryn *RAND*
Kral, Alex Scott, Andrea Kahn, James G. *UC San Francisco*
Anderson, Rachel Clancey, Lynell Flynn, Neil *UC Davis Sacramento CA*

Objective: In our scheme, harm reduction service delivery is summarized in 4 practices/policies: (1) Working with the client in a non-judgmental manner; (2) Client control over goal-setting, (3) Clients contribute to program design, services, and implementation; and (4) Services provided in the community-settings to maximize easily access. The objective of this presentation is to present a scoring scheme for measuring harm reduction and to determine whether adherence to harm reduction principles by SEPs is associated with lower HIV and hepatitis B and C viruses risk behaviors and higher client knowledge.

Methods: To accomplish this, SEP operational characteristics and client risk behaviors were collected from 23 SEPs in California. Harm reduction principles were measured in the following manner: (1) by client responses to questions on whether they were treated with dignity and respect by SEP staff/volunteers; (2) by policies on syringe exchange/distribution; (3) by whether active IDUs served as volunteers; and (4) by hours of operation and availability of ancillary services. Below we present the number of programs that score low, medium, or high in these areas.

Results: Of the 23 SEPs, 4 (17%) scored high on client control, 10 (43%) scored high on client contribution to program design, and 2 (9%) scored high on maximizing access. Discussion: SEPs vary in their adherence to our harm reduction scheme. The final presentation will examine whether these scores are related to client infectious disease risk and knowledge.

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Community Readiness Model: How Do I Know When The Community I'm Working In Is Ready To Listen?

Bolas, James *National Network for Youth New York NY*
Fraster, Beth



The Community Readiness Model is an innovative, science-based method for assessing the level of readiness of a community to develop and implement prevention programming. Scientifically developed as a crossbreed of three behavior models (The Readiness for Behavior Change, Decision-Making Process and New Ideas, and the Social Action Process), it can be used as both a research tool to assess distribution levels of readiness across a group of communities or as a tool to guide prevention efforts at the individual community level.

Participants will be able to:

- o Identify specific characteristics related to different levels of problem awareness and readiness for change;
 - o Develop the skill of using this tool to measure their community's level of readiness for change;
 - o Understand how to create the consistency with awareness of the issue and the level of readiness for change present among residents of their community;
 - o Identify and develop strategies specific to each communities stage of readiness.
- o Community Readiness as an assessment Tool
- o What is Community Readiness and Why Use It?
- o Process of the Model
- o Key Informant Questions
- o Community Readiness Dimensions
- o Scoring Key Informant Interviews
- o Understanding Community Readiness Application
- o Strategy Development

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Drug User Networks and Syringe Distribution

Braine, Naomi *Beth Israel Medical Ctr CDI New York NY*
Acker, Caroline *Prevention Point Pittsburgh PA*

This presentation will describe the use of drug users' personal networks as a central method for syringe distribution by an underground Syringe Exchange Program (SEP), and how this varies with the racial and economic characteristics of SEP participants' neighborhoods. A case study was conducted of the Pittsburgh SEP in the spring and summer of 2001, shortly before the program was legalized. Interviews were conducted with 164 people who have direct or indirect contact with the Pittsburgh SEP. These interviews included an extended series of questions about respondents syringe distribution networks (e.g. who they obtain syringes from, who they give syringes to). Pittsburgh's neighborhoods are clearly defined in geographic, social, and economic terms, and census data can be obtained by neighborhood. Data from the 2000 Census will be used to describe neighborhood characteristics. This presentation will describe the respondents' syringe distribution networks, and examine how these networks vary according to the characteristics of the neighborhoods where respondents live, and the neighborhoods where respondents meet network members to give/receive syringes. The presentation will map the social and geographic reach of network based syringe distribution in Pittsburgh.

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Educating User Friendly Physicians

Brand, Elizabeth *Alameda County Emergency Medicine Resident San Francisco CA*

Medical providers are often uncomfortable counseling and judgmental of injection drug users, especially young users. Using information from the Harm Reduction Coalition, literature searches, and online resources, educational materials were prepared for delivery to a small group of medical students. A presentation about homeless youth and harm reduction was given, and participants answered survey questions before and after the presentation. The content of the presentation stressed the principles of harm reduction, and reviewed common misperceptions of homeless youth and injection drug users. Specifically, participants were taught that drug users do care about their health and are ultimately responsible for their behavior. The presentation highlighted the inefficacy of the war on drugs and abstinence based models for deterrence or cessation of drug use. Health concerns of homeless youth and injection drug users were described, and harm reduction interventions were discussed. Resource materials for users were passed around, and contact numbers were distributed. Results of the surveys were analyzed using a paired sample test. Statistically significant changes in participants' answers were present for 10 of the 15 questions, and these changes were consistent with the harm reductionist content of the presentation. The results are promising, indicating that in-class teaching of harm reduction principles may be able to change perceptions and practice in the medical community.

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Evaluating Training: Does HITM (the Hepatitis Integration Training Manual) Assist Staff in Integrating Hepatitis C Prevention Messages into their Existing Counseling?

Bresnahan, Marie Spencer, Jacquelyn Stephanie Caloir *American Liver Foundation New York NY*

Learning Objectives: Workshop participants will be able to: 1) Identify reasons for integrating hepatitis C preventing education into existing prevention programs; 2) Identify venues for integrating hepatitis C messages into work with high risk clients in various settings; 3) Identify evaluation methodologies; 4) Discuss and critique evaluation methodologies chosen.

Background: The Hepatitis Integration Training Manual (HITM) was developed as a manual for training staff to integrate hepatitis C prevention into HIV/AIDS, STD, Harm Reduction, Drug Treatment and Prison Programs. The training manual is being distributed to a wide variety of health professionals so that they can train their staff. The evaluation component was designed to assess HITM's effectiveness as a training tool and to see if the training participants were able to integrate hepatitis C prevention messages into their work with their clients. Training manuals and evaluation tools will be provided to workshop participants.

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Perceptions and Experiences of Toronto Injection Drug Users (IDU) on Health and Social Service Delivery.

Bright, Robert *University of Toronto Toronto ON Canada*

Objectives: To understand Toronto IDUs' perceptions and experiences of as well as suggestions for health and social service delivery.

Method: About 120 Toronto IDUs participated in semi-structured qualitative interviews between June 2000 and April 2001. Sampling sought to maximize diversity. Thematic analysis focused on themes of unmet

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service needs, negative service experiences, positive service experiences, and suggestions to improve services.

Results: Many interviewees were able to specifically identify gaps in the health care and social services they received. Many IDU report the stigma and discrimination they endure as drug users cause them to avoid conventional services such as hospitals, waiting until the last minute before seeking treatment for serious illnesses and injuries. Some reported that the presence of just one staff person who demonstrated genuine concern or compassion was enough to encourage them to return for services in the future. Conversely, staff indifference and/or judgmental attitudes led many to refuse certain important services.

Conclusions: Appropriate staff training sensitive to the needs of IDU should be explored, especially in conventional and traditionally structured institutions such as hospitals and emergency rooms, and adherence to professional standards (with appropriate disciplinary responses) must be applied.

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The Place of Safer Injection Facilities in Harm Reduction.

Broadhead, Robert S. *University of Connecticut Storrs CT*

The continuing threat posed by HIV, HCV, drug overdose, and other injection-related health problems indicates the need for further development of innovative interventions for drug injectors, for reducing disease and mortality rates, and for enrolling injectors into drug treatment and other health care programs. Governmentally-sanctioned safer injection facilities (SIFs) are a service that many countries around the world have added to the array of public health programs they offer injectors. In addition to needle exchange programs, street-outreach and other services, SIFs are clearly additions to much larger comprehensive public health initiatives that municipalities pursue in many countries. A survey of the existing research literature, plus the authors' ethnographic observations of 18 SIFs operating in western Europe, suggest that SIFs target several problems that needle exchange, street-outreach, and other conventional services fall short in addressing: (1) reducing rates of drug injection and related-risks in public spaces; (2) placing injectors in more direct and timely contact with medical care, drug treatment, counseling, and other social services; (3) reducing the volume of injectors' discarded litter in, and expropriation of, public spaces. In light of the evidence, the time has come for more municipalities to begin considering the place of SIFs in public policy and health initiatives, and to provide support for controlled field trials and demonstration projects of SIFs operating in injection drug-using communities.

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Harm Reduction in the Alleys and on the Streets

Brunt, Caroline *British Columbia Center for Disease Control Vancouver BC*
Douglas, David *Vancouver Area Network Drug Users*

Issues: Providing STD/HIV and needle exchange services to people on the streets and in the alleys of Vancouver's Downtown Eastside presents many challenges. The clients served lack familiarity and comfort with mainstream health services and do not easily access traditional health care. Despite years of harm reduction and prevention initiatives, HIV, Hepatitis C and Syphilis rates continue to rise.

Description: The Street Nurse Program has provided innovative approaches to service provision among populations at high risk for contracting STD's and HIV since 1988. Although these approaches appear to be partially successful, there was still limited access to difficult to reach intravenous drug users who might benefit from health care services. In November of 2001, in an attempt to team up with peer groups in the community and reach hard to serve clients, the Street Nurses began an initiative with VANDU (Vancouver

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Area Network Drug Users), working alongside them in the alleys and on the streets. In this session we will explore the benefits of professionals and peers working together.

Conclusions: The health of the community lies in the human relationships that exist in that community. The combination of Street Nurse and peer not only enhance but revolutionize how healthcare can be delivered to marginalized populations. Working with peers significantly enriches the healthcare package delivered to clients. We not only learn from each other, but reach people who would not have otherwise dialogued with a health care professional. It is clear that providing health care as a professional alone maintains the hierarchical status already existing between health care professional and client, perpetuating a system that has traditionally ill served marginalized populations.

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Hepatitis 101 The A, B, Cs of Viral Hepatitis

Buffington, Joanna Moyer, Linda *Centers for Disease Control and Prevention Atlanta GA*

Learning Objectives:

1. To review the epidemiology, natural history, and transmission of viral hepatitis A, B, and C (and briefly mention D, and E); recognize the differences and similarities among these viruses.
2. To review current CDC recommendations and their rationale for prevention and control of these viruses.

Background: Viral hepatitis is a major public health problem in the United States. An estimated 180,000 hepatitis A virus infections, 76,000 hepatitis B virus (HBV) infections, and 30,000 hepatitis C virus (HCV) infections occur each year. HBV and HCV can cause chronic infection leading to chronic liver disease, cirrhosis and liver cancer. Currently, an estimated 1.25 million Americans are chronically infected with HBV and 3 million Americans are chronically infected with HCV. 12,000 to 15,000 deaths occur each year from HBV- or HCV-associated liver disease. Although modes of transmission of HBV and HCV overlap with those of other bloodborne viruses and sexually transmitted diseases, there remain important differences among the hepatitis viruses. Understanding these differences presents a challenge to health professionals but is essential for accurate diagnosis and prevention counseling.

Objectives: To understand the epidemiology, natural history, and transmission of viral hepatitis A through E; to review the rationale for prevention strategies and understand the recommendations for prevention and control of these different viruses.

Content: There will be an overview of the epidemiology of hepatitis A-E, including different ways these viruses are transmitted, along with incidence and prevalence of disease in different risk groups. Recommendations for prevention and control of viral hepatitis will be reviewed, including CDC's national strategy for prevention and control of hepatitis C.

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Harm reduction in the transgender community

Bumpus, Tracy Moses, Moshay Sosa, Michele *Positive Health Project New York NY*

This workshop is designed to increase the knowledge and understanding of service providers staff and peers in working with the transgender community. The presenters will clarify some of the common myths about the transgender community. While examining some of the dynamics that impact this community offering practical approaches that facilitate service delivery.

I. Workshop Overview

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A. The usage and dangers of hormone injection and free flowing silicone: how providers can help reduce the harm.

B. Harm reduction strategies that work including an overview of the transgender program at Positive Health Project.

II. Workshop Objectives

A. Participants articulate common myths and misconceptions about the transgender community as well as, raise their level of awareness and sensitivity to the transgender community.

B. Participants will learn the dangers of hormone and free flowing silicone injection and best practices to prevent harm.

C. Participants will learn strategies that Transgender Program at Positive Health Project uses to engage transgender clients in services.

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Legal Barriers to Syringe Disposal: Another Reason for Reform

Burris, Scott *Temple Law School Philadelphia PA*

Appropriate disposal of used syringes is important for public health, and increasingly is a factor in political debates over easing legal barriers to the purchase and possession of syringes by IDUs. It is well recognized that IDUs have few safe options for syringe disposal. What has not heretofore been addressed is the extent to which existing drug possession, syringe prescription and paraphernalia laws create legal risks for IDUs who wish to dispose of their syringes in a safe and hygienic manner. Drug paraphernalia and syringe prescription laws make it a crime to possess a syringe for drug use purposes. Drug possession laws in most states have been interpreted to apply even to trace amounts, such as would be found in the barrel of a syringe. This presentation reports on research in US states and territories documenting legal barriers to IDU participation in safe disposal programs. It finds that all but two states have some legal barriers to safe syringe disposal by IDUs, including most of the states that have otherwise eased legal restrictions on syringe access in recent years. The disposal issue adds one more important reason to the list of arguments for changes in syringe access and drug possession

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Syringe Access and Possession: Legal Update

Burris, Scott *Temple Law School Philadelphia PA*

Syringe prescription and paraphernalia laws have long been recognized as significant factors in the spread of HIV among IDUs. More recently, the possible role of drug possession laws (that can among other things be used in most states to criminalize the possession of drug residue in used syringes) has also been recognized. Early legal reviews suggested that over-the-counter syringe sales were prohibited in most states. A new, more detailed analysis finds otherwise: retail syringe sales to IDU are legal or have a reasonable claim to legality in 40 states. Moreover, vigorous advocacy has led to continuing changes in syringe access law. Since 1997, eight states have totally or partially deregulated syringes. This presentation reports the results of the most thorough and detailed review ever conducted of syringe access law, a review that included detailed state-by-state analysis of statutes and case law on a range of issues including over-the-counter syringe sales, syringe exchange, deregulation of syringes, the applicability of drug possession laws to syringes containing drug residue, and the legality of syringe possession. The study shows both that harm reduction advocacy is having an effect, and that the picture is more promising than many believe.

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Internalizing Harm Reduction

Cain, Curtis *Connecticut Harm Reduction Coalition New Haven CT*

This session will discuss the topic of peer interventions and the importance of educators coming from the drug using community. The message of how to stay safer when using has been something that has been drilled into the heads of active users for years from outreach workers and educators. Most active drug users can tell you all of the correct things that need to be done to stay safe. Although when it comes to the actual practice of safety during drug use the reality of what is known and what is being practiced can be very different. We will advocate during this session of the importance of active drug users to be better equipped with techniques for peer interventions, since we are the ones in the game at 2 and 3 in the morning not outreach workers.

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Building Networks to address the needs of Latinas/Hispanic women at risk of HIV/AIDS through male partners with incarceration experience

Calderon, Jessica *Project CADENA, Center for Health Policy Development, Inc. San Antonio TX*
Doria-Ortiz, Charlene

The purpose of the Center for Health Policy Development, Inc. (CHPD's) Project Capacity-building Alliance to develop Effective Networks of Assistance (Project CADENA) is to develop and implement regionally structured, integrated capacity-building assistance (CBA) systems to sustain, improve and expand local HIV prevention services for racial/ethnic minority individuals whose behaviors place them at risk for acquiring or transmitting HIV and other sexually transmitted diseases. It will also increase community awareness about three major systems: Criminal Justice, Public Health and local Latino Community Based Organizations (CBO's). Furthermore, it will develop leadership, create partnerships and support for the prevention of HIV/AIDS in two communities, El Paso, Texas and Denver, Colorado, as we develop the process of these collaborations to address the needs of Latinas/Hispanic women who are at risk of HIV/AIDS through male partners with incarceration experience.

The CADENA Community Council (CCC) consists of local major opinion leaders from the three systems who will lay the groundwork the development of Plans of Action that will serve to institutionalize the collaborative efforts to address the needs of our target population. CHPD will conduct a series of workshops, and ultimately a Local Three Systems Policy Forum in both sites to implement these objectives. Through our various Project CADENA activities, our council is afforded an opportunity to network among the three systems in order to initiate and sustain collaborative efforts among and between them and provided with capacity-building assistance (CBA) services by way of information transfer, skills-building, technical consultation, technical services, and development and dissemination of replication packages.

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When the punishment does not fit the crime and the most severely punished is not the wrongdoer, who can feel safe?

Callen, Cait Trainor *November Coalition Seattle WA*

On October 21, 2000, our then 23 year old son Cormac's 57 month sentence for a non violent first offense, according to the law of unintended consequences, resulted in the deaths of his father, Liam, and his partner, Tina. Both were victims of a head on collision, while returning from a visit to Cormac at FPC Sheridan, a minimum security Federal Prison Camp on the infamous Highway 18 in Oregon. Three year old JaShawn,

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the only survivor in the car, escaping the crash with a seat belt burn on his neck, lost two of the three most important people in his world, his mom and grandfather, who had been providing a home for him. As of this date, despite the best efforts of family, lawyers, friends, even the Archbishop of Portland, who wrote in support of Cormac's appeal for commutation of sentence, this administration continues to deprive my grandson of his only surviving parent.

In my paper I wish to explore, as highlighted in my son's case, disproportionality in sentencing, prosecutorial ignorance in the area of mental health, questionable BOP policies relative to the administration of the DAP Program and the District Court Judge's thinking regarding Apprendi and my sons's #2255 petition. These issues underlie those crucial decisions made by the authorities in my son's case, decisions which, in my opinion, implicate me in the destruction of my own family through the inappropriate use of my tax dollars.

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Implementation of New York State's Expanded Syringe Access Demonstration Program (ESAP)

Candelas, Alma Klein, Susan J. Narcisse-Pean, Maryse Tesoriero, James M. Plavin, Hope A.
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In January 2001, New York State (NYS) implemented a demonstration program allowing sale of hypodermic needles and syringes without a prescription to individuals age 18 and over by registered pharmacies, health care facilities and health care practitioners. Registered providers must cooperate in a program to assure safe disposal of used needles and syringes. ESAP complements, but does not replace, ongoing access to sterile syringes through authorized syringe exchange programs. As of May 15, 2002, there were 2,462 registered ESAP providers, of which 868 (35%) were located in the five boroughs of New York City (NYC); 2,423 (98%) were pharmacies. Major pharmacy chains accounted for 1,813 (75%) of the registered pharmacies. There were 39 other providers also enrolled: 13 hospitals, 9 nursing homes, 14 clinics and 3 private practitioners. This broad-based public health initiative has involved extensive outreach (to various public and private agencies and organizations, law enforcement and the judiciary and the community, for example), forging partnerships to build new models of service delivery, develop materials to promote ESAP to IDUs and to health and human service providers, create local community-based syringe access and safe disposal coalitions, expand options for safe syringe disposal, and evaluate against specified criteria. Methods, materials and results employed to implement and evaluate

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Starting a Moderation Management Group

Cannon, James *Moderation Management New York NY*
Kosok, Ana

Moderation Management Network, Inc promotes and provides a clinically valid self-help option for people seeking help with alcohol related problems.

Assumptions:

1. Problem drinkers should be offered a choice of behavioral change goals.
2. Harmful drinking habits are more easily addressed at a very early stage, before problems become severe.
3. Problem drinkers can make informed choices about moderation or abstinence goals based upon educational information and the experiences shared at self-help groups.

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4. Harm reduction is a worthwhile goal, especially when the total elimination of harm or risk is not a realistic option.
5. People should not be forced to change in ways they do not choose willingly.
6. Moderation is a natural part of the change from harmful drinking, whether moderation or abstinence becomes the final goal. Most individuals who are able to maintain total abstinence first attempted to reduce their drinking unsuccessfully. Moderation programs shorten the process of "discovering" if moderation is a workable solution by providing concrete guidelines about the limits of moderate alcohol consumption.

In this interactive workshop Cannon and Kosok (otherwise known as "Scott and Zelda" in recent radio interviews) describe their 6-year involvement with Moderation Management as members and as group leaders.

The MM group is a drop-in mutual support group and is usually lay-led. This workshop will give content-specific information about moderate drinking, and will discuss the elements of the Stages of Change model and Motivational Interviewing that are used in our group work.

A panel of group facilitators from groups around the country will describe their local variations in the MM group model.

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The Odyssey: "a courageous journey that changes everything"

Caplan, Richard Sisti, Toni *Columbus House Inc. New Haven CT*

Program Description:

The Odyssey is a consumer initiative designed to support people that have used alcohol or drugs, and as a consequence have a history of utilizing our emergency shelters, our sobering centers (Recovery House; emergency rooms; detox centers), and who are now in recovery. The program is to provide support at multiple stages of 'use' and various critical stages of abstinence/program. Employing the notions of a 'Positive Peer Culture' and a Harm Reduction Model, mentors should be encouraged to support their own sobriety via 'giving back' (mentoring) by the mechanism of engaging others who are still using alcohol/drugs, and those who are just beginning to seek help in their effort to become sober. Initial goals for the program are to foster sobriety/reduced use and support people negotiating our complicated system of services. We will employ a relational model that will foster "basic trust" and positive attachments. The program is designed to serve both mentors (rent: stipends of up to \$400.00 per month paid directly to Sober Houses) and mentees (people being mentored: assistance/support from someone who recently 'was there').

People who have previously struggled with alcohol or drug use with three months of sobriety can seek entrance to the mentorship training. They will attend a six week (classroom) training program. Upon the completion of the classroom work, they will be assigned to an existing Columbus House/Hill Shelter/Treatment Program where they will meet people in early recovery and or who are still using. Case managers at both Columbus House and the Hill Health Center will identify people who could benefit from having a mentor, mentors will be assigned cases by supervisors of these case managers. It is assumed that a new pool of mentors shall come from people who have just been mentored for the previous three to six months; eventually creating hundreds of mentors to effect change in our neighborhoods and community.

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Sí se puede: asistiendo a usuarios de drogas bajo el modelo de Reducción de Daño

Carcagno Guzman, Laura *Mission Neighborhood Community Center San Francisco CA*

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Complying with the Drug Free Workplace Act

Carey, Corinne *Harm Reduction Law Project, Urban Justice Center New York NY*

How can harm reduction organizations that receive federal funding comply with the Drug Free Workplace Act of 1988 (DFWA) and also have a commitment to hiring and retaining active drug users? This workshop will review the requirements of the DFWA, how to construct employment policies that both comply with the DFWA and support active drug users, and what other federal laws regarding confidentiality and discrimination will affect the workplace of harm reduction agencies. Participants will discuss issues affecting and arising from working with drug users.

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Working with Pregnant and Parenting Drug Users: Dealing with Mandatory Child Abuse Reporting and Confidentiality Laws

Carey, Corinne *Harm Reduction Law Project, Urban Justice Center New York NY*
Paltrow, Lynn M. *National Advocates for Pregnant Women New York NY*

Working with pregnant and parenting women is challenging to harm reduction organizations that are committed to providing confidential and supportive services, but that also may also be subject to state and federal laws regarding mandatory child abuse reporting. This workshop will explore standard child abuse reporting laws and how they apply to harm reduction agencies and their employees, current state and federal laws that affect pregnant and parenting program participants, and applicable confidentiality laws. Workshop participants will discuss effective strategies for dealing with these challenges to achieve harm reduction's commitment to providing services to women while addressing obligations imposed on established programs by the law.

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Seroconversion and Club Drug Use: A Contextual Understanding

Carragher, Daniel J. Halkitis, Perry N. Mourgues, Paris J. Parsons, Jeffrey T. *Center for HIV/AIDS Educational Studies and Training (CHEST) New York NY*

Club drug (i.e., cocaine, crystal methamphetamine, GHB, Ecstasy, and ketamine) use has been associated with increased sexual risk taking. While previous studies have examined the correlation between drug intake and level of sexual risk, less is known about the contextual reasons for drug use (i.e., to avoid unpleasant emotions, alleviate physical discomfort, handle conflict with others, social pressure to use, for the creation of pleasant times, and outcome expectancies). This study examined these reasons in a sample of 218 self-reported HIV-negative or status unknown participants ($M=31.05$ years of age), 10 of whom tested HIV-positive, by comparing these seroconverts to those confirmed HIV-negative. The seroconverts were more likely to report that they used crystal ($p<.02$), coke ($p<.01$) and alcohol ($p<.03$) to deal with their stress. In addition, the seroconverts had significantly different outcome expectancies for their crystal, X, K, and coke use ($p<.05$), and were more likely to use crystal to deal with unpleasant emotions, physical

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discomfort and conflict ($p < .01$). An item analysis indicated that those participants who seroconverted were more likely to use their drugs before attending sex clubs and parties, when they were depressed or anxious, and in order to have the type of sex they wanted.

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Using Motivational Interviewing as a Harm Reduction Counseling Technique with College Students

Castro, Ralph *Cowell Student Health Center Stanford CA*

The Stanford Alcohol Education Seminar (AES) is a three to four hour Harm Reduction educational process that is designed to reduce the adverse effects associated with misusing or abusing alcohol by using motivational intervention techniques. The theory is based on the Stages of Change Model in which the goal is to move students from a precontemplative stage of thinking to a contemplative or preparation readiness to change. The training examines drinking in a realistic and interactive manner while concentrating on a safe, legal, and responsible, harm reduction-based alcohol-use model. Students are most often referred after an alcohol incident on campus. The AES consists of a two-step process, an individualized screening assessment/interview and a group seminar.

Participants will walk through the development of the Stanford Alcohol Education Seminar. Appropriate theory (behavior change theory, stages of change, motivational interventions, etc.) and philosophy (harm reduction) will be discussed and presented. The content of the seminar will be outlined and portions will be acted out in the group as didactic examples. Outcome data from two campuses will be presented and discussed as well.

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Advocating for Methadone Treatment in Prisons

Catania, Holly *Chemical Dependency Institute of Beth Israel Medical Center New York NY*

We know that there is illicit drug use in prisons and we also know that there is a high risk of overdose death occurring after periods of irregular use, such as release from incarceration. Additionally, the prevalence of HIV/AIDS and Hepatitis B and C is higher in prisons than in the general population. With condom and bleach use and sexual relations prohibited in many penal institutions, risk-taking is widespread.

Methadone treatment is widely accepted in prisons in Australia and Europe and in some places in Canada. The model program for the United States is in one of the world's largest jails. Yet access to methadone is severely limited worldwide.

It is usual practice, and a requirement under international treaties, to provide medical treatment for prisoners that is similar to what they would receive in the community. Methadone and other pharmacotherapy treatments should not be any different. Methadone maintenance treatment should be made available to all prisoners who need and want it, especially prior to their release. It has been associated with reduced injecting and needle-sharing in prisons and reducing the spread of HIV/AIDS, Hepatitis and other blood-borne diseases.

The author will give an overview of various in-prison methadone programs, focusing on the development and workings of the Rikers Island in-jail methadone treatment program to illustrate how to advocate for methadone treatment programs inside prisons with links to the community. Participants will be encouraged to advocate for the implementation of effective drug treatments in their prisons and their communities.

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Dilemmas in field studies with injection drug users

Cavaliere, Walter Bright, Robert *University of Toronto Toronto ON Canada*

Objective: To examine dilemmas in qualitative ethnographic studies with injection drug users.

Methods: Two studies of HIV risks and using behaviours of IDU utilized qualitative field research designs to attempt to understand illicit drug injection from users' perspectives. The Understanding Drug Use in Toronto study involved 120 semi-structured participant interviews; the Crack Injection Study, part of a multi-city collaboration, included 31 structured interviews with observations of crack cocaine injecting in users' 'natural environment'.

Results: One field researcher was trained as a sociologist/researcher; the other as a social worker/psychotherapist. They experienced similar struggles between the requirement to obtain valid research data and their felt need to provide immediate service and information, as subjects described or demonstrated risky practices or immediate health needs.

Key concerns were: balancing ethical obligations to obtain valid data with concern for well-being of participants; how the need for researcher safety affects the data collected; effective dissemination of research findings as expediently as possible, when the research process itself is lengthy, and immediate feedback can bias findings; and risk of retraumatization of vulnerable participants.

Conclusions: Well-being of both participants and researchers requires that field research with injection drug users address these difficult moral/ethical issues.

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Mental pain and illicit drug use in homeless people – concurrent issues, neglected links

Cavaliere, Walter *University of Toronto Toronto ON Canada*

Objective: To explore relationships between reasons for using drugs and self-described and observed mental health of IDU in Toronto.

Method: Qualitative interviews were held with about 120 IDU in Toronto, recruited to maximize diversity. Reasons for using drugs, issues of mental health, service needs, positive and negative service experiences, and suggestions for improving services were analyzed for emerging themes.

Results: Many IDU reported deep and abiding sadness about past experiences, present situation and future hopes sufficiently intense or enduring to qualify for DSM label of depression. Also present was evidence of anxiety and post traumatic stress disorder. IDU spoke about how drugs helped them numb out, escape from intolerable situations, or feel "normal" and of the salubrious impact of good and respectful care from a wide variety of providers, even while still using drugs.

Conclusion: The voices of IDU in this study have provided insights into their emotional health and reasons for continuing drug use and have raised questions about the impact of the lack of mental health services and support when most needed. Would counseling and therapeutic interventions be useful and practical while clients are actively using? How and by whom might these services be delivered? Participants will be invited to discuss, speculate and develop possible responses.

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Neutralizing the opposition and bringing out the activists in your community

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Rucker, Joy *HEPPAC Oakland CA*

Opening or expanding services in the community in the current political climate can be an extreme challenge. Presenters will talk about different barriers and threats from city council opposition to the evil neighbor next door, bringing information on specific experiences in Oakland. They will offer some do's and don't and discuss the importance of anticipation and pre-planning.

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El uso de sustancias en personas infectadas con el VIH en la población homosexual latina

Cintron, Carlos E. *Proceed Elizabeth NJ*

Al comenzar este resumen acerca de la reducción de riesgo, me hice varias preguntas respecto a la población homosexual con la cual yo laboro, y una de esas preguntas fue ¿Cómo las personas con VIH que reciben tratamiento pueden consumir drogas? Muy pronto recibí contestación a mi pregunta y como laboro con la población homosexual latina entendí muchos factores envueltos en esta dinámica de consumir drogas.

La comunidad homosexual latina es una donde los valores éticos, morales y religiosos son imperativos. Recuerdo a mi madre decir continuamente y cito: "Dios creó a Adán y Eva no dos Adanes ni dos Evas". Con estas palabras muchos padres cerraban las puertas al diálogo y por consiguiente tener mayor confianza con ellos. ¿Qué quiero decir con esto? Que al no existir una buena comunicación en el hogar y por ende la comunidad latina homosexual para ese entonces no recibía mucha orientación o mejor dicho no había ningún tipo de organización donde acudir a buscar ayuda o tal vez a obtener respuestas a nuestras preguntas. Conclusión, la comunidad hispana es una de las de mayor infección en cuanto al virus de SIDA se refiere.

Estas frustraciones por el rechazo familiar y la depresión de no contar muchas veces con la familia son lo que lleva a nuestra comunidad a buscar un escape o tal vez "volar" un rato como ellos dicen con el consumo de algún tipo de sustancia a los problemas y rechazos que confrontan día a día. Recuerdo un cliente de Centro América que me explicaba como los pacientes con VIH los colocaban en una línea aparte y para colmo con un rótulo en la pared que decía y cito: "Pacientes con VIH colóquense en esta línea". Esto es sumamente humillante y denigrante para cualquier ser humano.

Sé que esto no es razón justificable para consumir sustancia pero luego de escuchar estas vivencias entendí muchas cosas acerca de nuestra comunidad y como, todavía a esta altura, existe el rechazo y la discriminación hacia aquello que llamamos raros o diferentes. En lo que a mi respecta lucharé intensamente y no pararé hasta que por lo menos nuestra comunidad entienda y deje los tabú que destruyen y envenenan nuestras almas. La lucha mía comenzó y actualmente estoy concientizando a mis clientes sobre los efectos de consumir los medicamentos para el VIH y las consecuencias negativas al cuerpo y mente que conlleva el utilizar drogas o alcohol.

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Collaborating with Jail Staff

Clancey, Lynell *Sacramento Area Needle Exchange Sacramento CA*
Wally, Gail *Harm Reduction Services Sacramento CA*

This presentation addresses the barriers and achievements of implementing a program for HIV infected inmates with minimal burden to the inmates and medical staff. With HRS' transitional case management component many inmates will become part of HRS' caseload after they are released. For those with a new

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HIV diagnosis, HRS can assist the HIV testing nurse with follow-up counseling and partner notification if requested. This can lessen the burden of possible "acting out" of inmates. For inmates that are HIV infected not receiving treatment, HRS case managers have an opportunity to get inmates re-connected with services before and upon release. HRS case managers will also be available to help inmates formulate an attainable release plan..

NRS staff has extensive experience working with the criminal justice system, both at county and state levels. HRS presently works closely with Sacramento County Probation, various State Parole agents, and the pre-release program at Folsom State Prison. HRS staff has successfully collaborated with custody, mental health, jail medical staff, outside medical providers, and HIV infected inmates to make the transition into custody as medically adherent as possible.

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Proyecto VIDA contra SIDA

Clynes, Carla Isaac, Natalie *PCPV - Proyecto Contra SIDA por VIDA San Francisco CA*

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Opiates, Cocaine and Alcohol Combinations in Overdose Deaths in New York City, 1990-1998

Coffin, Phillip *San Francisco CA*

Drug overdose contributes substantially to mortality rates in New York City. Multi-drug use has been documented as a key risk factor in overdose and overdose mortality in several studies outside of New York. To better understand overdose mortality patterns and the role of different drug combinations we analyzed overdose deaths in New York City between 1990 - 1998, using records from the Office of the Chief Medical Examiner. Opiates, cocaine and alcohol were the three most commonly detected drugs in overdose deaths. More than one of these three drugs were present in 72% of drug-positive overdose deaths. Drug overdose deaths increased from 1990-1993, then declined from 1994-1998. Changes in rate of multi-drug use accounted for most of the change in overdose death rates. Trends in overdose death rates within gender and racial/ethnic strata varied by drug combination, suggesting that different trends in multi-drug use patterns may drive changes in overdose death rates. These data suggest that drug overdose mortality rates may be more responsive to shifts in multi-drug use patterns than to changes in single drug use rates.

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And Justice For All Project Update

Colonna, Luciano *Harm Reduction Project Salt Lake City UT*

Problem Statement

The first drug court in America opened in Dade County, Florida, in 1989. By January 2000, the total number nationally reached 449. Developed to cope with the wave of drug offenders that began flooding the system twenty years ago-a swell that had doubled in size by 1989-drug courts have proliferated because many people are convinced that uniting treatment and judicial supervision is an effective way to limit future drug use and crime. While drug courts have certainly gained the support of many, they also present issues that demand healthy skepticism and continued scrutiny.

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First, within the court system, the relationship of drug courts to the promising advent of an integrated family court system, which considers the family as a whole in order to address multiple problems, must be clarified. Drug courts will have to become more than drug testing and monitoring stations and involve more than just the drug offender.

Second, the tension between the development of coerced and voluntary treatment must be resolved. Coerced treatment neither should relieve the pressure to expand the voluntary treatment system nor crowd out spaces for voluntary admissions in programs that are operating at capacity. The criminal justice system must not become the preferred gateway to the treatment system.

Third, and very important, is to remember that the drug court "sentencing" to treatment represents an alternative to incarceration. Therefore, it should only be meted out to the people who would otherwise go to jail. However, the temptation will be to include a wider net of casual drug users who test positive, but who would not be likely to serve under the normal workings of the judicial system.

Fourth, since the drug courts are new, we In response to these issues, the Harm Reduction Project is developing a reality-based curriculum designed for judges presiding over drug courts for use at the National Judicial College (NJC), combined with the creation of a national judicial therapeutic programming task force as the overseeing body. "And Justice for All" utilizes the resources of NJC to develop and implement this project. The project includes the creation of a national judicial therapeutic programming task force comprised of judges, addiction specialists, consumers, and harm reduction and drug policy reform specialists. This group is working together in the designing of reality-based policies and procedures for American drug-courts, and in the creation of a reality-based judicial therapeutic programming training calendar at NJC.

This project provides an opportunity for the creation of model drug courts that treat substance users with dignity and respect, offers clients a panoply of individualized treatment options, stays abreast of developments in addiction medicine, and creates linkages with community treatment, education, training, housing and jobs programs.

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The Oxygen Project: A multi-pronged response to opiate overdose in the United States

Colonna, Luciano *Harm Reduction Project Salt Lake City UT*
 Edney, Heather *Santa Cruz Needle Exchange Program*
 Clear, Allan *Harm Reduction Coalition*

Commencing late 2001, The Santa Cruz Needle Exchange Program from California, The Harm Reduction Project of the Rocky Mountain States and the Harm Reduction Coalition, a National organization, are collaborating in a four-pronged approach to reduce overdose incidences among opiate users. Overdose response covers prevention, intervention and postvention. The project utilizes a toll-free hotline, web-based information, billboard education and a comprehensive training program. The toll free hotline, 1-866-STOP-ODS, is a 24 hour support and informational service that provides drug users, service providers, and other concerned individuals with up to date overdose information. This bilingual (i.e. Spanish and English) hotline will provide referrals to harm reduction driven programs and grief counselors in their communities. Vinyl, transportable billboards advertising the hotline and OD prevention messages have been produced and will be displayed in a variety of cities commencing with Salt Lake City. The website has utility as a clearinghouse for a range of consumer education including drug users, family members, and service providers and consumer input through its chat rooms and message boards. The training program has collated training curriculum appropriate for drug users, emergency response teams, service providers and trainer training. The trainings are being delivered to cohorts spread throughout the United States. Trainees

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have made their training requests known through the toll-free hotline and website. The presentation will detail progress, successes, barriers and results of this approach.

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Panel on models of collaboration

Cotroneo, Richard A. *HIV Education and Training Programs NY State Health Dept AIDS Institute*
McVinney, Don Chavez, Maria *Harm Reduction Training Institute New York City and Oakland CA*
Acosta, David *Philadelphia Department of Health Philadelphia PA*

While historically there has been mistrust between public health departments and harm reduction programs, particularly at the outset of the HIV/AIDS epidemic, public health departments and harm reduction programs are increasingly working collaboratively to 1) assess community needs; 2) design successful community interventions; and 3) offer trainings to meet unmet needs of consumers and providers. In this workshop, panelists will discuss strategies that have led to successful collaborations between state and local health departments and the Harm Reduction Training Institute. This workshop will encourage participants to view this as a successful model for how local health departments and harm reduction programs can work together to enhance public health, with an emphasis on training initiatives.

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HIV Preventive Vaccines - Impact on Harm Reduction Dialogue

Counts, George W *Fred Hutchinson Cancer Research Center Seattle WA*

Research to find a safe, effective, accessible HIV vaccine will mushroom in the next few years. Higher risk populations will be targeted as candidate vaccines move into large-scale efficacy trials. The only product to ever advance to a large-scale research trial drew one-third of its participants from the IDU community. What effect will this have on harm reduction and other prevention efforts? How can we discover if vaccine is truly effective for everyone if we do not know how it affects persons with a history of active drug use? This workshop will provide a landscape view of HIV vaccines as well as an update on the role of community persons in identifying barriers to vaccine research and participating in clinical trials.

This workshop will also take a look at some of the data reported which reflects the behavior and attitudes of persons who participate in trials. Attendees will also be able to look at the willingness of persons to volunteer in future prevention HIV vaccine trials. There will be resource persons who can also note which communities are targeted for trials in the near future.

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A Blueprint for Harm Reduction in Alameda County: A Draft Resolution

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Chavez, Maria *Harm Reduction Coalition Oakland CA*
Kershner, Sara Rucker, Joy *HIV Prevention and Ed. Project Of Alameda County (HEPPAC) Oakland CA*

More and more cities and counties are drafting laws that often are far more progressive than we can achieve currently at the federal or state level. For instance, the City of Santa Cruz recently passed a law permitting syringe drop boxes in public restrooms. In addition, San Francisco City and County has had a harm reduction resolution in place since September 2000 that requires all contractors with the Department of Public Health to use a harm reduction framework and has established a Harm Reduction Council.

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Drug Policy Alliance, in collaboration with other local groups, has begun working to go beyond those recent initiatives and develop a broad blueprint for harm reduction in Alameda County to serve as a national model. This work has been furthered by the establishment of the Alameda County Harm Reduction Working Group, a public-private partnership of interested organizations, including, but not limited to, members of the Alameda County Department of Public Health, Drug Policy Alliance, Casa Segura, Harm Reduction Coalition, La Clinica de la Raza, and the Women's Economic Agenda Project. The Working Group will help revise the draft resolution to be most responsive to the community needs and to local government realities and then support it through the legislative process.

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Elevated HIV incidence among female versus male injection drug users in Vancouver

Craib, Kevin J.P. *British Columbia Centre for Excellence in HIV/AIDS Vancouver BC*

Background: In 1997, we found a higher HIV prevalence among female injection drug users (IDUs) in Vancouver. Factors associated with HIV incidence among women in this setting are unknown. In the present study, we sought to compare HIV incidence rates among male and female injection drug users (IDUs) in Vancouver, and to compare factors associated with HIV seroconversion.

Methods: This analysis was based on 939 participants recruited between 05/96 and 12/00, seronegative at enrolment with at least one follow-up completed, and who were studied prospectively until March 2001. Incidence rates were calculated using Kaplan-Meier methods. Cox regression identified independent predictors of time to HIV seroconversion.

Results: As of 05/01, 110 of 939 participants (64 males, 46 females) had seroconverted yielding a cumulative incidence rate at 48 months of 13.4% (95% CI: 11.0, 15.8). Incidence was higher among females vs. males (16.6% vs. 11.7%; $p=0.074$). Multivariate analysis of females revealed frequent cocaine injection (ARR= 2.6; 95% CI: 1.4, 4.8), requiring assistance injecting (ARR=2.1; 95% CI: 1.1, 3.8), unsafe sex with a regular partner (ARR 2.9; 95% CI: 0.9, 9.5), HIV+ sex partner (ARR 2.7; 95% CI: 1.0, 7.7) to be independent predictors of time to HIV seroconversion. Among male participants, frequent cocaine injection (ARR=3.3; 95% CI: 1.9, 5.6), aboriginal status (ARR=2.5; 95% CI: 1.4, 5.6), and borrowing needles (ARR=2.0; 95% CI: 1.1, 3.4) were independent predictors of HIV infection.

Interpretation: HIV incidence rates among female IDUs in Vancouver are approximately 42% higher than those of males. Different risk factors for seroconversion between women and men suggest that gender-specific prevention initiatives are urgently required.

