

Good afternoon. I would like to begin by acknowledging the traditional Aboriginal owners of the land on which we meet today and thank the elders for allowing us to hold our business on their land.

Secondly, you will see that the title for my presentation today is different from the program and indeed I am replacing Tamara Speed as the presenter. Although originally we were going to be presenting today on the AIVL Regional Capacity Building Project funded by AusAID and as part of the HIV Consortium which Mark Bebbington presented on yesterday, I am now not going to be doing that.

The reason is that since submitting the abstract for the presentation and today, there have been some developments in relation to AIVL's planned project and this has meant that we need to take a step back and do some further listening, learning and talking with key stakeholders in the region before the project can proceed further. In this context, AIVL believed that it would be disrespectful to that process and the people involved (some of whom are here in this room today) for us to present in a forum such as this on the project before those consultations occur.

So, in that context, instead of talking specifically about any capacity building work AIVL may or may not be involved in the future I thought that I would use this time to just highlight a few issues that I see as being critical to the success of harm reduction approaches globally, including Asia. To do this I want to look at some of the:

1. Key global themes and issues for drug users; and then
2. Drill down a little to look at some of the specific challenges for harm reduction in the Asian context, not, as an expert on development issues in Asia, but quite simply from what I see and what I hear when I sit in presentations by my peer colleagues from Asia and as a drug user myself and someone who has been working in harm reduction and drug user activism for a while. They are some observations if you like. Yours to take or leave...

Global Themes for Drug Users:

As I have already said, it seems to me that there are some very common, re-occurring themes that we hear whenever drug users are given the chance to speak for themselves. Over the years I have heard some truly inspiring and very brave presentations by drug users talking about their lives and the lives of their peers and when they speak what do they say?

Regardless of where they come from they invariably say drug users are:

- Discriminated against;
- Brutalised and harassed by police;
- Ostracised from mainstream society;
- Criminalised by unjust drug laws;
- Routinely imprisoned in inhumane conditions;
- Isolated from family and friends;
- Treated poorly by many health services;
- Stereotyped as untrustworthy and dangerous;
- Prevented from taking control of their health and wellbeing;
- Are left vulnerable to life threatening diseases that are entirely preventable; and ultimately

- May even be sentenced to death in too many countries.

It is indeed a serious list of serious grievances and as a drug user I believe it is time for us to say “enough is enough!” How many deaths are enough, how many people in prison are enough, how many HIV, hepatitis C, TB infections are enough, before we as a global society collective say, the price of our current approach to illicit drugs is too high. That drug users are part of our communities. That they are our siblings, our children, our parents and our friends and we want people who use illicit drugs to be able to live their lives free from stigma, discrimination and health and human rights violations and we want them to be treated with basic dignity and respect.

More recently, drug users from across the world have increasingly been speaking up on their own behalf. We are currently in the process of establishing an international network of people who use drugs (INPUD). In Asia also, the drug user voice is starting to be heard – we have heard some of them here. Some countries have established drug user organisations and in others fledgling networks or small groups of individuals are starting to come forward. Countries with varying levels of drug user organising including Indonesia, Nepal, Thailand, India, Cambodia, China, Philippines and Burma. But this voice and the work these groups, networks and individuals are trying to do cannot exist in a vacuum. Drug user organisations need supportive and enabling legal and policy environments in which to survive let alone thrive.

Which brings me to the topic of harm reduction and the need to strengthen and expand it as a just and humane alternative to the current prohibitionist approach to illicit drugs. We have heard in many sessions over the past few days about how harm reduction programs and initiatives are being rolled out and scaled up in numerous Asian countries. But we have also heard that it is not all smooth sailing and that there are many barriers to implementing harm reduction approaches in the Asian context. So what are some of those barriers or challenges...?

Barriers to Harm Reduction in Asia:

○ Lack of Human Rights for Drug Users

The link between successful harm reduction responses and human rights of drug users is fundamental and circular. Not only is harm reduction at its heart a ‘right-based approach’ but treating people who use drugs in a way that ignores and violates their most basic human rights, works to prevent people from accessing harm reduction programs that may be available. Harm reduction is about ‘really’ accepting people ‘where they’re at’. Disrespect for basic human rights (that is failing to treating people with dignity, compassion and respect) is quite simply the opposite of harm reduction and while a lack of respect and protection for the human rights of drug users is the norm rather than the exception, then harm reduction approaches will be necessarily compromised.

