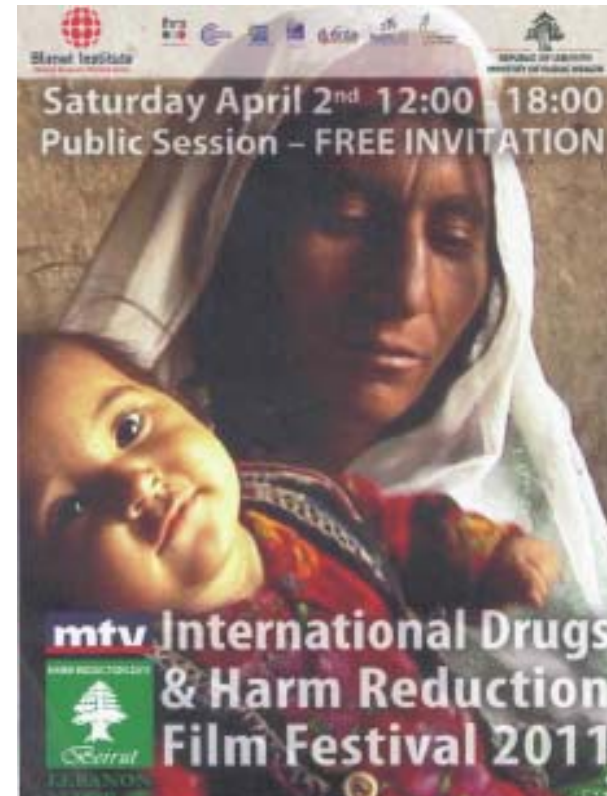


Posters and films at IHRA 2011



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Burnet Institute
Medical Research. Practical Action.

Trailer 2011



<http://youtu.be/kZwVvhBJ06E>



Burnet Institute
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The film stream at Beirut

- In 2011 we had over 80 films submitted for screening
 - Much higher proportion of feature length films that in previous years
 - We showed 37 films
 - Miss Lebanon (Rahaf Abdallah) opened the 'film fest'



Posters




- ~350 posters over 3 sessions (Mon-Tue & Wed)
 - Advocacy and Policy (107 posters)
 - Practice session (121 posters)
 - Research (121 posters)
- A majority of people get a poster for this conference
 - People stood by them at lunch breaks to talk about what they have found – boundless networking opportunities for harm reductionists
- Posters tend to contain much more detailed information than the concurrent session presentations
- Quality does vary considerably but provides an opportunity for wide participation and diversity



Some examples ...

IHRA's 22nd International Conference - April 3-7 2011 1132



Harm Reduction in Lebanese Prisons


The experience of Justice & Mercy Association

AJEM, a Lebanese NGO that supports and promotes inmates rights, enhances their detention conditions and facilitates their socio-professional reinsertion.

Some statistics in Lebanese prisons: (May - September 2009)

- Drug use : +/- 6 months imprisonment
- Drug users prisoners : 118 new / month
- 41% 18 - 28 years old
- 90% no or wrong ideas about rehabilitation and harm reduction

Conceptual model



Complete Innovate Inspire
Pioneer experience
Country under reconstruction
Leban
Traditional and secured authorities
Transformation
Action
Training
Role of the civil Society

- Around 120 drug inmates arrive monthly to Roumieh prison
 - 20% are injectors,
 - 41% are aged 18 to 25 years and
 - 90% have never heard or have false concepts about rehabilitation programs and harm reduction techniques.

<http://youtu.be/OEBPVllcLb4>



The Role of NSEP as Tool for Strengthening MMT program: A SAHABAT Experience



Introduction:

- One of the main controversy in harm reduction programme in Malaysia is needle and syringe exchange programme (NSEP). In Malaysia, NSEP was first introduced in 2006 in order to prevent HIV transmission.

Methods:

- We conducted a prospective study for 2 years duration (2008-9). It was conducted in SAHABAT, Kota Bharu, Kelantan, Malaysia. The primary outcome measure was the number of patients who were able to be referred into MMT program. A counselling session was conducted among those who were registered in NSEP program and interested to participate in MMT program.

Result:

- Out of 11,892 clients who were registered into NSEP program, 19.1% (n=623) were counselled for MMT program. Of these, 21.5% (n=134) were successfully registered in MMT program. Of those registered in MMT program, 54.5% (n=73) remained active after 6 months.

Conclusion:

- We found that NSEP may be used as tool in promoting MMT programme among IDUs. The counselling session should involve both pre and post MMT registration to ensure higher retention in MMT program.



Not just opiates and ATS

Issue:

- Dopinglinkki.fi launched in 2010 and it provides advice and information on steroid use.