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HIV incidence rates among aboriginal and non-aboriginal participants in a cohort of injection drug users in Vancouver

Craib, Kevin J.P. *British Columbia Centre for Excellence in HIV/AIDS Vancouver BC*

Objectives: To compare cumulative HIV incidence rates among aboriginal and non-aboriginal participants in a cohort of injection drug users (IDUs). **Methods:** The Vancouver Injection Drug User Study (IVDUS) is a prospective study of IDUs. This analysis was based on 941 participants (230 aboriginals and 711 non-aboriginals) who were recruited between 05/96 and 12/00, HIV-negative at enrolment, and completed at least one follow-up visit. Cumulative incidence rates were calculated using Kaplan-Meier methods and compared via the log-rank test. Cox regression analysis using time-dependent covariates was used to identify independent predictors of time to HIV seroconversion.

Results: The mean duration of follow-up was similar between aboriginal and non-aboriginal participants (37 vs. 38 months; $p=0.769$). Aboriginal participants were significantly younger (33 vs. 35 years;

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$p=0.017$). The mean duration of self-reported injection drug use was similar in both groups (11.8 vs. 13.2 years; $p=0.215$). As of 12/01, 44 of 230 aboriginal participants had seroconverted compared to 68 of 711 non-aboriginals. After 44 months of follow-up, the cumulative incidence of HIV infection was significantly higher among aboriginal participants (19.9% vs. 10.20%; $p<0.001$). Cumulative incidence was significantly higher among male aboriginals compared to male non-aboriginals (19.4% vs. 9.2%; $p=0.007$). Cumulative incidence was higher among female aboriginal participants compared to female non-aboriginals (20.2% vs. 12.9%; $p=0.115$). Multivariate analysis of aboriginal participants revealed frequent injection of cocaine (ARR= 2.2; 95% CI: 1.1,4.2) and speedballs (ARR=2.5; 95% CI: 1.3, 5.0) to be independent predictors of time to HIV seroconversion. Among non-aboriginals, frequent cocaine injection (ARR=3.3; 95% CI: 1.9, 5.6), borrowing needles (ARR=1.8; 95% CI: 1.1, 3.1) and not being married (ARR=2.2; 95% CI: 1.0, 4.6) were independent predictors.

Conclusions: In the VIDUS cohort, HIV incidence was significantly higher among aboriginal participants. Innovative client-driven harm reduction strategies addressing the HIV/AIDS concerns unique to this population are urgently required.

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Women of Color and HIV: Prevention Issues

Cruz, Brenda Pemberton, Gisele *PROCEED, Inc Elizabeth NJ*

HIV and AIDS cases continue to rise within the US among women of color. The Surgeon General projects that 80% of women newly infected with HIV will be African-American or Latina. The disproportionate number of AIDS cases among women of color as compared to their representation in the female population of the US is undeniable evidence of the scope of the problem. Addressing the HIV prevention needs of women of color in a targeted fashion is long overdue. Acknowledging complex social issues in HIV prevention programs for these women requires careful attention to stereotypes about HIV and women. Experts say, women do not respond consistently to gender-based prevention messages, as gender is but one issue for women to consider combined with social, cultural, and economic factors. Roberts (1999) recommends that interventions extend beyond the exploration of risk taking towards incorporating factors such as; societal attitudes towards gender, experiences of racism and discrimination, immediate living environment conditions and limited access to resources. Roberts contends that focusing on risk behavior and risk factors overemphasizes a woman's poor decision-making and neglects other conditions that motivate behavior. Additionally, efforts should be broadened to examine contributing structural inequities within poor settings leading to a higher incidence of HIV infections, and other health disparities. HIV prevention theory is a starting point, but too often fails to account for the personal and individual circumstances (Amaro, 1995). As providers, we should recognize the unique relationship women have with risk behavior -- which is too often thought of as a corollary, rather than the central focus, of HIV prevention strategies.

II: Topic Areas:

Unique Concerns for Women and HIV Prevention

- *Condom Use: For women protection must be negotiated
- *Competing Priorities: HIV prevention messages may get lost in the competing demands and pressures women face daily
- *Representations: As unsuspecting victims or carriers of disease, the important factors that put women at risk are never fully explored
- *Patterns of coping: personal characteristics of women who can knowingly be infected with HIV by their partners

Current HIV Prevention Strategies

- *AIDS Risk Reduction Model
- *Health Belief Model
- *Theory of Reasoned Action
- *Stages of Change Model

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*Social Learning Theory

*Diffusion Theory

Examples of Successful HIV Prevention Interventions for Women of Color
Effective programs and initiatives throughout the United States

III: Learning Objectives:

- * Understand the current state of women of color and HIV in the United States
- * Examine the unique concerns for women and HIV prevention
- * Discuss successful HIV Prevention Interventions for Women of Color throughout the US
- * Explore key components of a successful HIV Prevention Program for Women of Color

IV: Strategies, Methods, Models and Examples: This workshop will utilize didactic discussions and group exercises to achieve the above learning objectives.

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High prevalence of HCV in prisons: opportunities for education and prevention

Currie, Sue *University of California, San Francisco, Prevention Sciences Group San Francisco CA*

BACKGROUND: A high proportion of inmates (734%) entering prisons in California are infected with Hepatitis C (HCV). The high prevalence of HCV is associated with the increasing number of injection drug users (IDU) who are incarcerated.

OBJECTIVE: To examine characteristics associated with HCV infection among inmates entering California prisons that may provide the basis for HCV education and prevention.

METHODS: We recruited a cross-sectional sample of 472 inmates entering 3 California prisons. Participants were tested for HCV and surveyed using an in-depth questionnaire for risk behaviors, characteristics and exposures.

RESULTS: Prevalence of HCV was 34%; 37.5% in females and 32.5% in males. HCV infection was associated with a self-reported history of IDU (65% vs. 10% in non-IDU). Those entering prison on a parole violation were more likely to have HCV than those not entering on a parole violation (37% vs. 25%). HCV prevalence amongst inmates who had never previously tested was 26.7%. Inmates who reported a history of IDU were more likely to report having been tested for HCV than non-IDU (48% vs 28%). No significant independent associations were found between HCV and tattooing, snorting drugs, or assaults involving someone else's blood.

CONCLUSION: IDU is the most significant risk associated with HCV in prison populations. Educator/providers in correctional health systems should consider opportunities for HCV education, especially HCV testing and counseling for those at highest risk for HCV. Further, HCV prevention education, including harm reduction strategies should be included in programs designed for parolees reentering their communities.

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HIV Testing and Risk Behaviors at the Cross Roads between Two Marginalized Groups: Injecting Drug Users (IDU) and the Homeless

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Introduction: Surveys of HIV prevalence have reported high rates among two marginalized groups: IDU and homeless. We examined the association between HIV testing, HIV risk behaviors and housing status among IDU.

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Methods: IDU were recruited at street locations as part of the HIV Testing Survey. Data were collected in 1998-1999 in 6 states (AZ, CO, MO, NM, OR, TX) using systematic sampling methods and anonymous, structured interviews. To be eligible, IDU had to have injected drugs in the last 12 months, be >18 years old, not report known HIV infection, and have resided in the state of interview for > 6 months. Current housing status of IDU was defined as stable: own/rent home/apartment; unstable: live in rooming house/hotel or with family/friends rent-free; or homeless. Chi square tests were used to examine differences between the three housing status groups.

Results: Of the 584 eligible IDU, 45% (n=261) had stable housing, 34% (n=197) unstable housing, and 22% (n=126) were homeless. Most had HIV testing in the prior year: stable-73%, unstable-64%, homeless-72% (p=0.16). Homeless IDU were least likely to be currently in drug treatment (10%, versus unstable-18% and stable-22%, p=0.001). Homeless IDU were most likely to receive drugs/money for sex (30%), share needles

(61%) and share "works" (75%) compared to those with unstable (24%, 47%, 69% respectively) and stable housing (14%, p0.02; 38%, p0.001, 66%, p 0.21 respectively).

Conclusion: Among these IDU at risk for HIV, we observed the most frequent HIV risk behaviors among those with least stable housing.

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A Growing User Movement in Eastern Europe

Curtis, Matt *International Harm Reduction Development Program, OSI New York NY*

Because of the harsh political and legal climate and the relative newness of harm reduction compared to elsewhere in the world, drug users in Eastern Europe are often isolated and without a voice in developing the services that assist them or the policies that affect them. Resources are scarce, and it can be dangerous in most countries to be out as a user or to take too public a stance on user rights. In the last year, however, there has been a small explosion of user self-help organizing. Partly this is due to users' exposure to harm reduction (and to a lesser extent methadone) programs, which now number in the hundreds in Eastern Europe, and which may offer a degree of safe space and community. More important, a corps of dedicated and talented user activists has emerged, and there is increasing cross-fertilization of ideas and resources between activists across Eastern Europe and their colleagues in the West. In this presentation I will discuss the development of user groups in the region and their successes and challenges to date, with special attention to bringing user activists' own ideas, questions, and comments to the American harm reduction movement.

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"Locos de Sarandí". Un programa de intercambio de jeringas en el marco de la intervención comunitaria

Cymerman, Pablo *Red Argentina de Reducción de Daños La Lucila Argentina*
Goltzman, P. Rossi, D. Touzé, G. *Intercambios Asociacion Civil*

Desde el año 1998 Intercambios lleva adelante un proyecto que se plantea como objetivos favorecer la adopción de prácticas (sexuales y de uso inyectable de drogas) más seguras en usuarios/as de drogas; involucrar activamente a la comunidad; mejorar el acceso a la atención integral de los/as usuarios/as de drogas. El proyecto contempla tres líneas de intervención principales: a) el trabajo directo con usuarios de drogas; b) el trabajo con el tejido social (población no usuaria de drogas e instituciones comunitarias y de salud); c) formación (supervisión y capacitación del equipo de trabajo de campo, integrado por operadores técnicos y comunitarios). Se observa un alto grado de aceptación del trabajo desarrollado, tanto por parte de los usuarios de drogas como por el conjunto de la población. Se han identificado 156 usuarios de drogas inyectables, de los cuales 65 están en contacto permanente, recibiendo un promedio de 400 kits de

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inyección segura mensuales. La población no usuaria de drogas involucrada en las acciones preventivas es de 400 personas (en su mayoría adolescentes y jóvenes). Se distribuyen un promedio de 4.000 preservativos mensuales. Siete usuarios de drogas han sido capacitados e integran el equipo de trabajo y un número similar son colaboradores voluntarios. La instalación de un programa de intercambio de jeringas en el marco de la intervención comunitaria contribuye a hacer accesible información y servicios antes poco disponibles para los usuarios de drogas. La educación entre pares facilita el contacto y la adopción de prácticas más seguras, a la vez que permite reconocer en el ámbito comunitario un problema de salud como es la transmisión del VIH y aportar nuevas posibilidades de intervención.

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El trabajo de las Redes en el mejoramiento de las condiciones político-legales. El ejemplo de la REDARD.

Cymerman, Pablo Weiss, M. Lavarello, D. Radulich, G. Aranda, D. *Red Argentina de Reducción de Daños La Lucila Argentina*

La Red Argentina de Reducción de Daños considera necesario ampliar las intervenciones que se desarrollan a nivel individual y comunitario, para lograr impacto en términos de la salud pública. Es igualmente necesario trabajar en el nivel socio - político y legislativo, ya que tienen una influencia directa sobre el resultado de las intervenciones realizadas en los dos niveles anteriores.

Parte de los esfuerzos de la REDARD se destinan tanto al trabajo de incorporar a la agenda pública la temática de Reducción de Daños como a promover cambios en el contexto legal del uso de drogas y VIH/sida. En este sentido en 1999, se promulgó una ordenanza en el partido de Vicente López, Provincia de Buenos Aires en la que se recomiendan el desarrollo de programas de reducción de daños en ese distrito; la SEDRONAR emitió una Resolución en la que insta al Ministerio de Salud de la Nación a la adopción de programas tendientes a reducir los riesgos para la salud de los usuarios de drogas que no están atendidos por los programas y servicios existentes; existe un anteproyecto de Ley de sida para la Ciudad de Buenos Aires en la que se recomienda la inclusión de las medidas de Reducción de Daños; hay presentados 2 proyectos de ley que intentan mejorar el contexto legal del uso de drogas y las estrategias de prevención del VIH.

Todos estos elementos constituyen un avance en el mejoramiento de las condiciones político-legales del uso de drogas en nuestro país. Para la REDARD apoyar, asesorar, y promover estas acciones es parte de la lucha por mejorar la calidad de vida de las personas, en un marco de respeto por sus derechos y estilos de vida.

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Adapting Harm Reduction as a Comprehensive Behavioral Health Model: A Paradigm Shift for Rural Public Health

Dalton, Terrilee Lebavitz, Howard *Kendall County Health and Human Services, Department of Behavioral Health Yorkville IL*

This paper presents an innovative model for bridging the gap between traditional mental health and intensive outpatient substance abuse services in a community transitioning from rural Illinois to suburban Chicago. Kendall County, Illinois, a community of 54,000 residents, has seen a dramatic surge in growth from metropolitan Chicago, upsetting the conservative climate of a traditionally rural farming county. The comprehensive behavioral health program, located within the county public health department, has discontinued abstinence based programming in favor of merging both into "Healthy Response Behavioral Health," based in harm reduction philosophy and treatment. Goals aim to reduce harmful behaviors linked to family violence, physical and mental health risks, maladaptive substance use, and social stigma that discourage community residents from seeking services. The intent of every intervention is to reduce in

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small steps the impact of health-impairing behaviors regardless of their origin. No distinction is made between substance abuse and mental health clients, both are offered the same group and individual counseling opportunities addressing anger, addictions, gender issues, parenting, education, and stress reduction. To achieve this goal, all program services support four therapeutic goals consistent with Harm Reduction Psychotherapy (Denning, 2000): education; improved problem-solving and decision-making; increased self-awareness; and enhanced social relationships. Presentation of this paper is designed to initiate a dialogue between mental health and substance abuse professionals regarding the need to develop one unified behavioral health model. Secondly, initial results on the adoption of this new model provide some compelling evidence that harm reduction can be successfully adapted to programming in strongly conservative and rural communities.

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From the Jail to the Street: Creating a Continuum of Service for Protective Custody Inmates

Dalzell, Kelly *San Jose CA*

Teaching HIV and hepatitis C prevention in a correctional facility is a primary example of meeting people where they're at. With that in mind, the MSM/IDU Project was implemented in the Santa Clara County jail system in November 2000. The protective custody population served generally consists of everyone from gay men and transgenders to gang "dropouts" and sex offenders. Creating a continuum of service depends on a good collaboration between the project coordinator, Department of Correction programs staff, correctional officers and consumers. Because of safety issues, protective custody inmates are restricted to particular dorms and don't have access to the library or the broader spectrum of classes offered to the general population. By creating an atmosphere of trust, workshop curriculum was created and modified based on participant interest. Inmates also have the opportunity to speak "one-on-one" with the project coordinator and resources are located for people who request them. Upon release, individuals are invited to attend a drop-in night, which occurs weekly at the ARIS office. The drop-in night is versatile and consumer driven, Creating a relationship with people on the inside through consistent classes and encouragement several days a week often translates to a continued relationship on the outside.

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Recent Washington State Drug Law Changes

Daun, Fara Ryan, Bernard *Washington State Senate Olympia WA*

The Washington Legislature has enacted several bills that move public policy from a strictly punitive approach to drug addiction and sentencing. The presentation discusses the bills that were enacted, the policy arguments made in support of, and opposition to, the changes and the expectations and evaluations in the legislative changes. Some revisions included public debate on the propriety of, and results expected from, adoption of the harm reduction approach.

In particular, two recent bills relying on the harm reduction approach are the decision to allow methadone treatment to expand without allowing local communities to block the expansion through their county or municipal governments and reform of Washington's drug sentencing laws to improve drug courts, mandate expansion of drug treatment for drug offenders, and reduce sentences for persons who enroll in such treatment programs.

Other legislation recognizes the link between substance abuse and antisocial behavior of dangerous mentally ill offenders. Substance abuse treatment, as part of a comprehensive package of treatment services, is a component of their release planning in for better reintegration and improved public safety.

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The audience would benefit from understanding these bills, and the policy and fiscal benefits the legislature expects to result from them.

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Breathe - the heroin overdose game <http://killpeople.com/breathe/>

Davidson, Peter *University of California San Francisco CA*
Rogers, Jon

Among participants in the UFO Study, a study of blood-borne virus transmission among young injecting drug users in San Francisco, heroin-related overdose is the single largest cause of death. Three quarters of UFO participants report having been present at the overdose of a peer; 17% of these report having been present during at least one fatal overdose.

As a consequence, we have incorporated the discussion of overdose risk and prevention into counseling sessions conducted when study participants are being tested for blood-borne viruses.

Because many of the young injectors who visit UFO fieldsites are not participants in the study, we have also experimented with other means of disseminating overdose related information. These have included the use of videos, CPR training, and the provision of written information. However, we have found many of these resources lacking in their ability to effectively engage young injecting drug users in a drop-in setting.

In response, we have developed an interactive, computer-based game which allows players to respond to the overdose of a peer. The game is available to anyone with internet access at <http://killpeople.com/breathe/>

In this presentation we discuss our experiences in using this game as a tool for providing information to and learning from young injecting drug users around the topic of heroin-related overdose.

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What really happened: fatal heroin-related overdose in San Francisco 1997-2000

Davidson, Peter *University of California San Francisco CA*
McLean, Rachel

Heroin-related overdose is the second largest cause of accidental death in San Francisco.

In this study we reviewed every heroin-related overdose death occurring in San Francisco between 1997 and 2000. We examined characteristics of these deaths including age, gender, ethnicity, housing status, geographical location, engagement with drug treatment, incarceration, toxicology, and pre-existing medical conditions. We also examined available witness statements for every death to attempt to describe events between last known ingestion of heroin and declaration of life extinct. We examined these chronologies for common patterns of events which occur or fail to occur which helped turn the overdose from a non-fatal to a fatal event.

In this presentation, we describe our findings with an emphasis on their implications for those working on the prevention of fatal heroin-related overdose.



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G5P Drop in Centre Providing low threshold services to the Botanical Gardens and Public Market community in urban Castries, Saint Lucia

Day, Marcus *Caribbean Harm Reduction Coalition Saint Lucia (LC)*

"Harm Reduction services to a non-IDU population or how can we get them in when they don't need needles, the draw of the pipe (stand pipe not crack pipe)"

My presentation will discuss how we attracted the homeless crack using population to our drop in centre by providing them with a stand pipe where they could access clean fresh water for use in their employment (itinerant car washers) and their sanitary needs. I will further discuss the resistance the non-homeless population and traditional residence created by the provision of one standpipe of clean water and its use by the homeless.

Further I will discuss the concept of "rehabilitation before abstinence", which I define as providing the tools to assist people to make their lives less chaotic and therefore the community less chaotic. Our centre is located in a botanical garden that has a well deserved reputation as a very dangerous place with regular assaults and robberies. On December 15 2000 two German tourists were mugged and the woman's finger chopped off in the process. G5P opened on 3 January 2001 and in the 15 months since we have operated there has not been one daylight mugging in the park. This is our measure of how successful we have been in making life less chaotic for ll with the community.

Populations who receive services:

Socially displaced, multiply marginalized crack using populations
Female, crack using sex workers
The children of these populations
Homeless, indigent senior citizens

Services Provided:

Hot lunch programme
Food Bank
Used clothing distribution
Free clean water standpipe
Condom distribution
Health service referrals
Counseling

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Action Point Bayview: HIV medication adherence in an African American community

Demmons, Shawna *ICHO/Nia Project San Francisco CA*
Strings, Sabrina

Background: Successful adherence to medications is a pre-requisite to benefiting from antiretroviral treatment. Many HIV+ drug users are challenged to maintain a high level of adherence. The Action Point Bayview program assists individuals in the predominately African American community of Bayview

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Hunter's Point to benefit from ARV by employing a harm reduction philosophy and an individualized intervention plan.

Description: Initially, enrollment in the program was slow and took over a year for people in the community to overcome widely held preconceptions and begin to access services. Four cases will be presented that illustrate the Action Point model. Action Point staff will describe how an individualized adherence and advocacy plan is developed that assists clients who have a variety of competing life challenges such as: active heroin and crack cocaine use, unstable housing, cognitive disability and frequent criminal justice system involvement.

Conclusion: Action Point Bayview has developed a model to assist our African American clients living with poverty and drug use to benefit from ARV treatment. Harm reduction philosophy is the cornerstone of this intervention. The program has been visited by many successes, however some challenges remain. Identifying successes and obstacles at Action Point will be useful to other programs attempting to assist active drug users living with HIV to benefit from antiretroviral treatment.

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Principles and Primary Techniques of Harm Reduction Psychotherapy

Denning, Patt *Harm Reduction Therapy Center San Francisco CA*
Tatarsky, Andrew *Psychologica New York NY*

This workshop will teach the nuts and bolts of harm reduction psychotherapy so that participants can return to their work with essential clinical skills. The focus of HRP is to assist the client in making positive changes in their health, which may or may not include changing their relationship to drugs and alcohol. Topics include using motivational interviewing as the primary tool for engaging people in an honest discussion of the role of drugs in their lives. The stages of change will be discussed as the basis for a collaborative assessment of problems and the relative intent to change. Particular attention will be paid to the idea that motivation for change is shared between client and therapist, not a product of only the client. Specific interventions for each stage will be outlined. Participants will also learn about the continuum of drug use and the concept of drug, set, setting. Drug, set, and setting shows us that drug use and the effects of drugs is a complicated biopsychosocial process. This model can also be used to plan with the client specific strategies to help them reduce drug related harm. Substance Use Management is one of these strategies. Participants will learn how to use the Decisional Balance and the Hierarchy of Needs as a tool for treatment planning that can cover all of a person's expressed needs.

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The Role of Harm Reduction Psychotherapy in the HR Movement

Denning, Patt Little, Jeannie *Harm Reduction Therapy Center San Francisco CA*
Tatarsky, Andrew *Psychologica New York NY*
Richardson, Donn *Fulton County Dept. of Health Atlanta GA*

This plenary session will address the important lessons that mental health and substance abuse clinicians have learned from the harm reduction movement. The principles of harm reduction interventions, which include starting where the person is at, and collaboration towards positive changes, form the basis for a new treatment approach for those individuals who find that their alcohol and/or drug use is causing them problems. The harm reduction movement understands the political as well as the humanitarian aspects of taking a stance that is radically opposed to mainstream US drug policy and attitudes. We as clinicians must also be aware of the political nature of our work and take care to incorporate this awareness into the approaches that we develop. Crucial in the development in HR Psychotherapy is the inclusion of our clients

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in the process of identifying what is and what is not a problem, and what goals are acceptable to the client. We bring with us an understanding of the pain and problems that can accompany a person's life when they use drugs in this culture. We understand also the conflicts a person feels when they develop problems with their drug use. Fear of shaming and stigma at the hands of therapists has caused many people to shy away from formal treatment and rely on friends, who may be able to help only so far.

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Satyagraha

Derenzy, Marc Levine, Monte *Ostrich Bay Exchange Bremerton WA*

Gandhi and the others working with him in South Africa named the tactics of resistance against racial laws Satyagraha. The word itself translates as "truth-force" or "grasping onto principals", but means much more. Gandhi constantly searched to examine what was truth and live by that truth both in his personal life and in his struggle for social change.

Mohandas Gandhi once stated that the "first principle of nonviolent action is that of non-cooperation with everything humiliating". The presenters are two marijuana rights and syringe exchange activists who employ Gandhian tactics in fighting against the War on Drugs.

The first part of this session will examine Gandhi's basic principles of Satyagraha and relate how and which of these principles are already embraced by many of us engaged in Harm Reduction as a movement for social justice. We will also present some interesting parallels between Gandhi's personal life and the lives of many of us involved in working with people who use drugs.

The second part of the session will encourage all participants to explore how we can further incorporate Gandhian ideals in our lives and our work.

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Fearful Symmetry: Terrorism and the Drug Wars

Drucker, Ernest *Montefiore Medical Center Bronx NY*
Oscapella, Eugene

Topic: The need to identify and suppress terrorist attacks has taken on a new urgency (especially for the USA) since September 11. In this presentation we will provide a novel and critically important assessment of the complex links between terrorism and the global trade in illicit [prohibited] drugs - one that focuses on the many ways in which our current global drug policies (the "War on Drugs") may actually increase the vulnerability of countries to terrorist attacks and how alternative drug policies might reduce that risk.

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Methadone in British Columbia: Rules and Realities

Egan, John *Department of Educational Studies, University of British Columbia Vancouver BC Canada*
Edward White (Presenting author) *Department of Epidemiology University of Washington Seattle WA*

Background: Methadone is often presented as a treatment for heroin IDUs to achieve abstinence. HIV prevention workers are often the gatekeepers for information regarding treatment strategies for IDUs. Their



unique insights about methadone therapy from their own observations and from client feedback are compared with public policy regarding methadone therapy.

Methods: 70 government and NGO agencies (in the city of Vancouver) whose staff do HIV prevention work with IDUs were contacted. 36 staff members from 25 of these agencies completed self-administered questionnaires; 16 also participated in 1 hour interviews. Demographics, beliefs about drug use, addiction and treatment options, and the specifics of their practice were queried. Quantitative (questionnaire) and qualitative (interview) data were analyzed. This report is culled primarily from the qualitative data, and an thematic analysis using an emergent design.

Results: All participants believed methadone therapy should be a treatment option. NGO staff differed from their government staff colleagues in their belief that methadone could be used as a harm reduction strategy rather than a means to achieve abstinence. Reduced frequency of drug use, mitigation of chaotic lifestyle and increases in self-esteem were all cited as benefits. Expectations of abstinence from all licit and illicit substances were viewed as unrealistic for the vast number of users, making methadone inaccessible as a means to reduce vulnerability to HIV infection. Yet policy still requires abstinence to be the goal of methadone therapy. This gap between policy and reality leaves IDUs vulnerable to exploitation and abuse by physicians, who may choose to interpret the role of methadone any number of ways.

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Deadly standards: addiction-relapse trapped in racial and status discrimination and no cooperation between prison or community drug treatment facilities and the criminal justice system

Elliget, Kathryn A Russo, Karen *The Wrongful Death Institute University Park MD*

Community and local law enforcement support for residential or prison drug treatment programs are generally negligible. Poor sentiment is prevalent in state drug-court systems where treatment is an alternative to incarceration, inmate populations released to community treatment facilities, and within prisons. Numerous factors contribute to the increasing prison population, but one that emerges paramount is an increasing reliance on drugs at all levels of the system to deal with criminal behavior; a solution which has become one of the worst elements of the problem. A criminal justice system that does not have an effective, compassionate and comprehensive program to manage drug markets, drug use and drug violence is not a viable partner to community drug rehabilitation efforts. These issues foster an environment that is extremely dangerous for an already vulnerable relapsed addict, flanked by a sealed treatment facility or prison with no relapse strategies, and an inexperienced, hostile criminal justice system. We will review two scenarios, (1) the neglectful practices of New Directions Northwest, a behavior-based community drug program, and (2) a prison system where the situation is desperate because there is no alliance between the prison, criminal justice system, and drug abuse treatment programs.

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The working practice of a medical examiner in relation to drug offenders

Elliget, Kathryn A Russo, Karen *The Wrongful Death Institute University Park MD*

Medicolegal death investigations are performed under provisions of state law. Oregon has a Type I state medical examiner (ME) system in which the state ME has responsibility to investigate all violent and suspicious death. In Type I systems, county/district MEs cannot act autonomously. Limited training of self-directed MEs results in inaccuracy of the cause/manner of death information. For example, operational criteria for determining suicide vs. homicide may not be established by standard investigative procedures.

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Complimentary to poor training and no state oversight is another complicating fact. Studies show that variation in judgment of manner of death by an ME is a direct result of ME experience, residence, religion coupled with victim gender and presence of alcohol/drugs. The ME system in OR is directed by statutes with a wide degree of variance in death investigations (e.g., "may" as opposed to "shall/will"). This variance points to a critical need for a national ME clearinghouse where certification is required, and also to changes in statutes by state legislatures. We will review an investigation where the equivocal examination of the crime scene was not met with pronounced standards, indication a major deficiency in the OR ME system.

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Barriers to HIV Prevention Service Provision for Substance Users (Drug Treatment or HIV Prevention: What's Our Goal?)

Farrell, Jason *Positive Health Project, Inc. New York NY*

Discussions will focus on how agency policies and procedures may inhibit effective HIV prevention services targeting drug users. How clients can be an excellent resource to assist with the development of HIV prevention services. Establishing a community among substance users and ownership of the agency.

Objective of Session: To encourage agencies to utilize substance users in the development of program operations, staff training, board membership, and targeting outreach locations. Service providers will have an opportunity to explore their own issues/barriers to become non-judgmental in their delivery of HIV prevention services to substance users.

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Building community support for needle exchange programs

Farrell, Jason *Positive Health Project, Inc. New York NY*

This presentation will provide a step by step overview on how needle exchange programs can recruit community support. If established with consideration for the community and respect for those who will be using it, a needle exchange program can garner the support of the users, merchants, residents, and community groups. This will be the most critical element to ensure that it is well-integrated in your community providing the delivery of on-going comprehensive services for injecting drug users.

Objective of Presentation:

Participants of this presentation will learn how to become builders of coalitions and how to develop linkages with government officials, community leaders, and health care providers.

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Needle Exchange Programs Preventing Hepatitis C

Farrell, Jason *Positive Health Project, Inc. New York NY*
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To date needle exchange programs in the United States have been proven effective in reducing HIV infections among injectors up to 50%. Unfortunately such programs have not been as successful to address and change injection practices that transmit Hepatitis C.

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Positive Health Project, Inc., a harm reduction/needle exchange program in New York City and Safety Works, a distributor of harm reduction program supplies, collaborated with three other needle exchange programs in the United States to participate in a research study that examined the relationship between the perceived risks of drug injection practices and Hepatitis C. We wanted to determine what could be done to minimize the risk of Hepatitis C infection associated with drug injecting practices and the use of drug injection equipment.

Study participants believed if they practiced risk-reducing techniques regarding HIV they would naturally be protected from any other blood born infections they might come into contact with. This was not the case, due to the fact that the number of Hepatitis C positive injectors participating in our survey was staggering.

To address and change risky injection practices we created 'The One Hit Kit'. This kit contains 1 cooker, 1 cotton pellet, 1 alcohol pad and a gauze square sealed in a plastic bag labeled use once. We also included a sealed 5 ml vial of water because, by virtue of the packaging, behavior changed regarding reuse of water. Injectors reported that they were much more likely to use injection equipment only once after they were educated about the risk of contracting HCV and that because the supplies were pre-packaged it was clear to see that they were clean and never used.

This presentation will show the need for needle exchange programs to implement injection education services and provide drug injection equipment that adequately prevents Hepatitis C transmission via cookers, water and cotton.

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Using media to organize support for needle exchange

Farrell, Jason *Positive Health Project, Inc. New York NY*

This session will show how using printed media advertising can be used to educate the general public about the efficacy of needle exchange programs and services. Media used includes subway/bus posters, PSA's, postcards and magazine advertising.

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HIV prevalence, demographic characteristics, and risk behaviors among Latin American injection drug users residing in Vancouver, Canada

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Objective: To describe HIV prevalence, demographic characteristics and HIV risk behaviors among Latin American injection drug users (IDUs) residing in Vancouver, Canada.

Methods: Since May 1996, IDUs who had injected within the previous month were recruited through street outreach in the Vancouver IDU Study (VIDUS). Interviewer-administered questionnaires, as well as serology for HIV were performed at a baseline visit and semi-annually thereafter.

Results: A total of 82 of 1454 VIDUS participants (5.6%) identified their ethnic group as Latin American. Reasons for relocating to Vancouver included employment opportunities (51%), to "start over" (50%), and "had to get away/escape" (28%). Fifty-two (63%) did not live at a fixed address and 24 (29%) had been previously incarcerated. The majority of these participants, 78 (95%) were male. Median age at study enrolment was 35 years (range 17 to 54) and the average duration of injection drug use was 5 years. Latin American participants reported injecting the following drugs at least once a day: cocaine 22(27%), heroin



16 (20%), and speedballs 10 (12%). None of these participants reported receiving methadone. Fifty-one (62%) reported using alcohol. HIV prevalence was lower among Latin American participants compared to members of other ethnic groups (14.6% vs. 22.2%; $p=0.109$). The rate of HIV seroconversion was significantly lower among Latin American participants compared to other ethnic groups ($p=0.039$). As of December 2001, 2 of 70 (2.9%) Latin American participants who were HIV-negative at study enrolment, seroconverted during follow-up. In comparison, 114 of 1068 (10.7%) participants from other ethnic groups seroconverted during the follow-up period. Conclusions: Prevalence and incidence rates of HIV infection appear to be lower among Latin American IDUs in Vancouver compared to other ethnic groups. Specialized prevention programs are required for members of this community

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YouthCo's Theatre Troupe

Fernandez, Tamara *YouthCo Aids Society Vancouver BC Canada*

YouthCO is Canada's only non-profit organization working to involve youth ages 15-29 from all communities in addressing HIV/AIDS and related issues. As a youth-driven agency, we provide educational initiatives and support services to youth infected and/or affected by HIV/AIDS and HIV/Hepatitis C (HCV).

YouthCO's theatre troupe provides peer education with a focus on harm reduction.

Young people continue to be a population that is at a high risk for HIV infection. Through the use of forum theatre, we break down barriers and challenge youth to take issues around HIV/AIDS and make them relevant to their lives. YouthCO's theatre troupe is committed to social change and empowerment of youth by providing a safe place where they can test out a variety of responses to difficult situations involving HIV/AIDS.

YouthCO's theatre troupe creates innovative theatre performances about issues related to HIV/AIDS such as sex, sexualities, drugs, relationships, and self-esteem. The interactive nature of YouthCO's theatre troupe empowers youth by inviting audience members to actively participate in trying to resolve problems facing the characters. As an alternative to conventional lecture, this type of forum provides a more entertaining and meaningful interaction with youth.

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Medicine's Complicity in IDU Infections: Shame on us

Flynn, Neil M. *University of California Davis Sacramento CA*

The discussion will address infectious diseases and other medical conditions of drug users that could be prevented by sterile injection of drugs of known potency as opposed to contaminated drugs of varying potency injected with unsterile equipment. His premises are these: 1) Most of the infectious and other complications of DU are eminently preventable; 2) The medical and public health professions are complicit in the criminalization of DU, to the detriment of the health of a substantial proportion of the American citizenry; 3) The medical and public health professions have abrogated their responsibilities to protect the public health and should be held accountable in the humanitarian sense. Dr. Flynn will present the litany of preventable diseases, how they can be prevented, and what can be done to energize the medical and public health professions. Dr. Flynn is anxious to take this presentation "on the road" to castigate/motivate his colleagues, and looks forward to HRC audience suggestions for improving the presentation.

Contact:

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"Taking Drug Users Seriously"

Conference Abstract



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HIV+ people, Hep C and substance use-from abstinence to harm reduction: Multiple perspectives

Foster, Olivette Messiah, Aaliyah *People of Color Against AIDS Network Seattle WA*

This presentation will include a 5-6 person panel of HIV+ and/or Hepatitis C+ persons of color who are affected by the diseases of HIV/AIDS and substance abuse, The panelists. African American and Latino men and women, will give their stories of how chemical use has impacted their lives with HIV/AIDS and/or hep C. What it was like when they were actively using and what it is like now in recovery or harm reduction. Before making themselves available as a panel for question and answer, panelists will speak about how their use of drugs affected their successful integration into HIV and hep C care services as well as community life. How did substance use affect relationships with other people, caregivers, family, friends, partners? As well as how did substance use affect access and utilization of services? How did substance use affect the treatment received once utilizing services? Commentary on how past or present substance use has affected relationships with providers. How did discrimination manifest itself? Topics addressed will include drug treatment, medical access and utilization, mental health, methadone harm reduction, needle exchange harm reduction, living with hep C and HIV/AIDS all from the perspectives of a people of color organization and community.

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Working With LGBTQ Youth

Frazier, Micah *Harm Reduction Coalition Oakland CA*
Cassia, Anne *Dimensions San Francisco CA*

Queer/Questioning youth are often the most invisible and silent members of an already unrecognized and under-served youth population. This presentation will begin to address and discuss some of the challenges and issues facing LGBTQ youth; including sexual identity development/expression, substance use, safety (in and out of school settings), family, and homelessness. We will combine outreach and case manager perspectives to provide practical harm reduction based strategies for effectively working with and advocating for queer youth populations. It is our goal that participants will not only gain a better understanding of the needs of LGBTQ youth, but also gain more effective ways of creating safe spaces and engaging these youth into services.

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Socioeconomic structure, drug related harm, and harm reduction programming: What happens where?

Friedman, Samuel Tempalski, Barbara Leem, Marie Fernandez, Maria *National Development and Research Institutes, Inc New York, NY*
DesJarlais, Don C McKnight, Courtney *Beth Israel Medical Center*

Background: Localities differ widely in the extent of injection drug use, HIV among IDUs, overdose deaths, and other harms; and also in syringe exchange and other harm reduction efforts. We report here on a project that is investigating these harms and responses in metropolitan areas and their relationships with local public policies, socioeconomic conditions, and other predictors.

Methods: Data on 96 US metropolitan areas from Holmberg (1996), US Census, National Syringe Exchange Survey, and other sources; plus survey of community experts in each metropolitan area.

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Results: Predictors of IDUs per capita include income inequality, percent of population living in poverty, and laws against syringe sales; predictors of HIV prevalence include population prevalence of IDUs, racial/ethnic residential segregation, income inequality, laws against syringe sales, distance from the New York City epicenter, and HIV prevalence among MSM (cross-group diffusion). Predictors of having syringe exchange include percent of population who are MSM (an indicator of potential or actual political support) and lack of laws against syringe sales; but not indicators of prior need. Data will be presented on overdose mortality and drug treatment levels in metropolitan areas.

Discussion: Socioeconomic structures and political variables are related both to drug-related harm and to actions to reduce harm. Harm reduction strategies need to deal with macro-level structures and politics in addition to working at the individual level.

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Impact of Increased Syringe Access: Preliminary Findings on Injection Drug User Syringe Source, Disposal, and Pharmacy Sales in Harlem, New York

Fuller, Crystal Vadnai, Liza *New York Academy of Medicine- Center for Urban Epidemiologic Studies New York NY*

Objective: To evaluate the New York State Expanded Syringe Access Demonstration Program (ESAP) through injection drug user (IDU) surveys, discarded syringes (e.g., needles and syringes), and pharmacy sales and experiences surveys. Design: Pre-post comparison. Setting: In the Harlem neighborhood of New York City, risk surveys among street-recruited IDUs, needle street counts on 27 systematically sampled city blocks, and Harlem pharmacist reporting on sales and experiences. Main Outcome: The early effects of ESAP measured through IDU syringe sources, block mean street counts of discarded syringes, level of pharmacy non-prescription syringe sales (NPSS), and pharmacists experiences. Results: Comparing 209 pre-ESAP to 396 post-ESAP IDUs, pharmacies as a primary syringe source increased: 3.4% to 5.3%; $p < 0.001$, and ever pharmacy use increased: 4.9% to 12.5%; $p < 0.001$, respectively. Compared to post-ESAP, pre-ESAP IDUs tended to be younger and black. Harlem pharmacy participation in ESAP increased considerably from 3/1/01 to 3/01/02, 49% to 79%, respectively. Among 3 Harlem pharmacies, there was a modest increase in NPSS; pharmacists reported no problems and no discarded syringes were observed in pharmacy areas. By pharmacy, the proportion of syringe sales that were NPSS was 46% (110-240 NPSS/month), 3% (25-90 NPSS/month), and 0%. The mean ratios of syringes to background trash have not increased in Harlem since ESAP began. Conclusion: To date, we provide no evidence of harmful effects (discarded syringes, pharmacy altercations) resulting from ESAP. While NPSS have increased in Harlem, pharmacy use among IDUs remains low. In Harlem, efforts are underway to increase ESAP awareness and reduce socio-environmental barriers to ESAP.

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Child Sexual Exploitation and the Juvenile Justice System

Gallant, Kimberly *Boston Juvenile Court Clinic Boston MA*

Statistics show that there is an average of 300,000 children who are sexually exploited each year through child pornography, juvenile prostitution and trafficking. The average age for a young girl to enter prostitution is 13 years old and 11 years old for boys. Data also suggests that % of juvenile prostitutes are also substance abusers.

In the State of Massachusetts, there is little or no data on the number of children who are lured into prostitution and exploited sexually by adult perpetrators (pimps and customers). However, there have been



an increase in the number of suspected cases of children involved in prostitution as reported by state agencies, community based agencies and the criminal justice system in Massachusetts.

This presentation will: (1) Explore the phenomenon of juvenile prostitution in the juvenile court system in the State of Massachusetts. (2) Identify the cost and benefits of labeling children who are sexually exploited and are involved in the juvenile justice system. (3) Explore the subculture of juvenile prostitution and its impact on the children, their families and society. (4) Review research on juvenile prostitution and identify theoretical approaches utilized in working with youth. (5) Explore how states like California and Hawaii have addressed the issue of Juvenile Prostitution. (6) Provide recommendations for programs and services for this at risk population.

Participants will learn about the realities and lifestyle of juvenile prostitution based on information gathered by the author in her 8 years of clinical and field experience with this at risk population.

Participants will be challenged to deconstruct myths about juvenile prostitution and will be provided an opportunity to explore their current understanding of juvenile prostitution.

Participants will learn how to identify youth at risk for being lured into prostitution through examination of the Person and Environment Theory which will focus on: family system, perpetrators who sexually exploit children (pimps and customers), society, social services and institutions, health care and criminal justice system.

Participants will be taught effective interviewing and counseling techniques designed to educate and empower youth about safe sex, substance abuse, and eventually exiting prostitution. Specific Theoretical models to be discussed are Harm Reduction Model, Solution Focused Therapy Model, and Empowerment Model.

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Peer Mentor Training: strategies for spreading harm reduction messages

Gann, Donny *The Lighthouse: Johns Hopkins School of Public Health Baltimore MD*
Johnson, Tonya *Johns Hopkins School of Public Health*

This workshop presents interactive hands-on training in intervention materials from a network oriented peer education intervention, the SHIELD study developed in Baltimore, Maryland, which has been found to be effective in reducing HIV-related risk behaviors among substance users. The intervention helps to develop prosocial roles of peer health educators and encourages participants to promote HIV prevention among their network members and within their communities. Through personal influence substance users are able to promote risk reduction among their shooting partners, peers, and family members. In the 10 session program, individuals are taught leadership, communication, outreach, and risk reduction skills. A detailed facilitators manual has been developed for the program. For each intervention session the manual presents the session's goals and objectives and the session activities. The sessions contain role plays, didactic and skills building exercises, and goal setting. In this work shop we will present key components of the intervention, the program's philosophy and other issues relevant to successful implementation.

