Response Beyond Borders

The Second Asian Consultation on the Prevention of HIV related to Drug use.

21st - 23rd January 2010
Bangkok, Thailand.

Response Beyond Borders is an Asian movement to seek effective solutions through dialogue and debate to the nexus of poverty, drug use, HIV and AIDS together with Parliamentarians, Governments, UN bodies, Funding agencies, Civil Society, and Affected Populations and Communities.

R B B

Bangkok
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2010

Response Beyond Borders (RBB) grew out of a recognition that the challenges faced from drug use and associated HIV are not homogeneous throughout the world; that international networks and agencies are not equipped to identify or focus on the key challenges facing Asia; and from a recognition by Asian civil society activists that unless national Asian governments take responsibility for both informed policy development and evidence-based interventions, the work currently being implemented is not sustainable.

RBB recognizes that drug use knows no borders. Drug practices happening in one city in Asia are likely to migrate to another in a very short time. Consequently the response to drug use and HIV vulnerability should be equally rapid and collaboration across country borders among parliamentarians, government officials, civil society and affected populations is essential to develop knowledge, expertise, accountability and commitment.

RBB is therefore a movement which seeks to find Asian solutions to Asia's problems. In respect of drug use and HIV, simple disease control strategies (advocated worldwide) have limited effectiveness in Asia because of the underlying and crippling poverty of most people trapped in drug use, who are vulnerable to HIV.

There are specific concerns which must become priorities and which are unique to Asia - The vulnerability of wives and children of men using drugs; The absence of services to minors using drugs; The quadruple stigma of women using drugs; The need for socio-economic empowerment to provide the necessary stability for treatment adherence; The lack of treatment for hepatitis C; The ubiquitous presence of co-infections HIV, HCV, TB; Abandonment of compulsory drug dependence treatment centres (CDDTCs) as well as wide-scale reform of the law and policy in respect of drug use.

RBB creates a platform for these challenges to be addressed.

“Nothing About Us Without Us”

Introduction

The Second Asian consultation on HIV related to drug use was held in Bangkok in January 2010. The event, managed by Response Beyond Borders - a consortium of civil society organization responding to poverty, drug use and HIV and AIDS in Asia - brought together parliamentarians, government representatives, representatives from affected communities and civil society from 22 countries.

The inaugural consultation in Goa (January 2008) initiated dialogue and wide ranging debate among stakeholders pivotal to the challenges faced from the twin epidemics of HIV and drug use in Asia. It was stressed that an effective response to the HIV epidemic can only be built on the development of national and regional policies, which balance health, law enforcement and human rights and are based on evidence of what works. Affected individuals and communities must be consulted and included in drafting new policies.

Positive action is also needed to address the stigma associated with drug use and HIV in order to increase access to services. Unique and specific approaches which recognize the barriers women face in acknowledging their condition (and their need for assistance) should be developed towards women drug users and wives of drug users. In countermanding stigma, the effect of poverty, which is preceded by and exacerbated by drug use, must also be acknowledged.

The central statement which reverberated from Goa "nothing about us, without us" has informed and been central to the strategic direction taken by Response Beyond Borders since the First Asian Consultation and is now enshrined in the MIPUD principle - the Meaningful Involvement of People who Use Drugs - which is a founding principle for the Asian Network of People who Use Drugs (ANPUD).

Themes

Subsequent to the Goa consultation, dialogue has matured through sub regional workshops in South East Asia - Phnom Penh (October 2008); South Asia - Kathmandu, (March 2009); Central Asia - Bishkek, Kyrgyzstan- (September 2009) and an interim meeting held in Bali to coincide with ICAAP (August 2009). All stakeholders were represented. The outcome of these meetings was to focus attention on the key concerns facing Asia which have not being adequately addressed to date. These formed the central themes of the Second Asian Consultation and are:

1. To articulate a coherent response to the unacceptable position of compulsory drug dependence treatment and consequent abuse which is widespread in Asia.
2. To call attention to the vulnerabilities of the hidden population of wives and intimate partners of men who use drugs, and their children.
3. To accentuate the lack of a strategic approach, understanding or consistent response to the exponential expansion of drug use and HIV vulnerability among poor, often homeless young people across Asia.
4. To support the Asian Network of People who Use Drugs (ANPUD) to provide a representative platform and opportunities to voice the concerns of affected populations.
5. To provide technical support to the newly formed Parliamentary Standing Committee on HIV and Harm Reduction.