Setting:

- Discussion of performance enhancing substances is usually focused on competitive athletes. The real problem lies outside of professional sports where growing populations of non-athletes are using steroids.
- Estimated that more than 10,000 non-competitive athletes in Finland.

Project:

- Service provides anonymous counselling where health care professionals answer questions without moralizing or judgement,
- The service contains useful and reliable information about substances, nutritional supplements, physical exercise and nutrition.

Outcomes:

- About 2,000 users visit the Dopinglinkki.fi per month.
- Greatest challenge increasing awareness about the physical and psychological risk of steroids among people who use without side effects.

Bigger muscles or leaner body by any means?

dopinglinkki.fi

An internet based doping information service in Finland

In the Dopinglinkki online service, social and health care professionals provide answers for questions from fitness enthusiasts about using doping substances. This service is anonymous and free of charge. It also provides current research-based information about doping substances, nutritional supplements, physical exercise and nutrition.

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Discuss and actively against performance enhancing substances usually focuses on competitive athletes. The real problem lies outside of professional sports as growing numbers of non-athletes are now using doping. It is estimated that more than 10,000 non-competitive athletes are using doping in Finland.

Because doping violates sports ethics and is illegal, this service provides anonymous counselling where health care professionals will confidentially answer questions. These professionals provide answers without moralizing or judging, only giving advice about health risks and relevant links to find more information e.g. Customs Service or an anti-doping agency.

In Dopinglinkki facts override fiction. Doping information on the internet can be confusing and misleading. About 2,000 users visit Dopinglinkki.fi pages per month and many questions are answered weekly by Dopinglinkki's health care professionals.

Doping is used not only for athletic enhancement, but also body shaping and cosmetic purposes that may encourage steroid and hormone use.

The service is intended for:

- fitness enthusiasts who are using or thinking of using doping substances
- family members and friends who suspect doping use
- sport coaches
- health care professionals
- anyone who is looking for facts on doping

Do you know enough about doping?

Substances used in doping are often medicines intended for disease treatment or counterfeit products. Usual, excessive doses allowed by healthy persons can be harmful and in the worst case, even lethal. Some of the harmful effects will only become evident over the long-term or after usage has already ceased. The connection between these harmful effects and doping substances is not necessarily obvious.

Harmful effects of anabolic steroids:

Psychiatric effects

- depression
- aggressiveness
- psychosis
- anxiety

Cardiovascular diseases

- changes in the cardiac muscle
- arrhythmia
- blood clots
- decrease in the HDL cholesterol
- liver cell damage and tumours

Diabetes

Muscle tendon ruptures

Sexuality and appearance

- infertility
- enlarged testis (♂)
- testicular atrophy (♂)
- male-like body hair growth (♀)
- development of breast tissue (♂)
- acne

The most challenging mission is to convince current doping users who show no side-effects or health problems about the physical, psychological risks of doping.

The service is supported by OTCare Foundation, working closely with the Finnish Anti-Doping Agency (FINAD) and funded by Finnish Ministry of Education and Culture, and Finnish Institute of Health and Health.

Abstract number: 571

Women' voices in Harm Reduction Program, Dar-es-Salaam, Tanzania


- The impact of drug use on women is often more stigmatized than men
- The program of Medecins du Monde (MdM) in Dar es Salaam provides an opportunity for women drug users to stop being silent and to express their needs, expectations and propositions for adequate services.
- To better define these new approaches, it is important to understand the differences in terms of substance use behaviours, risk patterns etc
- The portraits will explore situations female drug users have been facing at different stages of their drug use history.
- Documenting the stories of drug using women in Dar-es-Salaam allows them to participate in the creation and the development of appropriate services dedicated to female IDUs.



Creative housing options for active users




- P.R.O.S.E.S, based in Montreuil (Paris), France, is an independent organization created in 1997. It has 3 different programs of harm reduction for active drug users: two social support centres and one housing.
- New kind of housing that brings housing and drugs together to meet the varying and complex needs of active drug users (homeless, illegal immigrants, no health care...).
- Since April 2009, active drug users can enter the housing program for one year, without substitution nor cessation nor abstinence.
- It's a "step by step" program that takes time and gives time for the desire of the 10 persons living and managing the house to emerge.
- For over 18 months now this program has welcomed fifteen persons



LE "PAVILLON"

HÉBERGEMENT COLLECTIF



PRÉSENTATION

L'association P.R.O.S.E.S existe depuis 2000. Son siège social est situé à Montreuil. Elle est composée :


- 1 C.A.J.A.R.U.D situé à Montreuil (ouvert en 2006)
- 1 C.A.J.A.R.U.D situé à Saint-Denis (ouvert en 2010)
- 1 service hébergement constitué d'un hébergement collectif de 10 personnes et de 2 chambres d'hôtel, tous deux situés à Montreuil.