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Integrating Harm Reduction in Publicly Funded Health Programs

Garcia, Barbara A *San Francisco Department of Public Health San Francisco CA*

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"Taking Drug Users Seriously"

Conference Abstract



According to recent estimates, the cost of untreated addiction in San Francisco amounts to \$1.7 billion annually in lost revenues. It also has enormous negative social impacts.

To address addiction and associated health problems, the San Francisco Health Commission unanimously adopted a resolution directing the integration of Harm Reduction approaches within Department of Public Health substance abuse, mental health, STD and HIV treatment and prevention services.

The Department of Public Health developed policy and procedures to implement the resolution. The policy incorporates guidelines developed over the course of three Harm Reduction conferences held by the Department. In addition to mandating that services are consistent with harm reduction principles, the policy states that providers shall not deny services to individuals who exhibit behaviors for which they seek help. This is an important step in ensuring access to services for those who continue unsafe behaviors.

The policy is being implemented over 2002/03 with significant training, educational opportunities and technical assistance for staff and community. A month of events dedicated to Harm Reduction kicked-off the implementation of the policy, attracting over 300 participants.

The purpose of integrating harm reduction is to promote healthy behavior and decrease the short and long-term adverse consequences of risk practices. The Department's policy will direct the expansion of harm reduction efforts into all aspects of public health, and will build on existing effective and cost-efficient models. The Department's efforts will demonstrate the successful integration of harm reduction into practice.

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From the Bars to the Gate: The Plight of the "At-Risk" Inmate.

Gardner, Mick *Centerforce San Rafael CA*

ISSUES: Recently released HIV+ inmates (parolees) encounter many well-documented obstacles to wellness and access to healthcare services. Obstacles to wellness include fear, isolation, hopelessness, shame, anger, spiritual distress, conditioning to depend on externally imposed structures, and development of dysfunctional coping mechanisms that are transferred to post-release settings. Barriers to health include: incentives/disincentives to get health screening, follow through with ongoing medical care, stigma and segregation, lack of possibilities for community building, myths/realities regarding HIV and medical care, deficient prison medical records, lack of available documentation, lack of discharge planning, and spread of communicable diseases. **DESCRIPTION:** Centerforce has developed a model to address these barriers and obstacles. This model includes a continuum of services from inside (trained inmate peer health educators) to accessing services outside (staffed prevention case managers). The model is based on the identification of effective strategies to reduce recidivism and increase wellness. As well this model provides a network of health, social support and harm reduction services for incarcerated males and females living with HIV as they transition back into the community. **LESSONS LEARNED:** We use Parole as an ally, harm reduction as a strategy, networking/building relations with community agencies, establishing close contact during client's first 24 hours after release, assisting in access to housing, healthcare resources, support groups, substance abuse programs, and partner/family reunification. **RECOMMENDATIONS:** By providing a neutral 3rd party presence to inmates in the correctional setting, and building trust with the HIV+ inmate prior to release – we have seen many program participants overcome some of the well-documented obstacles to wellness and access to healthcare services.

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Syringe Access and Disposal Under New York's New Law: What's Happening on the Ground

Gardner, Tracie *Solomon, Sebastian Legal Action Center New York NY*
Tiger, Rebecca *The New York Academy of Medicine*

New York State's Expanded Syringe Access Demonstration Program (ESAP), passed in 2000, allows pharmacists and health care providers who register with the state Department of Health to sell up to 10 syringes without a prescription to customers 18 year of age or older. The goal of this program is to reduce injection drug users' risk of transmission of blood borne infections and to encourage proper syringe use and disposal. As ESAP is currently being implemented, the success of enhanced syringe access depends, largely, upon pharmacist participation and drug users' awareness of the program. Access to proper disposal depends on the compliance of hospitals and nursing homes with the 1993 Public Health law mandating that they accept syringes for disposal.

This paper presents the results of two recently completed studies that examined the effectiveness of increased access to syringes and disposal options. The first, conducted in registered pharmacies with syringe purchasing testers, found that while tester's race, age and gender did not significantly affect pharmacy practice, pharmacy borough did, with significantly fewer registered pharmacies in the Bronx making syringes available. The second, using phone surveys and in-person visits, identified several barriers to syringe disposal in hospitals and nursing homes, including lack of knowledge and/or negative attitudes of facility staff and difficulty in locating the facilities' syringe disposal sites.

This paper details these findings and provides updates on the program's implementation and recommendations to address the identified challenges to enhanced syringe access and disposal.

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Harm Reduction in Supportive Housing: From Practice to Policy

Gary, Doug *Hall, Lauren Corporation for Supportive Housing Oakland CA*
Little, Shelagh *San Francisco Department of Human Services*
Antonetty, Margot D. *Trotz, Marc San Francisco Department of Public Health*

In many housing settings, tenants, service providers and even property managers practice harm reduction. However, agency management, local government, and funders are often unprepared to fully endorse harm reduction. This 90-minute panel will offer the unique perspective of local government and intermediary representatives working within programs that embrace and further harm reduction. Staff from the San Francisco Department of Public Health and the Department of Human Services will discuss the action-based commitment to harm reduction practices within their housing programs, and staff from the Corporation for Supportive Housing will discuss the role a third party can play in supporting harm reduction through funding and technical assistance. The discussion will include successful strategies of the progression of harm reduction practice from advocacy at the community level to program policy, moving agency management to harm reduction, and keeping the commitment going in the face of some very real challenges. A panel of 4-6 presenters will include informative presentations and plenty of time for questions, answers and a lively discussion.

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Money, Drugs and Prison: Benefits Counseling as Harm Reduction

Gelfand, Jane *POSITIVE RESOURCE CENTER San Francisco CA*
Swanson, JT

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This training will focus on assisting HIV+ active substance using clients to build successful Social Security disability claims (SSI/SSDI) using harm reduction principles and practices in light of the drug and alcohol regulations. Fighting for income and health insurance justice by getting claims approved for SSI/SSDI and corresponding Medicaid enhances a client's ability to access better housing, nutrition, medical care, medication, mental health and substance use treatment, to obtain drugs in a safer manner, and overall, to improve quality of living. Once we are able to successfully win an SSI/SSDI claim, the latest barrier to receiving the income has been the aggressive implementation of Welfare Reform, whereby Social Security has joined forces with the FBI and law enforcement nationwide. The purpose is to identify recipients of SSI who are "fleeing felons" or in violation of parole or probation, stop all income and health insurance benefits, and assess an overpayment for the years they collected SSI. The training will share tips on effective advocacy to keep recipients in pay pending quashing of the warrant, as well as provide attendees with a policy paper that addresses these issues and asks for impact litigation to challenge the devastating effects of Welfare Reform.

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Women Against Risk: A harm reduction response to sex work in Salt Lake City, Utah

Gerritsen, Angela *The Harm Reduction Project Salt Lake City UT*

W.A.R.- Women Against Risk is a program of the Harm Reduction Project targeting women who sell sex in exchange for money or drugs. Women Against Risk has been an ongoing collaboration in the Salt Lake Valley since 1999. Since its inception with Luciano Colonna as our organizer and mentor the project has grown. The W.A.R. program is now a recognized intervention throughout the Salt Lake Valley.

The Women Against Risk program has organized in our county jail, using a group level intervention. W.A.R. is also found on the street, working out of a motel using harm reduction messages and strategies as an intervention (i.e. outreach, individual-level risk-reduction counseling, and referrals into the community) to working women.

The group level intervention uses group sessions where women and community services, provide a joint effort to decrease the negative consequences associated with selling sex. Outreach is an activity used to identify our women who are at risk for HIV, HCV and other STDs. Education around drug use is always available. Individual harm reduction sessions are used to develop a trusting relationship where alternative behaviors may be explored. W.A.R.'s newest element is a criminal diversion piece. The criminal diversion component works to assist in the transition of women who have been identified as a prostitute. The Harm Reduction Project is working together with the City Prosecutor of Salt Lake City to assist women out of the criminal justice system through treatment interventions instead of incarceration. This presentation will detail progress, successes, barriers, and results of this approach.

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Creating Accessible and Acceptable AIDS Services for Active Drug Users

Gerse, Mark *Lower East Side Harm Reduction Center (LESHRC) New York NY*

The majority of AIDS studies point to drug users as those most in need of and often unconnected to appropriate AIDS services. Yet, effective models of funding and delivering these service. remains outside of the reach of the harm reduction/needle exchange community. What can we do about this dilemma. I will explore new models of care, funding opportunities, emerging trends, and the future of AIDS services for drug users in America.

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"I got it from the air": Innovative attempts at Harm Reduction Based Hepatitis C Education in Prison

Goldhammer, Brenda *California STD/HIV Prevention Training Berkeley CA*

Hepatitis C (HCV) is a major public health crisis in United States' prisons. Providers working in incarcerated settings present a unique opportunity to disseminate much needed HCV information. This workshop will outline a comprehensive HCV education course that was developed for incarcerated populations. Inmates are taught basic information regarding HCV, the liver, what happens when the liver is not well, and how to live both inside and out with HCV. HCV education is imperative, appropriate and can be adequately integrated into other trainings that currently exist in incarcerated settings, including substance use/abuse, STD/HIV, and other health related concerns. Included in this workshop will be an examination of harms prevalent in incarcerated settings and skills building to improve competence in prevention counseling. Practical skills such as logistics of working with Correctional departments, developing and maintaining appropriate resources, and advocating for clients are also emphasized. HCV education is an important tool to eradicate the fear and stigma attached to this potentially life threatening illness.

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California: Examining The Need For Harm Reduction Services In A Prison State

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During the past two decades California has experienced a 25-fold increase in the number of drug offenders sentenced to state prison. Upon release, these offenders are often unaware of resources to stay healthy and stay out of prison. While policy work remains an indispensable approach to addressing the war on drugs and the criminal justice system, there continues to be an increased need for community based services that assist individuals to successfully face the challenges of transitioning from prison to the community. Often times harm reduction-based providers that make contact with incarcerated populations do so after release. Historically, individuals and organizations that have been able to work with incarcerated and post-incarcerated populations have not been harm reduction based and those that are have had difficulty obtaining funding resources or have found their principles in conflict with funders' missions. This workshop will look at California's parole population and their need for harm reduction based services that extend themselves beyond the wall and truly "meet clients where they are at". This session will include an interactive discussion on how to better meet the needs of this often hidden and underserved population.

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Como prevenir el VIH/SIDA en poblaciones migrantes

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En el ultimo Censo Nacional realizado en los Estados Unidos observamos que en poco tiempo los Latinos dejaron de ser "minoría", un hecho que ha de crear cambios. Lamentablemente esos cambios no afectaran a todos, muy en especial a los 4.7 millones de los trabajadores migrantes que trabajan y residen en los

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Estados Unidos y a los que la Comisión de Prevención de Mortalidad Infantil estima que enfrentan un riesgo del VIH/SIDA de 10 veces mayor que cualquier otro individuo en este país.

Con el fin de combatir esos riesgos, FJF inicio el proyecto Lideres Campesinos por la Salud donde Promotores de Salud, hombres, mujeres y jóvenes de familias migrantes están dedicados a la diseminación de información y apoyo en sus comunidades (comunidades fronterizas en cuatro estados donde siempre ha de existir esta población.) Durante los últimos cuatro años 132 Promotores han logrado (1) educar a mas de 45,000 migrantes sobre el VIH/SIDA en su propio idioma (Español) y con la sensibilidad cultural que solo ellos poseen (2) crear conciencia en aquellos que los escuchan para hacerse la prueba de VIH y (3) por la necesidad de practicar sexo seguro (uso de condones). Por medio de sus esfuerzos y dedicación todos los Promotores se han convertido en lideres de sus comunidades, algunos miembros de sus concilios de planificación, y otros han sido certificados para realizar pruebas del VIH.

Con esta presentación FJF desea demostrar una forma efectiva de alcanzar aquellos migrantes que por falta de servicios adecuados, el lenguaje, la diferencia de cultura y/o otros motivos desconocen los riesgos, por sus acciones propias o las de otros, enfrentan y como pueden afectarle ante el VIH/SIDA.

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Integrating needle provision with existing health services

Grant, Jenna Swanson, Catherine *Berkeley Free Clinic Berkeley CA*

Injection drug use is a primary risk behaviour for transmission of HBV and HCV, along with other blood borne pathogens. Provision of new syringes and supplies, like provision of condoms and vaccine, is a primary form of disease prevention. In the United States, health clinics have not effectively integrated needle distribution into existing prevention services. The Berkeley Free Clinic has worked for the past year on just this, with the underlying assumption is that needle provision is not a radical departure from standard medical practice. This session will present the Free Clinic experience and serve as a "how-to" workshop for service providers interested mainstreaming needle provision. Topics will include collaboration with city/county health departments, needle exchanges and other community based organizations, and working within an organization to create an atmosphere of respect for drug users and their health issues.

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OxyContin - the new gateway drug: Myth or Reality?

Grau, Laretta Heimer, Robert *Yale University New Haven CT*

Recently there has been extensive media coverage of the alleged increase in illicit use of OxyContin, a time-release formulation of a synthetic opiate. It has been touted as the new "gateway" drug, the cause of numerous fatal overdoses, and increases in drug-related crime. OxyContin diversion and abuse is thought to be especially problematic in the Northeast US, particularly Maine. In one report, almost half of respondents from law enforcement, epidemiologic and methadone treatment organizations in Portland, Maine, thought the problem had substantially worsened in 2001. A study will be undertaken during the summer of 2002 in the Portland metropolitan area and Washington County in order to characterize the nature and extent of illicit opiate use in urban and rural Maine.

This presentation will report on the findings from the survey used to interview over 350 active opiate users about their drug use behaviors and preferences, including the context, frequency and methods for obtaining drug. Data will be obtained about risk and harm reduction behaviors, history of physical, mental health, drug treatment, and criminality. Specifically, we will address the questions of whether most individuals who use illicit OxyContin have histories of using other opiates, whether they prefer or restrict opiate

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consumption exclusively to Oxycontin, and the contexts in which it is used. Physical, mental health, and behavioral risk factors associated with OxyContin use will be identified, and the extent to which it is being used to treat inadequately managed medical and mental health problems will be discussed.

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Fighting for Hepatitis C Treatment in Prison -- Harm Reduction for Drug Users

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The Hepatitis C (HCV) epidemic is sweeping through U.S. jails and prisons, affecting large numbers of injection drug users. In a short period of time, this disease will become more devastating than the HIV epidemic behind bars. Over 1/3 of all people with HCV are living in prisons and jails. The most conservative estimates are that at least 1/3 of the prison population is infected with HCV. Yet most prisons and jails do not offer prevention and treatment education, diagnostic monitoring, free HCV testing and treatment. In fact, prisoners are discouraged from finding out their medical status. Many prisoners are just discovering that they tested positive for HCV ten and fifteen years ago. This lack of care has led in many instances to serious liver damage and cirrhosis. Prisoners with end stage liver failure cannot access adequate pain medication. The prison system refuses to acknowledge the seriousness of this epidemic. The demand for Hepatitis C care for the incarcerated, including education, free and confidential HCV testing, care, monitoring and treatment around these issues must be as part of the overall campaign for harm reduction for people who use drugs. Prisoners living with HCV must be part of this advocacy campaign to bring attention to this serious epidemic.

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Harm Reduction in U.S. Prisons and Jails -- Fact or Fiction?

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Harm reduction programs must be made available in U.S. jails and prisons. Currently, only two state prison systems and five county jails allow some degree of condom distribution to the incarcerated. No jail or prison system allows access to bleach or clean needles in the U.S. Methadone maintenance programs are not available for the incarcerated for the most part. Higher seroprevalence rates for HIV and hepatitis C are compelling reasons to extend comprehensive harm reduction programs into the prisons. The U.S. system should take its lead from the Canadian prison system that allows widespread and easily accessible distribution of condoms and bleach. The HIV/Hepatitis C in Prison Committee of California Prison Focus has met with hundreds of women and men prisoners in three California prisons. These interviews reveal the daily occurrence of unprotected (and unfortunately illegal) drug use and unprotected sex within the prison setting. While peer education programs attempt to educate prisoners about behavior leading to HIV/HCV transmission, no harm reduction tools are available. Harm reduction for prisoners must be part of all larger campaigns for needle exchange and harm reduction. Canada is beginning to experiment with syringe exchange in several prisons. Switzerland and other European countries already allow syringe exchange in the prisons. The neanderthal approach of the U.S. criminal justice system is endangering the health, safety and wellbeing of the incarcerated and their families.

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Where There's Education, There's Hope: Opening Midwestern Minds to Harm Reduction

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Goddard, Perilou

Conservative Midwesterners may be the least likely Americans to accept harm reduction (HR). However, our research shows that where there's education, there's hope. We surveyed 116 students at a Midwestern university enrolled in either Introductory Psychology (no exposure to HR), Abnormal Psychology (two HR lectures), or Drug Policy (several weeks of HR lectures). Participants rated the acceptability of eight HR strategies and completed the Temperance Mentality Questionnaire and the Need for Closure Scale. Not surprisingly, we found that participants were most accepting of less controversial HR strategies (e.g., teaching college students how to drink more safely) and less accepting of more controversial strategies (e.g., needle exchange programs). Participants who learned more information about HR were more accepting of all strategies, whereas those who scored high on closed-mindedness and temperance mentality (viewing drug/alcohol use as morally wrong) were less accepting. However, when we held closed-mindedness and temperance mentality constant, we still found a highly significant effect for information exposure. Thus, our research suggests that HR advocates may achieve more gains if they get their "foot in the door" by promoting less controversial initiatives first. Moreover, closed-mindedness and temperance mentality may be at least partially overcome with more education about the benefits of harm reduction.

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Sexual Risk for HIV Infection Among New IDUs

Gyarmathy, V. Anna *National Development and Research Institutes, Inc. New York NY*

Background: Among new injecting drug users (IDUs), does gender influence the risk for sexually transmitted HIV?

Methods: During 2/1999-12/2001, 211 new IDUs (aged 18-30, injecting ≤ 6 years) were street recruited in New York City and interviewed about their sex risk behaviors and networks - Correlates of high-risk sex (having unprotected sex and having sex partners who were IDUs, men-who-have-sex-with-men [MSM] or people with HIV [PwHIV]) were analyzed.

Results: Of the 194 (97%) HIV negative participants: 83% white, 29% female, mean age 22.9 years (SD=3.2), 23% HBV positive, 37% HCV positive; 85% sexually active (last 6 months). Of all participants, unprotected sex (vaginal or anal) was reported by 50%, the mean number of sex partners was 7.2 (SD=30.3); 54% reported sex with IDUs, 7% with MSM, and 2% with PwHIV; 11% sold sex. High-risk sex was reported by 61% of women and 31% of men ($p < 0.05$). In multivariate logistic regression, high-risk sex was associated, among women, with injecting for less than 3 years (aOR=6.3, 95%CI=1.3,32.1); and, among men, with being under 23 (aOR=2.2, 95%CI=1.0,5.1), having experienced physical abuse (aOR=2.6, 95%CI=1.1,6.0) and using amphetamines daily (aOR=5.2, 95%CI=1.6,17.2). An inverse association was found for men with low income (aOR= 0.2, 95%CI=0.1,0.6).

Conclusion: New IDUs are at substantial risk of sexually transmitted HIV, especially women. In particular, women who recently initiated drug injecting; and men who are young, experienced physical abuse or used amphetamines regularly are more likely to engage in high-risk sex. Sex risk needs to be targeted to prevent HIV infection among new IDUs.

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Illicit IV Drugs: A Public Health Approach

Haden, Mark *Addiction Services, Vancouver Coastal Health Authority Vancouver Canada*



This article explores, from a public health perspective, the harm done by Canadian drug laws, to both individuals and society. It challenges the perceived dichotomy of legalization and criminalization of intravenous drugs. The article then expands the discussion by exploring eight legal options for illicit drugs and examines how these options interact with; the marginalization of users, the illicit drug black market, and levels of drug consumption. While the main focus of this article is intravenous drugs, it draws some lessons from cannabis research.

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Changing the Epidemic Pattern of Hepatitis C Virus Transmission in IDUs

Hagan, Holly *NDRI -Center for Drug Use and HIV Research New York NY*

There are several features of the epidemiology and natural history of HCV that favor rapid spread in injection drug users. These include host factors (the relatively high proportion of IDUs who occasionally share drug preparation and injection equipment), viral factors (the efficiency of HCV transmission via injection, and the high likelihood that individuals exposed to HCV will develop persistent infection), and environmental factors (the very large reservoir of HCV infection in most IDU populations). The assumption that HIV prevention programs will also prevent HCV has yielded disappointing results and contributed to a degree of pessimism regarding HCV prevention in this population. Given these major obstacles, what can harm reduction programs do to control the spread of HCV? The answer may lie in a bold strategy that simultaneously addresses host, virus and environment. These may include teaching IDUs the principles and practice of sterile or clean injection, enlisting HCV-positive individuals in community efforts to reduce transmission, shrinking the HCV-reservoir by offering antiviral treatment to HCV-positive IDUs, and measures to prevent re-infection in patients receiving or who have completed HCV treatment, such as by offering needle exchange together with substance abuse treatment.

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HCV in young Latino and non-Latino IDUs

Hahn, Judy *University of California, San Francisco San Francisco CA*
Edney, Heather Hubbard, Molly *Santa Cruz Needle Exchange Santa Cruz CA*

A cross sectional study of 202 persons under age 30 (median age 22) who had injected drugs in the prior month was conducted in Santa Cruz and Watsonville, California. Participants were tested for HIV, HCV, and HBV and interviewed to determine risk behaviors.

Persons tested in the City of Santa Cruz were predominantly whites (92%), while those in Watsonville were mostly Latino (81%). The young Latino IDUs (n=68) compared to non-Latinos (n=134) had been injecting for fewer years (median=2 versus 4 years, $p<0.01$) and were more likely to have injected every day (58% versus 33%, $p<0.01$). Equal proportions reported ever sharing needles/syringes (73% versus 74%, $p=0.80$). Overall the HCV prevalence was 27% and did not differ between Latino and non-Latino IDUs. However, HCV prevalence by years injecting increased more sharply for young Latino IDUs. HCV prevalences for injecting 0-1, 2-3, 4-5, and ≥ 6 years were 22%, 17%, 80%, and 63% for Latinos compared to 8%, 23%, 27%, and 36% for non-Latinos. The adjusted odds ratio for Latino versus non-Latino was 2.2 ($p=0.05$). We conclude that Latino IDUs may be at increased risk for HCV in Santa Cruz County. We plan to explore cultural factors that may influence injecting risk.

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Influences on the Use of Harm Reduction Techniques and it's Impact on Negative Consequences on College Students Who Drink

Haleem, Diane *Gouldsboro PA*

1) To what extent do demographic characteristics (age, gender, race, and marital status), school characteristics (years in school, international student status, fraternity/sorority membership, number of hours worked a week, and the number of hours volunteered/week), and behavioral risk factors (number of days used, cigarettes, cigars, and smokeless tobacco; number of days used marijuana, cocaine, amphetamines, rohypnol, and other drugs; number of hours drank and the last time 'partied'/socialized; and number of drinks had the last time 'partied'/socialized) explain the use of harm reduction techniques in college students?

and

2) Can the demographic characteristics, school characteristics, behavioral risk factors, and the number of harm reduction techniques used by student effectively discriminate between students who report no negative consequences from drinking and those who report one or more negative drinking consequences?

The theories that explain college drinking to include Attribution Theory, Pluralistic Ignorance, Peer Cluster Theory, Social Norms, and Social Learning Theory in addition the age developmental challenges that can influence drinking will be presented.

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An Exploratory Study of Gay and Bisexual Methamphetamine Users in New York City

Halkitis, Perry N. *New York University Department of Applied Psychology New York NY*
Parsons, Jeffrey *Hunter College*

This exploratory investigation, funded by the American Psychological Foundation, is among the first empirical studies to characterize the use of methamphetamine among a sample of gay and bisexual men in New York City. In this cross sectional survey investigation, a total of 49 participants reported using methamphetamine, on average, 12 days over the three months prior to assessment, with 63.1% of the subjects reporting use with the majority of their sexual encounters. Poly-substance use was high, in so far as the men reported "mixing" methamphetamine with other club drugs such as ketamine and MDMA, other drugs such as alcohol and marijuana, and prescribed drugs such as Viagra. Methamphetamine use was more frequent among those men who reported using the drug in bathhouses and bars, and frequency of use was associated with a need to escape unpleasant emotions and physical discomfort, avoid social conflict, and enjoy pleasant times with others. The data suggest a contextual understanding of methamphetamine use in New York City that is similar to that in the gay communities of the Western United States. The specific cultural realities of New York City, however, create a situation in which the substance appears to be used among a more racially diverse group of men. The paper will outline the emergence of methamphetamine in New York City and suggest harm reduction strategies for addressing methamphetamine use among gay and bisexual men.

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To be an "out" drug user, an activist, an organizer, or, not to be? Doing harm reduction work in these times the challenges, the questions, the future.

Hammond, Jon Paul *Urban Health Study / UCSF San Francisco CA*

Being an "out" drug user since 1996 both personally and professionally.

There have been "drug free workplace" policies, "whistle-blower" rules and for some the threat of random drug testing realities one must face. Even under these circumstances it is possible to be honest and open about being a current drug user. Contextualizing the reality of my experience of being an "out" drug user who promotes harm reduction there are a number of increasingly difficult issues to consider post 9/11/01. Putting these in a question form to generate discussion is what this presentation is all about:

- What's really up with "the drug war" under the current president and attorney general of the U.S.?
- What are some of the most obvious and notable effects on drug users and the programs that serve them in your community since 9/11?
- What are some potential choices and options for drug users to consider to be a little, moderately or completely "out" promoting and growing effective harm reduction in whatever communities they come from?
- How can we get a broader and more comprehensive adoption of appropriate harm reduction policies, methodologies and procedures around drugs and drug users issues here in the U.S.?
- Are there unique opportunities and/or dangers we need to identify, consider, and address post 9/11?
- What are you going to do or encourage and support drug users to do to have a greater role in promoting, developing and implementing expanding harm reduction efforts between now and the next national harm reduction conference

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The War on Drugs a War on the People

Hardin, Chino *Prison Moratorium Project Brooklyn NY*
Blu, Kate Rhee *Prison Moratorium Project*

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Prevention/Intervention Strategies for Sex-Workers

Hargrove, Wanda *Tacoma Urban League, Inc. Tacoma WA*

This workshop will focus on all levels of Sex-work: Street sex workers, adult film industry workers, escort services, clubs, transgender and male sex worker issues will be addressed.

Since sex workers vary by who they are and how they work, deciding to provide interventions, prevention or harm reduction to these individuals can sometimes be challenging. Since the needs of the sex worker are uniquely different from other target populations it is necessary to first understand the populations you wish to address. This workshop is designed to assist harm reduction workers identify these needs and will provide them strategies already proven to be successful around the country. Sharing strategies and tools that will provide workers with the confidence to work with sex-workers. Therefore, empowering the outreach worker to teach empowerment to the sex worker. Opportunity will be provided to attendees to share their successes and failures in working with this often times demanding and difficult but yet rewarding population.

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Large Public Disposal Bins in Wentworth Area Health Service: A brief history and report on effectiveness.

Hart, Andy *Wentworth Area Health Service Penrith NSW Australia*

This paper will show how the idea of a large Public Sharps Disposal bin came about as a possible solution to the problem of Needles and Syringes (NandS) in the household waste stream and other unsafe discarding.

The bins are advertised as for "Public use". That way, both medical use clients and NSP clients are happy to use them as there is no stigma attached to using these bins and no way of being identified as belonging to any particular group/type of user. These Large Public Disposal Bins are placed outside of NSP secondary outlets, health centres and hospitals. The bins are free to use, accessible, and placed to give easy twenty-four hour access. The bins had to be able to take loose needles and syringes; therefore eliminating the need to carry and purchase expensive sharps containers. No one is put at risk using the bins i.e. each bin is made with a large one-way night safe type flap. The flap is big enough to take a large amount of needles and syringes at one time, so there is no need to stand and decant. Before this, NSP workers often found bags of used equipment on top of the old small (Disposafit) bins.

Other advantages of Large Public Disposal bins are:

Good Public relations exercise.

No staffing problems as with Pharmacies.

Savings made by not having to go out and pick up so many discarded needles and syringes, saving on fuel, worker time, possible needle sticks etc

Using photographs and statistics on return rates, I will demonstrate the bins effectiveness and report on some of the problems encountered in their installation.

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Needle Vending Machines in NSW, How, Why, and When: A brief history and report on effectiveness.

Hart, Andy *Wentworth Area Health Service Penrith NSW Australia*

The NSW Health department installed the first Needle/Condom Vending Machines (V/M's) in 1993.

Needle/condom V/M's are installed to:

Increase access to safe using and safe sex equipment

Provide anonymous access

To provide access to clients not utilising existing services,

Be cost effective.

Based on a redesigned cigarette machine the V/M's can hold up to Fifty Four (54) Fitpacks. The Fitpack is a black plastic container that has a storage area for clean Injecting equipment and has a built in separate area with a non-returnable flap for disposing of used equipment safely.

The NSW Needle and Syringe Program now has over sixty V/M's installed across NSW and I have overseen the installation of six such Needle/Condom vending machines for three different Area Health Services and this paper will give feedback on those installations.

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OxyContin Injection and Overdoses in Connecticut: Overblown?

Heimer, Robert Khoshnood, Kaveh Kinzly, Mark Yale School of Medicine New Haven CT
Singer, Merrill Teng, Wei Hispanic Health Council Hartford CT

Analysis of OxyContin use and overdose deaths in Connecticut have been estimated from several data sources. Survey data from 658 urban injectors in Hartford and New Haven, interviewed between November, 1999 and November, 2001 has revealed that fewer than 30 reported using OxyContin and that less than 0.2% of all injections involved this drug. Data from focus groups conducted in early 2001 has suggested that OxyContin use was much more common among suburban opiate users than among urban ones. Data from the state's medical examiner on overdose death in 1998-2001 has failed to demonstrate a significant influence of OxyContin use. Of 278 opiate-related deaths, only 9 involved oxycodone, the active ingredient in OxyContin. Six of these deaths were among suburban residents despite the fact that only approximately 35% of all overdose deaths were among suburbanites. This number of deaths is significantly more than would be expected if the distribution were random. These data suggest that although OxyContin use is uncommon in the urban setting, it is less so in suburbs, that subpopulation experiencing the largest increases in opiate use, injection, and dependence. While OxyContin use in the suburbs does not appear to be the major cause of mortality in this subpopulation, the association of OxyContin use with suburbanites reveals that it is time to investigate these users more closely and to develop interventions to reduce the harms associated with illicit opiate use among suburban residents.

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Brief Intervention to Reduce Harmful Injection Practices Among Injection Drug Users in Health Care Settings.

Heinzerling, Keith UCLA Robert Wood Johnson Clinical Scholars Program Los Angeles CA
Shalev, Noga Triola, Marc New York University New York, NY

Unsafe injection practices play a major role in the transmission of HIV and Hepatitis C. Interventions designed to reduce HIV and HCV transmission among injection drug users have focused on three broad areas: reducing drug use through drug treatment, facilitating access to sterile injection equipment, and emphasizing safe sex practices. Harm reduction interventions have taken a more nuanced approach. By examining the potential harm associated with each step of the injection process – from procurement, to preparation, sharing, and injecting – harm reduction services have provided pragmatic and effective methods for reducing the risk of HIV and HCV transmission. Integration of these harm reduction messages into medical practice or drug treatment settings could reinforce HIV and HCV prevention strategies. Despite their efficacy, there are significant barriers to the integration of harm reduction interventions into medical care. There is concern among clinicians that harm reduction messages will conflict with the abstinence-oriented goals of drug treatment. Nevertheless, we believe that many clinicians would adopt harm reduction approaches if provided with training and education. In response, we have created a pamphlet depicting the process of preparing and injecting drugs, with special emphasis on high-risk practices. The pamphlet has a dual purpose: a) to inform clinicians about safe and unsafe injection practices and b) to be used by the clinician to educate drug users about safe injection practices and HIV/HCV prevention. In this session, instruction will be provided on how clinicians can use the pamphlet to provide a brief counseling intervention to reduce unsafe injection practices. We will share our experiences of integrating the intervention into health care and drug treatment settings.

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Moderate drinking: Mutual-help groups and technological advances for disseminating helpful treatments

Hester, Reid *Behavior Therapy Associates Albuquerque NM*

Rotgers, Fred *Program for Addictions, Consultation and Treatment New Brunswick, NJ*

Heavy drinking is the most common form of over use of a drug. It has, by far, the largest negative impact on society. Fortunately, there are a number of effective approaches to help heavy drinkers who have not yet become alcoholic. This presentation will discuss two complimentary approaches to helping heavy drinkers: Moderation Management, a mutual-help organization (www.moderate.org) and new software programs and web applications to increase drinkers' motivation for change and to help them learn effective skills to achieve and maintain moderate drinking.

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The impact of substance use and violence/delinquency on academic achievement for groups of middle and high school students in Washington

Hill, Sherri *University of Washington Seattle WA*

In this study we examined the associations among substance use, violent/delinquent behavior, and academic achievement (as indicated by test scores) in groups of high school and middle school children. Because these risky behaviors commonly take place in groups, and attitudes towards these behaviors are nurtured in a social context, we analyzed our data at the group level (grade by gender by race/ethnicity). In order to more fully understand the dynamics linking risky non-classroom behavior to school performance, we also examined the effects of poverty, attitudes, neighborhood characteristics, and social skills. We found that groups of middle and high school students with even moderate involvement with substance use and violence/delinquency had poorer overall test scores than groups of students with little or no involvement in these behaviors. If schools and communities are concerned about improving achievement, they must address both attitudes and behaviors related to substance use and violence/delinquency. Intervention/prevention efforts need to engage the community in focusing on the learning environment outside the classroom. Intervention should start when students are young and continue through high school.

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Closely Supervised Intervention Pilot Program to Improve Adherence among Urban Indigent Women.

Homer, Eric *The Council on Alcohol and Drugs Houston Houston TX*

Objective: This study assesses the impact of a multi-disciplinary Adherence Coordination Team (ACT) on improving virologic suppression (lowering viral load to undetectable), adherence to Anti-Retroviral Therapy (ART), and keeping clinic appointments in urban low-income women (88% African-American, 72% active drug use, 50% with AIDS) served at a county funded HIV specialty clinic (Thomas Street Clinic, Houston, TX.). The multi-disciplinary Adherence Coordination Team utilizes a harm reduction and motivational interviewing approach to support client adherence to ART with the goal of achieving virologic suppression.

Methods: In addition to using harm reduction counseling and motivational interviewing the Adherence Coordination Team utilizes care/case management services, mental health counseling, intensive HIV education, validated measures to assess drug use/psychosocial needs, pillboxes, telephone calls, and home visits. The Adherence Coordination Team includes a nurse educator, pharmacist, HIV+ peer counselor,

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and a social worker/drug use specialist. Adherence is measured by self-report, pharmacy refills, clinic visits, and lab data to assess viral load (VL).

Results: A significant number of study participants reached an undetectable viral load. Of the ART naive patients 90% reached undetectable levels and 76% of ART experienced maintained or reached undetectable levels. Without this intervention only 30% of Thomas Street Clinic patients achieve virologic suppression.

Conclusions: Intensive adherence intervention using a multi-disciplinary Adherence Coordination Team (ACT) resulted in successful short-term virologic response in an urban low-income female population. The implication for practice in clinics serving low-income communities is that patients will have significantly lowered HIV viral load if provided harm reduction multi-disciplinary adherence coordination services.

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Playing a Health Game to Improve HIV+ Drug Users' Adherence to Medical Care Part I.

Houser, Robert *Project REACH, University of Connecticut Storrs CT*

I will describe how a peer-driven intervention can be played as a health game to improve active drug users' adherence to HIV therapeutics. The game is part of an adherence research project operating in southern Connecticut, funded by the National Institute on Drug Abuse (RO1 DA12112). In the game, teams of approximately 3 participants work together to earn monetary rewards by helping one another get into and keep-up with their medical care. The more strategic and creative the teams are, the more money they can earn. The goal is to beat the project on a weekly basis out of as much money as possible. I will explain the rules of the game, how the participants are taught to play it, and how the game is administered by the project staff. I will also share some ethnographic data on participants' reactions to the game, the strategies they have developed in beating the project, and how participants' success in helping one another keep up with their medical care is directly related to their success in playing the game. In short, the participants play with one another rather than against one another. The more the participants pull through in keeping-up with their individual medical care, the more their teammates earn.

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Living with HIV and Hepatitis C: primary and secondary prevention, prognosis and coping with treatment for HIV and Hepatitis C.

Hull, Beri *AIDS Alliance for Children, Youth and Families Washington DC*

Issue: HIV/Hepatitis C (HCV) impacts many people in the United States, 30-40% of HIV infected individuals in the United States are coinfecting with hepatitis C. Understanding lifestyle modifications, treatment and how HIV and HCV interact in the coinfecting person can improve prognosis and quality of life.

Learning Objectives: The Goals of this training are to: 1. Understand the natural history HCV and how it is transmitted. 2. Understand how HCV is monitored and diagnosed. 3. Understand how HIV disease impacts HCV and understand how HCV impacts HIV. 4. Learn about treatment options and self care for the coinfecting consumer.

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Washington, DC

The Preliminary Results of a Health Game to Improve Drug Users' Adherence to Health Medical Part II.

Hulst, Yael van *Project REACH, University of Connecticut Storrs CT*

Active drug users with HIV infection suffer from low utilization of, and adherence to, primary care. Combining drug treatment and primary care on-site reduces these problems significantly because it creates a social support structure; treatment staffs can monitor patients' adherence and provide ongoing encouragement. But in the United States, only a very small minority of HIV+ drug users receive this demonstrably effective form of care. We report the preliminary results of an alternative support structure, termed a peer-driven intervention, that serves as a functional equivalent to drug treatment for increasing active drug users' adherence to HIV therapeutics. The peer-driven intervention consists of a health game in which small teams of subjects work with each individual member to keep-up with his or her medical care by reaching objectively-documented health care goals per week. Teammates receive direct monetary rewards depending on how well each member plays the health game, i.e., how well each individual keeps up with his or her medical care. The study includes a comparison of subjects randomly assigned to a usual care intervention with subjects assigned to the peer-driven intervention. The preliminary impact results of this comparative study still in progress will be reviewed and discussed.

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Communities of Color Working Together

Humes, Damon *Philadelphia Community Health Alternative Philadelphia PA*
McNeil, Wilbert *The COLOURS Organization Inc.*

The Brothers' Collective (the Collective) is a coalition initiative of community-based organizations serving the Lesbian, Gay, Bi-sexual, Transgender (LGBT) and Men who have sex with Men communities of Philadelphia, PA. The Collective targets MSM in local African American, Latino, Asian and Pacific Islander communities who have traditionally not accessed HIV/AIDS services largely due to socio-cultural or psychological barriers, and/or marginalization from existing systems of care.

The project draws at-risk MSM clients of color into HIV testing and intervention services by building on established cultural competencies of each partnering minority provider agency, which provides outreach services to their targeted communities.

ASJAC, COLOURS, GALAEI and PCHA in collaboration have developed the Brothers' Collective -an HIV counseling and testing, outreach and prevention case management program- to meet HIV and other health, economic and social needs of MSM of color. The overall purpose of the Collective is to maintain seronegative status among uninfected MSM of color who are at risk of HIV infection, with a secondary focus on reducing the risk of HIV transmission among MSM of color who are HIV-positive

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Steribox and Stericup; towards an effective HCV prevention method

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Nguyen, Dany *Pharmacist* Bonnet, Nicolas *Pharmacist*

The Steribox, an injecting kit containing sterile syringes, sterile water, swabs and condom, was an effective method against HIV in France for a number of years.

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However, IDUs continued to share spoons and filters used for preparing drug injections. A new sterile preparation cup, the stericup, was designed and packaged together with a sterile filter. To determine the impact of the stericup, a controlled study was conducted of the new steribox containing the stericup, filter and instructions for use.

The study found that IDUs in the intervention area scored significantly higher on the items measuring knowledge about HCV transmission. The new steribox also proved very popular with IDUs and NEPs throughout the study area began to receive requests for the new kit. The stericup is now available in all the French NEPs. The interest of a new single-use sterile non-absorbent filter will be presented in Seattle.

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Working in the Shantytown

Inchaurraga, Silvia *Argentinean Harm Reduction Association ARDA Rosario Argentina Argentina*

Issue: There is a strong link between poverty in urban population areas known as shantytowns, which are growing areas of drug sale, distribution and use in Argentina. Social and health harms related to drugs seem to be increasing, especially on intravenous drug users (IDU) and disadvantaged populations. In this sector the drug use commencement reported is at early ages, usually above or near 10 years old. 40% of all AIDS cases are related to IDU and HIV is spreading disproportionately in these populations with low access and culture of health services use.

Description: A Harm Reduction and HIV/AIDS Prevention Programme for poor neighborhoods and shantytowns of the main Argentinean cities began in 2001 created by the Argentinean Harm Reduction Association (ARDA) with the involvement of the drug users Argentinean Network RADDUD and the support of LUSIDA National Ministry of Health. The program involves harm reduction interventions based on the target population codes and language; brochures about safe use and safe sex, information on the drugs of major use in this areas and delivering of injection kits for IDU. The programme goal is to reduce drug related harms and risks related to combination of unsafe use, lack of knowledge about purity and ways of using more safely. Outreach is focused on "street language". Posters and stickers are added to let them know local contacts of the area. The interventions have as key point the distribution of injection equipment with the message of the Program "If you do it; do it well".