Background

Throughout Asia, injecting drug use has become a major vector through which HIV and other blood-borne viruses are transmitted. An increased migration from traditional methods of smoking or inhaling heroin (chasing the dragon) to injecting heroin and/or pharmaceuticals has taken place (with dangerous implications for transmission of HIV).

Consequently, concentrated and explosive epidemics of HIV and AIDS, other blood-borne viruses, tuberculosis and ancillary opportunistic infections have become established among people injecting drugs in diverse socio-economic conditions in many countries in Asia.

In South East Asia, Amphetamine-Type Stimulants (ATS) have become the main drug of choice (and increasingly popular among young people). This has given rise to chaotic lifestyles and dangerous and frenetic sexual activity.

Because of harsh and repressive national and international drug control laws and policies, people using drugs in Asia are routinely criminalised. As a consequence, people using drugs find themselves in conflict with the law and law-enforcement officers, marginalised, denied access to effective treatment and increasingly incarcerated in custodial settings.

Recent research has also highlighted the vulnerability of wives and intimate partners of men who use drugs (and their respective children). This is a major concern particularly in South Asia where more than 50% of those who use drugs are married and continue to cohabit with their partners.

Throughout Asia, young people are increasingly being drawn into drug use. There are limited comprehensive HIV and Drug Use prevention and treatment interventions for Most-At-Risk Adolescents (MARA). Many national responses are built on compulsory drug dependence treatment centres as the primary response to this explosion of drug use.

The co-infection triad of HIV, TB and HCV is lethal and has devastating effects on morbidity and mortality in Asia.

The prevalence of HCV amongst people (who have injected drugs) with HIV is over 90%. HIV and HCV co-infection is complicated and makes treatment of both challenging and extremely difficult and has an effect on the progression and prognosis of the disease. HIV HCV co-infection leads to higher levels of HCV and causes rapid progression of liver disease and accounts for almost 50% of deaths in recent studies. HAART (Highly Active Antiretroviral Therapy) and OI (Opportunistic Infections) therapy saves lives and increase the life span of persons living with HIV. However, the fact that many who are co-infected still die of liver disease is a major cause of concern. HIV HCV co-infection is rapidly increasing and the treatment and prevention of HCV in persons living with HIV should be integrated into existing programmes.

HIV TB co-infection (especially among people using drugs) is the number one cause of mortality. It has been estimated that one third of people living with HIV are co infected with TB. TB Infection rates have increased four fold in countries that has a high prevalence of HIV. The prevention of, screening for and treatment of TB for HIV infected persons is the key to prevent morbidity and mortality. Studies demonstrate that people who inject drugs are 10 to 30 times more likely to become TB positive and this increases their mortality and the presence of multiple drug resistance to anti-TB medications.

The key message is to integrate and link the prevention and treatment of HIV TB HCV co-infections in services to people who use drugs. This requires a strategic and collaborative approach to reduce the spread of these two major opportunistic infection (related to HIV) and ensure a significant fall in morbidity and mortality of people living with HIV.

“Nowhere in the World has any group ever achieved liberation while they continue to blame themselves.”

Tripti Tandon

The adopted themes

The expansion of drug use among young people and the spread of ATS use has thrown governments into a knee-jerk reaction leading to the introduction and rapid expansion of compulsory drug dependence treatment regimes contrary to evidence of what is effective and in flagrant denial of basic human rights. These centres also spawn wide-spread abuse and punishment of the individuals incarcerated (many of whom are minors). Compulsory drug dependence treatment centres was one the themes discussed at the Consultation and a coherent response was articulated which requires concerted action from all stakeholders.

The vulnerability of wives and intimate partners of male drug users has for too long been forgotten. This is well articulated in the publication "The Hidden Truth"[1] which formed the background to discussion. RBB emphasised the need for urgent action by placing this as a central theme at the Consultation.