○ Need to harmonise HIV and drugs policy

Currently we have a ‘disconnect’ (as they say) between the legislative and policy approaches to illicit drugs and the approaches to issues such as HIV and HCV. At the global level (through the UN system) and in most countries, drug laws and policies are punitive, criminalising,

unjust and inhumane. Creating a healthy public policy and legislative environment is a critical component of an effective response to BBVs. We will not achieve UA by 2010 or ever if we do not address the barriers that prevent people from accessing key services and make people too afraid to identify as having engaged in a risk behaviour such as injecting drugs. If people are too scared to use an NSP or go to a methadone service because of fear of arrest, police harassment or brutality, being identified as a drug user and bringing shame and worse on their family and communities, then they won't use the service. Understandably people will put their liberty and the people they care about first. It doesn't matter how many NSPs or OST services you have if people are too scared to use them. We have a rare chance at the moment to have some influence on the future of global drug policy through the current UN review process. We have heard some encouraging comments from Antonio Costa from UNODC about the need for more humane and harmonised approaches. But there is much more to do. Recent reports from the International NGO Forum held in Vienna recently indicate that harm reduction is included as a sub-set of demand reduction – it is not. A system primarily focused on supply reduction and demand reduction is what we have now. Supply reduction and demand reduction are about preventing and reducing illicit drug use. Harm reduction is about reducing harm to people in active drug use. This is a complex discussion and one which needs a great deal more discussion than I can cover here today but it is an issue that leads me to my next challenge for harm reduction in Asia which is the basic question of...

○ **When we say “harm reduction” are we talking about the same thing?**

I raise this issue, because in my context, the Australian context, I have realised that quite frequently, we are not all talking about the same thing when we use the term “harm reduction”. Now some of that is peculiar to Australia and can be blamed on John Howard like everything else in the past 12 years – as he and his govt caused a great deal of confusion over the terms harm reduction and harm minimisation – on purpose I believe. But that's a separate story – well in some respects - because it is the same general kind of political imperative at the heart of what I am trying to say here. While I totally understand and accept the need for taking care when we discuss issues such as harm reduction in a new and/or sensitive political environment, at the end of the day we do drug users on the ground no favours if we pretend that harm reduction is something that it is not. What do I mean by this? Harm reduction is NOT about ‘stopping people using’. I have sat patiently for years – hearing even by ‘good’ harm reductionists say – that harm reduction is not the opposite of abstinence – not using is just “the ultimate form of harm reduction’ they argue as if that provides the salve for the ‘guilt’ of being a harm reductionist. Ceasing drug use may well be the outcome for some individuals – but that is their journey and their triumph – and believe me, it involves a great deal more than what a harm reduction program can provide. ‘Real’ harm reduction work (for those who are brave enough) is to work with those who continue to use (some unashamedly, most under-self protest). HR is the work that no other service does – why are we collectively so ashamed of this? Well, that's a paper or two in itself but suffice to say that if we really wanted to look and be honest it is about the same shame that drug users live with every day of their lives. Of course there are ways to present harm reduction so that governments can support it, but in this process we need to take great care indeed that we do not inadvertently get ‘acceptance’ for harm reduction programs only to

find that in reality there is no support for 'real' harm reduction programs – the kind that 'really' work and 'really' address the 'actual' needs of active drug users. In the end, we must ensure that we build a sustainable and strong framework upon which harm reduction programs can be built. I am not saying everything must be ideal but fragile programs in fragile environments will not support effective or sustainable HIV responses. We need to find a balance...

○ **NSP & OST is not enough**

NSP & OST programs do not equal harm reduction. NSP & OST programs are a necessary but not sufficient part of a harm reduction approach. We need comprehensive harm reduction approaches that include NSP, OST programs but also crucially include peer education and support, outreach and advocacy, access to HIV treatment and support and importantly we need to see harm reduction as part of a much bigger picture to place harm reduction in the context of issues such as poverty, the impact economic and social development (taking on board some of the issues identified by Heather yesterday), lack of access to social and other health services, lack of access to education, high levels of unemployment, etc.

Understanding and responding to drug use in its larger social, cultural, legal, political and economic environment is a complex challenge but one we cannot afford to ignore.

○ **Coinfection (HIV & HCV)**

Finally, there is a critical need to address the inextricable links between HIV and HCV epidemics among people who inject drugs. This was a major issue at the Goa "Response Beyond Borders" Conference earlier this year. In Goa it was agreed that the region can no longer risk thinking that HCV among IDU is not as much of a priority as HIV or that there are enough challenges addressing HIV without adding HCV as well. Without a dual focus on the epidemic of HCV among IDU in many Asian countries people with HCV and HIV coinfection will continue to die needlessly from liver failure associated with chronic hepatitis C infection even though they are getting access to ART. Lack of access to appropriate hepatitis C testing means that IDU are being initiated onto ART without adequate assessment of potential harmful impact of HIV treatment for people with chronic hepatitis C. In many countries in the region, people do not have basic access to antibody testing let alone PCR testing to identify chronic infection. These are issues that must be part of a harm reduction approach in a development context.

Add conclusion...

So, that's it really. I know I have raised some sensitive issues but I guess someone has to say these things. At the end of the day it is all about 'voices' and having them heard in a way that is genuine. In this regard I live for the day when drug users can speak not just without fear but with pride and a sense that people care what happens to them. As part of that process of encouraging people to care what is happening to drug users I want to finish by showing you some photos (provided to me by a colleague Jimmy Dorabjee from Burnet Institute) which show a few examples of the 'treatment' that Asian drug users receive. (SHOW photos) For me these photos, which unfortunately are not isolated examples and are not limited to the countries shown and not limited to Asian countries, highlight for me how much needs to be done and why it is so important that we get this right.