Lessons learned: The programme has regional, national and local impact, being addressed to the most disadvantaged groups. It shows the key role of interventions run by a harm reduction organization and involving drug users

Recommendations: evaluation, support expansion and continuity of the programme and development of new material associated with poly drug use. Actually another cities are planning their involvement in the programme for the next phase

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Placing OxyContin use in Context: Report from Maine

Irwin, Kevin *Yale School of Sociology New Haven CT*

A spate of problems associated with OxyContin acquisition, trade, and abuse, have captured headlines in various locations around the country. To date, however, no scientifically rigorous study has been conducted to place this phenomenon in the larger context of opiate use, prescription diversion, and unmet health care needs, so that we may better know how to respond. Using a Respondent Driven Sample, our study looks at

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360 current opiate users from Mainè, a state that has received a great deal of attention related to OxyContin abuse. Our sample is drawn from two distinctive counties; one is the most populated county with urban features, and the other is one of the least populated rural counties. Using a comprehensive survey instrument, we compare drug use histories, current use, treatment experiences, and a range of consequences associated with the use of opiates and other drugs. Our survey data will summarize demographic variation in the initiation, trajectory, and consequences of opiate use from the perspective of our sampled population, and begin to place these findings in the context of treatment and law enforcement incidence. To complement and further contextualize our survey data, we will conduct open-ended interviews with local inhabitants from our study locations, including targeted interviews with random residents, police, service providers, policy-makers and other stakeholders. Our data will be coded and analyzed following the constructs embedded in our survey instrument as well as emerging themes that may tell use about convergent or divergent interpretations of similar phenomenon/factors. By accurately describing and comparing local relationships between heroin, OxyContin, and other pharmaceutical opiate use in social and political context, we provide a practical basis for knowledge from which we may define helpful strategies for reducing infections, overdose, or other harms associated with their use.

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What's the Hype on Hep? Harm Reduction Tools for People Who Shoot Dope

Jefferis, Hermione *AIDS Vancouver Island Victoria BC CANADA*

The goal of this presentation will be to introduce the audience to specific peer developed harm reduction strategies. Our ideas have come out of an on-going Advisory Committee comprised of people who are current and former injection drug users and local healthcare and service providers. The committee has come up with some clear suggestions as to what kind of tools may be effective in reducing the transmission of Hepatitis C, and also communicating the facts in a clear and non-threatening way. Some of these tools include: 'safe space' mats and personalized spoons.

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How the outreach workers began to advocate

Jiresova, Katarina *Odysseus Bratislava Slovakia*

In 2001 C.A. Odysseus has opened new exchange site at the place called "Pentagon". Pentagon is a building known by the problems with high prevalence of drug users and dealers living there. There were reported cases with discarded syringes and frequent negative television coverage of the people there. Due to this information and also survey among the IDUs Odysseus decided to start mobile NEP there.

At the first day there were 42 different IDUs which brought more than 200 used syringes. Since then the needle-exchange is provided every Thursday from 18.00 to 20.00. Currently the minimal exchange is 5.000 syringes a month (app. 1.200 a visit).

As the IDUs are segment of the community living in the area, we were facing negative responses from the other inhabitants. From time to time someone came to ask what we do, but mostly they did not want to keep up a dialog. We felt, that there is a big need for a communication between organization and whole community.

In 2001 we established the contact with local authorities and police and the NEP was presented at different committees. But until 2002 there wasn't any relationship with inhabitants. As they did not like the users

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living there, they did not like the outreach workers (believing they were the ones who brought the users to Pentagon).

In May 2002 we were contacted by the house trustee (a representative of the people living in the house). The project coordinator has established a contact within this person and through him Odysseus could start advocacy work in the Pentagon.

At the presentation will the author describe the system of the advocacy work with the community.

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The Bitter Taste of Reality: The realities today's families face--tragedy and triumph

Johnson, Dan *The Steff Foundation Clearwater FL*

STEFF Foundation Mission Statement: Reduce drug-related harm among individuals and communities by initiating and promoting effective drug and overdose prevention education, harm reduction awareness, interventions and outreach programs. Strengthen and increase community participation in developing harm reduction strategies and approaches that ultimately achieve more positive outcomes.

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Responsible Drinking: Assessment, guidelines and techniques

Kern, Marc F. *Addiction Alternatives / Moderation Management Los Angeles CA*

Alcohol use or abuse often plays a significant role in the attainment and maintenance of any positive lifestyle changes. From a counselor's point of view, this presentation will address the management of clients drinking behaviors from a harm reduction perspective. Whether the presenting problem is alcohol itself or alcohol as only part of a larger picture, counselors have historically been ill prepared for helping clients manage this legal and socially endorsed drug.

Particularly in the United States, there has been virtually no discussion about alcohol use other than how to abstain totally. This presents a particular difficult job for the HR (Harm Reduction) worker who is usually focused on the reduction of more life threatening behaviors, yet realizes that their client will probably drink alcohol. The competing paradigms of total abstinence in one area and HR in another often seem to not fit well. Still further, is the psychological balancing act for both counselor and client as to who really needs to stop drinking altogether, how much is too much, how do you reduce your drinking while maintaining other life changes and when is abstinence recommended.

This presentation will attempt to integrate theoretically and practically these often encountered dilemmas. From assessment, to defining the goal, to how to help/manage clients to achieve and maintain a non-problematic relationship with alcohol will all be discussed. The new book, *Responsible Drinking*, based on the experience of the Moderation Management self-help group will be the foundation for discussion.

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Going Beneath the Surface: Harm Reduction Approaches to Histories of Sexual Trauma amongst Drug Users

Kershnar, Sara Haines, Staci *Generation Five San Francisco CA*
Robb, Val *Home Base San Francisco CA*

The relationship between sexual abuse and substance use is well documented. Amongst the substance using population, the reported experiences of sexual abuse range, in women, from 35% to 90%, and amongst men, from 23% to 42%. Those with a history of sexual abuse were found to be 10 to 15 times more likely to share syringes than drug users without such history, putting them at much higher risk for HIV from syringe sharing.

This session will explore the connections between sexual abuse and harmful substance use, and share approaches that can be integrated into harm reduction services for beginning to address these connections. More broadly, the session will discuss the impact of multiple forms of trauma in the lives of those most impacted by drug-related harm and explore possibilities for providing the support that allows for sustainable change towards the lives and relationships that people want. Included will be a discussion of the survivor leadership development work of Generation Five as it may offer lessons towards drug user organizing and leadership.

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Trauma and Harm Reduction Working Meeting

Sponsoring Agencies: Generation Five and National Advocates for Pregnant Women

The purpose of this trauma working meeting is to bring activist from the harm reduction movement, progressive sexual abuse movement, and the field of trauma together to:

- A) Identify lessons learned in the harm reduction movement as they can support the evolution of a progressive sexual abuse prevention movement.
- B) Explore the possibilities for coalition building across progressive movements to more effectively impact shared issues of social justice.
- C) Develop possibilities for more effectively meeting the needs of individuals, families and communities most impacted by drug-related harm reduction and multiple forms of trauma.

The format will include short presentations by harm reduction and sexual abuse activists, and people working in the field of trauma but a majority of the session will involve a facilitated strategy discussion.

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Beyond medical Harm Reduction: advocating for clients' rights

Khachatryan, Alec *UNAIDS Moscow Russia Russia*

Often we hear that the goal of Russian Harm Reduction is HIV/AIDS prevention. While this goal is essential, it is not the only one. As medical/social services for IDUs are scarce in Russia, Harm Reduction projects often play a special role of being the one and only advocate for drug users' issues. Wider drug users movements are also emerging from Harm Reduction projects. At the same time, most Russian projects don't want to go beyond needle/condom distribution and basic counseling. At a time when the clients' rights to fair treatment, employment, and legal protection are often neglected, Harm Reduction projects should be more proactive in fighting for the benefit of their target groups. This presentation explores current efforts in this direction, as well as further possibilities of improvement, including involvement from OSI's Technical Advisers.

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Conference Abstract



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A Pilot HIV/AIDS Intervention for Crack Users in New Haven

Khoshnood, Kaveh Irwin, Kevin Kinzly, Mark Rasika, J Bernadette, Thomas *Yale School of Public Health New Haven CT*

Crack use continues to play a significant role in activities that place people at risk for HIV infection. We have begun to understand how multifaceted relationships between crack smoking, crack injecting, and sexual behavior are further shaped by such socially produced effects of gender, race, ethnicity, economics, and neighborhood dynamics, placing women, minorities, and those in poverty at increased risk. These complex associations pose significant challenges for HIV prevention intervention development and practices, leaving people who use crack largely marginalized from prevention and treatment services.

Using a community participation research design, we have begun a project in New Haven that entails the design, implementation, and evaluation of an intervention that responds directly to the gap between the needs of HIV prevention services for crack users and the range of services currently available.

The specific aims of this study are as follow:

1. To recruit three neighborhood-specific cohorts of crack users in New Haven and develop a survey instrument to collect demographic, risk factor, and existing service knowledge and utilization data.
2. To assess participants HIV and other STDs' risk and protective practices as well as knowledge and utilization of social, medical, and drug treatment services.
3. To develop a crack-specific intervention based on input from crack users' interview data and in consultation with local service organizations that have regular contact with crack users.
4. To evaluate a crack-specific intervention with three neighborhood-specific cohorts in New Haven utilizing a pre/post instrument measuring intervention efficacy.

The proposed study relies on a combination of methods, including semi-structured, structured and focus group interviews with three neighborhood-specific cohorts of crack users in New Haven. This research model will incorporate the participation of local service providers to promote sustainability. The preliminary results of this study will be presented at the conference.

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Improving Mental Health Services in a Rural AIDS Alliance

Kilwein, Mark *Northwest PA Rural AIDS Alliance*

Individuals diagnosed with HIV/AIDS experience a significantly elevated risk for mental illness. There are common mental health risk factors that are experienced by persons living with HIV. These include existing stress and isolation associated with high-risk group membership, such as IV drug users, sex workers, and gay men. Additional stress is introduced in the form of coming to terms with learning that one is HIV positive. Complicating factors for those affected by HIV in rural areas include higher levels of discrimination, greater risk of isolation, a lack of qualified mental health personnel, fewer substance abuse rehabilitation sites and missed mental health diagnosis.

This proposal outlines a mental illness prevention strategy employed by the Northwest Pennsylvania Rural AIDS Alliance, for consumers diagnosed with HIV/AIDS. The system maximizes existing staff resources, by using a half-time licensed psychologist to provide trainings to case-managers to improve mental health screening and to provide triage for more serious cases requiring referral. The system also includes aggressive recruitment of licensed mental health providers and substance abuse rehabilitation clinics in the Alliance's region, which serve as a referral network. Lastly, the Alliance directly provides prevention

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strategies in the form of support groups, a buddy/mentor system, a web-site/chat room, and close personal contact between consumers and case managers. This system may serve as a model for other organizations seeking to improve mental health services in rural areas.

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Gay Men and Speed: NEON's Seven-Year Run

Kingston, Susan Adkins, Barry J. *Project NEON Seattle WA*

Crystal meth-it's not just for West Coast boys anymore! As speed use increases among gay/bi men across the country, so do HIV, STDs, and the need for innovative and specialized interventions. For over seven years, Project NEON has engaged gay crystal users with a unique blend of peer education, needle exchange, provocative health education media, drug counseling, support and recovery programs. NEON staff and peer educators will discuss challenges, lessons learned, and creative tips for working with gay men who use crystal. Learn how to successfully link harm reduction and drug treatment (it can be done!) We'll also swap recipes for developing programs in your area, either urban or rural. No mind-numbing Power Point here-just lively, interactive talk about the realities of HIV prevention in a world full of paranoia, pleasure, homelessness, stigma, and eight hour erections. You may even get a chance to appear in an upcoming issue of AmphetaZINE! If you're already working with this population, come share your experiences with us!

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Outreach to the Crack Using Community

Kinzly, Mark Givens, Anthony Irwin, Kevin *Yale School of Medicine New Haven CT*

This session will discuss the connection between rates of HIV infection among non-injecting and injecting drug users. We will specifically speak on the connection between crack smoking and the risks of HIV infection. Participants will emerge from this session with the affects that main stream media has played on the ability to do effective outreach and the results of not doing prevention outreach directly targeted to this community. Participants will leave the session with hands on materials to help them start intervention directly targeted at engaging with crack smokers and crack injectors for prevention purposes.

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Social mapping focus groups: Specifying local structures of syringe access, use, and discard

Kinzly, Mark Heimer, Robert Khoshnood, Kaveh Irwin, Kevin *Yale School of Medicine New Haven CT*

Understanding variations in HIV and hepatitis risk is necessarily linked to awareness of structural, situational, and network factors that influence transmission incidence at the local level. In order to identify specific micro-social risk contingencies, Social Mapping Focus Groups were conducted as a strategy to learn as much as possible about the people, places, and structures that modify injection drug use behaviors. Focus Groups are increasingly being used as a method for gathering information that is otherwise difficult to access or observe. Six to eight participants were recruited from homogeneous ethnic and socio-demographic neighborhoods. Candidates who had injected drugs within thirty days were enlisted primarily from interviewees in our larger project, and through street outreach. On a partially detailed map of the neighborhood, participants identified locations of drug selling, syringe selling, high volumes of discarded syringes, areas of high police activity, and injection sites. By gathering the localized information that active drug injectors consider important we gain a valuable perspective not otherwise available to us as data.

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Through obtaining a spatial and geographic picture of syringe access, use, and discard, an important structural understanding of syringe-related risk emerges. Our findings indicate that ability for people to access clean syringes and subsequent risk are significantly impacted by such factors as drug store location, operating hours of the local needle-exchange van, and police presence. This data allows us to identify pockets of high-risk activities that spread to the larger community, and supports the effective targeting of interventions.

Learning Objectives: To understand the utility of Social Mapping Focus Groups in describing syringe-related HIV risk, and creating strategic interventions.

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Designing a Clinical Hepatitis Screening and Prevention Program: Lessons Learned from the Hepatitis Project

Kluger, Michael Capponi, Lou Heinzerling, Keith Shalev, Noga *New York School of Medicine New York NY*

Intravenous drug users are at increased risk for hepatitis C, B and A viruses. Since 60-70% of those infected with hepatitis C are unaware of their infection, early identification and referral to care is an essential strategy to reduce hepatitis C related transmission, morbidity and mortality. In addition, since hepatitis A and B are preventable through vaccination, opportunities exist to decrease incident rates among IDUs. The disconnect between the formal health care system and IDUs likely increases the burden of hepatitis on this population. The Hepatitis Project was created to address these issues. This medical student conceived and operated clinic is a low-budget, grass-roots model for the delivery of preventive health services. The Hepatitis Project attempts to meet the hepatitis education and vaccination (primary prevention) and testing (secondary prevention) needs of participants at the Lower East Side Harm Reduction Center, New York City. Recognizing that there is a scarcity of experience and literature to guide the development and expectations of similar services for IDUs, this session will focus on the lessons learned over the past three years with regard to: program design; staff recruitment; coalition building; participant recruitment; pre- and post-test counseling; how program prevalence data and vaccination rates have been used to alter procedures; and funding.

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Improving Health Care for Substance Users by Improving the Provider: Medical Students in Harm Reduction

Kluger, Michael *New York School of Medicine New York NY*

Fifty-five percent of a national random sample of general practitioners expressed discomfort with having substance users in their practice. Prejudicial attitudes may be more a consequence of ingrained social stigma than direct experience caring for these individuals. For example, close to 80% of students surveyed at an urban medical school stated that they strongly disliked and would avoid drug-using patients. Educating future physicians about substance use and harm reduction is necessary to affect changes in the way substance users are accepted and treated within the health care system. Unfortunately, already burdened medical school curriculums leave little room for exploring issues surrounding substance use.

Needle exchanges and harm reduction programs should approach and assist medical schools to begin interest groups, recruit students for volunteer opportunities and potentially organize student-run clinics. Short-term gains include expanded prevention and health education services, increased volunteer pools and program exposure to health care institutions. Greater interaction with substance users in a neutral setting may help to dismantle social stigmas and prejudices among medical students early in their careers. In the long-term, such efforts may help to develop more non-judgmental physicians providing health care

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responsive to substance users, and encourage medical students to pursue specializations in prevention, addiction and infectious disease medicine. The objective of this session is to discuss the motivation behind involving medical students in harm reduction, approaching medical school administrators and roles for medical students at needle exchanges and harm reduction programs.

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Harm Reduction in Ukraine

Kostin, Sergei Odessa Charity Fund "The Way Home" Odessa Ukraine

According to official statistics, by the beginning of 2002 in Odessa there are registered about 30 thousands drug users (from the evaluation made by state narcology institutions, law-enforcement organs and NGO working with drug users). This figure does not correspond with the real situation and is 4-5 times underestimated.

Lack of access to sterile syringes promotes the spread of HIV-infection and other diseases. The lack of knowledge and cultural issues in the population (particularly teenagers) also increases the number of drug users. Rates of HIV infection have increased since 1995. Records on Odessa and the surrounding district show that at the beginning of 1998 there were 8158 HIV-positive people, at the beginning of 1999 - 9800 people, in 2002 this figure has exceeded 14,500.

For three years, our organization has been implementing harm reduction programs. The coverage of the program for previous years is more than 7000 drug users and 1120 women working in commercial sex. Today it is possible to assert that the syringe exchange programs are the first step toward reduction of harm of drug injection.

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HIV Risk Behaviors among IDUs at 23 California Syringe Exchange Programs

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Anderson, Rachel Flynn, Neil Clancey, Lynell *UC Davis Sacramento CA*
Anderson, Kathryn Bluthenthal, Ricky *RAND Santa Monica CA*
Kahn, Jim G. *UCSF RAND*

We rarely have an epidemiological picture of HIV risk behaviors among IDUs throughout a State. The California Syringe Exchange Program (Cal-SEP) study is a serial cross-sectional study of clients at SEPs in California. Approximately 25 clients at each of 23 California SEPs were recruited for an interview and Orasure HIV test from May 2001 to February 2002 (N=531). This is a descriptive analysis of injection (30 days) and sexual risks (6 months) among those who reported injection in past 30 days. The sample was 33% female, 56% white, 20% Hispanic, 16% African American, 5% Native American; 43% homeless; 18% <30 years old, and 4% gay male identified. HIV prevalence was 5%. 80% injected heroin, 35% amphetamines, 33% speedballs, and 22% cocaine in the past 30 days. 25% smoked crack cocaine. 17% were currently in drug treatment. 25% reported sharing syringes, 30% gave their used syringes for others to use, 53% shared cookers, 41% shared rinse water, and 45% shared filters. 58% reported re-using their syringes. 49% reported injecting someone else ("street doc") and 29% reported having been injected by someone else in past 30 days. 13% reported being stuck by someone else's needle in the past 6 months. 25% reported always cleaning their skin before injection. 61% reported unprotected vaginal or anal intercourse in past 6 months and 10% reported having sex for money or drugs. While the prevalence of HIV among IDUs in California remains moderate as compared to the East Coast, HIV risk behaviors remain highly prevalent.

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Barebacking?? !!! The Failure of an Abstinence-Based HIV-Prevention Intervention

Kramer, Drew D. *Lower East Side Harm Reduction Center (LESHRC) New York NY*

Beginning in the mid 1980s, the message went out to everyone but to gay men in particular that a condom should be used each and every time you had sex. Motivated largely by fear, the majority of sexually active gay men heeded the call.

Now, San Francisco and London report that 2000-2001 saw the highest incidence of MSM related HIV transmissions ever. The term 'barebacking' was coined to describe sex without condoms, sought by many gay men in their sexual partners. What's more, personal ads on the internet describe bug chasers (HIV negative men seeking to seroconvert) and gift givers (HIV positive men seeking to infect other men).

An inevitable outcome? Proof that gay men are incorrigible? The complete breakdown of civilization in the West? Survivors guilt? Or, the result of imposition of a flawed prevention message...

- o What's happening?
- o What does it mean?
- o Is a new and better approach possible?
- o What are the implications for folks doing prevention work with injection drug users?

Hoped for is a frank and free-wheeling examination of the phenomenon.

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Socio-Cultural Norms and Acceptability of HIV/AIDS Prevention Strategies Among the Maasai of Simanjiro District, Tanzania

Kulzer, Jayne L *University of Washington, Health Services Seattle WA*
Shell-Duncan, Bettina

Tanzania is home to 32 million people of whom an estimated 200,000 are Maasai. The Maasai are formerly nomadic pastoralists who have preserved a rich and distinctive cultural heritage. While strong identity and solidarity have been key to their success over the centuries, their future well-being now comes into question as the HIV/AIDS epidemic ravages the country. The purpose of this study was to look at the degree of risk in the cultural context of the population and identify HIV prevention strategies that are both compatible within the Maasai culture and bear the least harm. The principles of the harm reduction model were applied in this cross-cultural setting as a method to help bridge the HIV/AIDS knowledge and behavior change gap. The study was a cross-sectional descriptive study consisting of a representative random sample of 170 Maasai men and women in the Simanjiro District of Tanzania. Although Maasai social values and social structures differ greatly from non-Maasai populations, quantitative and qualitative results yielded many avenues for effective and acceptable HIV prevention strategies. Key elements include: involvement of influential key figures, a comprehensive and highly interactive HIV prevention program focused on making current behaviors less risky with an emphasis on condom use, increased partner negotiation skills, and sterile blades for circumcision practices, and promoting formal education for Maasai youth. These elements have the ability to influence healthier behaviors in a manner that is acceptable with many individuals in the Maasai society.

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Conference Abstract



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Heroin Kick Kits

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Outpatient opiate detox (Kick Kit)

The opiate clinic offers publicly funded medications and advocacy to assist heroin dependent individuals in achieving whatever goals they desire. The program began in July of 1996 and has provided medical and social support for hundreds of heroin using individuals. Even though there are similar clinics around the US and abroad, this is the only publicly funded program in the State of Washington.

What's in a Kick Kit?

The following medications are given at varying doses depending on drug history, use and body weight:

- 1) Clonidine: lowers blood pressure and heart rate; treats anxiety, insomnia, restlessness, tremors, etc.
- 2) Hydroxyzine: anxiety, cold symptoms, nausea and vomiting.
- 3) Robaxin: muscle aches and/or spasms, pain.
- 4) Bentyl and Imodium: abdominal cramps, diarrhea or nausea.
- 5) Trazodone: insomnia.

What does the case manager do?

The case manager listens, is caring, understanding and offers a non-judgmental counseling. He/she meets with every patient who comes in and offers available and accessible harm reduction, drug treatment, primary health care services; works with the patients in developing a plan and offers support and resources to obtain patient defined goals.

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I'm a person who matters: helping children cope with having a parent with HIV/AIDS

Landmann, Karen *Columbia University New York NY*

While headway has been made in the psychological treatment of HIV/AIDS patients, there is still much to be done with children. Children who have an ill parent or who have lost a parent to AIDS suffer from a variety of difficulties from withdrawal and depression to acting out and hostile behavior. This is particularly relevant to the vulnerable population of people in Harm Reduction programs. The goals of the Children's Support Group are to reduce isolation of children by sharing experiences and discussing feelings. The curriculum is holistic and hands-on with an introductory activity, stretching to get in touch with the body, main activity, relaxation, and snack with nutrition discussion. First, the children introduce themselves and briefly discuss topics such as "What I did well this week". For stretching, exercises are written on poster board and repeated each week. Being in touch with what each body needs and using relaxing breath are emphasized. Each week, a particular theme is explored during main activity. Examples include; Feelings, Problem Mastery, Helping Others, and Conflict Resolution. Children are given positive feedback throughout the book. For relaxation, children lie on the floor and are led in guided meditation. The final portion of the group is snack. Nutrition is written up on poster board and discussed. The children are encouraged to add to the list of healthful foods. The curriculum can easily be adapted to differing cultures, and many of the themes of the group touch on core issues in the lives of children.

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Rapid Assessment of Drug and Harm Reduction Policies in Eastern Europe and the Former Soviet Union

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 Welsh, Joseph Burris, Scott *Temple University Philadelphia PA*
 Case, Patricia *Harvard Medical School Cambridge MA*
 Abrahamson, Daniel *Drug Policy Alliance Oakland CA*

Issues: Efforts to reduce the spread of HIV and other bloodborne diseases among injection drug users (IDUs) in Eastern Europe and the Former Soviet Union are hampered by poor access to information on laws and policies crucial to drug use and harm reduction.

Description: This project developed a rapid policy assessment tool (RPAT) for assessing law, policy and other aspects of the HIV and drug use epidemics. Local legal and harm reduction personnel work together to collect data on formal law and policy, and actual practice including relevant constraints on resources, law enforcement practices, and key informants' perspectives on barriers to harm reduction measures. RPAT information can be used to identify opportunities for policy change.

Lessons Learned: We report the results of 22 country preliminary analysis and training in 6 countries. The 22 countries exhibit differing levels of HIV and drug use; IDUs lead the epidemic in most countries. Laws may not formally prevent harm reduction activities, but policy, practice, and resource constraints make effective harm reduction difficult and conflict with recommended best practices for HIV prevention. Although syringe possession is legal in many countries, possession exposes IDUs to arrest for drug-related crimes. Methadone is often illegal. Laws protective of individual rights or providing a "right" to medical or drug treatment often are not applied. **Recommendations:** Rapid assessment tools facilitate collection of policy data in areas where data are poorly accessible. Policy data can be integrated into local harm reduction responses, interventions, policy reform, and advocacy at all levels.

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A model IDU Community Collaboration

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 Robillard, Amy *Jefferson County Health Dept CO*

A model IDU Community Collaboration

1. Client Focus Groups (What clients say they want and need)
2. What programs are in the community
3. What client-trusted programs are in the community
4. Encourage these trusted programs to take that extra step
5. No Lead agencies

Denver Colorado has built many collaboration through HIV community planning. The Colorado IDU community collaboration is the model used in the first Colorado Community Planning collaboration manual.

The focus group method is used to demonstrate an active role on behalf of clients who actively seek out referred programs and who has chosen trusted community programs over others. The Community Collaboration goal is to encourage these programs to become more client centered with multi program referrals.

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Hepatitis C and Hepatitis C / HIV Coinfection: an emerging problem

Levin, Jules Searson, Gloria *National AIDS Treatment Advocacy Project (NATAP) Brooklyn NY*

A very high percentage of IV drug users are infected with hepatitis C and/or coinfecting with both hepatitis C and HIV. The prevalence of these infections is uniquely highly disproportionate in these communities. Unfortunately, inadequate attention has been paid to the hepatitis C education and advocacy. This abstract will address these concerns. We will comprehensively review the epidemiology of hepatitis C and coinfection. Our discussion will include routes of transmission, treatment, goals of therapy, side effects management and tolerability of treatment. The latest treatment information from studies will be reviewed. We will discuss the fears and concerns of HCV-infected individuals and discuss ways to address them. Sexual transmission of HCV is controversial and will be discussed in addition to maternal-fetal transmission. There are issues surrounding treatment and access to treatment specific to the communities of Methadone Maintenance, prisoners, harm reduction, and IVDUs. We will raise these issues and encourage interactive discussion among attendees, and address potential advocacy directions.

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Harm Reduction on the College Campus

Lewis, Deborah *Cornell University, Ithaca NY*

For 20 years, professionals in the field of college health have engaged in alcohol prevention efforts to reduce the incidence of binge drinking on the college campus with little positive outcomes. Scare tactics, peer education workshops in residence halls, and zero tolerance policies have not been effective in changing high risk behavior and female students are drinking more.

Cornell University is in the process of shifting its policy, program and treatment efforts from reducing the incidence and frequency of alcohol use to reducing the harm associated with high-risk alcohol use (such as memory loss, black outs, and unwanted sexual activity). This presentation will provide examples of components of a harm reduction approach on a college campus including:

- (1) Integrating BASICS (Brief Alcohol Screening and Intervention for College Students) into an array of services. BASICS is a harm reduction intervention designed by Alan Marlatt and colleagues for high risk drinkers. BASICS was developed in a laboratory setting. The presenter will describe how to make it work in a variety of settings including residence halls, peer counseling, and the health center.
- (2) Strategies for working with high risk groups of students, such as fraternities and athletes, from a harm reduction perspective.
- (3) Development of a medical amnesty clause so that students who receive medical treatment for alcohol overdose are not subject to judicial sanctions under the student code of conduct.
- (4) Media strategies to communicate low risk drinking strategies and how to recognize alcohol poisoning.
- (5) Working with campus counseling service to create a continuum of care for students seeking treatment.

The presenter will share samples of techniques developed at Cornell. There will also be a brief discussion of how to create buy-in on campus for engaging in a harm reduction approach.

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Group Harm Reduction Psychotherapy

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Group therapy is one of the best ways to create powerful peer support systems among people struggling with their use of drugs and alcohol. Traditionally, people with drug and alcohol use problems have had to enter treatment groups with the goal of abstinence. Harm reduction groups, on the other hand, must help people set individual goals vis a vis their drug use at the same time as fo0stering a strong group identity. The key is to develop a culture of respect for people's life choices and for their unique relationship to their drug(s) of choice. Then each person can be assisted by the group to work toward their own goals. Such respect for diversity creates a powerful group experience. This workshop will introduce participants to the concepts and skills necessary to facilitate harm reduction groups.

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Working with clients with dual diagnosis:

Little, Jeannie *Harm Reduction Therapy Center San Francisco CA*
 Fahy, Annie Richardson, Donn

The interaction of emotional problems and drug use can result in magnified and confusing problems. Traditional treatment has spent a lot of time trying to put people in boxes and say that all problems are caused by their drug use, and that no other problem can be addressed until they stop using. This workshop will help participants separate out some of the factors that might be causing harm to the client without having to worry about being exact, or having to figure out the "chicken or egg" problem. Participants will learn the basic structure of the brain and the neurotransmitters that are related to feelings and behaviors. Participants will also learn to identify the specific symptoms of major mental disorders and which drugs might affect the client positively or negatively. Special attention will be paid to the choice of drug and how it often carries great benefits for the client even if it is also causing harm. Finally, participants will learn the major psychiatric medications and how they might interact, for better or worse, with alcohol and drugs.

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 Little, Jeannie
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 423 Gough St.
 San Francisco, CA 94102

Methadone Maintenance vs. Harm Reduction

Little, Russell *Greenwich House Inc. New York NY*

Harm reduction approaches clients with the belief that safer drug use can be viewed as a treatment goal and a position in which a worker can engage a drug user harmful patterns and behaviors. The harm reduction practice can be significant in engaging clients that are very difficult to engage with interventions and preventive interventions. Such as Education aimed at safer drug use:

- 1) Obtaining clean injection material (syringes, cotton, water, bleach and condoms).
- 2) How to properly clean materials (using water-bleach-water, prohibiting the spread of HIV).

However, it seems not to be occurring at a Methadone treatment center. A Harm Reduction Program that is actively functioning within MMTP treatment has faced conflicts. It seems that the personnel that are interacting with the HR program find it difficult to accept the techniques and approach of HR and staff members.

There are several components to this MMTP:

- 1) Physician and Physician Asst who provide physicals and assess dosage increase or decrease and other medical problems.
- 2) Nurses who dispense medication and monitor patients intake of methadone.
- 3) Social Workers who provide psycho-social assessments.



- 4) MMTP Counselor, which have caseloads from 50 to 60 patients at a time. (Also provide case management services.)
- 5) COBRA case manager, who advocates and motivates pt's to attend appts. (Most patients in the HR program are in COBRA Case management)

This study was motivated by the visible conflicts that HR staff members are experiencing within MMTP programs in order ultimately to find middle ground to resolve conflicts and problems.

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Missing The Point: Risk Behavior Among Young IV Drug Users

Locke, Kate *PCHA Philadelphia PA*

This workshop discusses risk behavior and risk prevention among young IV drug users. It is based on 36 qualitative interviews of young (ages 18-28) needle exchange clients in Portland, OR and Philadelphia, PA. Topics covered include: lack of youth specific information and services, different public health strategies in both cities, racial and class differences in risk behavior, and barriers faced by young sex workers and especially MSM sex workers, homeless youth, and queer youth. Strategies for working with these populations will be discussed. Finally, the participants will discuss possibly policy recommendations.

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TRADE: Moving Our Understanding of Male Sexwork Into the 21st Century

Luitjens, Shane *HOOK Dedham MA*

The American male sexworker has been an invisible statistic on the margins of larger public discussions regarding HIV transmission concerns, homosexual suicide, and runaway youth issues. The past decades have opened up new avenues and changed old forums for the industry of male prostitution, prompting us to ask new questions of how to reach, communicate, and understand a largely unstable and amorphous group (all age ranges, HIV+ and - , all races, varying sexual orientations) engaging frequently in high-risk behavior. Guided by the founder and director of HOOK (<http://www.hookonline.org>), a progressive grassroots volunteer publication from, by, and about men in the sex industry, this discussion will cover identifying several cultural identities within the industry and posing clear questions (and some potential solutions) that will help in developing programs and language to meet the needs of male sex workers today.

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Accelerated hepatitis B virus immunizations in young injectors: a strategy for achieving rapid serologic immunity.

Lum, Paula *The UFO Study UCSF Campus San Francisco CA*

Background: Nearly 60% of injection drug users (IDU) under age 30 in San Francisco are at risk of infection with hepatitis B virus (HBV), a vaccine-preventable disease. However, completing the standard six-month schedule of immunizations is often difficult for young IDU.

Objectives: We conducted a randomized controlled trial to compare serologic immunity achieved by an accelerated versus standard immunization schedule in a cohort of HCV-negative young IDU.

Methods: 119 HBV-naïve IDU under age 30 were enrolled. 59 participants were randomized to the standard 0-1-6 month vaccine schedule and 60 to an accelerated 0-1-2 month schedule. All participants

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received vaccine reminders from outreach workers and \$15 for each 20 mcg dose received. Protective antibodies (anti-HBs > 10 mIU/mL) were measured one month after receipt of the third vaccine dose and again at 12 months. A fourth dose was offered to all accelerated arm participants and to standard arm participants with anti-HBs <100 at 12 months.

Results: Of the 91 participants who did not move, die, or withdraw from the study, 28/43 (65%) in the standard arm and 41/48 (85%) in the accelerated arm completed their immunization schedules ($p=0.02$). Serologic immunity (anti-HBs > 10 mIU/mL) was achieved in 91 percent (20/22) of the standard arm and 79 percent (23/29) of the accelerated arm ($p=0.27$). Conclusion: Compared to the standard HBV immunization schedule, an accelerated schedule achieves better completion rates and evokes a comparable seroprotection rate in young HCV-negative IDU.

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Transgendered People and Harm Reduction: Empowerment, Liberation and Wellness through Providing Compassionate Client-Centered Services to Trans Folks

Lurie, Samuel *Hinesburg VT*

Transgendered people those who do not conform easily to society's limiting expectations of man and woman, male and female enliven our communities and programs but present unique challenges for client-centered services. Trans folks are at great risk for HIV, violence, poverty and victimization but many programs that say they are GLBT friendly don't have an understanding of what it means to reach the T folks. And Trans folks are hungry for programs that specifically serve their needs and acknowledge their lives and issues. Programs that successfully reach transgendered people are flooded with participants because the need is so great. This workshop, presented by a transgendered trainer and advocate who presents nationally on this topic, will provide basic background about who we are and how to provide services that reach and empower TG people. This workshop will examine distinctions between gay/lesbian services and trans-oriented services by breaking down the differences between biological sex, gender identity and sexual orientation and then, using that information, outline skills, barriers and solutions to working effectively with Trans people. These issues will be addressed in a safe, engaging format with all levels of experience or understanding of transgender issues welcome.

Presentation Goal: To provide a thorough overview of Transgender issues for harm reduction advocates needing to understand how to work with and serve this population.

Presentation Objectives:

At the end of this presentation, attendees will be able to:

- Explain basic transgender terminology
- Identify and explain differences between the three separate continuums of gender identity, sexual orientation and physical/biological sex.
- Distinguish between gay/lesbian-oriented services and transgendered-targeted services
- Identify specific health care and health care delivery needs and challenges for transgendered clients
- Identify at least three barriers to services and three solutions to making services available.
- Incorporate basic knowledge of Transgender issues, concepts and concerns into their current professional work.
- Refer to transgender resources and existing programs or materials addressing these concerns.

A/V Requirements: Overhead projector, flip chart

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International Approaches to Syringe Exchange and Needle Distribution

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Lynch, Pam *Michigan Alliance for the Reduction of Drug Related Harm Traverse City MI*

The needle exchange controversy rages on in the United States. Federal funding has still not been made available to support syringe exchange in the United States as an HIV prevention intervention. Many other nations worldwide have long been applying the use of syringe exchange or distribution in the effort to combat, or at least curb the HIV epidemic. A slide presentation will depict a candid look at the variety and progressiveness of a number of European programs available to people at risk for HIV infection drug use, including syringe exchange, syringe distribution machines, and legal injection rooms.

It is the goal of this presentation that the participant acquire a different experience, and therefore perspective of the intervention of syringe exchange through the slide presentation of this workshop. It is also an objective of the presentation that the sensory exposure to these programs will have a greater impact on the observers understanding, that one may garner from the experience acquired through literature, and written communication.

The approaches and programs of the European countries featured in the slide presentation will be examined. Literature and information of these programs will also be distributed. Examples of special packaging of injection equipment for pharmacy sale will also be featured.

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Faith-Based Harm Reduction Services for Substance Users at Risk for HIV

MacMaster, Samuel *University of Tennessee Nashville TN*

This presentation will articulate a model of faith-based harm reduction services, describe examples of two culturally specific federally funded social service programs for African American substance users at risk for HIV/AIDS, and provide descriptive and outcome data for these two projects. Metropolitan Interdenominational Church has been involved in HIV/AIDS ministry since its early years when one of the twelve founding members of Metropolitan died from AIDS-related complications. Believing that the Church too often allows particular aspects of a person's being to define them out of the circle of fellowship, the congregation has chosen to emphasize the "whosoever" in John 3:16 as a mandate for inclusion. This mandate creates a framework from which the basic suppositions of harm reduction are applied to service delivery within the Church's First Response Center. Two of the service components of the Center include a collaborative treatment project with a private for-profit methadone clinic, and an outreach programs serving individuals at high-risk for HIV/AIDS due to substance use. These projects will be used to provide examples of the application of faith-based harm reduction at both a clinical and programmatic level. Outcome data from a three-year evaluation of the outreach program and descriptive data of service users of the methadone-based treatment program will be provided.

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The Xchange Point: Lessons learned from a closed exchange

MacMaster, Samuel *University of Tennessee Nashville TN*
Vail, Kenneth *Aids Resources Information and Services*

The past decade has seen the development of syringe exchange programs in many areas of the United States. We now know that these programs can be successful at improving the health of injection drug users. This presentation will provide an example of a harm reduction program that was successful at providing services to injection drug users in Cleveland, Ohio in 1996-1999, but was not successful at remaining open. This presentation will describe the history, development, implementation, and specific program components of the Xchange Point. The presentation will focus on lessons learned from the process in

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hopes of providing information that may aid other programs in avoiding, or developing strategies to overcome, some of the internal and external barriers that the program encountered that lead to its demise.

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Hepatitis C and Injection Drug Use among Inmates: A Comparative Analysis of European, Indian, and Australian Prisons.

Magee, Mathew *Thomas J. Watson Foundation Chicago IL*

The recent attention drawn to the hepatitis C (HCV) pandemic by the public health community has helped to reduce many of its parenteral transmission routes. However, with an estimated 3% of the worldwide population infected, a significant number of new cases will continue to emerge each year. Unfortunately, the majority of new HCV cases are escalating among the already underprivileged communities in society—prisoners and injection drug users; several European studies have shown a 40% HCV prevalence rate for prisoners, while other international studies have shown that between 60-90% of injection drug users are HCV positive. This presentation explores the findings of a basic epidemiological survey of HCV among injection drug users and inmates conducted in Milan, Delhi, and Melbourne. The results clearly demonstrate a need for harm reduction programs, drug maintenance, and needle exchange programs in prisons. Further, the presentation will examine the risk factors for HCV transmission among these groups, those which are culturally specific in addition to those which appear universal. Finally, the author demonstrates the problematic and circular relationship of HCV transmission among injection drug users and prisoners; the interaction between these communities is so well defined that HCV infection has reached saturation levels among injection drug users

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Effective Services for Chronically Homeless Adults: Engagement, Stabilization, and Long-Term Support

Malone, Daniel *Downtown Emergency Service Center Seattle WA*

Downtown Emergency Service Center (DESC) in Seattle offers a tightly coordinated continuum of services, supports, and housing settings for chronically homeless adults with severe and persistent mental illnesses and long-term substance use problems. The operation of a 24-hour emergency shelter, various low-demand supportive housing projects, and mental health and chemical dependency treatment and case management programs within one organizational structure allows DESC to effectively tailor services and supports to the needs of vulnerable individuals at a pace set by and tolerable to them.

The presentation will include a brief overview of DESC's services, but will focus primarily on the strategies employed to engage with homeless adults who have demonstrated aversion to or ambivalence about addressing problems associated with chronic mental illnesses or substance use, ultimately resulting in safer living and stable long-term housing. These strategies are not limited to up-front engagement efforts, but include regular shifting of supports and emphasis as the needs of the individuals change over time. Presenters will describe methods of identifying and seizing upon opportunities to employ flexible, highly customized interventions and treatment specific to needs presented by homeless people. Vignettes to promote dialogue with the audience will be utilized.

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Low-Demand Supportive Housing for Chronically Homeless Adults with Disabilities

Malone, Daniel *Downtown Emergency Service Center Seattle WA*

Downtown Emergency Service Center (DESC) in Seattle offers a blended model of supportive services and property management in several supportive housing facilities for chronically homeless adults with severe and persistent mental illnesses and long-term substance use problems. Residents live independently in individual apartments, but on-site services are available 24 hours per day to ensure adequate support for people who have been unable to maintain more conventional housing in the past. Integration of the supportive services with the property management functions allows DESC to serve residents in a comprehensive way, particularly when problems arise that might result in the loss of housing in other settings. All staff are human service professionals whose fundamental responsibilities are to help residents achieve housing success.

The presentation will include an overview of DESC's supportive housing model, focusing on the strategies employed to develop alliances between the resident and the housing provider, in contrast to settings in which disabled individuals often see the landlord as an entity to be avoided. Presenters will describe ideas to promote a comfortable social and physical environment, strategies for the introduction of treatment concepts in ways tolerable to the individuals, and alternative ways of responding to problems exhibited by residents. The approach to be presented is based on individualized and tailored care, not just with the supportive services, but with the issues related to property management as well. Vignettes to promote dialogue with the audience will be utilized.

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A Critical Thinking and Cultural Affirmation CTCA HIV Health Strategy for African Americans

Manago, Cleo *Amassi Health, Wellness and Cultural Affirmation Center Inglewood CA*

African Americans continue to be at highest risk for HIV infection. It is crucial that innovative approaches to HIV risk reduction and prevention models be developed to address the unique needs of people of color, especially African Americans. To better define the HIV prevention challenges and opportunities among African Americans, the AmASSI Center of Los Angeles conducted a survey of over 1000 African Americans in Los Angeles regarding HIV transmission knowledge and piloted its "Critical Thinking and Cultural Affirmation" HIV Health Strategy. Data will be presented from the agency's survey and its pilot program which is intended to inform HIV prevention planning efforts.

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Pharmacy Syringe Access and Syringe Disposal: IDU Disease Prevention in Seattle.