Strategies adopted to respond to the needs of young people fall between two programmes - those providing services to adults (who do not have the capacity to introduce necessary child protection services or respond to the development needs of minors) and - children's development services who often lack expertise in drug treatment or in reducing the harm caused by drug use. Adopting the imperative that young people represent the future of any nation, RBB provided a platform for this to be addressed as a key theme of the Consultation. Young people attended the Consultation and framed their own passionate expression of their need for this predicament to be urgently addressed.

In order to take forward the outcomes of the Consultation, RBB fostered and supported into being two important structures - The Parliamentary Standing Committee on HIV and Harm Reduction and the Asian Network of People who Use Drugs (ANPUD). The Consultation programme provided space for both these two bodies to reflect individually, enter into dialogue together and map out strategic plans to respond to the challenges presented during the discussion.

The gathering of so many stakeholders and affected people together at the consultation also enabled RBB to highlight other areas of concern for affected populations.

Consequently time was provided to discuss:

- Managing support to people using ATS to reduce harmful effects;
- Food security and nutrition as a factor in supporting impoverished, homeless and marginalised people who use drugs;
- Management of and challenges in respect of HIV/Tuberculosis (TB) co-infections and HIV/HCV co-infections.
- The specific needs of women who use drugs.

The outcome of these discussions will be featured in separated text boxes in the report. These sub-themes are of extreme importance to affected communities and outcomes recorded separately should be read with equal importance as the outcomes of the five central themes outlined above.

[1] To download please visit *http://www.naizindagi.com/Reports/The%20hidden%20Truth.pdf*

Compulsory Drug Dependence Treatment Centres

The presence of compulsory drug dependence treatment centres CDDTC's (present in almost all countries in Asia) underwent an excoriating critique in view of documented practices in such establishments.

Despite contrary scientific evidence of their effectiveness, CDDTC's continue to expand (often as the main response of national governments). They are seen as a "solution" to prison overcrowding and increased drug use and arise from a misled approach to the decriminalisation of drug use, often taking people outside the criminal justice system (with consequently no access to legal support or protection).

CDDTC's are proven not to be cost effective and are replete with high relapse rates. These centres fail, in their very construction, to understand the nature of drug treatment and consequently, by their very essence, have no capacity to provide adequate psycho-social and mental health support. They demonstrate no evidence of a coherent treatment approach for those with Amphetamine Type Substance (ATS) dependence (the main challenge facing South East Asia).

Alarmingly, these centres also lack HIV prevention, treatment and care services and impede access to services based on harm reduction principles. Consequently, they have untold consequences for the health of those incarcerated. The spread of HIV and other infectious diseases thrive in these settings and rehabilitation is an ideal rather than a reality, with recidivism high. In addition, many of the people in these centres are young adolescents and therefore should be protected by international conventions that safeguard the rights of children, including the right to freedom from incarceration except in the most extreme circumstances.

Inadvertently, the rise of and reliance on CDDTCs has been attributed to a general lack of consolidated donor support for drug treatment across Asia, and their existence highlights the lack of strategic and operational planning and costing among government agencies.

Although the majority of Asian courts acknowledge diversion into treatment for people who use and are dependent on drugs as an option to incarceration, CDDTCs are often no better than prison. In such centres, medical ethics are compromised - by violating confidentiality in treatment and acting against the patient's interest; defying scientific norms by punishing rather than treating relapse and by not providing diagnosis, medicine or after care. CDDTC's also violate human rights by locking individuals up without consent and by inflicting torture and inhuman practices (often masquerading under a pseudo-therapeutic community guise).

CDDTC's also trade on a false dichotomy between an individual human right and public interest, placing people who use drugs outside the basic norms of society. They reinforce a sense of blame and incapacitate the individual to make a stand for his/her basic human rights.