PERSPECTIVES


Hébergement récent et restait encore beaucoup d'œuvres à créer. Depuis son ouverture l'hébergement au pavillon a accueilli... Difficultés à orienter du fait de la complexité des situations administratives et du peu de structures pouvant accueillir ce public ; Recherche de personnel, réflexion sur création d'autres types d'hébergement. Difficulté : le contexte actuel défavorable aux sans papier, la pénurie de places d'hébergement, la crise du logement social. Poursuivre et développer...

POUR QUI ?

Consommateurs de drogue en errance n'ayant pas accès aux structures d'hébergement dites "classiques" du fait de leur consommation et ne souhaitant pas intégrer un hébergement thérapeutique. Personnes souhaitant entamer des démarches de soins et/ou d'insertion.



OBJECTIFS



Permettre aux personnes hébergées de pouvoir accéder à "l'hébergement" (porter une marche) Donner les conditions favorables à l'émergence d'un projet personnel. Redonner la capacité aux usagers de drogues en errance de rebondir vers l'hébergement logement de droit commun en envisageant un projet personnel.


COMMENT ?


Un mode de fonctionnement et un règlement intérieur adaptés. Un lieu cadre de vie, convivial et confortable permettant de se poser et de se reposer. Se soustraire aux contraintes liées à la vie dans la rue (gîte et couvert).

L'accompagnement et le soutien de l'équipe pour :

- la gestion de la vie quotidienne (La reprise d'un rythme progressif (journalier, entretien des lieux, courses, préparations des repas, respect des horaires...)
- L'accès aux droits (informatique, accompagnement aux démarches, W sur une autonomie progressive dans les démarches, entretiens hebdomadaires, bilans mensuels...)
- La reprise d'un suivi médical régulier (mise en place de couverture médicale, médecin traitant, bilans...)

L'accès à la R.D.R. au sein du pavillon (mise à disposition de matériel de prévention, W sur la gestion de la consommation, accès aux TSO, échange et informations sur les pratiques...). La participation active des résidents à la vie du pavillon.





Coordonnées / Contacts

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Co-financé par le Ministère de la Santé et de la Consommation
N° 01 47 00 00 00

Female drug use in Pakistan

Methodology:

- Mapping was followed by behavioural interviews
- Formed a key step in developing targeted interventions for this population.
- The approach focused on involvement of target community individuals, peer groups and key stakeholders.

Results:

- The estimated 4,632 female drug users, spread over 13 cities, highlights large population of female drug users in Pakistan.
- Nearly 75% of the drug users were between 21 to 41 years of age, which is the prime reproductive age.
- Drug use among females is not restricted to large urban centres, smaller towns and villages have similar magnitude of problem.

Conclusion:

- Effective targeted response required to promote the safer behaviour, improve access to effective health and social services and to address the underlying structural and occupational dimensions of vulnerability.

UNODC
United Nations Office on Drugs and Crime
Country Office Pakistan

A MAPPING STUDY TO ESTIMATE THE DISTRIBUTION AND SIZE OF FEMALE DRUG USERS IN PAKISTAN

OBJECTIVES

- To conduct mapping of FDLUs in the targeted cities, and develop a map of locations where FDLUs could be reached.
- To provide an estimated number of FDLUs in the target city based on the results of mapping.

METHODOLOGY

The basic approach was largely based on geographic mapping which identified key locations where individual drug users were recruited through peer group members and further tracing contacts of identified drug users.

- After distributing each target site into zone, information on FDLUs was collected through tertiary and secondary key informants such as some various drug treatment centers, rehabilitation programs and pharmacies from where drug users buy drugs were visited, in addition to visiting locations such as graveyards, open spaces, shikras, darbars to develop an exhaustive list where FDLUs can be found.
- In Phase 02, social mobilizers along with the field team members traced that subject, and an interview with that subject was subsequently conducted.

KEY RESULTS

- Contact information for other FDLUs was also sought through the social mobilizers along with the field team members traced that subject and an interview with that subject was subsequently conducted.
- The contact details thus formed were traced by the study team, until no further contacts could be traced, or one of the FDLUs already interviewed was referred by a fellow peer member.

KEY RESULTS

- An estimated number of 4,632 FDLUs spread over 2,479 locations were estimated in the 13 cities where mapping was conducted.
- On an average, 1.8 ± 1.7 FDLUs were reported from a single location
- 65.2% of the locations reported having a single FDU present. Heroin (28%) was the most common drug used by FDLUs all over the country, followed by Cannabis (14.2%), Heroin (12.6%) and Pharmaceutical drugs (12.6%).