Marks, Robert Deibert, Ryan Hanrahan, Michael *HIV/AIDS Project Seattle WA*

Injection drug use accounts for one-third of new U.S. AIDS cases and 60% of hepatitis C virus infections. Fifty percent of new HIV infections occur among injection drug users (IDU) and their sex partners. These and other medical complications (e.g., abscesses and endocarditis) result from sharing drug injection equipment. Lower frequency of syringe sharing and reduced risk of infections are associated with access to sterile syringes.



IDU have three ways to get sterile syringes: 1) needle exchange, 2) physician prescription, and 3) pharmacy sales. Public Health Seattle and King County began recruiting and collaborating with retail pharmacists in March, 2001, to increase syringe access for the purpose of preventing disease among IDU.

This presentation will:

1. Describe the pharmacist education and recruitment campaign.
2. Provide an overview of syringe possession and pharmacy syringe sale regulation in WA State.
3. Reveal preliminary results of the pharmacy participation process and the effects of pharmacy sales and use of public syringe disposal boxes on discarded syringes.
4. Offer suggestions for increased success of pharmacy recruitment and syringe disposal programs.
5. Make available pharmacy recruitment and syringe disposal materials targeting IDU and pharmacists.

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Harm Reduction in Substance Abuse Counseling for Youth

Marsh, Jolayne *Pala Community Development Vancouver BC CANADA*

Most people, young or old, will make responsible choices about their use of intoxicants, given adequate access to information from a trusted source. Because few youth have the luxury of this access, many make mistakes when they experiment. Whether by choice or by obligation, they can find themselves in a relationship with a counselor or other professional as a result of their mistakes.

Youth addictions counselors in public service organizations walk a tightrope between the needs of their clients and the requirements of their employer. Often, the employer requires them to help youth toward abstinence; their clients need acceptance and assistance, whether they choose abstinence or not.

Stumbling through learning the fine art of altering one's consciousness, young people learn to create boundaries for their own world, from their own experience, and become empowered to make healthy choices for their lives. Addictions counselors and other professionals can encourage their clients' critical thinking about their health, and do so without risking a service program's public support.

Jolayne Marsh has spent years in various youth organizations offering harm reduction services to drug and alcohol users. She currently works as an outreach counselor and educator in a youth addictions office, and helps organize a volunteer-run harm reduction outreach service at raves in the Vancouver, BC area.

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Uneasy Visibility - Step by Step to Harm Reduction in a Rural Community

Martin, Lynn *AIDS Project of Southern Vermont Brattleboro VT*

Brattleboro, Vermont is a town of 12,000. The county it is in has approximately 40,000 people. Thus, we are very rural. There are no known places where users of injection drugs hang out in great numbers. There are no streets for outreach workers to target. Users of injection drugs are shooting up behind closed doors. How to reach an invisible group of people with harm reduction services has been a great challenge.

This presentation highlights step by step the program we developed to reach users of injection drugs and their sexual and needle sharing partners in southern Vermont. It resulted in a peer outreach program that is based on recruitment, training, interventions, and support. This program is now in its fifth year.

Building on the trust and connections from the peer outreach program, we opened on April of 2001 a Harm Reduction Services plus syringe exchange at the local drop-in center. This presentation will highlight step

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by step how we achieved that, from having a bill passed in the legislature in 1999 to allow legal needle exchange in Vermont to working with local community based organizations to ensure cooperation and understanding of this program. To date, we have met with no opposition, and have great support from the community.

When presenting this at a minority AIDS conference, we found that rural outreach often corresponds to urban neighborhood outreach. The same challenges and barriers often apply.

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Training Injectors as Health Educators

Martinez, Maria *Institute for Community Research Hartford CT*

Injection drug users are playing more of a role in HIV prevention as peer-educators and satellite distributors of prevention materials. However, there are not enough examples of programs designed to organize and prepare drug users as HIV prevention advocates in their own community. The Risk Avoidance Partnership (RAP) project at the Institute for Community Research in Hartford, CT is a research and intervention project designed to recruit, train, and retain active drug users as peer health advocates and to prepare them for their new role as health educators and HIV prevention advocates. This presentation will share our experiences in this peer-education model intervention project, describe training curriculum and activities, and will explore potential for HIV prevention advocacy training with drug users in the future.

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Active Users and Adherence to HIV Medications: Successful Outcomes in a Small Primary Care Clinic.

Mattioli, Laurie *Berkeley CA*

Active drug users are often not taken seriously when faced with the decision whether to begin antiretroviral medication. Providers view users as probably unreliable when it comes to adherence to any medication and often urge clients to quit using before they will agree to prescribe HAART. In our small, storefront HIV primary care clinic in the Tenderloin neighborhood of San Francisco, all of our clients are active users, most with serious mental health issues, many are homeless or marginally housed and yet even with the odds stacked heavily against them, some have been successful in adhering to HIV medication regimens. In this presentation we will share the stories of 4 clients who came to our clinic in various stages of decline and whose health is now greatly improved due to adherence to HAART and ongoing medical care. Our clients discuss in their own words how they manage their drug use and their HIV medications on a daily basis, thus proving that with support and encouragement, active users are fully capable of adherence.

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Sentencing Reform in Hawaii: Reducing the Harm from Drug Laws

McCormick, Timothy *Drug Policy Forum of Hawaii and Hawaii Department of Health Honolulu HI*

At the beginning of the 2001 legislative session, Hawaii Governor Ben Cayetano had a bill introduced to require courts to sentence first-time, non-violent drug offenders involving possession or use to probation with drug treatment in lieu of incarceration. The bill, similar to laws enacted through voter initiative in California (Prop 36) and Arizona (Prop 200) languished in committees in 2001, but was passed in 2002

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after a concerted community effort jumpstarted discussion. It is expected that the Governor will sign it into law.

While the Drug Policy Forum of Hawaii believes that this bill has some limitations, it represents a significant step in drug policy reform in the state. Most importantly, we believe that it is, as stated in the bill itself, "a shift in philosophy from a criminal justice model of controlling drug use to a public health model based on harm reduction." We also believe that this will have a significant positive impact on the lives of many people who will not be sent (or sent back) to prison. This presentation will discuss the strengths and limitation of this bill from a harm reduction and drug policy reform perspective as well as the grassroots community action and media campaign that took place to muster the political support necessary to pass this bill.

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Integrating Primary HIV Care: Collaboration and Research in the Harm Reduction Model

McCoy, Kate Cunningham, Chinazo *Montefiore Medical Ctr--Dept of Family Medicine and Community Health Bronx NY*
Heller, Daliah *CitiWide Harm Reduction*

We propose a workshop with 4 presentations to discuss the collaboration between CitiWide Harm Reduction and Montefiore Medical Center. This is a unique program that provides (1) medical outreach, (2) home-based primary care, (3) and low-threshold clinic care to homeless people living with HIV/AIDS in single room occupancy hotels within the framework of harm reduction outreach and supportive services.

1. The first presentation by Heller and Cunningham will focus on the initiation and development of the collaboration. This collaboration is discussed through the metaphor of a love affair: Love at First Sight; The Honeymoon; Reality Sets In; and Living and Loving. Difficulties encountered in the collaborative relationship arise when the medical model meets the harm reduction model. Both sides have had to learn to live with and learn to negotiate through these differences.
2. The second presentation by Cunningham will report on an early study of the impact of the program with regard to health care service utilization, HIV-related medication use, and perceptions of quality of care.
3. The third presentation by McCoy will outline the current research and evaluation efforts aimed to assess the collaboration's effectiveness. McCoy will also discuss the conceptual, philosophical, and practical issues involved in developing Participant-Centered Outcome Measures for evaluating harm reduction interventions.
4. Finally, all three presenters will discuss the current status of the collaboration, focusing on the rewards, challenges, and plans for the future.

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The Prospects for Harm Reduction Programs Among Injection Drug Users in the People's Republic of China

McGough, James P. *Alcohol and Drug Abuse Institute, University of Washington Santa Fe WA*

China, the world's most populous country, is facing a growing HIV epidemic and a rising prevalence of illicit drug use. The number of cases of HIV infection in China is unclear, but may be approaching one million; the great majority of them are thought to have occurred through unsafe injection of illicit drugs.

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China is also experiencing major problems with hepatitis C and hepatitis B. Both, of course, are also transmissible through unsafe injection. Harm reduction strategies, strategies that aim at reducing health problems among drug injectors without necessarily demanding an often unrealistic total abstinence from drug use, have been implemented in many countries to help deal with these public health threats. I discuss socio-political, historical, and legal factors in China that could affect (positively or negatively) future prospects for burgeoning harm reduction strategies there. These factors emerge from the history of psychoactive drug use in China in the 19th century and the first half of the 20th century, a "drug-free" period in the third quarter of the 20th century, a resurgence of drug use in the last quarter of that century, and current laws on drug use in China.

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A Sex Radical Approach to HIV Prevention for Street Youth

McGowan, Kelly *New York NY*
Hassan, Shira *New York Peer AIDS Education Coalition New York NY*

How do we create harm reduction interventions with youth in a culture where HIV prevention is flooded with moralist messages that encourage youth to abstain from sex altogether or, at best, promote the simplistic intervention of 'wear latex or face the consequences'? Most providers know that the existing paradigms do not allow for the complicated and sophisticated nature of sexual practices among youth, but continue to struggle with developing prevention curriculum that speaks to youth whose choices are outside the mainstream. This skills building workshop will draw on lessons from sex radical communities that have developed sex-positive approaches to safer practices.

What do we say when youth disclose that they won't wear condoms? Have no intention of stopping Sex Work? Engage in high-risk S/M behavior? How do we even get to the place where these discussions can take place? This workshop will introduce an integration of sex positive and harm reduction values to service providers who are seeking alternative structures to the current paradigm. We will cover specific interventions that encourage safer sex behavior through self-exploration and the embracing of sex positive practices. This workshop will help attendees get comfortable with having open discussions with youth about "politically incorrect" sex (like bare backing and S/M) and will guide participants through the process of making safer sex interventions and sex positive, youth positive affirmations that teach awareness and raise consciousness for both youth and service providers. Participants will leave with exciting ideas for existing prevention models in their own agencies.

Target population: HIV+ youth, queer youth, transgender youth, sex-working, youth, drug using youth and street youth.

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Advocating for City and State Funding - Strategies from New York State

McGowan, Kelly *New York NY*
Gardner, Tracie *Legal Action Center*
Kink, Michael *Community Advisory and Advocacy Services*
Ross, Renee *New York AIDS Coalition*

Financial support for syringe exchange and other harm reduction services is difficult to secure, despite substantial evidence that they reduce HIV transmission and other harm to injection drug users and their families and communities. Where public funding has been directed to harm reduction services, it is usually a result of multi-level advocacy campaigns. This panel of advocates from New York State will detail recent budget campaigns as case studies to illustrate strategies for securing local government support for harm

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reduction services and to provide an overview of the components of a winnable campaign. The panel will address assessment, planning, and implementation of grassroots advocacy, budget analysis, and lobbying within the context of highly political environments. The session will detail how strategies lead by consumer groups, service providers, and ad hoc coalitions organized at the city and state levels can successfully fight city hall or lobby state lawmakers without the clout or influence of the usual power brokers - unions, expensive lobbyists, broad-based support from voters.

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Community Building in Peer-Driven Prevention: Best Practices for Engaging and Retaining High Risk Populations

McGowan, Kelly *New York NY*
Hassan, Shira *New York Peer AIDS Education Coalition New York NY*

Research and program evaluations have begun to establish the benefits of peer-driven HIV prevention campaigns that target groups that do not access information or support through mainstream settings such as school systems, the workplace, religious or civic organizations, or medical services. This workshop will review community building practices utilized by peer education programs that have successfully contributed to the process of engaging, training, and retaining peer educators who are intimately connected to hard to reach populations. The presenters will explore how successful peer programs utilize community building throughout the process of training and supporting peer workers to effect change in their communities. The workshop will review the role of community building best practices that contribute to the development of self-awareness, commitment to mission, and the quality of harm reduction interventions among peer educators who are intimately connected to target populations such as injection drug users, street oriented youth, men who have sex with men. Best practices will include peer-lead recruitment, peer contracts, community meetings, community education campaigns, psycho social support, stipends, peer lead development of outreach materials, etc.

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The DOPE (Drug Overdose Prevention and Education) Project

McLean, Rachel Howe, Mary Grier, Geoffrey Formo, Sami Ranson, Kyle *Dope Project San Francisco CA*

In January of 2002 the San Francisco Treatment on Demand Planning Council funded the DOPE Project to conduct overdose trainings for providers in shelter, treatment and SRO (single-room occupancy) hotel settings. These trainings will be discussed, as well as the development of sub-culturally specific overdose prevention media.

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Harm Reduction Principles Applied to Work with Youth of All Shapes and Sizes

McMahan, Rosie *CASPAR Youth Services Somerville MA*

This presentation will illustrate how our experience in the field of substance abuse has brought about the application of harm reduction principles in all areas of our work with youth--specifically young people who have traditionally received no more than prevention services. We will initially offer a brief overview of the program that will include the following:



WHAT IS CASPAR?

WHERE DOES CASPAR YOUTH SERVICES FIT IN?

OUR WORK WITH YOUTH AT-RISK

WHAT WE ATTEMPT TO ACCOMPLISH WITH MIDDLE-GRADE YOUTH IN SCHOOL SETTINGS

We assert that our work with young people is unique, insofar, as we actively apply harm reduction principles in serving populations, considered by some to simply be in need of abstinence-only messages, and therefore not in need of harm reduction standards and practices. Our long-standing efforts with children of substance abusers speak to the real call for all youth to receive services despite familial involvement in their well-being. We recognize that there are socially constructed divisions between prevention, intervention, and treatment, but young people's needs cross the lines of these imposed categorizations. For this reason, we find ourselves as "youth practitioners" working with youth outside conventional norms, and welcome dialogue on this topic.

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Expanding Access to Sterile Syringes and Harm Reduction Services in a Methadone Maintenance Treatment Program

McNeely, Jennifer *Albert Einstein College of Medicine Bronx NY*

The Expanded Syringe Access Program (ESAP) was recently enacted in New York State to foster improved access to sterile syringes by way of participating pharmacies and medical providers. This initiative again raises the question of how traditional drug treatment programs can integrate harm reduction into what ultimately remain abstinence-oriented treatment modalities. Methadone treatment itself reduces drug-related harm, and methadone maintenance treatment programs (MMTPs) are well positioned to offer health promoting interventions to patients who continue to engage in injecting drug use and other potentially risky behaviors. But the tensions inherent in focusing on abstinence yet encouraging safer use have generally kept treatment providers from embracing harm reduction.

Pilot data collected from new entrants to the Albert Einstein MMTPs (2001) shows that although 44% of patients entering methadone treatment were current drug injectors, only 24% were aware of ESAP, and just 12% had actually purchased needles in a pharmacy. Almost all patients (94%) felt that it would be helpful to have on-site syringe disposal at the MMTP.

Given these findings, we have started a new program at the intake clinic of our large MMTP system to (1) work collaboratively with ESAP-participating pharmacies, (2) establish referral linkages with existing local harm reduction/syringe exchange programs, (3) provide on-site sharps containers, and (4) educate patients and staff about harm reduction approaches. Data being collected from 160 recent MMTP enrollees regarding their injection behaviors, acquisition and disposal of syringes, and from program staff regarding integration of harm reduction interventions at their MMTP site, will be presented.

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Becoming a Parole Resource

Merial, Hurley S. *Harm Reduction Services Sacramento CA*
Brito, Mark *Harm Reduction Services*

This presentation will address the successes made by Harm Reduction Services (HRS) in working with newly paroled individuals in the areas of risk reduction and use of community resources. Upon release, parolees are required to attend an orientation where HRS and other providers are allowed to provide information about available services. In addition, parolees who are identified as having drug and/or alcohol

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issues are required to attend a session where HRS provides a harm reduction workshop. HRS uses the workshops as an opportunity to develop relationships with parolees that will help them reduce their risky behaviors as well as reduce their risk of recidivism.

The presentation will discuss the use of an action plan with parolees that has become an effective tool for achieving their personal goals. Mr. Merical and Mr. Biito will show how they tailor the plans to the individual needs and desires of the parolee. In addition, both gentlemen are able to speak from personal experience about reducing behaviors that might lead to a return to incarceration.

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Working with wholesale street dealers around Harm Reduction

Mewborn, Jeffrey *Bridgeport Public Health/ HIV/AIDS Project Bridgeport CT*

This session is based on Norman Zinberg's theory of Drug-Set-Setting. As front line workers we have a tremendous opportunity to apply the methods of Drug, Set and Setting yet a critical piece that has traditionally been neglected is the Drug aspect. This session will discuss the work that has been done in regards to address pharmacology and how can we better engage wholesale distributors of street level drugs around what the drugs they sell. We have developed working relationships with wholesale dealers on what they cut their product with in hopes that the chemicals are less damaging to the consumer without disrupting their ability to make a profit for their product. We will give tools on how to better negotiate Harm Reduction strategies to this most marginalized yet targeted entity.

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Coordination of treatment education and adherence services: Increasing patient treatment maintenance using a harm reduction approach

Michelle, Lopez *Cline, Christine Community Healthcare Network New York NY*

ISSUES: The men and women whom CHN serves have multiple health disparities, from infectious diseases including HIV, TB and STDs to specialty care needs such as endocrinology and oncology. CHN's current caseload includes increasing numbers of transgender/male to female; newly arrived undocumented Caribbean immigrants, and active substance users. In addition to the need to address the untreated multiple health issues, mental health services, nutrition services, and treatment support services are also needed. Due to factors relating to race, poverty gender, sexuality and class, immigrants also have limited access to treatment, and transgenders often have few options for transgender-sensitive services.

SETTING: A comprehensive care program has been developed at CHN which has multiple sites throughout New York City. CHN's HIV medical program is an interdisciplinary program including providers, nurses, nutritionist social workers, case managers, mental health therapists, treatment adherence specialist and treatment peer education. Access is also available for an internist, hematologist and other specialty care. All providers involved in care are required to be involved in case conferencing to coordinate the client's care.

PROGRAM: CHN's treatment education and adherence model provides one-to-one education and support, workshops both at CHN and in the community, and home visits. The Treatment Adherence Specialists (TAS) are located at each Center working closely with the provider and patient to identify barriers, explain laboratory tests and results, and assist with treatment identification and management. The Treatment Peer Educator (TE) is contacted by the TAS, provider or patient. In addition to her abilities as a Treatment educator, she is also a patient and community advocate. She helps patients understand the importance of

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treatment options, develop communication skills with the provider, and develop advocacy skills both within the agency and the community.

FINDINGS: Through this program we have been able to address many of the issues by a harm reduction approach, that is, working with patients on identifying action(s) they are ready to take to improve health. A team approach was put into effect to: (1) provide a comprehensive and collaborative approach to identify and support the needs of the client; (2) work closely with the client to identify barriers to treatment and goals for improving health; (3) identify appropriate treatment protocols, or timing of protocols; (4) identify supportive services that can impact barriers (housing, legal support, substance use treatment support including harm reduction); (5) provide support for referrals including close follow-up, escort, and transportation.

WORKSHOP OUTCOMES: At the end of this workshop, participants will be able to bring to their communities and work settings:

- (1) enhanced skills to help patients identify action(s) they are ready to take, including attending appointments, taking OI prophylaxis, treatment readiness, or commitment to treatment
- (2) enhanced motivational interviewing skills to help patient implement action(s)
- (3) skills to help support the client in involvement and commitment, including disclosure issues
- (4) educational tools such as resource information on medicine and drug-to-drug interaction to be used in counseling sessions, and methods for using these tools
- (5) an understanding of the special needs of transgenders, newly arrived Caribbean immigrants, and substance users for improved treatment adherence
- (6) suggested trainings for providers and other staff about specialty needs population including transgender, newly arrived immigrants, substance users

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Risk factors for HIV and HCV prevalence and incidence among young injection drug users in a city coping with an epidemic

Miller, Cari O'Shaughnessy, Micheal Spittal, Patricia LaLiberte, Nancy Li, Kathy BC Centre for Excellence in HIV/AIDS Vancouver BC Canada

Background: Young injection drug users (IDUs) are of particular importance with respect to blood-bone infections because of the window of opportunity to act preventatively. We undertook this study to investigate risk for HIV and Hepatitis C (HCV) infection among a cohort of youth (age 13 - 24) in a city where persistent epidemics have occurred since 1996.

Methods: Data was collected through the Vancouver Injection Drug Users Study (VIDUS). To date over 1400 Vancouver area IDUs have been enrolled; 232 (16%) were aged \geq 24 at baseline. Nonparametric and multivariate regression methods were used to compare seropositive and negative youth. Time dependent covariates and nested case-control analysis were used to determine predictors of seroconversion.

Results: Baseline HCV prevalence was 46% (107) and was associated with being Indigenous (Aboriginal), incarceration in the previous 6 months, survival sex, <100 lifetime partners, residence in the IDU epicenter, and daily heroin, cocaine, and speedball injection. HCV seroconversion occurred among 37 of the youth, an incidence rate of 37.2; the median age was 20 and the number of years injecting was 1.13. HCV seroconversion was associated with; IDU partner, and daily cocaine injection. Baseline HIV prevalence among the youth was 10% (23) and was independently associated with female, daily cocaine injection, older age, and a greater number of years injecting. HIV seroconversion occurred among 16 youth, an incidence rate of 4.37; the median age was 22 and number of years injecting was 3. HIV incidence was associated with being Indigenous, daily crack and cocaine use, and < 100 lifetime partners.

Conclusion: Relative to older injectors, youth in our study have lower prevalences of HIV and HCV, but alarmingly high incidence rates, particularly among female and Indigenous youth. Thus, the window of opportunity is short, and preventative actions are urgently required.



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If you work with incarcerated women, let's talk

Miller-Mack, Ellen *Amherst MA*

More and more drug using women are finding themselves in jails and prisons, and more of the rest of us are going in to help them. In our various roles, with all their constraints, how do we maximize focus in order to listen, connect and act? Let's share what we know, and strategize about dealing with the realities of women who are locked up or otherwise entangled in the criminal justice system.

It is possible to infuse a harm reduction approach into prison work, sometimes openly and sometimes subversively. "If you start using again" information is critical (getting sterile syringes, avoiding overdose, etc.), as is compassion about the violence and trauma which has so marked the lives of women behind bars. Also critical is engaging women in political analysis about how it is that poor women and women of color are arrested and locked up. Those of us in the "free" world can turn our outrage into meaningful connection and facilitate the transformation of the guilt, shame and helplessness of women behind bars into productive outrage.

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Situation Assessment of incidence and treatment of sexually transmitted infections at the SHARAN Drop in Center(Delhi, India)

Misra, Manoj *SHARAN New Delhi India INDIA*

BACKGROUND: The assessment of sexually transmitted infections (STIs) in the drug user population at the SHARAN drop-in-centre (DIC) was conducted as a first step to a broader situation analysis covering issues around sexual behavior of drug users and their vulnerability to acquire and spread STIs, including HIV. The ultimate goal is to develop sexual health component, which is to be integrated into existing harm reduction interventions.

METHOD: 25 clients at the DIC were interviewed using a questionnaire, which focused on general knowledge about STIs, their personal experiences with STIs and STI treatment. Staff members of the DIC (doctors, counselors and a nurse) were interviewed on what sexual health matters are reported to them currently and the constraints they are facing to respond accurately.

RESULTS: The majority of the DIC clients had suffered from an STI at some point in time, but they showed a significant lack of information in identifying a STI and in its treatment. Less than half of them saw a link between STIs and HIV, and none had come to the DIC for treatment. The DIC staff mentioned lack of space for private consultation, lack of medication and inadequate training of staff members as the main constraints for an effective response to sexual health issues.

CONCLUSION: To integrate sexual health issues in the current harm reduction programs, the patient's need for privacy has to be respected, which includes a private counseling space and enough staff to deal with DIC clients on a one to one basis. Educating DIC clients on STIs involves a broad base approach, for example ongoing training for the DIC staff and including sexual health issues in the outreach activities.

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SEAD Project (Erie County Syringe Expanded Access and Disposal Project)

Moore, Cheryl *Western NY Coalition for Diabetes Prevention*
Pruski, Patrick *Western NY HIV/AIDS Public Health Unit Coalition*

Category: Creation of a safer and healthier community

Problem Statement: Limited knowledge of legal access to clean syringes and appropriate disposal of used syringes, needles and lancets in the injecting drug user, persons living with diabetes and other communities utilizing injectable substances.

Objectives:

1. Create awareness of Expanded Syringe Access Demonstration Program (ESAP) instituted by New York State Legislature on January 1, 2000, which allowed the selling/furnishing and possession of syringes without a physicians prescription.
2. Develop a coordinated approach to appropriate safe disposal of used syringes, needles and lancets.
3. Facilitate partnerships with local agencies, organizations, businesses and individuals to assist in development and implementation of a plan to educate the community about legal access to needles and safe disposal of medical waste.
4. Evaluate effectiveness and successes of implemented project through key informant interviews, surveillance, syringe disbursement and documented waste removal.

Methodology: The New York State Department of Health (NYSDOH)- AIDS Institute (AI) approached the Erie County Department of Health (ECDOH) to develop, implement and evaluate one of several demonstration projects through out NYS to expand awareness of the ESAP law and enhance appropriate medical waste disposal. A partnership was created bringing together representatives of HIV/AIDS, Diabetes, business, sanitation, law enforcement, pharmacy, spiritual, government, medical and lay persons. Through the partnership a work plan was developed, tasks assigned and carried through, and evaluations of ongoing activities assisted in modifying the implementation modalities. A media campaign launched community awareness and established a foundation for education of professionals and communities at large.

Results: Awareness in the community has been enhanced about current ESAP providers that include 142 pharmacies and three (3) Article 28 Facilities, which includes the ECDOH (the only County Health Department registered as an ESAP provider in NYS). Disposal has been made convenient to county residents through the establishment of kiosk collection sites in six (6) Kmart pharmacies, two (2) health department clinic sites, one (1) CBO, and one (1) Diabetes Specialty Center. Education of all staff affiliated with needle accessibility and proper utilization of kiosks for disposal has been completed. Ongoing education and awareness continues with law enforcement, sanitation, health and paraprofessionals, and community members.

Conclusion: The project's acceptance is evident through positive feedback from pharmacists, health providers and partners regarding needle disbursement and utilization of kiosks as evidenced by volume of used sharps collected. It is apparent that ongoing education is necessary to create awareness and consistent utilization throughout the entire community.

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Surviving Harm Reduction: A Workshop for Harm Reduction Volunteers and Workers

Moore, Lisa *Berkeley CA*
Kastor, Anne

Ever been stuck by a needle at work, thrown your back out from carrying those heavy outreach bags or realized your klonopin use was out of control again, thanks to the stress at work? Did you quit your last harm reduction job because the health benefits sucked and you just couldn't take the stress anymore? Harm

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reduction workers face many hazards, to their physical and mental health as well as to their safety. Harm reduction worksites, often created in response to political opposition and public health emergencies, do not always prioritize or even recognize the needs of workers.

This workshop will give you an opportunity to talk with other harm-reduction workers facing similar issues, learn what you and your HR organization can do to set up protections, and help organize to improve health and safety standards in the harm reduction community. The workshop organizers aim to use this workshop, along with a survey being distributed at the conference, to gather information about problems and solutions, so that harm reduction workers can experience as well as practice harm reduction. This workshop marks the start of a nationwide effort to keep us all happy and healthy in our harm reduction work.

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Making a Needle Exchange Program a Reality in my Community Against All Odds

Moreno, Nemesio *Alianza Positiva Inc. Mayaguez PR*

Objective:

To Offer an overview of unconventional sterile syringe access strategies from my perspective as an HIV harm reductionist who has made substantial efforts in creating syringe access for IDUs in my community.

By the end of this session participants will be able to:

1. Describe approaches used to overcome complex social and political barriers surrounding sterile syringe access.
2. Identify one successful model for increasing sterile syringe access.
3. Identify methods for implementing such model in their jurisdiction.

This workshop should be directed at activists and persons and/or agencies that are willing to use unconventional methods to make sterile syringe access available in their communities.

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A Health Promotion Perspective of Harm Reduction in Prisons: A Review of International Literature on Hepatitis C Prevention

Moulton, Glen Buller-Taylor, Dr. Terri (*Consultant*) Kwan, Brenda Frankish, C. James *Institute of Health Promotion Research, University of British Columbia Vancouver BC Canada*

There are no exemplary examples of healthy prisons; that is, there are no easy "fixes" to difficult issues. Each prison has its own unique culture. The purpose of this presentation is to elucidate some of the potential prevention/harm reduction strategies that have been tried or are currently under consideration in other parts of the world to prevent the transmission of the hepatitis C virus, and other blood-borne viruses, such as HIV, hepatitis B and G in prisons. A range of strategies will be discussed including: informational, educational and behavioural strategies; environmental strategies; administrative and structural strategies; and policy, legislative and regulatory strategies. Challenges and mediating factors will be discussed which affect the degree of likelihood that a particular strategy will be adopted. This presentation will highlight the highly political nature of harm reduction in prisons, and the importance of addressing the antecedents to drug use, as well as the determinants of health for at-risk populations. The juxtaposition of health promotion and harm reduction perspectives will also be discussed. This presentation is based upon an international literature review, conducted for the Government of Canada's Ministry of Health (Hepatitis C Division), by the Institute of Health Promotion Research at the University of British Columbia.

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Ethnocultural differences in gay/bisexual club drug using men in New York City

Mourgues, Paris J. Halkitis, Perry N. Carragher, Daniel J. Borkowski, Thomas M. Parsons, Jeffrey T. *Center for HIV/AIDS Educational Studies and Training (CHEST) New York NY*

Data were collected from a sample of 291 gay/bisexual Latino (24%; mean age=31), African American (16%; mean age 34) and Caucasian (60%; mean age=34) men who used club drugs (i.e., cocaine, Ecstasy, crystal methamphetamine, ketamine, and GHB) in New York City. A sociodemographic analysis revealed that Caucasian participants reported both a higher education and income level ($p<.000$). In addition, African Americans were more likely to be HIV positive than Caucasians ($p<.001$), and Latinos were more likely to identify as bisexual as compared to Caucasians ($p<.01$). African Americans had a significantly more difficult time accepting their gay identity in comparison to the Latinos ($p<.05$), and both the Latino and African American participants reported more public identification and moral/religious internalized homophobia ($p<.000$), as well as less perceived social support in comparison to the Caucasian participants ($p<.05$). Examining their club drug use, Latino participants reported higher frequency of Ecstasy use than Caucasians ($p<.05$), while Caucasians reported using more GHB than Latinos ($p<.05$). Contextually, a higher number of African Americans reported using club drugs due to physical discomfort, conflict, and social pressure in comparison to Latinos (Ecstasy, ketamine, and cocaine; $p<.05$) and Caucasians (crystal, Ecstasy, and ketamine; $p<.05$).

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Harm Reduction HIV Health Care

Murphy, Nancy *Richmond Hill NY*

The role of the health care provider in harm reduction is that of a facilitator. The clinician offers their knowledge and experience of health care and the client offers their knowledge and experience of themselves. As a Nurse Practitioner, I will explore the clinical application of harm reduction, by looking at the question, "What does it mean to practice Harm Reduction HIV Health Care"? The history, politics and the frame (principles, theories, experiences) of harm reduction are offered as a backdrop because it is these concepts and ideas that inform and direct how harm reduction can be applied in the health care setting. I will discuss strategies that focus on outreach and engagement as well as follow-up and case management within the primary care setting. While my role is that of a primary care provider, these strategies are applicable across the interdisciplinary team. In addition, the presentation will address why there is a need for harm reduction practice and the challenges that are encountered when the culture of harm reduction meets the culture of medicine.

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A brief presentation of incidence and prevalence of substance abuse and related secondary harms among Iranian population since Islamic revolution at 1978

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The first official survey in Iran 5 years ago was showed that there are 1,200,000 persons who are addicted to some kinds of drug (mainly opioid products). But according to a recent speech by the of head of the
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welfare department in Iran, the total number is 6,000,000 people, with substance abuse incidence among women reaching 3-fold greater than among men and with a 3-fold increase among villages compared to cities. A new epidemiological study in my local state prison revealed a 78% HCV positive rate among inmates and another survey was showed 30% HIVpositive among them. The major reasons for such an increase in both the number of addicted people and secondary harms related to their high risk behavior (AIDS) are: 1- 90% of the substance abuse budget is used against supply reduction 2- In Iran, addiction is viewed as a crime and not a disease, thus a severe stigma exists around it 3-There is no training or education for professionals who are directly involved in the prevention and treatment for high risk and addicted people 4-There are not any direct or consistent relations and communication between Iranian universities and universities in developed countries in this field 5- The role of NGOs is very weak in the area of drug treatment and risk prevention.

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Iran youth population and substance abuse: 3 years of experience as a leader of a youth NGO in Iran.

Nassirimanesh, Bijan *Private Clinic Fars-Marvdasht Fars Iran*

The official report from learning office said that the mean age for youth drug users in Iran is 18 y/o and half of them are under the age of 18. Total population of drug users in Iran by an official estimate is 6000000 cases (by Dr Ansari the former head of ministry of welfare organization) and all surveys indicate that the age of first use is declining severely. On the other side the eagerness for education of substance abuse is tremendous. In a survey at national level throughout 29 provinces in Iran with the sample size of 2890 male and female (31% primary school 34% elementary school 35% from high school) showed that many of them had no clear idea about the harmfulness of taking illegal drugs (Doostgharin et. al). The first local educating project is undergoing in Tehran by learning office about increasing social skills based on a work of Bootvine with nearly 8000 students in high school. After 2 years of treating young addicts in my clinic the major drug of choice for them was heroin by Iv injection route and the start age was 12 y/o thus you can imagine how silent and insidious youth hard drug use are spreading among Iranian. I have organized second NGO it is for drug users and we have great development in our work especially in relation to these high risk population that could be considered as a model for many general practitioners who work in Iran as a firstliners.

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HIV, HBV and HCV seroconversions among non-injecting heroin users

Neaigus, Alan *National Development and research Institutes, Inc. New York NY*

Background: Non-injecting heroin use has increased in the USA and in other countries. To what extent are non-injecting heroin users (NIUs) at risk of infection with HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV)?

Methods: Between 3/1996-3/2001, 574 NIUs were non-treatment recruited in New York City and interviewed about their drug and sexual risk behaviors and networks. They were tested for HIVab, HBVcAb and HCVab (2.0). Adjusted odds ratios (aOR) and 95% confidence intervals (95 %CI) are estimated by conditional logistic regression.

Results: Of those followed-up, 333 were seronegative for HIV, HBV or HCV at their first test. Seroconversion rates were 0.3/100 person-years at risk (pyar) for HIV (95%CI=0.02,0 .7;n=2), 4.4/100pyar for HBV (95% CI=2.8,6.3;n=25) and 4.6/100pyar for IHCV (95%CI=3.0,6.6;n=26). No HIV converters had transitioned to injecting, but they reported unprotected vaginal sex and high-risk sex partners. HBV seroconversion was associated with having sex with men-who-have--sex-with-men (aOR=6.4, 95%CI=1

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.2,33.2), having unprotected receptive anal sex (aOR=4.6, 95%CI=1.2,17.5) and transitioning to injecting (aOR=3.0, 95%CI=1.1,8.1). HCV seroconversion was associated only with transitioning to injecting (aOR=4.0, 95%CI=1.6, 10.1). Among non-transitioners (80%), HBV seroconversion was associated only with unprotected receptive anal sex (OR=4.9; 95%CI=1.3, 18.3); however, no association was found between sex risk and HCV seroconversion

Conclusions: Interventions to prevent sexually transmitted HIV and HBV are needed among NIUs in addition to preventing transitions to injecting. While sex risk was not found to be associated with HCV infection among non-transitioners, they may be at risk of infection with HCV due to percutaneous or other exposures.

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The New Old Generation

Nessenbaum, Gary M. *WAMM-NAMA Seattle WA*

We have a new generation of old people. People who never had the chance to be old before. Thank you Dr. Dole! Thank you Dr. Nyswander! Here I am still sucking wind at 50, who'd have thought! And the best part is I'm not alone! "Old junkies", Kinda has a nice ring to it, don't it!

It's damn sure time to throw us a bone, we're old, we're tired, we have more important medical issues than addiction, that happens to be only one problem on a long list of life threatening medical issues. HEP C, AIDS, diabetes, hypotension, depression, circulation, neuropathy, dental problems, mental problems and what have you! Time for a reality check! We're old folks. Our medical needs require a primary care physician, along with an army of specialists. Ya know someone watching my wiener at 50, as they did at 18, just isn't any damn fun anymore. Go figure! After a zillion negative urines with a wiener watcher, and programs that have decided that it's their job to use pharmaceutical intimidation, and punitive nonsense to punish us for our medical problems.

You would think it's long overdue to get back to the spirit of Dole and Nyswander! And put treatment back in the doctor's office where it belongs!

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HCV Education and Prevention at Seattle/ King County Needle Exchange

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The Hepatitis Education Project provided information on hepatitis transmission, risk, prevention, and treatment to the staff members providing services at the Seattle/King County needle-exchanges. This training will allow staff members to better respond to the questions that they are currently receiving from their clients.

For a two-month pilot period, HEP provided a "Hepatitis Expert" to be present twice a week at the downtown needle exchange. This is a model that the needle exchange currently uses with other education initiatives; it allowed clients to speak to the hepatitis expert one-on-one or in small groups in order to get personalized information.

HEP created educational materials targeted at the injection-drug using population on the risks of hepatitis. Seattle King County Public Health has agreed to provide staff and client feedback on educational messages through intercept interviews and/or focus groups. These materials, in the form of postcard-sized handouts, will be printed for use at the needle-exchanges and other locations that serve high-risk individuals.



HEP is currently evaluating the design and success of the pilot program in order to understand the future needs of the IDU community. This evaluation will be used to create an ongoing education program in conjunction with Seattle and King County Public Health Needle Exchanges that can be replicated at other sites in King County, as well as in other communities.

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Barriers to HIV Prevention: Non-identified and Heterosexual identified men, With same sex attraction and/or same sex behavior

Nisbett, Dave *Harlem United New York NY*

ABSTRACT: Traditional prevention messages from the media and current literature/handouts do not speak to the issues that men with same sex attractions. (MSM's) identify with or relate to. The current safer sex messages target openly bisexual and gay men, and has become a successful campaign as a result of the message and recipient match. Prevention information for the MSM population needs to speak to their specific issues, regarding "labels" and "lifestyles" they do not identify with. The permission to participate in same sex encounters, and not feel like you must be a part of the gay community to do so, is the foundation from which and MSM sensitive campaign will be effective and succeed.

BACKGROUND: There is a culture of men who are same sex attracted and engage in same sex behavior routinely. Many of these men are in relationships with women who are not aware of their partner's same sex attraction and the sexual behaviors that result. These men are in essence leading double lives, keeping their same sex encounters a secret from their mates, families, and friends. The stigma attached to homosexuality, and HIV/AIDS disease are the major factors in their decisions to keep their sexual activities secret. The encounters take place in secret and are often anonymous, with no conversations about serostatus or negotiating safer sex practices. This population is usually receiving oral sex or are the insertive partner during anal intercourse.

OBJECTIVE: The proposed program will develop and promote literature, workshops, media advertisement and outreach initiatives that speak to this population of men in ways that ensure the education and behavioral changes needed to reduce the rate of HIV infection in this population, and their non-same sex partners. Individual and group counseling will be another component of the program, where in a safe, confidential environment participants will be encouraged to discuss their needs, conflicts with identity ;and explore inventive/creative ways of incorporating consistent condom use and other safer sex practices into their same sex encounters.

METHOD: The ability to reach this population will depend greatly on what the approach is by the service provider. We will utilize terminologies; i.e. "catch phrases" in flyers and other program literature, as well as business cards. Our program has knowledge of the "language" that speaks to these men and with the combining of other concrete services that this population needs (including indicated referrals), talking about the issues becomes less threatening and intrusive.

CONCLUSION: Prevention message can only be effective with this population if the engagement process; is one that the men will buy into. Materials used to educate and change behaviors must be not only language competent, but must be presented in a way that respects the participant's perspective as it relates to same sex encounters.

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Harm Reduction, Afro American Men and The Truth

Harm Reduction Coalition 4th National Conference Seattle, WA December 2002
"Taking Drug Users Seriously"

Conference Abstract



Northcutt, Michael *Cecil Community Housing San Francisco CA*
Robertson, Andre *New Village Project*

Objective: This workshop will examine the myths, fears and perceptions, WE as a society perceive Afro American Men, and how those views continue to create barriers in the service delivery process.

Goals: The goals of this discussion are to A. address OUR perceptions about this subject in a safe, honest and non-judgmental environment. B. Assess the Universal Truths of the Black Man in today's America! C. Identify, and brainstorm cultural respectful interventions and strategies for the effective outreach to this most often misunderstood population.

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Do It Yourself Media - Utilizing All Your Resources To Get The Word Out: A Harm Reductionists Guide To Media Outreach

Olson, Heidi *AIDS Network/Networks Madison WI*

The purpose of this presentation and discussion is to educate people involved in the field of Harm Reduction on the wide variety of resources AIDS Network/Networks has used to educate about harm reduction. As I've learned during my work in a syringe exchange, it is just as important to outreach to community stakeholders as it is to outreach to folks who may need to use harm reduction services in order for these efforts to be successful.

By discussing the campaigns developed by AIDS Network/Networks, including an underground zine, matchbooks and specialized campaigns focusing MSM/IDUs and a partnership with our community radio station, I hope to illustrate how easy and important it is for harm reduction programs to promote their services to folks who may benefit from them, to specialize their promotion to reach select groups of people and to educate the community as a whole on how important it is that they allow harm reduction services to happen.

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The Practical Realities of Implementing Harm Reduction in Housing

Orlin, Liz *Corporation for Supportive Housing Oakland CA*
Blakely, Lisa J. *The Cecil Williams Glide Community House Foster, Sage Team Leader Contra Costa County HHISN*

The panelists are practitioners working in scattered site supportive housing with private landlords/property managers; working in a single site supportive housing project with single adults who have been homeless; working in a supportive housing project with families; and working in a supportive housing project for youth. The panel will explore the practical realities of working with landlords and property managers in each of the settings. The panel will explore the following themes:

- o Building a working relationship with private landlords/property managers;
- o What property management expects from service providers and tenants;
- o Problem solving in a housing setting;
- o Protecting confidentiality;
- o Specific issues of using harm reduction in a family setting, a scattered site setting and a youth setting.

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Aceptabilidad del riesgo y VIH/SIDA entre inyectores de drogas en México.