As a result of this extensive discussion, Response Beyond Borders make recommendations in respect of CDDTC's to the following various stakeholders:

UNITED NATIONS (UN)

1. UNODC to present an evidence-based position statement on CDDTCs (and disseminate widely) regarding their effectiveness, cost-efficiency and safety to bring them in line with human rights charter.
2. UNODC to present entry criteria and minimum standards of delivery for voluntary, evidence-based drug dependence treatment options. Provide technical support to establish such model centres across Asia.
3. UNODC to document models of good practice e.g. Malaysia has begun the phase-out of such centres and can become an inspiration for alternative solutions.

CIVIL SOCIETY

1. Advocate, (in consultation with affected populations), at a country level, for voluntary, evidence and human rights-based drug dependence treatment options to be rolled out.

For civil society organisations specialising in human rights:

1. Provide training in advocacy centred on both human and civil rights for affected populations and their communities.
2. Provide channels and platforms for voicing concerns to key decision-making bodies and watchdog agencies.

FOR PARLIAMENTARIANS

1. Review and amend policies and legislation that stigmatize and criminalize people who use drugs.
2. Demand and ratify consistent entry criteria and minimum standards of delivery for voluntary, evidence-based drug dependence treatment services.
3. Advocate (with national health and drug control agencies) for drug dependence to be understood as a chronic relapsing health condition requiring a multi-sectoral response.
4. Commit national budget for sustainable and voluntary, evidence-based drug dependence treatment options in collaboration with all stakeholders.
5. Ensure the participation of the Ministry of Health in the management of such centres.

FOR NATIONAL GOVERNMENTS

1. Provide strategic and sustainable planning, costing and implementation of voluntary, evidence-based drug dependence treatment options.

FOR INTERNATIONAL DONORS

1. Support voluntary evidence-based drug dependence treatment options through a collaborative strategic planning process with national governments.
2. Avoid supporting drug treatment regimes which are contrary to evidence of effectiveness, cost-efficiency, safety and general good practice.

FOR AFFECTED POPULATIONS

1. Know your rights, refrain from blaming yourself.
2. Become involved in the design, implementation, monitoring and evaluation of programmes and policies.

Wives, children and intimate partners of men who use drugs

It has been known for many years that drug use has decimated poor neighbourhoods, both rural and urban - throughout Asia. Previous studies have established that many men - breadwinners - have been caught up in addiction with dire consequences to their identity, health, economic status and vulnerability to blood borne viruses - HIV and HCV. Services have been introduced, sometimes sporadic, sometimes comprehensive, which address HIV and drug use and its root cause - poverty among (usually) men who use drugs. Omitted from these considerations, however, has been the effect of drug use on their wives, intimate partners and families.

Evidence from Pakistan obtained from "The Hidden Truth"[2] which highlights the vulnerability of wives and intimate partners, and children of men who use drugs was presented and extrapolated. These women often possess little or no education, are frequently stigmatised and ostracised by the community (and sometimes family) because of the lifestyle of their husbands. Typically, they are the main breadwinners, with responsibility to manage the household, take care of (usually) four children, while habitually being forced to subsidise, from their own meagre income, the drug related expense of their husbands. The relevance of these findings has previously been overlooked and needs to be urgently addressed.

The consultation also highlighted the additional vulnerability of these women to transmission of HIV and HCV. It is known that married drug users have regular and unprotected sexual relations with their wives. With high HIV prevalence among men who use drugs across Asia, this presents an unsustainable risk.

These women are also often young and of childbearing age. In "The Hidden Truth" for example, twenty five per cent of the children were reported to be under five years of age, twenty per cent of wives were currently breast-feeding and eight per cent were pregnant - at the time of the study. These statistics draw attention to the significant risk of mother-to-child transmission of HIV among this population group.

The figures from Pakistan, (which are likely to be similar across Asia), show that married men using drugs have a family of, on average, four children. An important and penetrative observation which arises from the Second Asian Consultation is that these children represent a hidden population who are (because of family breakdown and vulnerability) predisposed to a future career in drug use and susceptible to HIV and HCV.