KEY RESULTS

- The mean age of the FDLUs was 32.8 ± 9.6 yrs (median 32 yrs).
- 22.8% did not receive any formal schooling.
- 40% were currently married.
- Only 53 reported that they had ever injected any form of drug
- HIV risk sexual and injecting behaviors were frequent (see table)

KEY RESULTS

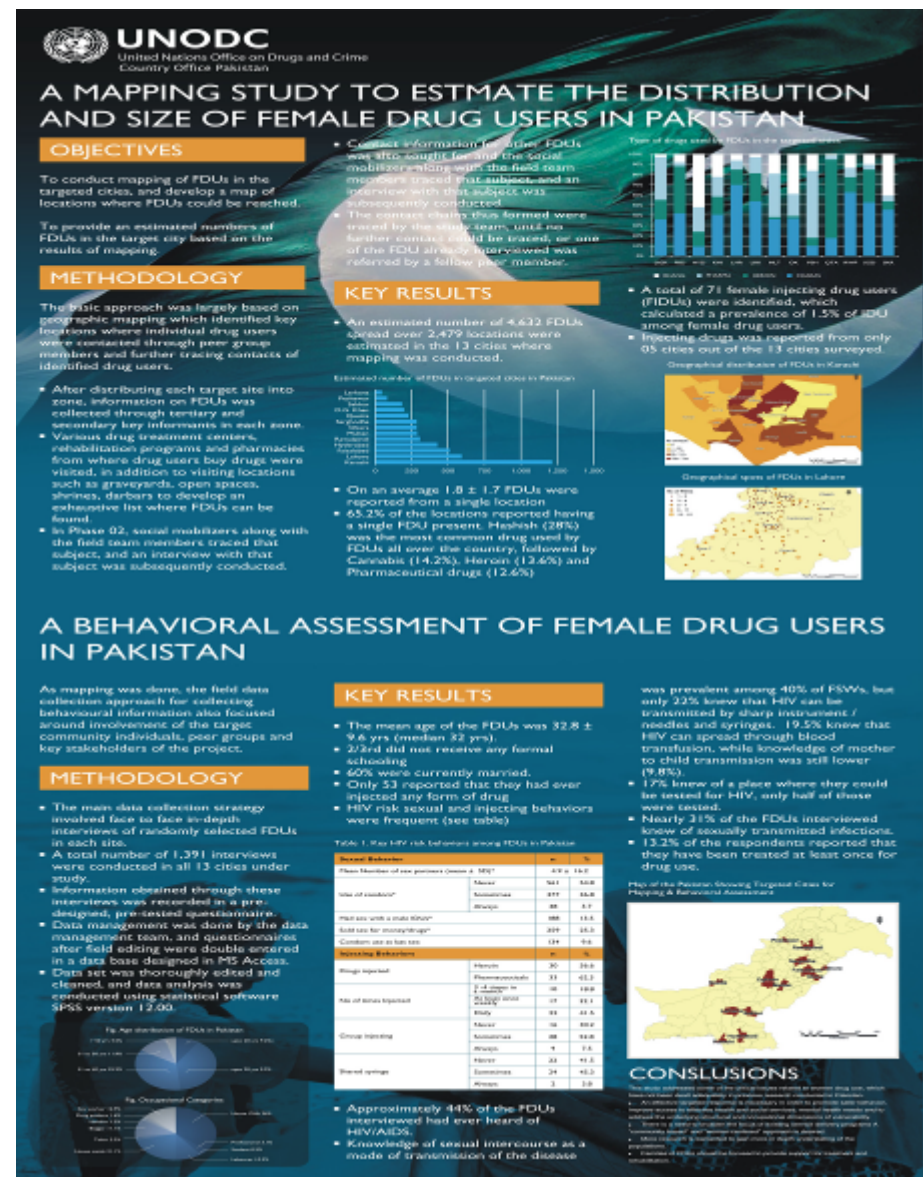
- Approximately 44% of the FDLUs interviewed had ever heard of HIV/AIDS.
- Knowledge of sexual intercourse as a mode of transmission of the disease

KEY RESULTS

- 40% of FSWs, but only 20% knew that HIV can be transmitted by sharp instrument, needles and syringes. 19.5% knew that HIV can spread through blood transfusion, while knowledge of mother to child transmission was still lower (9.8%).
- 17% knew of a place where they could be tested for HIV, only half of those were visited.
- Nearly 31% of the FDLUs interviewed knew of sexually transmitted infections.
- 12.2% of the respondents reported that they have been treated at least once for drug use.

CONCLUSIONS

- Approximately 44% of the FDLUs interviewed had ever heard of HIV/AIDS.
- Knowledge of sexual intercourse as a mode of transmission of the disease



Harm Reduction International 2012



filmfest@burnetinst.edu.au

Submit your film for
next year !!



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