Ortiz-Mandragon, Raul *Col. Toriello Guerra CP Mexico, D.F.*

Introducción: La base de nuestro análisis es el concepto de riesgo, en particular la "aceptabilidad del riesgo". El riesgo no es solamente un cálculo de probabilidades es una construcción social con fuertes componentes morales

Métodos: Entrevistamos 15 hombres y 10 mujeres quienes en los últimos seis meses se inyectaron drogas. También se efectuaron 14 entrevistas a personal de salud que da cuidados a usuarios de drogas inyectables (UDIs).

Resultados: Existe (se ha construido) un concepto que condena moralmente a los UDIs y los define como personas capaces de todo desacato o desobediencia a las instituciones sociales porque no cumple con funciones o actividades sociales como padre/madre, hijo/hija estudiante o trabajador, quizá por ello se acepta que asuman los riesgos relacionados con la inyección de drogas como algo "natural" o castigo merecido por su conducta. Tanto el inyector de drogas como el personal de salud aceptan este concepto de UDI. Entre los UDIs, la mujer inyectora está más fuertemente cadenada que el hombre una de las razones de ello es porque más frecuente que ejerza el comercio sexual para obtener dinero o drogas. Pese a los riesgos de adquirir el VIH, la mayoría de hombres y mueres inyectores(as) de drogas no expresan deseos de dejar de consumir drogas. mujeres

Conclusiones: Los resultados apoyan el supuesto de que la condena moral hacia el UDI limita las posibilidades de que se desarrollen programas específicos de tratamiento y prevención exitosos. Tanto el UDI como el personal comparten conceptos de condena moral y aceptan los riesgos como algo "natural".

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Pregnant and Parenting Drug Using Women -- Reducing Harm, Reducing Hate

Paltrow, Lynn *National Advocates for Pregnant Women New York NY*
Boyer, Ann Mt. *Sinai Medical Center, New York, NY*
Boyd, Susan

Some of the most reviled drug users are pregnant women and mothers. On this panel presenters from diverse backgrounds will examine harm reduction and non-harm reduction approaches to pregnant and parenting drug using women. In addition to sharing best practices, personal experiences, and an overview of the research, the panel will discuss what strategies and actions might encourage more compassionate, harm reduction public policies regarding this population.

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Club Drug Use Among Young Adults in New York City

Parsons, Jeffrey Halkitis, Perry N. Bimbi, David *Center for HIV/AIDS Educational Studies and Training (CHEST) New York NY*

To understand club drug use among young adults in New York City, young adults (ages 18-25) were recruited to complete anonymous surveys in social venues (either dance clubs or other social settings). Participants indicated their frequency of use for each drug and whether or not they had used each drug for the first time in the past six months. A total of 566 surveys were collected and 38.9% of participants reported the use of at least one club drug. Overall, males were more likely than females to report club drug use. There were some differences in club drug use based on sexual orientation. There were no differences in use among those recruited at dance clubs compared to those recruited from other social venues. For

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MDMA, 30 participants (out of 177 MDMA users in the sample) reported using the drug for the first time in the past six months, indicating that 16.9% of MDMA users initiated use during the past six months. For LSD, 22 (18.8%) of users reported first time use in the past six months. For Cocaine and Ketamine, 21 (20.8%) and 16 (21.3%) of users, respectively, reported first time use in the past six months. Rates of initiation of use for Methamphetamine and GHB were particularly alarming, with 16 (30.2%) and 14 (46.7%) of users, respectively, reporting using these drugs for the first time in the past six months. GHB was more likely to have been used for the first time in the past six months among females (71.4%) compared to males (30.4%) ($p = .05$). The use of club drugs is a growing problem among young adults in New York City, as evidenced by the number of participants reporting having tried club drugs for the first time in the past six months.

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Shoot For Safety: Youth-to-Youth Conferences for Harm Reduction

Parsons, Laure Sargeant, Sheena Lewis, Robert *YouthCO AIDS Society Vancouver BC*

Our presentation will engage participants in the mechanics of putting together a youth conference around harm reduction issues. Based on our experience with Shoot for Safety: Youth and Hepatitis C, a one-day conference that attracted participants from across BC and into Alberta, we will discuss strategies for promotion, programming, and organization.

Participants of this workshop will leave with concrete ideas for:

- * using peer-driven approaches in information delivery
- * making conference structure accessible to youth or anyone unaccustomed to conferences
- * bringing new voices to the table
- * developing youth and user voices heard by health care providers, service providers, and peers
- * capacity building for your own group or agency!

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Real People: AIDS in the Heartland

Pasco, Larry D. *Harm Reduction Institute Indianapolis IN*

Panelist from both the public and private arenas will discuss:

- o The history of Harm Reduction and Syringe Exchange in the Heartland.
- o The pro and cons of Health Department involvement in Harm Reduction and Syringe Exchange.
- o How public funding or the lack of public funding and politics have affected services.
- o What strategies are used to maintain the level of services and the interagency of relationships.
- o What the future looks like- continued public/private cooperation.
- o The use of Secondary Exchangers and Development of Gate Keepers and strategies for working with rural and urban health departments.

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From Acceptance to Implementation: The Role of Technical Assistance in Harm Reduction Practice

Pemberton, Gisele *PROCEED Inc Elizabeth NJ*

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Topic/Issues: Communities of color have historically struggled with the concept of harm reduction as a viable and effective modality to address drug use in our communities. Through education, exposure and access to data supporting harm reduction initiatives, many providers of color have reexamined harm reduction and embraced the philosophy and practice of harm reduction as part of a larger social justice movement that includes access to health care and healthier communities. For many providers of color, the issue becomes one of garnering support for harm reduction, given the toll and effects of drug misuse within communities of color. The challenge for providers is to reframe, create and integrate harm reduction into existing programs and on the organizational level, in a manner that reflects the culture and values of their communities.

This workshop will discuss how technical assistance from experienced providers can assist community-based organizations in communities of color with prioritizing and integrating harm reduction into service delivery.

Objectives:

By the end of this workshop participants will:

- * Discuss strategies to move organizations along the continuum of harm reduction competence
- * Identify models for integrating harm reduction on programmatic and organizational levels
- * Inform participants of technical assistance and resources available in the area of harm reduction

Conclusion:

Individual and organizations, especially within communities of color should access and utilize technical assistance resources to facilitate partnerships, strengthen networks, improve service delivery and support the larger goal of harm reduction practice in our communities.

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Evaluation Role in Harm Reduction Services

Perkins, Ayana *The MayaTech Corporation Atlanta GA*

Evaluation is often perceived as an arduous task that is conducted only to appease outside requests. However, the impact of evaluation in the daily activities of harm reduction services extends far beyond than just meeting the minimum requirements of funding agencies. Harm reduction services that build evaluation into the structure of their program have the vision to plan effectively and are better equipped to influence policy development. By demystifying evaluation and reviewing simple techniques that can be easily employed in the busy world of harm reduction services, new and established organizations will be equipped with more skills to sustain themselves and enhance their existing efforts. This interactive workshop will also include information on how to use evaluative responses to promote issue saliency and community mobilization.

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Triply Diagnosed Clients: Ethical Challenges Faced by Clinicians in Housing Programs

Plasencia, Raul A *Bailey Holt-House New York NY*

Goal of the Workshop: To help clinicians identify treatment issues and treatment strategies that addresses the stabilization of the triply diagnosed client.

Objectives:

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1. To identify five ethical issues commonly faced by the individual clinician working with the triply diagnosed clients.
2. To develop a working continuum – clinicians enabling the process of empowerment – in working with the triply diagnosed.
3. To examine treatment sequencing and inter-agency collaboration in working with the triply diagnosed.
4. To identify desirable outcomes for working with the triply diagnosed client.

Format: Interactive workshop

Bailey House, Inc. is the second oldest AIDS organization in New York City, and is recognized as a national leader in the development of supportive and cost-effective housing models for homeless PWAs. In the early days of the agency, it was not unusual for a client to die within 6 months of entering our program. Now, thanks to the success of new drug therapies and the supportive housing that is the foundation for wellness, our clients are experiencing an increase in both the length and quality of their lives. Some of our clients have been with us for over 10 years.

Most of our clients were homeless or underhoused prior to their AIDS diagnosis. Many also address other challenges – like substance abuse and mental health issues. Triply diagnosed clients present special opportunities and unique ethical issues for the clinician, particularly, those working in a non-licensed supportive housing setting.

Along with the services Bailey House case managers/clinicians provide to the triply diagnosed clients comes a whole range of ethical issues that interfere not only on the quality of services offered to clients, but may also interfere with the way services are being provided. Confidentiality, treatment sequences, burn out, transference/countertransference and supporting treatment adherence are just five of the many critical issues case managers/clinicians encounter when servicing this marginalized population.

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Local Coalitions Promote Expanded Syringe Access and Safe Disposal in New York State (NYS)

Plavin, Hope A. Candelas, Alma Klein, Susan J. *NY State DOH AIDS Institute Albany NY*

Increasing numbers of persons with HIV/AIDS related to injection drug use; increasing incidence of Hepatitis B and C, also related to injection drug use; and mounting concerns regarding improper disposal of needles and syringes led NYS to enact the Expanded Syringe Access Demonstration Project (ESAP). Under this program, effective January 1, 2001, persons age 18 and over can obtain up to ten syringes without a prescription. Since inception, 2,500 providers have enrolled in the program to promote access to sharps and over 900 sharps disposal sites are available throughout NYS.

To assure maximum utilization of ESAP locally tailored demonstration projects were initiated, many of which relied on a single lead agency working with a local coalition to engage diverse constituencies representing public health, HIV/AIDS, diabetes, sanitation, law enforcement, pharmacists and others. Engaging these diverse constituencies in a single unified program required strategic outreach and development of tailored messages and materials. Within a flexible program model, community-wide systems of syringe access and safe disposal reflect the unique needs and resources of urban, suburban, and rural areas. Presenters on today's panel will provide an overview of their experiences, presenting promising and innovative approaches that have been implemented to address an emerging public health issue. The activities undertaken by individual organizations and by community-based coalitions to assure enhanced access to sterile syringes and safe and appropriate disposal will prove informative for others interested in developing similar programs.

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Peer Educators Advocating Harm Reduction

Positano, Karen *Youthlink Inner City Toronto ON Canada*

Issues: Street-involved youth are characterized by personal histories of neglect or abuse, homelessness, limited employment skills, and increased vulnerability to numerous health related risks, including HIV and HEP C and substance use.

Description: YOUTHLINK Inner City is a street based outreach, counseling information and referral centre for youth living on the streets in Toronto, Canada. These youth historically do not use mainstream services. In order to survive, many become involved in street activities, (e.g. drug use/abuse, living in squats, panning, squeegee, etc.). By building existing networks and peer support systems, the project includes street youth in the planning and development of peer initiatives that help in the reduction and dissemination of information on Sexually Transmitted Illnesses, HIV and Hepatitis C. (Toronto has a population of 4 million and is Canada's economic and industrial centre. It is the most cosmopolitan city in the world according to the United Nations due to our acceptance of ethnic diversity. Young people migrate to Toronto from all across North America).

Lessons learned: Peer Education initiatives have been extremely well received by homeless youth at high risk in the community. Peer educators hired to work along side staff on the street and at our resource/drop-in are seen as inspirational role models that youth view as the 'real' experts. They are instrumental in helping current street youth with breaking the cycle of violence and abuse (including substance use/abuse), promoting healthy sexuality and safer sex. Through a holistic Harm/Risk Reduction approach youth confront issues around HIV/AIDS, HEP C and life on the streets.

Recommendations: AIDS information and prevention outreach programs directed at high-risk adolescents can be extremely powerful when delivered by Peer Educators who are perceived to be credible by others.

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A new partnership: Public Health and fee-based clinics working together to bring Methadone Maintenance Therapy to underserved communities.

Pryde, Julie A. Speagle, Kendric *C-U Public Health District Champaign IL*

The efficacy of methadone maintenance therapy (MMT) as a successful treatment for opioid-dependant persons is well established. Additionally, research clearly demonstrates that MMT is linked to decreased HIV risk behaviors. Despite this connection to HIV prevention MMT is often over-looked as a viable, cost-effective intervention for injection drug users. Public health departments, which are funded to provide HIV prevention services in communities that lack methadone services, have a particular responsibility to address this unmet need.

The implementation of comprehensive harm reduction services, including privately funded syringe in one community in central Illinois has led to unprecedented access to injection drug users. Through increased communication with this population, the local public health department became aware of the need for MMT, and its importance as an HIV prevention intervention. The process of establishing a clinic has been challenging on many fronts. This presentation will highlight a two-year struggle that united the Champaign-Urbana Public Health District and a small, community based organization, Harm Reduction Resource, to create a free based, not for profit methadone clinic. The clinic is housed within the division of HIV/STD/TB prevention and management. The presentation will offer practical strategies for combating "NIMBY" and working to form strong, community-wide coalitions.

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Creating A Comprehensive Risk Reduction Unit

Ramirez, Gabriel Velderruten, Dixon *Osborne Association Bronx NY*

The Osborne Association (OA) serves people involved with the criminal justice system. The OA provides educational, vocational, and health, mental health, and chemical dependency services to more than 6,500 people annually. In addition to providing an abstinence-based alternative-to-incarceration substance abuse treatment program, we offer a "low-threshold" risk-reduction program focusing on substance abuse prevention as a means of reducing behaviors that can lead to contracting or transmitting HIV/AIDS, Hepatitis C, and STDs. This Risk Reduction Services (RRS) unit, inaugurated in December 2001, merges two former OA programs--a risk reduction program for drug abusers and a case management program for people living with HIV/AIDS--into a comprehensive whole in which each client is served by a team consisting of both a case manager and a risk reduction counselor. Gabriel Ramirez, currently director of the RRS (and director of OA's former risk reduction program) and Dixon Valderruten, currently director of OA's Education and Outreach program (and director of OA's former program for people living with HIV/AIDS), will discuss the rationale for merging the two programs, present a model for planning the process by which such mergers can be structured and implemented, and outline the opportunities for improved client service the RRS presents.

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Hepatitis C Training for Community Outreach Workers

Randels, Sandra *Public Health - Seattle and King County Seattle WA*
Ninberg, Michael *Hepatitis Education Project*

Learning Objective: Describe a collaborative method to develop, implement and evaluate a hepatitis C virus (HCV) infection training for community outreach staff working with persons at high-risk of acquiring HCV infection.

Background: Community outreach workers regularly interact with persons at increased risk for HCV infection and provide education on methods of prevention and appropriate referral. However, targeted training is not readily available.

Purpose/Objective: Provide training on the epidemiology, prevention, and management of HCV infection for community outreach staff working with injection drug users (IDUs) in substance abuse and rehabilitation facilities, needle exchange programs, methadone clinics, and community health programs. **Methods:** An interagency planning committee was developed from diverse organizations serving IDUs. Two training modules were developed, a 2- and a 6-hour training. Evaluation consisted of scores on pre- and post-training knowledge surveys and a standardized evaluation form. **Results:** Attendance at both training sessions was near-capacity (91 attendees overall). Evaluations indicated the usefulness of the training. Measures of knowledge of HCV infection pre- and post-training increased. For core training components, 65% and 80% of attendees answered the questions correctly pre- and post-training, respectively.

Conclusions: Training improves knowledge of HCV infection among staff working with persons at high-risk of infection. **Suggestions for future trainings:** (1) plan training for target audience; (2) limit length to 4 hours; (3) include "skills-building" sessions to increase outreach workers comfort with providing

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appropriate counseling messages to clients. A follow-up study to evaluate the impact of training on behavior of attendees would be useful.

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The Use of Harm Reduction Psychotherapy in Specialized Services

Redmond, Helen *University of Illinois at Chicago Outpatient Care Center Chicago IL*
 Freeman, Selena *Grady Memorial Hospital Atlanta GA*
 Rule, Maureen *Albuquerque Health Care for the Homeless Albuquerque NM*
 Kern, Marc F. *Addiction Alternatives / Moderation Management Los Angeles CA*

There are many ways and many non-clinical settings in which people can use the principles of harm reduction psychotherapy (HRP). One of the most important aspects of HRP is the development of a trusting, collaborative relationship with a person so that he or she feels comfortable talking honestly about their life. This relationship may take place in outreach settings, self help groups, medical settings etc. The panelists will each talk about their use of principles of harm reduction psychotherapy in their settings and solutions to barriers common to the setting. They will discuss both personal and administrative barriers to quality services, and share solutions they have found to helping people with significant stress and chaos in their lives.

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Challenges in School Based Harm Reduction Groups

Reed, Akiko Spagat, Andrea *Center for Human Development San Francisco CA*

The presentation is based on the Harm Reduction support groups I run at Phoenix High School, a San Francisco County Community School. I would like to share my experiences and challenges working with inner city youth around drug use, sex, and violence prevention in school-based peer support groups.

Youth who participate in the groups live in high risk environments and have been displaced from mainstream schools through expulsion, truancy and lack of credits. Many are on probation. Groups meet twice a week during the course of the school year. Average group attendance is 12.

Students at our schools face enormous environmental, academic and behavioral issues. Support groups based on the harm reduction model coupled with youth development philosophy are necessary in order for us to effectively establish rapport with our students and create a space for them to request support for issues that they identify.

A loose set of topics, including drug use, sex, violence and relationships, guide the curriculum. However, the content for a particular day is determined by current issues at the school, neighborhood or in the city that are affecting students. Students often choose the topic that is discussed. Groups are highly interactive. Role play is almost always used.

This workshop will be primarily interactive and minimize lecture. Role play and group discussion will comprise a significant part of the workshop. We will answer questions on how to structure harm reduction groups in schools and encourage youth service providers to start groups for youth in their community.

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HCV Transmission at the Workplace

Remak, Bill *California HCVTF Petaluma CA*

This presentation provides the medical/health care worker with the essential information regarding potential injury in the occupational setting concerning HCV. This is presented as a safety issue and conveys the prevention and risk factors involved. Needle stick injuries are under-reported and this effort encourages a greater cooperation between employees, co-workers and management to comply with OSHA standards as well as other standards to protect those affected. This topic is an important and effective tool in harm reduction as this takes the concern beyond the realm normally perceived as exclusive to IV substance users and demonstrates a positive awareness to prevention. This is conducted in an interactive format that invites audience participation regarding experiences and solicits suggestions that heighten a pro-active approach to the issue.

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HIV Treatment and Harm Reduction: Supporting Drug Users on HAART

Reynolds, Andrew *HIV and HCV in Prison Committee, California Prison Focus Redwood City CA*

Issues: The complexity of HIV disease management calls for innovative measures to ensure the greatest quality of life for those with the disease. Research suggests that drug-users receive less than optimal HIV care due to such factors as the physician's fear of non-adherence, incarceration, limited knowledge of HIV treatments, or a distrust of the medical system. Further complicating matters are poverty, homelessness, and mental illness. For these underserved populations, HIV treatment advocates provide individualized treatment sessions covering topics such as adherence to HAART, side-effect management, and opportunistic infection prevention.

Description: This presentation will review the challenges facing a population of HIV-infected individuals living in an impoverished, inner-city community in San Francisco, and show how the treatment advocate program of the Tenderloin AIDS Resource Center can provide client-centered interventions in an effort to overcome such barriers and support active drug-users in their disease management.

Lessons Learned: A treatment advocate program is a low threshold and low-cost means of improving HIV patient care. Working within a multi-disciplinary team structure, treatment advocates provide intensive patient support, particularly around adherence, that can both enhance treatment outcomes and improve the quality of life for people with HIV.

Recommendation: The implementation of a treatment advocate program can provide an effective intervention in disease management for HIV-infected individuals. With minimal training, the treatment advocate offers individualized patient support, governed by harm reduction principles, that can increase medication adherence, reduce hospitalizations, and improve the quality of life for those with HIV.

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Lessons from Abroad: Harm Reduction in Prisons

Reynolds, Andrew *HIV and HCV in Prison Committee, California Prison Focus Redwood City CA*

Issues: The U.S. prison system has over 2 million men and women incarcerated and an additional 4.3 million people in jail, on probation, or parole. Although HIV and HCV rates are 8 to 10 times higher in prison than in the general public, there has been no effort to implement harm reduction programs into the U.S. prisons. Condom distribution occurs in only 2 state and 5 jail systems. There are no bleach

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distribution or syringe exchange programs. Methadone maintenance is not readily available, nor are traditional drug treatment programs.

Description: This presentation will look at the punitive and abstinence-based policies of U.S. prisons and compare them to the harm reduction programs of European, Canadian, and Australian prisons.

Lessons Learned: High-risk activities for HIV and HCV transmission such as unprotected sex or needle sharing continue to occur in U.S. jails and prisons. It is widely accepted that community-based harm reduction measures such as syringe exchange or condom distribution are extremely effective in reducing HIV and HCV transmission. The international experience with harm reduction programs in prison show that these measures can be effective prevention measures.

Recommendations: The HIV/HCV in Prison Committee is committed to guarantee prisoners equal access to quality health care and prevention measures. We call on U.S. prisons to adopt harm reduction programs such as condom and dental dam distribution, methadone maintenance, and the provision of bleach kits. We urge all HIV and harm reduction activists to put the HIV prevention needs of prisoners on their agenda.

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Methadone vs. Heroin maintenance

Richardson, Andrew *Chicago NAMA Waukegan IL*

Heroin use and its benefits have been on the front line of the media in Europe. Scandinavian countries have had heroin maintenance for some time now with awesome results. There are other countries implementing heroin maintenance because of the success others have had with it. How would America deal with heroin maintenance? I would like to address this and give the benefits it would have on harm reduction in the United States. Could it be better than methadone maintenance for some patients? This presentation will have many facts and will be a thorough presentation. Heroin use has been on the rise in America for many years and maybe with maintenance programs geared towards the heroin users who have found no relief from methadone could repair their lives and it could help them to become productive once again. The chance that an addict on the street will re-structure their lives with conventional treatments is very low. Maybe with heroin maintenance programs there could be hope. The US government wouldn't be behind this type of treatment but maybe they could have their minds changed in the future with education and compassion.

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Developing Harm Reduction Treatment Plans and Evaluation Tools

Riedel, Marion *Columbia School of Social Work New York NY*

Agencies embracing harm reduction philosophies are being challenged to meet both the needs of consumers and the mandates of funding sources. These requirements are often in conflict with one another. This speaker will present a series of concrete strategies for developing harm reduction treatment plan goals, objectives, and evaluation tools. This presentation will include a range of treatment outcomes that are program and/or population-specific. We will discuss techniques used to translate these outcomes into goals and objectives that produce measurable treatment plans in a harm reduction context.

Harm reduction strategies demand close and ongoing monitoring of progress in order to maximize change processes. Individualized tools for monitoring include the Goal Attainment Scale (GAS) and Self-anchored Rating Scale (SARS), which directly relate to each consumer's treatment plan. All aspects of planning and

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evaluation will emphasize the importance of consumer-directed treatment outcomes, empowerment models, and related counseling techniques.

Finally, the presentation will include strategies to involve funding agencies in the development and incorporation of harm reduction treatment plans and evaluation tools. Harm reduction faces an uphill battle as a treatment approach in contrast to entrenched models of practice that have determined funding streams and directed policy. Therefore, harm reduction practitioners are challenged to develop better practice technology and engage in advocacy across a number of system levels.

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Keeping the Door Open-Finding Jobs for People Who Use Substances

Rio, John *Corporation for Supportive Housing New York NY*

Based on the Corporation for Supportive Housing's 3 volume training manual, this workshop highlights practical strategies and tips for staff and employment specialists working in employment programs that serve individuals who use substances. This 90-minute workshop seeks to cover the practical side of engaging and helping individuals successfully complete vocational programs. From recruitment to intake and assessment through job placement to job support, this session offers strategies and case examples for staff and supervisors to use in their work. Strategies include managing program rules, the pace of assessment, exploring drug use experience and identifying client driven overall goals.

The goal of this workshop is to enable the practitioner to use strength based approach with tenants focusing on behaviors leading to successful vocational performance and placements. Practitioner will be reminded that successes and failures are a normal part of the job seeking and keeping experience for everyone and that we all follow our own working pathway. The guide for program staff can be downloaded from <http://www.csh.org/kdo2.pdf>

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Cuarto de Inyección Segura; Una Medida de Salud Publica

Sepulveda Villarini, Solomon Roa, Litsy *Iniciativa Comunitaria Inc./ Proyecto Punto Fijo Hato Rey PR*

Durante los pasados quince años, la epidemia del VIH/SIDA y la hepatitis A, B y C, entre la población de usuarios de drogas intravenosas ha sido muy alarmante. Las estadísticas del Departamento de Salud en Puerto Rico, reflejan que la infección con el V.I.H. entre los U.D.I. se mantiene fluctuando en un promedio de cincuenta por ciento. Respecto al problema de hepatitis no existen datos disponibles. Múltiples estrategias, como el establecimiento de programas de intercambio de jeringuillas de Iniciativa Comunitaria Inc. complementan el modelo de reducción de daños. Nuestra presentación gira en torno a la descripción de una nueva modalidad de servicio que hemos implementado en Puerto Rico. Dicha estrategia, de tipo "underground" incrementa los servicios ofrecidos hasta el momento a la población mencionada. El Cuarto De Inyección Segura es posiblemente el único en America con un enfoque de carácter salubrista.-

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Creating a Therapeutic Arts and Activities Program

Robb, Christy *Shelter and Food for the Homeless New York NY*



The philosophy underpinning this workshop is simple- engagement in and exposure to arts, ideas, culture, and beauty is a vital and empowering tool that can enrich our client's lives and futures. Although traditional human services programs have acknowledged and to some degree accepted the value of using arts and activities as a therapeutic tool it is too often considered the "fluff"; non-essential and not very important work. However if we consider the elements of human development that nourish and sustain healthy and productive people most of us would agree that education and the exposure to ideas is crucial. By and large many of the individuals and families we work with have been shut out of this exchange, often for generations. It is the development of a multi-dimensional self that will support our clients in reaching their goals. It may mean the entry or reentry into mainstream society or a positive sub-culture. It may open doors to possible careers or interests to pursue. Most importantly exposure to the world at large helps promote critical thinking and the possibility to problem solve within a historical context. All things "functional" people are taught and have some skill with.

The model of this program is a harm reduction low threshold approach. It also borrows from the Montessori School model. Participants will learn how to set up an arts component with bare bones low resources to a well funded one. Using a combination of theory and hands on activities we will go through the process step by step of setting up this component within your agency. You don't need a separate room, professional artists, or high-ticket items. A bit of money, a minimum of supplies, and any kind of space will do of supplies.

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Beyond Clean Needles: Practical harm reduction oriented prevention strategies

Robertson, Andre *Black Coalition on AIDS San Francisco CA*
Northcutt, Michael *Cecil Community Housing*

This workshop will focus on strategies that work for African American communities, with three main interventions used by AIDS service organizations: street based outreach, single session workshops and individual risk reduction counseling. There is so much more to prevention in the African American community than simply having the condoms or clean needles. In our session we will deal with issues of racism, homophobia, incarceration, homelessness and other problems driving the epidemic. We will address these issues through various mediums, such as: music, film, articles, vignettes, role-play, etc.

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Just treatment: Redefining harm reduction in acute care

Robinson, Wallace *St. Paul's Hospital - HIV Program Vancouver BC*
Petty, Mary

We work with drug users admitted to an HIV unit at St. Paul's Hospital, an acute care facility near Vancouver's Downtown Eastside. Despite a new and more tolerant vocabulary about drug use, the principles of social inclusion and justice implicit in the concept "harm reduction" remain unrealized in the conventional medical setting. In practical terms, harm reduction ends at the hospital door, diminishing the possibilities of linking treatment for the medical sequelae of poverty and drug use to detox and recovery support, education regarding safer practices, and psychosocial supports. Despite efforts by care providers to be tolerant and understanding, drug users frequently discharge themselves before medical treatment is completed, thereby increasing risk of complications. The challenge facing us is how to link existing harm reduction efforts in the community with harm reduction and resource access potential in the hospital. Through interviews with patients about their experiences in acute care, this study examines how hospital practices may increase discharge against medical advice and impede risk reduction. The study proceeds to

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address the question of how harm reduction strategies such as those recognized and practiced in communities outside the hospital can become integral to our practice inside.

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Harm Reduction For High Users of the Emergency Department: A Model from San Francisco General Hospital

Roll, F. Joseph Karlsson, Patrik J. *University of California, San Francisco San Francisco CA*

Although the harm reduction philosophy often focuses on substance use, in the following model, the concept is utilized to inform holistic treatment of medically fragile, psychiatrically diagnosed, predominantly homeless clients. The Emergency Department Case Management (EDCM) Program recruits high utilizers of the Emergency Department at San Francisco General Hospital (SFGH). This outpatient program recognizes the problems inherent in fragmentation of care and thus attempts to provide continuity of services. The EDCM treatment team is comprised of clinical case managers, a medical doctor, a nurse practitioner, a psychiatrist, two program supervisors, and an administrative assistant and is located on the grounds of SFGH. The program provides services to 85-120 clients at any one time. The discussion seeks to describe the EDCM model of working with complex dually and triply diagnosed clients within the harm reduction paradigm. Further, it aims to describe the interface of medicine, psychiatry, and social work, in addition to the program's interactions with community treatment systems.

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Why peer-education is so valuable for harm reduction

Rosenfeld, Theo *Vancouver BC*

Peer-based educational programs play a crucial role in both harm reduction and health promotion efforts for a number of reasons. The experience of using drugs can change drastically from individual to individual, and even from instance to instance within the same individual. Information about personal subjective experiences can be as useful as information generated by scientific research. Drug users working together can, and often do, generate and disseminate up-to-date information valuable for maintaining health while using.

Under normal conditions, and concerning less controversial topics, people learn naturally and easily in conversation with peers. Many members of marginalized communities experience public education sources lying to and about them; in this environment, peers may be the only trusted information source. Health promotion and education programs can work with peer networks already developing among drug users (in local communities, at parties and gatherings, and online). Social support is a powerful determinate of health, strengthening support networks among users indirectly, yet powerfully, promotes healthier choices.

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Create your own workshop: a primer for presenters

Ross, Alessandra *Sacramento CA*

At some point in our careers as harm reductionists many of us are asked to teach what we know. The request may be simple to fulfill a 15 minute talk on our own program is often easy for us to toss together. Requests for skill-building workshops, however, may prove more daunting regardless of our years of experience as practitioners, because teaching others to do what we do is far more complex. It requires

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breaking down the skills involved in a task into manageable and teachable components, then presenting these components so that our participants can practice and master the fundamentals.

In this short workshop participants will learn a simple formula for developing skill-building workshops and will use that formula to develop a short workshop of their own. Participants are asked to come to the workshop prepared with a topic on which they plan to teach.

Space limited to 12.

Contact:
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Responding to objections to harm reduction: A workshop for trainers

Ross, Alessandra *Sacramento CA*

When speaking to groups about harm reduction we often encounter significant resistance from our audiences, whether in the form of provocative questions, direct challenges or hostile arguments.

In this experiential workshop participants will review the most common objections to harm reduction and practice some simple strategies to respond to questions, diffuse tension and win allies.

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Rural Outreach Service Programs

Ross, Elizabeth *Mendocino County AIDS Volunteer Network Ukiah CA*
Sanchez, Manuel *Holloway, Valena Mentor Community Health Outreach Workers*

This workshop/panel will address how the HOPE Project was developed and continues to change, describing our obstacles as well as successes. HOPE (Health Outreach Prevention Education) covers Mendocino County, California, 3,500 sq. miles. It is a rural, multi-service client-centered program that provides HIV and Hepatitis C testing and counseling, syringe exchange, and has three teams of two outreach workers in the field at all times. HCV support groups, overdose education, complementary therapies, an HCV garden and extensive outreach on the Reservation and Rancherias (at their request) are all components. This program was developed despite opposition from law enforcement. No county funds are received. We raise the money ourselves. The outreach workers and clients designed the program. It is radical, bilingual and culturally competent, addresses alternative treatment and non-traditional approaches to the needs of those at high risk. We are interested in presenting a rural model with other rural programs in order to problem solve and encourage expansive program designs, not just putting out the fires but creating active health ownership for the disenfranchised.

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Starting a Drop-In Center

Rubin, Stacey *Consultant New York NY*

This session will be two fold, including an illustrated example of the components involved in opening a drop-in center. Needs assessment, practical concerns, program design and implementation will be covered. The second part of the session will be a facilitated discussion, particularly looking at the trouble spots in opening Harm Reduction or Needle Exchange drop-in centers. The session seeks to provide information as well as allowing us to share experiences and resources.

Contact:
Rubin, Stacey

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Transient Street Youth: Who Are Those Kids?

Rubin, Stacey *New York NY*

Traveling around the country, you've seen them with their dogs and backpacks, spare changing, or at the needle exchange or soup kitchen. Destitute, often addicted and suffering from acutely neglected health, they are disenfranchised from the youth services network typically skeptical of service providers of any kind. This session will discuss the specific needs transient homeless street youth and offer tools for engagement and support.

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A Consumer Generated Outcome Study of a Harm Reduction Program: Measuring Incremental Change

Ruefli, Terri *New York Harm Reduction Educators Bronx NY*

This presentation (1) describes why outcome studies are so important to harm reduction, (2) describes the consumer-generated outcome study we conducted at our harm reduction program, (3) provides the results of that study that shows the kinds of changes harm reduction clients make beyond HIV, (4) shows you can measure incremental change, and (5) teaches you how you can conduct your own outcome study.

A. I identify the 10 areas of life that clients in my program identified as most important to them: (1) health, (2) mental health, (3) chaotic drug use, (4) stable drug use, (5) housing/homelessness, (6) income, (7) family relations, (8) self-improvement, (9) connection to services, (10) nutrition,

B..I describe the nominal group method; how we got clients to generate 10 worst-to-best scales (e.g., the worst to best ways for drug users to make money) to measure (1) incremental change for each of those life areas and (2) program outcome

C. I provide those who attend with copies of the scales my clients produced and that we used in our user-generated outcome study

E. I provide the results of our outcome study that show the ways in which clients changed in our program: (1) the areas where they made the most change, (2) the areas of life where they became more stable, (3) how program attendance and service receipt affects client change, and (4) how clients changed their drug use over time.

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Harm Reduction Management: Using Harm Reduction to Manage Worker's Drug Use and Behavioral Problems in a Peer Based Syringe Exchange Program

Ruefli, Terri *New York Harm Reduction Educators Bronx NY*

Harm Reduction Management: Using Harm Reduction to Manage Worker's Drug Use and Behavioral Problems in a Peer Based Syringe Exchange Program



This presentation describes the ways one peer-based, harm reduction program uses harm reduction to manage its workers.

- A. I identify two major goals of harm reduction management: (1) maximizing the impact harm reduction has on clients by using it on workers, (2) dealing with worker's behavioral problems and drug use in supportive and constructive ways.
- B. I describe how worker's drug use and inappropriate behavior impacts negatively on clients and undermines the effectiveness of the program.
- C. I describe how we use harm reduction to deal worker's drug use: (1) distinguish between drug using and drug buying/selling, (2) accept the fact that some staff use, (3) distinguish between what workers do on the job and what they do in their private lives, (4) help workers see how their drug use affects the program and client, (5) promote safer drug use among workers, (6) teach staff how to manage drug use and work, and (7) reduce the negative consequences of drug use on job and the organization.
- D. I describe how we use harm reduction to deal with workers who act out and behave inappropriately: (1) helping workers understand how their behaviors impact clients, (2) defining deviance upwards, (3) helping workers take responsibility for behavior, (4) setting reasonable limits, (5) offering incentives, (6) progressive disciplinary actions, (7) deciding when to terminate the worker – the Director's List.

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Exercising and Protecting Your Rights During a Police Encounter

Ruiz-Sierra, Julie *Drug Policy Alliance Sacramento CA*

The workshop, designed especially for drug users, teaches the legal rules derived from the 4th, 5th, and 6th amendments to the United States Constitution that apply when you are approached by a police officer, be it at home, in your car, or in public. Students will learn how to invoke their rights, decline searches, and survive search and arrest. This workshop is best taught in groups of 30 or less and lasts approximately 1 hour and 15 minutes.

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The Pharmacy Sale of Syringes and Disease Prevention Act: An Uphill Battle to Legislate Harm Reduction in California

Ruiz-Sierra, Julie *Drug Policy Alliance Sacramento CA*

This paper will present some of the challenges and strategic solutions employed by a broad based lobbying coalition, Californians for Responsible Syringe Policy, in their efforts to pass legislation to permit the sale and possession of syringes without a prescription as a disease prevention measure. Topics to be covered include engaging political adversaries in a dialog about harm reduction, mobilizing communities of color for political activism, and the difficulty of making compromises. Because the bill is currently in process, its outcome will be announced. The presentation will conclude with a summary of lessons to be learned for anyone working on increasing access to sterile syringes.

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New Mexico - The State of Harm Reduction: Making Harm Reduction work through partnership of government and private programs collaboration between state and private entities

Rule, Maureen *Albuquerque Health Care for the Homeless Albuquerque NM*
Torres, Donald *New Mexico Dept of Health*

Part I

Overview of Legislative History and Implementation - Donald Torres

New Mexico has instituted a successful comprehensive collaborative of harm reduction policy and practice through a cooperative effort between the New Mexico State Department of Health and private agencies. This presentation includes a historical overview of lobbying and legislation with respect to harm reduction in the areas of prevention; specifically related to HIV/AIDS/Hepatitis prevention via needle exchange. Later developments include a comprehensive hepatitis A and B vaccinations program and most recently overdose prevention, recognition and response including statewide legal naloxone distribution. A comprehensive network of syringe exchange providers has been established and continues to grow (nearly 30 to date) and the statewide effort of naloxone training and distribution is expanding rapidly. To date, nearly 6000 injection drug users have registered anonymously for statewide legal exchange.

Part II

Process, Practice, and Data - Maureen Rule

Through the registration process, a data collection process, that includes demographic profiles of injectors and their injection behaviors, has been in place since the inception of exchange in 1998. The presenter will discuss data collection instruments used and subsequent information gathered from them. In the Spring and Summer of 2002, resurveying registered users has been underway. The preliminary results measuring behavioral change will be given as thorough analysis of this longitudinal study information. Albuquerque Health Care for the Homeless began Opiate Prevention, Recognition, and Response classes in August 2001. This program will be discussed and results of data collection for this program will be given.

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Targeting Harm Reduction In The Transgendered Community In Chicagoland.

Ruys, Daniel *Chicago Recovery Alliance Chicago IL*

Issue: Over the last couple years there has been increasing numbers of trans youth injecting hormonal medicines, prostituting, and facing homelessness due to the lack of services. Very few accessing legal, sterile syringes and services, as well as housing needs. Transgender youth are especially vulnerable to discrimination, disease, shame and stigma due to the lack of safer injection information and services offered to the trans youth and GLBT community as well as housing and non-discriminatory shelters.

Setting: I have been conducting outreach in the trans, GLBT community for three years. I work respectfully and non-judgmentally in the youth community I serve, encouraging all to make any positive change they can incorporate in their lifestyles. Transgender youth services in Chicago are very limited. Services such as housing, employment, food, transportation, and telephone is often inaccessible. Harm reduction in the trans and GLBT community is greatly needed.

Project: Realizing that youth will know where and how to reach each other and that youth will more likely trust their peers in accessing services, I feel confident that the outreach to the trans and GLBT community is effective and appreciated.

Results: A growing number of trans youth each year receive harm reduction with syringe exchange. Many benefit from this although other harm reduction agencies must include their efforts as well in order for this to become a city-wide change with the trans and GLBT communities.

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Media Training 101

Samuels, Shayna Newman, Tony *Lindesmith Center/Drug Policy Alliance New York NY*

How do you generate media attention? How do you keep unwanted media away? What makes a story "newsworthy"? How do you write a press release? Pitch reporters? Build a media list? Avoid being misquoted? Come learn and ask questions.

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Vivencias: An HIV / AIDS Risk Reduction Model for Migrant Latina/o Youth

Sanchez-Hartwein, Miguel E. *National Coalition of Advocates for Students Boston MA*

I. Topic: The National Coalition of Advocates for Students (NCAS) / MANOS (Migrant Assistance Networks for Optimum Systems) a la Obra is a Centers for Disease Control and Prevention (CDC)-funded national youth/migrant -focused organization successfully applying a Capacity Building Assistance model, by working with community based organizations on community mobilization for HIV prevention and intervention, development, implementation and evaluation.

II. Issues: The HIV/AIDS epidemic is having a severe impact on youth and specifically minority youth in high risk situations. In the most recent (1994-1998) and comprehensive study of adolescent and young MSM in the United States, Valleroy et al. found that HIV infection rates were much higher among both African American and Latino men. These results confirm the "compounding negative effects of multiple sources of discrimination making it clear that HIV is spreading not at random, but within pockets of powerlessness and alienation created by social injustice, inequality and oppression" (Diaz and Ayala, 2001). Effective HIV prevention interventions and efforts to organize youth leadership based on scientific models and interventions need to take into account not only culture, language and age, but also oppression, poverty, social injustice and inequality as risk factors which may affect youth HIV risk behaviors. NCAS/MANOS has developed the Vivencias curriculum. Vivencias is a retreat-like training of trainers for organizations and jovenes orientadores juveniles that provide HIV prevention and education services for migrant Latina/o youth.

III. Learning Objectives: By the end of the session participants will be able to:

- o Share methods for reducing and promoting safer sex behaviors among migrant Latina/o youth in high risk situations.
- o Exchange strategies for involving youth community members in developing and delivering culturally, linguistically and age appropriate HIV prevention interventions for youth.
- o Engage in a dialogue on how to identify and connect youth leaders to address effectively HIV infections and risk reduction strategies in their community.

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DanceSafe- Up off the Floor.

Santamour, Tim Martin, Melissa Scott, Tracy Ford, Kathy Messer, Nathan Schmidt, Jamie *DanceSafe*

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DanceSafe is a peer-based harm reduction education program targeting youth who attend raves, nightclubs and circuit parties. This workshop will provide attendees with a knowledge of DanceSafe's goals in providing non-biased information on the harms and effects of drugs used in rave and nightclubs, as well as drugs used by youth outside of these settings. We will cover popular education tactics on developing materials, DanceSafe's unique style of outreach, and our controversial adulterant screening program.

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YouthCO HepCATS: Integrating Hepatitis C Programming into HIV/AIDS Service Organizations

Sargeant, Sheena Jones, J. Evin *YouthCO AIDS Society Vancouver BC CANADA*

Recent studies show that HIV/HCV co-infection among youth is on the rise. Street-involved youth and youth who use intravenous drugs are especially at risk. YouthCO's Hep CATS (Hepatitis C Advocacy, Training and Support) Project aims to provide support services and prevention education initiatives to youth living with and at risk for HIV/HCV co-infection.

This workshop will examine strategies in a) overcoming barriers in HCV program development and expansion, b) increasing the capacities of HIV/AIDS Service Organizations to respond to the HCV epidemic, c) providing support to HCV-positive youth, and d) developing effective youth-targeted HCV prevention education programs.

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Counseling and Case Management for People with Hepatitis C

Schlanger, Karen *Department of Health New York NY*
Shalev, Noga Goldstein, Alison

Learning Objectives:

By the end of this session, participants will be able to:

1. Describe concerns of people living with HCV and strategies used to educate and care for themselves, reduce the likelihood of disease progression and prevent transmitting the disease to others.
2. Within a harm reduction framework, describe key components of educational and counseling messages for people recently diagnosed with hepatitis C.
3. Describe strategies for and identify barriers to effectively counsel people with hepatitis C.

Background:

Hepatitis C virus (HCV) is a major public health problem for people who inject drugs. An estimated 60-90% of active injectors are infected with hepatitis C (length of time injecting and geographic location are major determinates). Approximately 25% of HCV chronic infections develop into advanced liver disease - substantial alcohol consumption and co-infection with HIV dramatically increase the likelihood of disease progression. Developing behaviorally-based, effective counseling messages and strategies to educate people infected with HCV is an essential step to accessing medical care, slowing disease progression, preventing further transmission, and living meaningful lives.

Panel components:

1. "Living with Hepatitis C" film screening, New York City Department of Health:
A short film (17 min) developed by the New York City Department of Health for people recently diagnosed with HCV will be shown and responses to and uses of the film will be discussed. The film interviews people living with HCV and their providers (hepatologist, social worker, harm reduction educator), and

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describes basic information about HCV, its treatments, coping strategies, and within a harm reduction framework addresses ways to reduce the likelihood of disease progression and how to prevent infecting others. This educational film is intended to document people's experiences while providing hope and information related to HCV disease.

2. Hepatitis C Case Management, Multnomah County Health Department: Multnomah County Health Department has developed a unique hepatitis C integration program that includes short-term multi-infectious disease case management, counseling, and patient education. County health department clients testing positive for hepatitis C through outreach activities (i.e. corrections, needle exchange sites) and STD clinical services are referred to an on site social worker. Social work interventions aim to facilitate client access to state insurance programs, Hepatitis A and B vaccinations, primary medical care, alcohol and drug assistance services, and other basic needs programming. This county integration program will be briefly outlined, including client-identified concerns/issues and social work strategies implemented to assist clients with basic information, counseling and referral needs.

3. Hepatitis C Counseling at a Harm Reduction Center, New York University Medical Students: Medical Students from New York University School of Medicine have developed an innovative hepatitis program in collaboration with the Lower East Side Harm Reduction Center. Hepatitis services are coordinated by medical students and offered to all harm reduction clients on site. Services offered include: hepatitis A, B and C screening and referral, pre and post-test counseling, and hepatitis A and B vaccination. Strategies and experiences counseling clients infected with hepatitis C will be discussed with particular focus on messages around self-care and safer injection technique.

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Young Women and Club Drugs - Seeking Answers to our Unique Health and Social Issues

Schmidt, Jamie Martin, Melissa *DanceSafe*

Young women face many serious decisions and issues. If we use drugs, determining answers to the unique questions facing us becomes extremely difficult. The War on Drugs has made it entirely taboo to ask questions like:

How will Ecstasy change the effectiveness of my Birth Control?
I was using Speed when I found out I was pregnant – have I harmed my baby?
My boyfriend and I took the same dose, why did I get sick?
Why am I losing/gaining weight?

This forum will present some of the most common questions, explore any current information regarding these issues, and seek methods to get these questions answered. Women with questions or answers, those who are researching similar topics, and anyone interested in sharing their experiences are all welcome to this forum. It is our hope that out of this forum will come an organized effort to seek answers to these questions and make the information widely available. Focus will be on "club drugs" (particularly Ecstasy, Speed and Cocaine) and their use by young women in the club and rave communities; however, many of the related issues are experienced by all women who use drugs.

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Community Participation — The Hepatitis C Community Planning Group Experience in Multnomah County, Oregon

Schmitz, Virginia *Multnomah County Health Department Portland OR*

Learning Objectives:

1. By the end of the session, participants will be aware of Multnomah County's experience of forming and implementing a community planning group.
2. By the end of the session, participants will be familiar with the outcome of the needs assessment recently completed by the Hepatitis C Community Planning Group.

Background/Rational: Hepatitis C is a major public health concern nationally and locally. In Multnomah County alone, it is estimated that from 12,000 to 15,000 people are infected with the virus. In response to these high numbers, the Multnomah County Health Department was charged with developing and implementing a Hepatitis C Community Planning Group (CPG) that ensures a community response to the growing problem. The CPG is modeled after HIV Prevention Community Planning and reflects the belief that collaboration by community members can best determine how to respond to local issues, priorities and needs related to the prevention and care of individuals living with/affected by Hepatitis C.

Objectives: To share experiences and challenges in developing a hepatitis C community planning group and conducting a needs assessment to survey providers and clients around hepatitis C prevention, care and treatment issues; to share experiences and explore new strategies to effectively involve community members at risk for or infected/affected with hepatitis C in the planning process.

Methodology: Hep C community planning in Multnomah County came about through Health Department collaboration with community activists and taking on Hep C community planning as a public health initiative. The needs assessment itself was administered using several different methods including by mail, in group settings and in one-on-one encounters. An MPH graduate student assisted with compiling and analyzing the data.

Results: The results of the needs assessment will be presented and how they will be used to inform the next step of community planning, i.e., gap analysis. This will ultimately result in development of a Hepatitis C strategic plan for Multnomah County.

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Increasing Community Options for Safe Needle and Syringe Disposal

Schwartz, Laurie *National Alliance of State and Territorial AIDS Directors Washington DC*
Lentine, Danni *Atlanta Harm Reduction Coalition*

Issue: At least 3 billion injections are administered yearly outside of health care settings. Approximately 2 billion of these injections are attributed to people living with diabetes and to patients receiving home health care. About 1 billion of these injections are attributed to injection drug users (IDU's). Together, these "self-injectors" generate billions of used syringes each year, many of which are unsafely disposed of in household trash and community solid waste, posing a health hazard to workers and the public. A surprise encounter with a used needle or syringe can cause intense fear of injury and of exposure to blood borne pathogens such as HIV and hepatitis B and C. The fear of improperly disposed syringes in a community is often used as a barrier against the implementation of needle exchange programs. However, the options for safe community disposal of used syringes and needles are limited and poorly understood. In response to this issue, a diverse coalition of national organizations, businesses and government have joined together to support increasing community options for safe syringe and needle disposal.



Learning Objectives: This presentation will increase knowledge and awareness of three national disposal initiatives: 1) The Association of State and Territorial Health Officials (ASTHO), the American Pharmaceutical Organization (AphA), the American Association of Diabetes Educators (AADE); the American Diabetes Association (ADA), the National Alliance of State and Territorial AIDS Directors, (NASTAD) and the American Medical Association (AMA), have written a joint letter in support of increasing community options for syringe/needle disposal; 2) State environmental regulations and state laws as they relate to drug users disposing needles/syringes are being collected for state and local use; and 3) a 501 (c) 3, Coalition for Safe Community Needle Disposal, has formed. to increase awareness of this issue and to promote solutions at the local, state and federal levels.

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Strategies to Secure and Implement Hepatitis A and B Vaccination Services for High Risk Adults

Schowalter, Laurie *National Alliance of State and Territorial AIDS Directors Washington DC*
Torres, Donald *New Mexico Dept of Health Albuquerque NM*
Badsgard, Tracy *Centers for Disease Control and Prevention Atlanta GA*

Background: Every year in this country an estimated 76,000 new hepatitis B virus (HBV) infections and approximately 180,000 new hepatitis A virus (HAV) infections occur, despite the existence of safe, effective vaccines. Vaccines to prevent HBV and HAV infection have been available in the United States since 1981 and 1995, respectively. A national program to immunize infants at birth against HBV has been in place since 1991; however, there are still no federal funds specifically marked to provide HAV and HBV vaccine to at-risk adults receiving public health care services. A lack of HAV and HBV vaccine in settings such as HIV and STD) clinics, corrections, syringe exchange programs (SEP's) and other harm reduction sites results in missed opportunities to prevent disease: 33% of persons with acute HBV infection have been previously treated for an STD and 25% have been previously incarcerated.

Methodology: This presentation will discuss adult vaccine policy issues, discuss the challenges and successes of programs integrating HBV and HAV vaccine and services into existing harm reduction programs, and highlight the experience of the New Mexico HIV/AIDS/Hepatitis program in administering vaccine at harm reduction sites across the state.

Learning Objectives: Participants will learn the epidemiology and vaccination strategies for HBV and HAV, understand the different federal funding streams for vaccine and how federal immunization grant programs function, and gain strategies for implementing HBV and HAV vaccination programs in harm reduction settings, and learn strategies to advocate for additional hepatitis A and B vaccine for high-risk adults.

Results: An overview of national funding targeted for hepatitis A and B vaccine for high-risk adults will be discussed as well as strategies that can be used to advocate for additional funds. Overviews of specific vaccination programs in harm reduction settings will be provided and the challenges and successes of these programs will be highlighted.

1 Individuals at increased risk for HAV infection include illicit drug users and men who have sex with men (MSM); HBV, a sexually transmitted and blood borne infection, poses a risk for MSM, persons with multiple sex partners, and injection drug users (IDU's).

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Challenges to HIV and Hepatitis Prevention

Scofield, Julie Schowalter, Laurie *National Alliance of State and Territorial AIDS Directors Washington DC*



Issue: In the third decade of the HIV/AIDS epidemic, prevention advocates and practitioners face an even more challenging environment for HIV and hepatitis prevention. From allegations of misdirected funding and failed programs to an environment lacking in interest in HIV and hepatitis prevention, HIV and hepatitis prevention is at a crossroads.

Learning Objectives: This presentation will increase knowledge and awareness of current HIV and hepatitis prevention policy issues. Topics to be discussed include: critical HIV and hepatitis legislation and funding; strategies for advocating in a changed political environment; and the landscape of national organizations working on hepatitis and HIV/AIDS issues. Speakers will provide background on key issues and a facilitated discussion will follow.

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Adaptive Strategies Used by IV Heroin Users to Resist Stigmatization

Scott, Anna Basich *University of Washington Seattle WA*

Objective: Self-injection of an illicit drug alludes to the crossing of an irreversible social threshold that leads to the stigmatization of IV drug users. This paper presents the results of a study of current IV heroin users in Seattle. It describes the range of adaptive strategies employed by them to maintain self-esteem and an identity separate from that of a "junkie" in the face of overt stigmatization.

Methods: Data were derived from extensive participant observation, personal interactions, and in-depth interviews in the form of retrospective narrative accounts about heroin users' initial IV injection experience and subsequent heroin use. Participants were 26 current heroin injectors, recruited from two Seattle Needle Exchange sites, ranging in age from 15-68 years old, and who have been injecting from 1-52 years.

Results: Findings from the study suggest that violating a cultural taboo through the act of injecting an illicit drug holds considerable personal meaning for heroin users, and leads to the internalization of powerful negative imagery and attitudes. As a result, drug users employ various compartmentalizing strategies to separate heroin injection and its stigma from other parts of their identity. One way to establish self-worth and maintain the identity of a "good" person is to stigmatize someone else. Participants described personal "rules" and a "bottom line" as boundaries that demarcated them from other drug users, effectively establishing a more elevated position for themselves within the hierarchical schema of social ranking.

Conclusion: This study posits one way in which our cultural danger beliefs and fear of pollution assist in the stigmatization of IV heroin users. Through the identification of strategies that protect or adjust behavioral boundaries, it provides insight into the actions and conflicts of IV heroin users as they attempt to avoid acknowledgment of their marginalized location outside the prevailing culture, and distance themselves from the painful recognition of the meaning and social consequences of being a heroin user.

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Title: Harm Reduction: Reducing the Harm Inflicted by Health Care Providers

Scott, Anna Basich *University of Washington Seattle WA*

Objective: This presentation is an abridged report of findings from an ethnography of current IV heroin users in Seattle. It examines the context surrounding IV heroin injection and corresponding need for accessible health care. The tension between abstinence as a criterion for eligibility to receive certain health care services and limited resources is explored as a human rights issue.

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Methods: Data were derived from extensive participant observation, personal interactions, and in-depth interviews in the form of retrospective narrative accounts about heroin users' initial IV injection experience and subsequent heroin use. Participants were 26 current heroin injectors, recruited from two Seattle Needle Exchange sites, ranging in age from 15-68 years old, and who have been injecting from 1-52 years.

Results: Over half of the sample had been formally diagnosed with at least one psychiatric disorder for which they were not currently receiving treatment, and all had acute and chronic medical conditions that required medical treatment. Participants discussed their experiences in various health care settings, and identified the need for abstinence, negative attitudes from medical personnel, and personal shame as persistent barriers to accessing health care and other support services. They also described feelings of futility associated with drug treatment, both with regard to access and effectiveness. Participants reported being immobilized by barriers, and ultimately disinclined to deal with care systems in which they felt both hopeless and powerless.

Conclusion: Untreated medical and psychiatric disorders, particularly depression and a sense of futility, are significant factors in whether or not IV heroin users seek health care services, and/or are motivated to maintain safe injection practices. Health care providers need to consider the social and political agency required for those who are disempowered to make behavioral change, and work toward the removal of significant barriers, such as untreated mental health conditions and limited drug treatment. Further exploration of the rationale for abstinence as a requirement for psychiatric treatment is needed.

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Providing Naloxone to IDUs Can Save Lives.

Seal, Karen H. Hammond, Jon Paul Ciccarone, D Downing, M Thawley, R Edlin, Brian Bamberger, Joshua
University of California San Francisco / Urban Health Study and San Francisco Department of Public Health

Aim: Hundreds of preventable heroin-related deaths occur each year in San Francisco. This intervention aimed to reduce heroin overdose deaths by training heroin injectors in resuscitation techniques and the use of naloxone (an injectable opiate antagonist).

Methods: The Urban Health Study developed an overdose management training program in partnership with the San Francisco Department of Public Health and the Harm Reduction Training Institute. Beginning in August 2001, 24 heroin injectors underwent 8 hours of education and skills training including heroin overdose prevention, resuscitation techniques, and the administration of naloxone. Participants were followed for 6 months thereafter.

Results: From 9/01-2/02, participants directly experienced or intervened in a total of 23 reported heroin overdose events and actively performed resuscitation in 21/23 (91%) of these events. Participants administered naloxone in 14/23 (61%) overdose events. Of these, naloxone was used alone 3/14 (21%) or in combination with rescue breathing or CPR 11/14 (79%). Naloxone was not administered by participants in 9/23 (39%) overdose events. In 7 of these 9 cases (78%), participants performed CPR and rescue breathing, and/or called 911. Overall, of the 23 reported events, participants reported 2 deaths. One death was attributed to a variety of underlying medical problems and the other death, while reported, has not been confirmed by authorities. All 14 participant interventions with naloxone were successful.

Conclusions: Providing naloxone to IDUs can save lives, by putting first-responder tools in the hands of those closest to an overdose situation.

Contact:
Seal, Karen H.

Harm Reduction and the HIP-HOP Culture

Searcy, Paul *New York NY*
Fordham, Gregory *Hampton-Newport News, Community Services Board*

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This workshop will focus on Harm Reduction strategies related to youth involved in HIP-HOP culture. Much of HIP-HOP or Rap Music sensationalizes drug use, drug selling, wanton sexual activity, and normalizes incarceration for young men of color. This workshop will teach service providers the language and culture of HIP-HOP and how to provide relevant, substantive, harm reduction services.

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Safe Injection Rooms: A Public Health Measure

Sepulveda Villarini, Solomon *Iniciativa Comunitaria Hato Rey PR*
Henriquez-Pabon, Rolando *Iniciativa Comunitaria*

During the past 15 years the epidemics of HIV/ AIDS and Hepatitis A, B and C among the population of injection drug users has been alarming. The statistics from the Department of Health in Puerto Rico, reveal that HIV infection rate among injection drug users is fifty percent. There is no available data or statistics on Hepatitis rates among injection drug users. Different strategies has been established, such as the needle exchange program Punto Fijo sponsored by Iniciativa Comunitaria Inc. which encompasses a harm reduction model. Our presentation is based on the description of a new modality of service implemented in Puerto Rico. This is a pilot program to service the population above mentioned. It is called Safe Injection Room, with an emphasis on health care and harm reduction, and is probably the only one of it's kind in America.

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Reframing the Picture: Integrating Youth Development Principles into Substance Use Education

Shankar, Anita *HIFY San Francisco CA*
Ranger, Amy

Come discuss how to integrate youth development principles into substance use education programs! Our fun, interactive presentation will introduce HIFY's perspective of substance use education- one that challenges deficit-based approaches and is applicable to all youth, regardless of previous, current, or future substance use. HIFY's holistic approach to health education views young people as high potential persons rather than as a high-risk category for substance abuse and disease.

We will explore youth development theory and its implications for both health care settings and youth agencies. By creating a safe space for people to share information and build skills, we will present some of our lessons from the road, facilitate small group discussions and exchange best strategies. By the end of the discussion, you will be able to define the principles of youth development, challenge deficit-based perspectives in our communities and curricula and identify how youth development can be integrated into substance use education.

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Families and Offenders: Shifting the Paradigm in the Criminal Justice System

Shapiro, Carol *Family Justice New York NY*

America's war on drugs is effectively a war on poor families. For the poor drug user, treatment is provided through the criminal justice system and relapse is punished with incarceration. Of the two million U.S.

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prison inmates today, nearly 80 percent are substance involved and few receive treatment in prison. Of the additional four million offenders under community supervision (probation or parole), fewer still receive aftercare services to help prevent relapse and recidivism, or to assist with community reentry. Research indicates that a majority of untreated parolees with a history of substance use return to drug use and criminal activity within three months of release. Over seven million children have a parent in jail or prison, or a parent who is recently released and under community supervision.

Families and neighborhoods are often destabilized by cycles of relapse and incarceration. Our nation's current approach does little to counter these potential harms. Poor families struggling with a loved one's addiction must navigate a labyrinth of criminal justice and social service agencies and myriad problems often related to addiction, including unemployment, eviction, HIV/AIDS, domestic violence, and physical and mental illness. Moreover, families often experience shame and stigma, thus exacerbating other problems and isolating family members from the support systems that might be available to them. Too often, we only think of the individual offender and not the context in which he or she lives. This presentation will highlight the forgotten victims of our nation's criminal justice policies, but also the inherent strengths and supports that families can provide to offenders.

Our research reveals that if supported, the family can help the offender to succeed in the community. At Family Justice, we have found that when supported and respected by law enforcement, family members can overcome some of the shame and stigma associated with criminal justice involvement, substance abuse, and mental illness. The presentation will include findings from our research evaluation; those findings show that our family- and strengths-based approach enhances outcomes for both drug offenders and their families by reducing drug use in all categories, reducing the number of re-arrests, and by improving treatment outcomes.

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The Anti-Burnout Workshop

Shaw, Patrick *Breakaway Van Program Toronto ON*

An interactive workshop on burnout that provides front line volunteers, workers and participants with the information about burnout (causes, symptoms, prevention etc) and the practical tools to deal with it. This workshop will be participatory in nature and is intended to demonstrate various ways of taking better care of ourselves and our co-workers. Ideally, this will be an uplifting, informative, fun workshop and provide a place for participants to rekindle their enthusiasm and energy.

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Drug Use In Russia: Cross Cultural Differences

Sherifova, Elvira *Lower East Side Harm Reduction Center, Needle Exchange Program New York NY*

Here at LES we believe that the issues of drug use are global issues that affect different countries throughout the world. Our success in HIV prevention encouraged us to embark on a partnership with a Russian charitable foundation for the purpose of helping our colleagues to fight a rapid spread of HIV infection.

In 1995, available data indicated that there were 500 reported cases of AIDS in Moscow. As of December, 1998, surveillance data indicates that there are 12,500 AIDS cases in Moscow. Furthermore, ninety percent or more of these cases are directly or indirectly related to injection drug use. (WHO surveillance data.) New York City saw a similar exponential increase in injection drug use related HIV during the 1980s. The primary cause of this transmission was the scarcity of syringe available to injection drug users. Syringe

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scarcity necessitated the sharing of syringes, and this sharing involved injection of blood products from used syringes. Interestingly, syringe scarcity seems to be less of an issue in Moscow than in New York City. Drug users interviewed reported that because syringes are available very inexpensively at any pharmacy, obtaining syringes is rarely--if ever--a problem.

What, then, could be the source of such a rapid spread of HIV among networks of injection drug users over the past four years?

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A qualitative study of young injection drug users' experiences with overdose

Sherman, Susan *Johns Hopkins University School Bloomberg of Public Health Baltimore MD*
Strathdee, Stephanie A. Smith, L.

Background: New IDUs appear to be at high risk for overdose. This qualitative study examined overdose experiences among new injectors and their personal friends.

Methods: Twenty in-depth qualitative interviews were conducted with young IDUs (ages 18-29) who had begun injecting within the prior three years and were participating in a larger prospective study of HIV risk behaviors in Baltimore, MD. Interviews were tape-recorded.

Results: Participants were: 56% male; 95% white; had a mean age of 24 years; and began injecting at an average age of 22. Seven participants had overdosed, 2 of whom did so the first time that they injected because of injecting too much heroin. Five had friends present during the overdose who helped them come back, and two participants took friends to the hospital. Only one had taken Naloxone as treatment for their overdose; the remainder didn't know where to obtain it. Thirteen had friends who had had an overdose, seven of whom had been present during their experience. Of these, 5 tried to resuscitate their friends, with only 1 calling the paramedics. When probed why they did not take their friends to the hospital or call the paramedics, participants discussed their fear of the police.

Conclusions: The frequency of overdose among this small sample of new IDUs is alarmingly high. This study suggests the importance of training newly initiated IDUs in overdose prevention and treatment. Fear of arrest during an overdose is grounded in their negative experiences and needs to be addressed in overdose prevention programs.

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HIV risk reduction behaviors among secondary syringe exchangers: Their natural role in HIV prevention efforts among IDUs

Sherman, Susan *Johns Hopkins University Bloomberg School of Public Health Baltimore MD*
Bareta, J. Strathdee, S. A. Huettner, S. Valente, T.W. Vlahov, D. Sheperd, M.

Background: Secondary exchangers may play an important role in increasing sterile syringe coverage to IDUs who do not attend syringe exchange programs (SEPs). We compared HIV injection risk and syringe disposal practices between high (HVEs) and low volume exchangers (LVEs).

Methods: All syringes exchanged at the Baltimore SEP from 08/94-02/97 were barcoded. IDUs participating in a cohort study during this period underwent semi-annual HIV testing and interviews on injection behaviors and needle disposal. Cohort and SEP data were linked to examine characteristics of exchangers. HVE classification was based on 6 aspects of frequency and volume of syringes exchanged.

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Generalized estimating equations were used to model syringe risk and disposal behaviors associated with high volume exchange.

Results: Of 561 IDUs, 77% were male and 90% were African American. Median age and duration of injection drug use were 40 and 21 years, respectively. HVEs represented 20% of the sample (n=110). Compared to LVE (n=451), HVE were more likely to return SEP syringes to the SEP (32% vs. 22%, $p = 0.001$). Of more than 120,000 syringes obtained from the SEP, HVEs obtained 77% and returned 82% of all exchanged syringes. HVEs were more likely to be speedball injectors (AOR 1.9, 95%CI: 1.08-3.4), to inject more than twice per week (AOR=1.7: 95%CI: 1.12-2.67), to always use their own syringes (AOR=1.6, 95%CI: 1.04-2.42), and were less likely to use shooting galleries (AOR=0.52, 95%CI: 0.28-0.98), dispose of syringes unsafely (AOR = 0.31, 95%CI: 0.23-0.41) or test HIV positive (AOR=0.53, 95%CI: 0.32-0.88).

Conclusions: HVEs accounted for the majority of syringes exchanged at the SEP. In spite of injecting more frequently, HVEs were significantly safer in their needle behaviors and were half as likely to be HIV+ compared to LVEs. This study suggests that syringe limits at SEPs should be discouraged. HVEs appear to have a natural role in HIV prevention programs targeting IDUs.

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Conversations with Puerto Rican High School Students

Sierra, Elizabeth M *San Juan PR*

The generation of the 1990's is considered the most educated generation about drug abuse and prevention. Teens in the 90's have had more drug use than any other generation, so much so that the drug use in teen population has normalized. Our purpose is to uncover factors that influence opinions, behavior, or motivation. In pursuing this, we must first educate ourselves about drug use among young people by listening to what they have to tell about their lives. This focus group project will be conducting an exploratory study on the beliefs about alcohol, tobacco, and other drugs use between tenth and eleventh grade students in Puerto Rican Private High Schools.

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Sex, Drugs, and Rock-n-Roll: Methamphetamine Use among Gay Men

Siever, Michael *The Stonewall Project San Francisco CA*
Kingston, Susan *Seattle-King County Dept of Health*

Although use of methamphetamine is widespread among gay and bisexual men in San Francisco, many of these men are extremely reluctant to participate in drug treatment programs. They balk at labeling themselves as "addicts" and do not wish to be viewed as in need of "treatment" and labeled as "clients" or "patients." The use of speed is considered normative in many segments of the gay and bisexual communities. Despite the obvious havoc wreaked in the lives of many by the use of this drug (including the finding that gay and bisexual men in San Francisco who use "crystal meth" are three to four times more likely to become infected with HIV), many still consider indulging in "sex, drugs, and rock-n-roll" to be the hallmark of a gay identity.

Because of the extent of HIV transmission among gay and bisexual men in San Francisco who use methamphetamine, the San Francisco Department of Public Health funded an innovative harm reduction project designed specifically for this population. Culturally competent approaches to methamphetamine use are essential to dealing with this growing problem. Based on the results of focus groups of methamphetamine-using gay and bisexual men and grounded in the Stages of Behavior Change model of Prochaska and DiClemente and the Motivational Interviewing strategies of Miller and Rollnick, the

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Stonewall Project attempts to engage and retain gay and bisexual men who use methamphetamine in an integrated substance use, mental health, and HIV counseling program.

This presentation will describe the application of community-based client-centered approaches, motivational interviewing strategies and the use of the Stages of Behavior Change model in this project. The structure and content of this innovative project will be presented. Material examples of approaches used will be provided with discussion as to its applicability and generalizability to other populations, cultural contexts, other geographical areas, and other drugs of abuse.

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Organización de la sociedad civil: un aprendizaje

Silveira, Carla *REDAMIG/ Redutores de Danos de Minas Geraos Belo Horizonte Argentina Brasil*

Las organizaciones de la sociedad civil nos ponen en trabajos continuados. La diversidad de personas con que todos los días trabajamos hacen con que muchas veces tengamos que aprender a escuchar las diferencias. Trabajando con reducción de daños nosotros de REDAMIG tenemos cada día más ejercitado nuestra ciudadanía. No olvidemos de que trabajamos con usuarios de drogas intentando hacerlos acender a su pleno ejercicio ciudadano. Tenemos muchas dificultades e las articulaciones ni siempre suelen tranquilas pero seguimos. En reducción de riesgos trajando con personas y yunto a personas usuarias y no usuarios, seropositivos o no, quedamos por comprobar que es posible mismo en la diversidad hacer algo de un objetivo comun, producir un bien estar alijado de todo preconcepto moral que tiene por bien exclusivo decir a nosotros: esto es cierto/bom esto es errado/malo. En Brasil las leyes que regen lo uso de drogas hacen de todos los usuario marginales, desde alcohol como tabaco y cocaína; algunos son tenidos como criminales otros como dependientes/incapacitados. Pues que cuando reunimonos y charlamos en grupo sobre estos temas comunes en nuestro trabajo y vida tenemos otras opciones que no la marginalidad mas la inclusión como grupo pensante y ativo; haciendo así que la segregación terminé por cumplir un papel al reves: hacemonos ciudanos y no marginales. Ciudadanos indepedientemente del uso o no uso de drogas que posamos o no hacer. Haciendo cuestiones y invitando la sociedad a la discusión sobre esto.

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Spirituality, substance use, and coping with HIV/AIDS

Simoni, Jane M. *Department of Psychology Seattle WA*

Some researchers have dismissed spirituality as a form of passive or ineffective coping. However, among persons with chronic illness such as cancer and HIV/AIDS, spirituality has been shown to have beneficial effects on both physical and psychological well-being. These benefits may be particularly important for individuals whose lives are affected by the use of alcohol and other drugs. Few researchers, however, have dared tackle the thorny issue of how providers trained in a logical positivist tradition to maintain a value-neutral stance should apply such findings in their research and clinical work with high-risk groups.

In an effort to enhance adherence to antiretroviral medications and adaptive coping among HIV+ adults in the Bronx, New York, we are currently conducting an NIMH-funded randomized controlled peer support intervention study. Trained buddies are assigned patient peers from their clinics and maintain contact with them through phone calls and biweekly group meetings. In addition to providing experiential knowledge and affirmational and emotional support, buddies are trained to provide spiritual support.

In this presentation, we will describe the training of buddies in the provision of spiritual support and reactions to this novel intervention. Based on face-to-face interviews with 136 HIV-positive men and

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women, we will report levels of substance use and spirituality in this population and their affect on adherence to HIV medication regimens as well as psychological adaptation

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Developing political support among legislators for reform of drug sentencing laws

Small, Deborah Drug Policy Alliance New York NY

Domestically, U.S. drug policy is fueled by historical bias against racial minorities used to justify their disproportionate presence in the penal system. The impact these policies have had on social structures and political power in Black and Latino communities has been devastating. As a result of the "war on drugs" poor communities of color have been politically weakened by laws that disenfranchise voters for felony convictions and provide economic incentives for rural communities to embrace prisons as a form of economic development.

Nowhere is the impact of harsh drug sentencing policies more evident than in New York State. In 1973, the state enacted criminal provisions known as "The Rockefeller Drug Laws". These provisions require judges to impose mandatory minimum sentences of 15 years to life on anyone convicted of possessing four ounces or selling two ounces of illicit drugs. As a result of these laws New York currently incarcerates over 22,000 nonviolent drug offenders. Over 94% of those inmates are African-American or Latino. In recent years there has been an organized campaign for reform of these laws. The campaign strategies have included advocacy by family members, aggressive media advocacy, and extensive coalition building. As a result of this campaign, New York's Governor and legislative leaders introduced proposals to reform these laws. This presentation discusses the development and activities of this campaign and its implications for similar reform efforts in other locales.

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Sentencing Reform and Alternatives to Incarceration: Harm Reduction for the Criminal Justice System

Small, Deborah Drug Policy Alliance New York NY

During the past five years there has been a growing sense among many that U.S. drug sentencing laws are excessively harsh and grossly ineffective. This perception has helped fuel the movement of ex-prisoners and their family members, criminal justice advocates, community leaders, clergy and others to promote reform of mandatory minimum drug sentencing laws and the development of alternatives to incarceration. As with most political change, progress has been exceedingly slow and incremental.

This presentation discusses political advocacy and legislative reform from a harm reduction perspective. Specifically, are drug courts, boot camps and other alternatives to incarceration that rely on a coercive approach to drug treatment and rehabilitation consistent with harm reduction philosophy? How should harm reductionists and drug policy reformers respond to such programs? The author discusses these approaches as harm reduction responses by the criminal justice system to the contradictions created by drug prohibition and the possibilities, as well as the problems they present for advancing harm reduction in the United States.

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Tulia, Texas: Scenes from the Drug War

Small, Deborah *Drug Policy Alliance New York NY*

The link between racial discrimination and the "war on drugs", exists not only in the United States but also throughout much of the world. In one country after another racial and ethnic minorities are targeted and persecuted in the name of the "war on drugs." Criminal laws often focus on psychoactive drugs used by minority populations, while other more commonly used drugs are legal, and their abuse properly treated as problems for health care providers, not criminal justice systems. In most countries, racial and ethnic minorities are disproportionately targeted, arrested, prosecuted and punished for drug offenses.

Blacks, Latinos and Native Americans are over-represented throughout the U.S. prison system. However, nowhere in the criminal justice system is the disparity between the arrest, detention, conviction and sentencing of People of Color and Whites more brutally obvious than in the case of the "war on drugs". This presentation features a drug sting in a small town in Texas that clearly demonstrates some of the racial impacts of the "war on drugs". In Tulia, over 12% of the local black population was arrested in one day in a drug sting based on the word of one white man. Many of those arrested were tried, convicted and sentenced to long jail terms. This short film tells their story and the movement for drug policy reform that grew out of it.

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Where People Live: The Place of Family and Household Life in Individual Harm Reduction Strategies

Sothoran, Jo L. *Mailman School of Public Health/SMS, Columbia University New York NY*

Learning about the influences of their environment on drug users and use is important to understanding and reducing the nature of drug-related risk and harm. Specifically, identifying key aspects of the environment that create or encourage harm is a key step in understanding where changes might be made. Most research on drug use and users has focused on individual behavior, and sometimes on situations in which it occurs. There has been less attention to how everyday life shapes both individual behavior and the situations it occurs in. Despite the demonstrated importance of families and living situations in many areas of human behavior, there has been little attention to how they shape behavior among drug users.

This presentation will draw on previous research to illustrate how these important everyday environments can influence harm and strategies to reduce it. A simple model, drawn from basic concepts of housing and family, will be presented as a tool for harm reduction workers to adapt for everyday practice. It can be used to understand the practical consequences of these influences, as a step in working to help individual drug users formulate workable strategies to reduce the harms related to their drug use. Examples of practical applications will be presented, drawn from the topics of syringe availability and exchange, overdose prevention, injection practice, obtaining housing, and reducing drug use.

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What impact will decriminalization of heroin have on urban policing by 2010

Speros, James *San Francisco Police Department Pitt Meadows BC Canada*

This project will address the issues surrounding decriminalized heroin and how it will impact urban policing in 10 years. Policing has often been at the cutting edge of identifying and pioneering problem

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solving solutions in relation to contemporary and future issues. How society reacts to heroin and the people addicted to it has been one such problem in the United States for the last century. The project includes a history of the issue; a future study of the impacts of decriminalized or medicalized heroin on urban policing; three future scenarios; a strategic and transition management plan and implications for the future. The project forecasts nine trends and nine events with a cross impact analysis. The responses to this social, medical and criminal problem shows that the police must have a major role in any planning and implementation to ensure enhanced service and access to society for the client base: the addict. This issue is wrought with emotional controversy, medical and economic impact, legal interpretation, ethical dilemma and unknown social consequences. A controversial solution will be presented and there will be more questions than answers. This project is supplemented with relevant charts, tables, appendices, written source material and personal interviews from the United States and overseas.

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Corrections, HIV, and Addiction: Injection Drug User's experience of incarceration in British Columbia, Canada.

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Introduction: Recent studies of the Canadian Correctional system indicate that HIV/AIDS is becoming more common among federal inmates and that injection drug use within correctional facilities is a regular occurrence. International evidence has shown that HIV risk behaviors within prison are resulting in HIV transmission.

Objective: To qualitatively examine the drug-related harms associated with injecting inside BC prisons. Beyond the risk of blood borne diseases like HIV and Hepatitis C, the other hazards of addiction in the distinct social world of prison were explored including physical violence and further disciplinary action.

Methods: Data were collected through in-depth interviews with 30 corrections experienced male injection drug users. Interviews were conducted in local, provincial and federal correctional centres. Recently released inmates were interviewed outside of the correctional system.

Results: The harms normally associated with drug addiction, drug withdrawal and inconsistent availability of Methadone Maintenance Treatment are exacerbated in prison. Interpersonal relationships and the possession of scarce resources determine access to drugs and the syringes needed to use them. The scarcity of drugs and syringes, and the inflated value of both, has negative consequences upon addicted individuals who are incarcerated.

Conclusions: Unique and elevated risk exists for those using drugs while incarcerated, endless reuse of scarce syringes poses serious health hazards and bleach distribution is an inadequate solution. Comprehensive harm reduction programming must be undertaken to provide appropriate interventions tailored to each correctional institution.

Key Words: incarceration, criminal vulnerability, HIV risk, injection drug use.

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Gender, Heroin and Harm Reduction: Women Receiving Methadone Maintenance Treatment (MMT) in Vancouver, Canada

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Conference Abstract



Introduction: Few studies in Canada offer perspectives on the experiences and challenges of women seeking treatment for opiate addiction. Data from a cohort of 1400 IDUs (VIDUS) in Vancouver, BC demonstrate that while more women than men seek MMT, they continue to engage in high-risk behavior at greater levels than men.

Objectives: To address the question 'Why is it that more women experience drug related harm despite treatment?' this study qualitatively explores the social and cultural contexts of drug related vulnerability for women who seek MMT.

Methods: Data for this study were collected through focus groups and in-depth interviews with a total of 60 MMT-experienced women who inject heroin in the downtown east side of Vancouver. Key themes and issues were identified and entered into NU*DIST an ethnographic software program, to support this analysis.

Result: Childhood trauma, including sexual and physical violence, serves to propel girls and women into environments of risk, including survival sex work. Continuums of drug related vulnerability as adults include: intimate partner violence, sex work-related 'bad dates' and rapes, poly-drug use including cocaine (smokeable and injectable), heavy injection practice and unprotected sex. Qualitative analysis indicates that MMT is considered a survival strategy. Women related that they do not necessarily enter treatment to quit using, rather they considered treatment as a means to help them control the conditions of their drug use, including drug-related harms.

Conclusions: MMT and self-medication through poly-drug use attenuates trauma in women's lives; however, MMT's harm reducing benefits are compromised by the social conditions of women's lives. These results must be acknowledged by practitioners administering abstinence based programming. Further ethnographic research into client motivations and barriers for entering treatment is necessary. The need for women centered non-pharmacological interventions in methadone clinics is underscored.

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How to do Harm Reduction Psychotherapy

Springer, Edith *Edith Springer Associates Brooklyn NY*
Tatarsky, Andrew *Psychologica New York NY*

Clinicians learn in a variety of ways. Didactic training is best supplemented by a true interactive process in which participants can grapple with real life problems that may be unique to their setting.

This workshop will offer participants a chance to ask their own questions and share their answers with each other. The facilitators will also bring sample cases and issues to discuss. Some of the expected topics will include: how to really design a workable Substance Use Management plan with a client; how to manage the boundaries of the relationship, especially when client and therapist live and/or work in similar environments; how to deal with traditional substance abuse treatment providers when your client is also in need of services that only they provide; how to integrate mental health treatment with our knowledge about drugs and alcohol; how to engage a person whose life is chaotic.

The format for this workshop will be interactive, with the participants and the facilitators providing clinical consultation to each other.

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What's Wrong with Drug Treatment in the United States? The Need for Harm Reduction Psychotherapy

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This workshop will discuss the politics that underpin drug treatment programs. The war on drugs, which criminalizes and incarcerates drug users, has a direct impact on how drug treatment is delivered. The addicted are often viewed as criminals who are deserving of harsh punishment or "tough love." Many treatment programs are like boot camps where clients are humiliated, have few rights, and are discharged if they use. We will examine in detail how drug treatment programs operate, what services they offer and who the staff are. Many programs have a policy of only hiring ex-users who are in recovery. We will look at the controversy over who is best suited to work with the addicted - former users or "professionals?"

We will also examine the theory that underpins addiction treatment. The majority of programs are based on the disease model where complete and total abstinence is the only acceptable goal. If clients don't accept this goal they are considered to be in denial and must be "broken down."

Alcoholics Anonymous — and its spin off, narcotics anonymous - are the most well known and respected self help groups. They are also based on the addiction as a disease model. Moreover, religion is understood as a key component to recovery. We will discuss the problems with Alcoholics Anonymous' approach to addiction.

Finally, we will outline an alternative to the current approach to drug addiction treatment based on the principles of harm reduction.

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Harm Reduction as a Tool in Adherence and Treatment Regimens

St. Andress, Michael *DC CARE Consortium Washington DC*

An interactive discussion of the feasibility of using harm reduction principles as a tool in helping people living with HIV disease better manage their adherence to treatment regimens.

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Buprenorphine: A New Tool in Harm Reduction and Treatment

Stancliff, Sharon *AIDS Institute, New York State Department of Health New York NY*

Buprenorphine, a partial opioid agonist is expected to be approved by the FDA for maintenance treatment of opioid addiction as well as detoxification in July 2002. One of the most salient differences from methadone is that buprenorphine will be available from any physician, provided that he or she has undergone training and registration. While methadone is probably superior in several ways this is a significant addition to treatment and harm reduction options. This session will describe the medication and the federal regulations on how it may be prescribed. Information comparing buprenorphine to methadone will be presented as will what is known about interactions with legal and illegal drugs. Participation from those who have used or prescribed buprenorphine will be particularly welcome.

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Ethics, Research and Drug Users

Stancliff, Sharon *AIDS Institute, New York State Department of Health New York NY*



Issue: Development of new modalities in drug treatment is often accompanied by clinical trials. The Institutional Review Board Handbook of the Office of Human Rights Protection states that "The control treatment must be the best standard therapy currently available for the condition being treated." In methadone maintenance it is generally accepted that most patients require 60-120mg daily in order to stop the craving for opioids. Despite these 2 basic principles heroin dependent persons seeking treatment are often randomized to daily doses of 0, 20mg and 40mg. These studies that disregard basic principles of drug treatment pass Institutional Review Boards and are published in major medical journals suggesting that ignorance and stigma surrounding drug use may allow research which endangers drug users to take place.

This presentation will describe several studies in order to stimulate discussion of a) whether illicit drug users have the capacity to freely give informed consent in the environment of prohibition, limited treatment and mistrust of the treatment system and b) whether there is a role for additional guidelines to protect drug users from unethical and dangerous research practices.

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Youth Outreach Educators? Youth Reaching Their Peers

Stanczykiewicz, Karen Sereda, Sharon *Chicago Recovery Alliance Chicago IL*

Issue: Over the last several years there has been an increasing number of youth using injection drugs in the Chicagoland area, but relatively few accessing needle exchange services. Youth are particularly vulnerable to disease, shame and stigma due to lack of IDU experience and factual information, society's undervalue and mistrust of youth, and also youth's developmental tendency to mistrust adults and mainstream institutions. CRA needed a new method to reach young IDUs.

Setting: CRA has been conducting harm reduction outreach with syringe exchange for ten years in Chicagoland. CRA works respectfully with all people, encouraging "any positive change" as a person defines it for herself. Youth services in Chicago are limited and often shaming of drug users, particularly injection drug users. Services such as housing, food, transportation and telephone use are often denied to people who are honest about their drug use and who wish to discuss the issue but are not ready or willing to participate in abstinence.

Project: Realizing that youth will know where and how to reach other youth and that youth will more likely trust their peers in accessing services, CRA initiated a program in which youth ages 24 and under would conduct harm reduction outreach with needle exchange to their peers. Youth are volunteers, receive orientation in harm reduction outreach, and a nominal reimbursement for expenses incurred during outreach.

Results: Approximately 1200 youth ages 24 and under received harm reduction outreach with syringe exchange. Sixteen youth were trained in harm reduction outreach and currently 10 participate in the program. Youth participated in 673 safer injection, safer sex, health and other encounters and 1344 referrals to community resources. Most notable is that youth developed their own methods, location and populations of outreach and have been wildly successful. A group of diverse youth, who may not normally mingle, come together to accomplish this work. However, this diversity, though an overall positive aspect of this program, does present a few difficulties. Successes, failures and on-going struggles will be discussed.

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A Right (to) Pleasure

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Stanford, Kim *Student Thesis Research; University of Toronto Toronto ON*

Harm reduction is presented as the non-judgmental, logical, and humane alternative to the failures of the drug war. However, a critical health sociology examines how risk reduction approaches demand the individual engage in self-governance through endless self-examination, self-care, and self-improvement, furthering the strategies of governmental surveillance and control into every-day (even every-moment) life. This suggests that harm reduction extends the social control of drug use and users even as it also disrupts it. Yet little research has explored drug users' experiences with harm reduction. This is particularly true of youth drug users, even though the drug war is justified as necessary to protect our children, drug prevention programs are almost exclusively targeted at youth, and youth have often been excluded from harm reduction as incapable of managing their drug use or as just too young to be using drugs. Here I present relevant results from my participatory thesis research project with youth drug users, exploring their qualitative experiences with and perspectives on harm reduction. Here, I'll particularly address the constitution of good and bad drug use behaviours and user identities within harm reduction, specifically their intersection with risk and pleasure. Implications for harm reduction theory, policy, and practice are explored, particularly with regards to youth and also 'peer' programming.

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Subjugation of the American Raver: A Threat to Public Health and Safety

Steer, Sarah *DanceSafe San Diego CA*

Presentation that illustrates current targeted subjugation of a youth culture and raises awareness of the potential health and safety risks.

Content will include: Citation anti-rave ordinance legislation, legislation that infringes on promoters rights, as well as previous proposed legislation that controlled the type and availability of information about drugs. Discuss the relationship of how legislation of this kind is a threat to the health and safety of those attending raves. Discussion of how legislation of this kind will push raves further underground and farther away from medical help as well as legislation that restricts or prohibits information on drugs and that may impede the availability of Ecstasy adulterant screening kits. Identification of the health risks associated with raving that included heatstroke, hypothermia, ecstasy adulterants, etc.

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Why Peer Education Works: A view from the field

Steer, Sarah *DanceSafe San Diego CA*

Presentation that advocates Peer Education regarding drugs and safe sex information.

Content will include:

- o Will cite experiences from the perspective of the Director of San Diego DanceSafe, that illustrate how Peer Education and "Just Say Know" campaigns have proven to be effective among youth and the rave and nightclub culture.
- o Will touch on DanceSafe's mission, the concepts of Peer Education and Harm reduction and the relationship of their ultimate goals of informing and empowering youth by having truthful non-judgmental information presented to the youth by the youth.
- o Short video clips of testimonies of persons who advocate peer education.
- o Comparison of the overall effectiveness between groups who utilize scare tactics and "Just Say No" messages as opposed to groups that promote peer-education and harm reduction methods

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Pathways Home: From Harm to Hope for the Homeless

Stellon, Ed Buckingham, Anne Campbell, George Batia, Karen *Chicago Health Outreach/Pathways Home Chicago IL*

Pathways Home provides residential and outpatient services to one of the most difficult-to-reach and underserved populations-people who are homeless, seriously mentally ill, and using alcohol or other drugs.

The program offers a comprehensive, integrated continuum that does not predicate services on abstinence. Street outreach teams typically initiate contact with participants, combing Chicago's parks and visiting shelters, seeking people with untreated psychiatric and substance use disorders. When individuals refuse service, the teams challenge themselves to develop strategies that will engender the trust and motivation necessary to bring the individual in from the cold (or the sweltering heat)-even before he or she has decided to stop using alcohol or other drugs.

The presentation will describe the development and implementation of this innovative program, which is aimed at consumers who fall through the cracks of (or are rejected by) traditional mental health and substance abuse treatment programs. The presenters will focus on funding, harm reduction strategies, and issues related to creating a culture that respects consumers and honors their choices and needs. Workshop participants will be provided with practical assessment and service planning tools, and will leave invigorated by a discussion that brings these dynamic principles to life.

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Motivational Interviewing and the Stages of Change

Stout, Dee *Dee City College / San Francisco State University / Relapse Prevention Systems/ Harm Reduction Therapy Center San Francisco CA*

Goals and Learning Objectives:

The goal of this presentation is to introduce the concepts of the Stages of Change (SOC) and Motivational Interviewing (MI) to a wide variety of health professionals in various settings. MI is an evidence-based practice, a "way of people with people", utilizing clinical best-practices concepts. It is intended to help motivate clients toward self-selected positive behavior change(s) and to build commitment to that change. These goals are accomplished through the exploration of clients' ambivalence and their resistance to individual behavior changes. Through lecture, video clips, transparencies and experiential exercises, participants will come away from this session with specific tools which they may readily use in their work settings.

By the end of the 1-day session, participants will be able to:

1. Identify and define the Stages of Change
2. Demonstrate the concept of OARS in Motivational Interviewing (MI)
3. Name the 5 basic principles of MI
4. Identify the Stage of Change client-patients
4. Describe FRAMES
5. List the ABCs of motivation
6. Demonstrate MI-style questions and responses
7. Name 3 ways to strengthen client-patient's commitment to change
8. Define Motivational Interviewing

"Treat people as if they are what they can be and you help them to become who they are capable of being."
Goethe

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Expanded Syringe Access Program (ESAP): The Bronx Experience

Strauss, Danielle *VIP Community Services New York NY*
 Allende, Carlos E.

The New York State Department of Health (DOH), AIDS Institute designated VIP Community Services as the Lead Agency for the Bronx, to promote the Expanded Syringe Access Program (ESAP). ESAP is a NYS law legalizing the furnishing of syringes without a prescription. As Lead Agency, VIP developed an Action Plan that included:

- o Reaching out to Bronx pharmacies registered with DOH as ESAP providers, to assist them in complying with the law.
- o Raising awareness in the community about the law, locations of registered pharmacies, locations of disposal sites and distribution of Fitpacks (portable Sharps containers), through outreach efforts.
- o Becoming a disposal site for used syringes.
- o Forming a coalition of Bronx-based service providers to further promote the law.

Since January 2002, we completed a survey of registered pharmacies about their knowledge and attitude about the law and assisted them with materials from DOH to help them comply with the law. We also established two disposal units within VIP and integrated information about ESAP into our regular outreach activities. Finally, the Coalition has been formed for the purposes of increasing awareness about the law throughout the Bronx and being able to reach out to more pharmacies more often.

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Connecting the Two Fronts: Collaboration between extra-legal syringe exchange and institutional public health

Sundquist, Dan *Harm Reduction Alliance/New England Prevention Alliance Exeter NH*
 Santamour, Tim *Moving Equipment, Brooklyn*
 Levine, Monte *Independent Program in Washington State*
 Zibbell, Jon *Springfield, MA*
 Grove, Donald *Syringe Exchange Activist, NYC*

According to the 1997 National Syringe Exchange Survey, syringe exchange programs are divided fairly evenly between programs that have some official authorization, and programs that operate independent of city, county or state recognition. Each of the presenters has worked in both capacities and understands the differing forces affecting how each program works with injectors.

Authorized Programs have many more resources, including buildings, vehicles, funding for syringes and disposal, working agreements with police departments, health care resources. Unfortunately, access to these resources is often very inconsistent, and it is a constant battle for authorized programs to maintain very limited funding. Other resources include public legitimacy that allows some programs to participate in community planning for HIV/AIDS prevention or care. Independent Programs have extremely limited resources, but the survey shows they lead the way in vital, innovative models, including home delivery, secondary exchange and peer based syringe access, overdose prevention programs, alternative models to exchange. Many of these models are standard in Canada and Europe for authorized programs, but often occur outside of authorized settings in the US.

This panel will present brief presentations, with the expectation to have discussion. Our objective is to generate dialog among people attending on their diverse models, to affirm the struggles each program is

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facing (whether independent or authorized), to share ideas and experiences, and to identify points for collaboration between different models.

Monte Levine will present on the history of the process of gaining tentative authorization for an independent program in rural Washington, where the local health department claimed that no one else in the country did home delivery. (The Survey shows that 38% of programs do home delivery).

Dan Sundquist will discuss legal difficulties faced by independent groups in Massachusetts that are recognized by authorized programs but still in conflict with local police and courts. Dan will also facilitate discussion.

Jon Zibbell will present on the Springfield User's Council, a user-run, independent program in Springfield, MA. Jon will discuss constructive ways that independent programs can have working relationships with officially authorized programs while maintaining their autonomy and process of self-determination. In addition, he will address the importance and viability of operating a user-run program.

Donald Grove will discuss the advantages and disadvantages of using a registration and ID card system. These systems are common at some authorized programs, and can give the program better access to resources, but essential data provided from these systems is rarely used to benefit either participants or the program.

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Lay Healthcare Workers: Breaking Barriers to Accessible Healthcare

Swanson, Catherine Grant, Jenna *Hepatitis Testing Education and Vaccination (Hep-TEV)/Berkeley Free Clinic Berkeley CA*

One of the largest barriers to providing healthcare to marginalized people, including active drug users and the homeless, are the personnel costs demanded by the medical industry. The traditional medical establishment controls people's access to healthcare by ensuring that only a small number of people are eligible to provide the even the most basic care to their peers. This model has been challenged over the years by a number of entities including needle exchanges and community health care centers like the Berkeley Free Clinic. Berkeley Free Clinic volunteers have provided a number of different health related services for the past thirty years including basic medical care for acute illness, HIV and STD screening services, and hepatitis screening and vaccination services. The model used is one that applies the Freirian praxis to healthcare education in order to provide services that are both harm-reduction based and "meet the client where they are at". Longtime clinic volunteers Jenna Grant and Catherine Swanson will present a "how-to" workshop for creating a model for healthcare services based on the provision of care by lay healthcare workers to fellow community members.

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Bridging the Gap Between the Hospital and the Street

Taylor, Mariss Murphy, Trish *Streetworks Edmonton AB*

Providing high-quality health care for Intravenous Drug Users (IDUs) is challenging for many health care providers, particularly those who work in acute care settings. The world of the hospital is a universe away from the world of the street. In hospitals, some of the biggest challenges is lack of knowledge in dealing with substance use related health problems and stigmatizing attitudes. For street-involved individuals, it is misunderstanding/miscommunication, and lack of knowledge of how to 'work' the hospital system.

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During this presentation, we will describe where the culture of the street and the culture of the hospital collide, and provide tips on how to understand and assist IDUs in receiving the care they need. This presentation will also describe a harm reduction project that is aimed at helping health care providers in a hospital setting understand the viewpoints, needs and culture of IDUs. This unique project was developed through a collaboration of Streetworks and the Royal Alexandra Hospital in Edmonton, Alberta, Canada. We will describe this project in details, including its inception, the goals, the strategies used and the challenges and opportunities which have occurred. We will also share a future vision for the continuation of this initiative.

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Proposition 36 in California: The First 18 Months

Taylor, Whitney Abrahamson, Daniel *Drug Policy Alliance*
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Proposition 36, passed by California voters in November 2000, instituted sweeping changes as to how drug users were dealt with by the state's criminal justice system. Proposition 36 offers persons convicted of non-violent drug offenses the opportunity to receive community-based drug treatment and related services as an alternative to incarceration in jail or prison. In addition, the law infuses over \$660 million in funding for community-based substance abuse services through 2006. Lastly, the law permits the expunging of criminal drug convictions upon successful completion of treatment, to help persons obtain employment and a variety of public benefits. This presentation will discuss the actual impact of the first 18 months of the law's operation, the extent to which harm reduction services have been and can be incorporated into Proposition 36, and critical obstacles that remain to be overcome regarding the successful implementation of Proposition 36 in accordance with harm reduction values.

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Syringe exchange in metropolitan areas: What predicts where and when they are established?

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Background: Since syringe exchange programs (SEPs) have often been unwelcome in US communities, it is important to understand what metropolitan area characteristics are related to when and if a locality has an SEP.

Methods: Overlay maps are used to display the distribution of SEPs. Event-history statistics will analyze this as a time-dependent function of need, political factors, geographic diffusion from nearby SEPs, and social structural variables. Logistic regression models are used to study predictors of which metropolitan areas have any SEPs.

Preliminary results: Indicators of need (HIV prevalence and incidence among IDUs; and proportion of population who are IDUs) are not significant predictors of having an SEP. Predictors were percent of population who are MSM (A.O.R. = 17.9; 95% C.I. = 2.71-118.1), metropolitan area population (A.O.R. = 1.09; 95% C.I. = 1.03-1.16), and laws against OTC sales (A.O.R. = 0.43; 95% C.I. = 0.15-1.24). Maps depicting diffusion will be presented.

Conclusions: Predictors of having an SEP in a metropolitan area seem so far to be political factors (and metropolitan area population size), not need among IDUs. Gay political influence and/or support may well facilitate SEP formation; and laws against OTC sales seem to make SEPs more difficult to set up and sustain.

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Creating Overdose Prevention/Rescue and Naloxone Training Programs: Reflections and Lessons from one San Francisco Intervention

Thawley, Bob *Urban Health Study, UCSF San Francisco CA*
Hammond, Jon Paul *Urban Health Study, UCSF*

Aims: To create a flexible, effective training program to facilitate the safe distribution of Naloxone to users; to pilot the efficacy and safety of Naloxone distribution as a public health intervention; to encourage user prevention-efforts and intervention in heroin overdoses and save lives.

Methods: From May 2001 to February 2002, Urban Health Study piloted a highly structured naloxone distribution program, coupled with intensive training and data collection. Building on a history of clandestine and community-based distribution, UHS engaged in a critical and broad collaboration, to develop curriculum to facilitate legally disseminated naloxone. The result was an interactive and user-empowerment curriculum covering OD precipitants and prevention, OD assessment and rescue techniques, using 911/EMS safely and effectively, and Naloxone administration. Monthly check-in's (both as research tool and supportive contact) and quarterly short "booster trainings" assisted in honing participants' skills and harm reduction efforts, both for themselves and their user networks.

Conclusions: Providing Naloxone to IDUs will save lives, by putting first-responder tools in the hands of those closest to an overdose situation and who may be unable or reluctant to engage EMS. Some combination of intensive skills and empowerment-based training, as well as the option of ongoing contact, is ideal to facilitate Naloxone distribution and maximize its impact. Many psycho-social factors need to be considered in curriculum development and OD-prevention support. Naloxone distribution and training can become a conduit for improved access to social services, user-based prevention efforts, and other comprehensive harm reduction outcomes.

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Bringing Religious Denominations into the Harm Reduction Movement

Thomas, Charles *UUs for Drug Policy Reform Takoma Park MD*

For 30 years, the Unitarian Universalist (UU) denomination has endorsed "heroin maintenance" and other harm reduction measures. UUs for Drug Policy Reform (UUDPR) was founded in 2000 to give public witness to the UU drug policy resolutions. UUDPR advocates that drugs should be a health issue, not a crime.

Our beliefs stem from the universal religious principle of compassion, and we trust in the transforming power of love. Accordingly, drug policies should be non-punitive and non-coercive. We believe that during and after prohibition, the harm reduction principles and practices are the most moral and practical way to address drug use in our society.

UUDPR executive director Charles Thomas has more than a decade of experience in the drug policy reform movement. He currently serves on the Boards of the Marijuana Policy Project and Students for Sensible Drug Policy. Thomas will speak about the moral and religious underpinnings of harm reduction treatment and education, the immorality of prohibition, and what the UU denomination is doing to advocate more just and compassionate drug policies.

Thomas will also talk about UUDPR's efforts to bring other religious denominations into the harm reduction movement -- and what you can do to help. Together, we can bring about peaceful coexistence between drug users, abusers, addicts and abstainers. (See <http://www.uudpr.org> for more information.)

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Working with victim/survivors of sexual violence: A Harm Reduction Approach

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Sexual violence is extremely prevalent in our society and seriously impacts the lives of women and men, leading to long term manifestation of symptoms due to the trauma. According to the FBI, 2001 sexual violence statistics show that 1 in 4 females will be sexually assaulted before the age of 18. The National Crime Victimization Study reports that although a woman is raped every two minutes it remains the most unreported violent crime. In addition, women living in poverty and African Americans are at higher risk for attack and are raped 2.6 per 1,000 versus 1.6 per 1,000 in white women (RAINN, 1999).

Current demographic information regarding drug use cites that illegal drug use impacts the poorest, most marginalized people in the United States (Reinarman and Levine, 1997). Goldberg (1995) cites that major risk factors for women who use/misuse/abuse chemicals are childhood sexual abuse and adult sexual violence victimization. Goldberg argues that standard chemical treatment programs for women minimally address issues of sexual assault/violence and that these treatment programs are based on male processes of recovery, and women with children face enormous problems of access to traditional treatment.

Kirpatrick (1998) cites that a woman's victimization by sexual assault may lead to escalation of substance use, and reciprocally their substance use may increase risk of an assault. This three year longitudinal study of 3006 women supports a vicious-cycle relationship in which substance use increases the risk of future assault and assault increases the risk of subsequent substance use.

Various sexual assault centers and chemical dependency treatment programs may touch on the emergence of chemical health issues as they relate to sexual violence, but are not equipped to address the intense needs that chronic substance users present. It is imperative due to the unique needs of adult women who are victim/survivors of sexual violence and chronic substance users that they have access to programming that meets these needs.

Goals of the presentation.

1. Strategies based upon the Harm Reduction model will be discussed in order to develop trusting and therapeutic relationships with clients who have not benefited from traditional abstinence based chemical dependency programs and have had insufficient support to adequately address the complex relationship that exists between chemical use and sexual violence in other unspecialized programs.
2. Non-traditional services explored will include the intensive case management, in-home services, supportive one-on-one counseling, small group work, advocacy and referral.
3. Application of harm reduction counseling techniques which ensure a client-centered approach in working with victim/survivors of sexual abuse. By empowering clients in goal setting and by continuing to provide support and assistance as their goals change over time, harm reduction counseling is consumer oriented. This focus on consumer choice makes harm reduction counseling "user friendly" for active drug users who are seeking therapy from sexual abuse trauma. It embodies the "low threshold" principle of harm reduction, in which traditional barriers to treatment seeking are removed, including the insistence upon immediate commitment for abstinence as the only acceptable goal.
4. Basic rape prevention techniques and harm reduction strategies will be identified in working with victim/survivors of sexual violence.

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Drugs and Future Trends of the AIDS and Hepatitis C epidemics In Indonesia, 2002

Timah, J.L. *Government Jakarta Indonesia INDONESIA*

Background: Production and consumption of illicit drugs is increasing rapidly in many developing countries despite valiant efforts to reduce demand and supply. Administration of drugs by injection is also spreading rapidly, even in countries where injection equipment is unavailable. The health, social and economic consequences of injecting drug use, including HIV in many countries. Injecting drug use and its adverse consequences are likely to increase rapidly in Indonesia in future years.

Objectives: The paramount aim of national drug policy should be the reduction of health, social and economic costs of illicit drug use. Reducing illicit drug use is one way of reducing adverse consequences of illicit drug use but the benefits of education campaigns to reduce drug demand and law enforcement measure to reduce drug supply are only modest. Police, courts and prisons are expensive. Law enforcement often produces severe unintended negative consequences. In contrast, control of HIV/AIDS repertoire. The multiplier effect of HIV spread from injecting drug users to the general population is at least as great if not greater than for any other risk group.

Methods: When injecting drug use is treated primarily as a health and social issue rather than as a criminal justice problem, far better outcomes are achieved for much less government expenditure. This involves research based drug education, sterile injection equipment availability policies, attractive and effective drug treatment and community development of drug users.

Results: In countries where a public health approach to injecting drug use has been adopted. HIV control has been achieved among and from injecting drug users. Deaths, disease and crime rates have declined and in some of these countries, the number of injecting drug users has also dropped. In countries where authorities have attempted to eliminate injecting drug use by strict law enforcement, such as the United States, HIV control has often been poor. The incidence of hepatitis C among injecting drug users in some countries, including Indonesia appears to be increasing.

Conclusions: Provided that authorities approach illicit drugs primarily as a public health issue rather than as a law enforcement problem, reasonable outcomes can be achieved. Unfortunately, a drug free Indonesia is an unachievable goal and setting this as the national drug policy objective will condemn Indonesia to dreadful outcomes including rampant HIV in the general population. Law enforcement will always have an important contribution to make in a national response to illicit drugs but law enforcement must be balanced by equal expenditure on prevention and treatment. The major barrier to adoption of harm reduction drug policies is an entrenched belief against available evidence of the effectiveness of law enforcement supply control measures and education demand control.

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Designing and Evaluating Science-based programs for rural sex workers and their customers, semi-drivers.

Tkachik, Alice *Sisters and Brothers Helping Each Other Gardner IL*

Issue: In rural areas the customers of sex-workers are semi-drivers. In the U.S., this population is invisible; but a high risk group for HIV as many women sell sex to support a drug habit (Intravenous drug users compete for #1 transmission mode in many areas).

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Project: A peer founded, governed, directed, and staffed agency in the mid-west U.S. delivers HIV prevention based on the harm reduction model to sex-workers and their customers. The service is peer delivered from both the customer's and the sex-worker's point of view; via the citizen band radio, the communication choice of the sex-worker and their customer.

A spread sheet pre-funding evaluation tool is used to assess the need and the specific place services will be delivered. Client satisfaction and behavior change surveys are done at the close of each funding year. By using science based strategies in conjunction with the lifestyle experience of peers, a cost effective, behavior changing HIV prevention program was designed and can be duplicated in a community acceptable way, in a small budget agency, in resistant communities to traditionally invisible populations.

This no fail combination of facts provides service delivery and accountability to funders.

Contact:
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Levels of Prostitution; and the appropriate HR approach to services.

Tkachik, Alice *Sisters and Brothers Helping Each Other Gardner IL*

Are you running into problems reaching sex-workers in your area? Rural, Suburban, or inner city? You need to understand the addictive cycle of prostitution, the levels of involvement, where they work, and how to take your program to them in appropriate Harm Reducing frame work.

This session has two focuses. The first being prostitution, the cycle of addictive behavior and what each participant receives (the working girl, the date and society); and the second being appropriate services to bring and the appropriate way to bring them to each individual in a respectful harm reducing way.

This session differs from many on prostitution by looking at the "why" of prostitution and the "levels" of prostitution; and then taking them to the normal inner city sites but also to rural and suburban areas.

The material presented was not only used in the start up of the agency founded, directed and run by the presenter; but has also been used in effective programs across Illinois, Indiana, Kentucky, Michigan and New York state.

This delivery is appropriate for the entry level program as well as the more advanced.

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Advocating for Medical Cannabis Patients

Toglia, Kenny *New York Medical Marijuana Patient Cooperative New York NY*

Staff members of the NYMMPC will discuss a variety of strategies employed by the organization to advocate on behalf of its members. The staff of the NYMMPC offers support and education to its members as well as their families. Beyond that, members find support and guidance when dealing with parole/probation officers, 12 step sponsors, NYPD officials, as well as case managers. A question and answer session that will include a discussion of creative advocacy in other settings is welcome and encouraged.

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Harm Reduction Coalition 4th National Conference Seattle, WA December 2002
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New York, NY 10009

Disseminating Effective HIV Prevention Interventions for Drug Users: A Cost Analysis

Trentacoste, Nicole *Emory University, Rollins School of Public Health Atlanta GA*

Drug users are at risk for HIV due to both risky injection and sexual behaviors. A number of interventions have been found to reduce risks associated with both drug use and sexual behavior among drug users through harm-reduction strategies. In order to be effective on a larger scale, these interventions need to be translated and disseminated to communities, specifically to community-based organizations (CBOs) that provide HIV prevention services. In order to disseminate science-based service providers can benefit from receiving data on the cost of interventions. The purpose of the present study was to conduct a cost-analysis of a science-based harm reduction intervention for injection drug users and crack users. This study seeks to assist developing diffusion strategies for science-based risk reduction interventions. This study provides valuable data for CBOs choosing among HIV prevention interventions that can effectively serve their clients. The intervention analyzed is a theory-based, cognitive-behavioral, community-level intervention aimed at injection drug users (IDU) and crack-cocaine users that has been proven to reduce risks in a research setting. It has been packaged for dissemination to CBOs, but no data was previously available on the cost a CBO would incur for using this intervention. The cost analysis was conducted using the following steps:

1. Choose a time period for the cost-analysis.
2. Count the clients served during this time period.
3. Inventory the resources, in specific units, required for all intervention activities.
4. Calculate the cost per unit of each resource used.
5. Count the number of units of each resource used in the time period specified.
6. Calculate the total costs of the intervention and side effects.
7. Calculate the expected cost per client served.

This analysis found that the intervention would cost a service provider approximately \$50,000 to implement to 150 clients over 12 months, which is approximately \$335 per client served. Many effective interventions exist in the research literature, but cost data on these interventions is lacking. Program costs are essential for organizations seeking to adopt new intervention programs. If researchers are committed to disseminating effective HIV prevention programs, cost-analyses can greatly enhance their efforts. Cost-analyses can facilitate the dissemination of HIV-prevention programs by helping providers make informed and cost-conscious decisions when considering using science-based interventions. In the long run, by assisting in the translation of research into practice, cost-analyses can have an important and beneficial impact on rates of HIV infection.

Contact:

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Consumer Advisory Bodies: How to Make yours stronger

Troia, Terry *Project Hospitality Staten Island NY*
Savola, Leanne

This interactive workshop will explore models and principles of incorporating a consumer advisory body into your agency's structure. What kind of education do consumers need and want? How are successful meetings run? What are some issues for consumer concern? How do you hold elections? How do you nurture leadership? How does the group set agendas and follow them up? What are some ways consumers and administration can work together? What is the role of the Board of Directors in establishing relationships with consumer representatives?

Contact:

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From Our Mouths to God's Ears: Spirituality as a Harm Reduction Modality

Troia, Terry *Project Hospitality Staten Island NY*
Savola, Leanne

Is God with me when I am shooting up? Yes! Too often, spirituality is seen as the way to living out the 12 steps but never seen as happening to or being nurtured in people who are active in their drug use. This clergy activist who has been working with homeless drug users for eighteen years, will share some of the adventures, techniques and strategies used in a spiritually based harm reduction group that she has been facilitating since March, 1998, at the SHINE Center: a drop in center/day program for homeless drug users living with HIV/AIDS in NYC.

The interactive workshop will invite participants to share their spiritual strengths and struggles and will explore, in concert with the participants, the following concepts:

- o Spirituality as a pre- recovery activity.
- o Introducing prayer as a way of centering, focusing, and relaxing.
- o Making sacred space in an active drug setting.
- o Introducing prayer as a way of making conscious contact with God in the midst of active drug use.
- o Constructing the dynamics for prayer and reflection groups in a harm reduction setting.

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Methadone Maintenance in Transition: Renaissance or Retrenchment?

Vanderkloot, Peter *New York NY*

The methadone maintenance system of centralized and restrictive clinics has long been criticized by patients and advocates of harm reduction. The existing system of federal regulation is in the process of being replaced by a model based on accreditation. The methadone industry is representing these changes as a victory for patients. Many patient advocates fear that these changes will instead result in a retrenchment of the existing system. This presentation will explain and analyze these developments and discuss their potential impact on drug users and the greater community.

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How to Provide Peer Education in a Harm Reduction Setting.

Vera, Henry *Arroyo, Martha Lower East Side Harm Reduction Center (LESHRC) New York NY*

Objective: Educate population on Harm Reduction related to HIV, STI's, TB, Hepatitis, and other high-risk behaviors.

Setting: A 12-week intensive training program consisting of 2 days of training and 1 day of support group. We encourage our peers to create an environment of support, comfort, and be non-judgmental. In addition, they build their self-esteem, a sense of responsibility and self worth. We provide, a stipend, meals, and carfare to and from the program. Upon completion of the program they are given an outing and a Graduation ceremony during which they are presented with a certificate of completion from our agency.

Goals: This is a "stepping-stone". Our Peer Educators are able to become educated and informed. They use this information to educate others in their communities on how to protect themselves and others from HIV and Drug related harm. Peers also encourage others to participate in our Peer Education Program.

Contact:

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Reducing the Harm Caused by the Stigma Of Mental Illness

Von Fempe, Erin *Mental Health Association of Los Angeles County- The Village Long Beach CA*
Bloomgarden, Dena *RRPP*

The stigma of mental illness often greatly disables a person's life. External stigma comes from potential employers or landlords, friends and family. It negatively affects a person's ability to integrate into society and form relationships. Internal stigma can be even more debilitating when a diagnosed person does not see his potential for or right to a fulfilling life. Reducing the harm of the stigma of mental illness is an important step in helping a diagnosed person experience a life that extends beyond a diagnosis.

Psychosocial Rehabilitation is a tool for working with mental illness in the same way that Harm Reduction is a tool for working with substance use. Psychosocial Rehabilitation asserts that an improved life is not solely based on symptom reduction and works to help mental health consumers achieve a better life rather than simply help them reduce symptoms. Psychosocial Rehabilitation principles include focusing on the whole person, acknowledging that all people have the capacity to learn and grow, and believing that people receiving services have the right to direct their own affairs.

In this presentation we will discuss the parallels between Psychosocial Rehabilitation and Harm Reduction and show that they are complimentary philosophies to be utilized together.

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Buddhism and Harm Reduction: The art of compassion

Whalen, Monique *Boulder CO*

In Buddhism "do no harm" is an integral part of right living. In Harm reduction it is the root concept. To be able to meet people where they are at implies a great deal of openness, understanding, non judgement and compassion. It also means one has been able to get in touch with their own pain and suffering and therefore relate to another's. The Buddha's four noble truths given after his enlightenment under the Bodhi tree state:

- o Life is suffering
- o Craving[desire] is the cause of suffering
- o There is an end to suffering
- o The eight fold path

Can those teachings help us deal with the engulfing feelings of helplessness we may encounter in dealing with those suffering from Aids, hepatitis, addictions and also our own?

Can meditation help us to connect with the center of being?

This forum is not offered as a scholarly debate on Buddhism. We all search for ways to make sense of our lives as human beings and the experiential path of meditation is one of them.

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The Parent-Child Assistance Program: A Harm Reduction Approach to Working with Alcohol and Drug Abusing Pregnant Women

Whitney, Nancy *Parent-Child Assistance Program, University of Washington School of Medicine Seattle WA*
Grant, Therese

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Maternal alcohol and drug abuse incurs tremendous costs because of lifelong effects of prenatal exposure on the child's health and because of a compromised home environment. Case management is not enough when working with mothers who experienced many of the same devastating circumstances their own children are now experiencing: familial substance abuse, poverty, violence, and neglect. The problem is exacerbated when community providers perceive substance-abusing women as difficult or impossible.

Since 1991, the Parent Child Assistance Program (P-CAP) has demonstrated successful outcomes using a paraprofessional advocacy model, with the goals of preventing future alcohol and drug affected children and improving family quality of life. The critical component is the personalized, caring support over three years, a period of time long enough for the process of gradual and realistic change to occur.

P-CAP uses intensive case management, beginning during pregnancy, to help reduce the spectrum of risk behaviors associated with substance abuse, and to increase protective factors to enhance health and social well being. The program offers consistent home visitation and links women and their families with existing community resources.

P-CAP has worked with over 500 families statewide. At graduation, 88% had completed alcohol/drug treatment; 46% were currently abstinent from alcohol and drugs for at least 6 months; 77% were using birth control, with 52% using more reliable methods; 25% had delivered a subsequent child. Among these, 80% were either abstinent from alcohol and drugs throughout pregnancy, went into treatment, or stopped using during pregnancy. These outcomes demonstrate P-CAP as an effective harm reduction model that improves the quality of life for women and their children.

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A holistic approach to enhanced HIV/AIDS/STD healthcare and support services for formerly incarcerated and recently released minority women.

Williams, Dana Scott, Karla Betts, Kathia Sharif, Imani Sullivan, Judge James Wajih, Arifah
Blacks Assisting Blacks Against AIDS (BABAA) St. Louis MO

Issue: Developing a comprehensive program to enhance access to healthcare and support services to recently released or formerly incarcerated minority women who are HIV infected or women at high-risk for HIV/AIDS/STD infection and tier partners and families.

Setting: Women are identified through an innovative drug and mental health court, jails; prisons and other community based transitional programs.

Project: The objectives are to: 1) Provide comprehensive discharge planning through a Transitional Case Manager (TCM) who provides access to Care Case Management services (CCM) to an HIV-infected woman. 2) Provide Prevention Case Management (PCM) to a HIV/STD-positive or high risk negative women. 3) Provide comprehensive therapeutic mental health services for women who are HIV positive, high risk negatives and their partners and families. 4) Reduce the return rate of formerly incarcerated women through mandated comprehensive risk-reduction education. 5) Provide direct access to resources/referral programs addressing immediate needs such as substance use, treatment housing, nutrition and primary care and 6) Provide comprehensive education and resources to the incarcerated women's family members and partners.

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Responding to an Emergency: Education, Advocacy and Community Care by Peer-driven Organization of Drug Users

Wilson, Dean Livingston, Ann Peeace, Wallace *VANDU Vancouver BC*

Objectives: In 1997, in response to the emerging health crisis among injection drug users (IDUs) and to government inaction, a group of individuals gathered in Vancouver to form a user-run organization. This group eventually became the Vancouver Area Network of Drug Users (VANDU). This study reports on an effort initiated by Health Canada to describe the genesis, evolution, organizational structure, and activities of VANDU.

Methods: In accordance with VANDU's philosophy we employed a community-based case study methodology. Peer researchers worked with external researchers in gathering data using various methods and sources, including structured interviews, participant observation, and organizational documents. Key informants included founding and current VANDU members, employees, policy makers, funders, and services providers.

Results: While the early organizing work of VANDU focused on political activism and advocacy, the organization has since expanded its activities and now participates on community and government task forces, and provides public health and education programs for IDUs. Current activities include support groups for women with HIV, persons with hepatitis C, and methadone users. VANDU also operates a street- and hotel-based syringe exchange program, and alley patrols that provide care to the most marginalized drug users. At present VANDU has over 1,000 members, and approximately 800 peer volunteers participate in VANDU programs each year.

Conclusions: VANDU has demonstrated that IDUs can organize themselves and make valuable contributions to their community and the community at large. Lessons learned in Vancouver's Downtown Eastside will be extremely valuable for IDU and persons that work with drug users elsewhere.

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Creating a Fundraising Plan

Wingo, Doug *W. Douglas Wingo, Inc. New York NY*

Participants will learn how to diversify and maximize income by creating and implementing a comprehensive and systematic development plan, including foundation and corporate giving, direct mail, major gifts, special events, in-kind donations, workplace giving, government grants, earned income, planned giving and more. Each element will be discussed in detail, with an eye toward developing strategies for successful implementation.

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Getting Grants from Foundations and Corporations

Wingo, Doug *W. Douglas Wingo, Inc. New York NY*

Participants will learn strategies for identifying, researching, cultivating, and soliciting foundation and corporate prospects. We will also discuss how to create a winning grant proposal. Participants are encouraged to submit a sample grant letter proposal prior to November 15, 2002 via e-mail to: doug@dougwingo.com.

Contact:
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Needle Exchange and Difficulty with Needle Access During an Ongoing HIV Epidemic

Wood, Evan O'Shaughnessy, R. Schechter, M. Hogg, K. Li, P. Spittal, M. Tyndall, M. *Centre for Excellence in HIV/AIDS Vancouver BC Canada*

During the mid to late 1990's, Vancouver, Canada experienced a rapid injection drug use-related HIV epidemic, despite the presence of a well-established needle exchange program (NEP). The program's inability to prevent the epidemic has led to persistent questions about the efficacy of needle exchange as a public health intervention. We recently sought possible explanations for persistent needle sharing through an evaluation of the Vancouver Injection Drug Users Study (VIDUS), an ongoing cohort study of injection drug users that began in 1996. In these analyses, the strongest predictor of needle sharing was difficulty accessing needles; those who reported difficulty accessing needles were 3.5 times more likely to report sharing than those who did not have difficulty with access. In the present study, we sought to identify reasons why IDU continued to have difficulty accessing needles despite the NEP. Overall, 761 active injectors were interviewed during the period June 2000 to May 2001. Of these 172 (22.6%) reported having difficulty accessing sterile needles. In a multivariate analysis, frequent cocaine injection and bingeing were associated with difficulty accessing needles. When we evaluated IDU's reasons for difficulty with access, the most common reasons given were the operating hours of the NEP, difficulty meeting the needle exchange van, being away from the area where needles are exchanged, and being refused sterile needles at pharmacies. These findings suggest that programmatic deficiencies related to the operation of the NEP and refusal of pharmacists to sell needles may be primary factors related to difficulty accessing needles.

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Successfully Housing People with Substance Use Issues: A Curriculum

Wright, Kimberly *Corporation for Supportive Housing New York NY*
Ybarra, Maria *AIDS Housing of Washington (AHW)*

CSH and AHW collaborated in the development of this curriculum with Funding Provided by the U.S. Department of Housing and Urban Development HOPWA Technical Assistance Grant. The training was offered for the first time in a regional training in California in the spring of 2001 and at the National AIDS Conference in the summer of 2001. The curriculum has now been used in a variety of training settings and with different audiences. Within this 90-minute session, CSH/AHW staff that has been using the curriculum will discuss:

- o The content of the SHPSUI curriculum;
- o The "ideal" audience for the training curriculum;
- o Educating funders on harm reduction approaches in supportive housing;
- o Educating Public Housing Authorities (PHA's) on harm reduction approaches;
- o How the training has been adapted for different settings and audiences;
- o The principles of behavior-based management, education, community pride and housing retention
- o Problems and barriers in training success and how they have been addressed;
- o How to access the curricula and schedule SHPSUI training with CSH/AHW.

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Needle Exchange in a Small Conservative Southern County

Wright, Thelma *The Wright Focus Group, Inc. Jamestown NC*

Objective: HIV and Hepatitis C continue to infect injection drug users at alarming rates, especially in Black American communities in the southern part of the United States. Needle exchange strategies are a must to slow the infection of HIV/HCV in the south. To date it is illegal to be in possession of a syringe without a prescription under the paraphernalia law in our state

Method: Exchanges are done out of the outreach workers vehicle, in shooting galleries, on the streets, and home delivery is provided. Guilford Exchange Network saves life (GEN) is an underground operation servicing Guilford County since 1999. We do not do one for one exchange because of the law in our area. The program is operated with two half-time outreach workers.

Results: Since September 1999 over 13,900 clean sterile syringes were put in the hands of IDU's that had not had access to clean syringes before GEN. Over 65 HIV/Syphilis tests have been done in the IDU community.

Conclusion Lessons Learned: HIV is not a thought when an IDU is sick for a hit of heroin. However if the IDU have access to clean works they will be used. We must keep a continual supply of clean works to reduce the spread of HIV and HCV in the IDU community. Employees of our health department employee will assist in disposing dirty works and are in support of syringe exchange. The regular IDU's are willing to participate in the development of our program and keep us informed as to what is going on in the street as to who is doing what and the police activities. IDU's care about their well-being as anyone do.

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Harm Reduction is more important in times of the security state

Zeese, Kevin *Common Sense for Drug Policy Washington DC*

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Hepatitis C: From the Outside In

Zevin, Barry *Tom Waddell Homeless Programs San Francisco CA*

Educational materials to run across the phrase "hepatitis C is asymptomatic...." This is false for many people with hepatitis c infection. The spectrum of symptoms and manifestations of hepatitis C is wide. This presentation will present an overview of extrahepatic syndromes related to hepatitis C, the harm and disability they cause, and some suggested approaches to dealing with them. The presenter will speak from the practical point of view of a physician who has worked with homeless people and substance users for the past 15 years. Participants will learn about effects of hepatitis C from head to toe (confusion to neuropathy,)and from inside out (abdominal pain to skin rashes,)and everything in between (bone thinning, lung problems, fatigue....)The presentation will teach how to advocate for recognition of these symptoms from health care providers and disability assessors. The presentation will review approaches to avoiding symptoms, treating symptoms, and the role of anti-viral treatment. The format will allow plenty of time for questions and discussion.

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Harm Reduction Coalition 4th National Conference Seattle, WA December 2002
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Perceived Risks Associated with Modes Of Heroin Use in Homeless/Street Youth

Zoess Purtzer, Marta *Portland State University Portland OR*

Numerous reports have suggested a rise in both non-injection and injection use of heroin in youth populations. The available research suggests that homeless/street youth have a higher risk for drug abuse and unsafe sexual behavior when compared to more conventional populations. However, very little is known concerning the perception of risk and risk-related behavior associated between modes of heroin use in this population. Identification of the variables that may influence homeless youth to engage in risk-taking behavior in relation to modes of heroin use may assist outreach programs in designing risk education and harm reduction interventions for this populations.

The study focused on the perception of risk associated with different modalities of heroin use. Specifically, we compared perception of risk, risk-related behaviors and psychosocial correlates of use among non-injecting (NIU) and injecting (IDU) homeless/street adolescents (N=105).

The authors recruited 50 NIU and 55 IDU homeless/street youth (ages 16-21) in Portland, OR, through two programs at a non-profit metropolitan agency. Data were collected through semi-structured, one-to-one interviews. Information was gathered on demographics, perception of risk, psychosocial characteristics, health and mental health factors.

Results revealed that the mean age for both groups was 19 years. The majority of both groups were Caucasian (72 and 78%, respectively) and male (55 and 64% respectively). The findings suggest that there were significant differences ($p<0.01$) between these groups for perceptions of risks and condom use.

This preliminary study indicates the need for further education about health risks associated with modes of drug use in this population.

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Program Committee

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Fred Johnson, Prevention Works, Washington, DC
Mark Kinzly, Yale University School of Medicine, New Haven, CT
Julia Klems, Urban Health Study/ University of California, San Francisco, CA
Andy Ko, ACLU Drug Litigation Project, Seattle, WA
David Lewis, Brown University, Providence, RI
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Harm Reduction Coalition 4th National Conference Seattle, WA December 2002
"Taking Drug Users Seriously"



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