As a result of detailed discussion, Response Beyond Borders drew the following, conclusions and made the following recommendations and commitments:

Conclusions

1. Wives, intimate partners and children of people injecting drugs are at risk of HIV and HCV transmission across Asia.
2. These women and children form a neglected community whose needs must be incorporated into both policy and programmes by all stakeholders.
3. The best possible strategy to reduce the harmful effects of drug use among children of people who use drugs (including preventing future drug use) is to keep the parents alive, healthy and productive.

Recommendations

1. Include wives, intimate partners and children in all services and programmes for people using drugs.
2. Develop extensive linkages to existing services, (both dedicated services and mainstream health and social care services), for this disenfranchised and highly stigmatised population.
3. Extend partnerships with all bodies working with families and children to address emerging needs.
4. Explore entry points to ensure access to services for these families and draw them "in from the cold".
5. Recognize and acknowledge dire poverty as a cause and consequence of drug use and ensure employment opportunities for those affected.

Commitments

1. RBB to become a platform and vehicle for future action. Participants at the Second Consultation have called for further and more specific evidence to be gathered and collected from across Asia.

[2] http://www.naizindagi.com/Reports/The%20hidden%20Truth.pdf

Young people using drugs

Can you see us?

CAN YOU HEAR US?

We are young people not statistics, a message from young people to adults.

It was recognised throughout the consultation, that young people who use drugs are a forgotten group. Very little is known of their condition and position across Asia. What is known is that these individuals are twenty times more vulnerable to HIV transmission than their contemporaries who do not use drugs. They are often more vulnerable than adult members of the same risk group. They represent 1-5% of the population of adolescents in the Asia-Pacific region. Drug use is one of a range of vulnerabilities which affect this population. Often homeless and disenfranchised, these young people live on the street and are exposed to violence, sexual predation, hunger, lack of basic facilities. They also lack health care or opportunities for growth or advancement.

The tragic reality is that these young people are ignored, they are rarely consulted and existing services do not address their needs. HIV prevention services which provide support to adults who use drugs are inappropriate solutions for these young people. Such services are not skilled in child protection and do not have the additional and necessary child/young person development services to secure a future. Child protection and development services are usually inexperienced in the technology to address the needs of young people who use drugs and mostly do not include them in their services. Consequently these young people "fall between two stools"[3].

The central challenges which must be faced in order to address the needs of young people who use drugs are:

1. Provide support and legal aid to young people being arrested, rounded up for treatment, or whose basic rights are ignored or abused with particular attention to young women.
2. Gather good quality and up-to-date data which highlights the demographics, needs, conditions and vulnerability of young people using drugs.
3. Develop services that are acceptable to young people, meet international standards, involve young people and address their needs, hopes, environmental risks and pressures.

RBB provided a platform for young people to voice their concerns. At the final session, their cry for help was articulated dramatically. Hooded and faceless, they stood on the main stage. One by one, removing their hoods, they asked delegates to first see them, that they exist and do not want to be ignored; listen to them, that they have much to say about their condition and involve them, that they have much to contribute as solutions.

RBB has highlighted this major concern which is prevalent throughout Asia. The gauntlet has been thrown down. National governments, the international community and responsible agencies must now address this situation as a priority.

[3] Meaning - To fail, through hesitating between two choices from French "Etre assis entre deux chaises"

The Asian Network of people who use drugs (ANPUD)

Since the beginning of the movement, Response Beyond Borders has been committed to active consultation with affected populations. The Goa consultation received the widest representation of people who use drugs than any previous international or regional conference and culminated in a landmark statement "The Goa Declaration"[4], which advocated for the inclusion and meaningful involvement of people who use drugs.

Since Goa, RBB has supported the growth of the Asian Network of People who Use Drugs (ANPUD). ANPUD is committed to the meaningful involvement of people who use drugs in the construction of national policies and the planning and delivery of services. Consultation with affected populations and dialogue with policy-makers is a core aim of RBB and the development of an authentic representative body which reflects the voice of people who use drugs is an important strategic milestone.

As a consequence of this development, ANPUD members made authoritative contributions to both the dialogue and debate held at all FORUMs conducted during the consultation.[5]

[4] http://www.anpud.org/document/Goa-declaration.pdf

[5] ANPUD has generated its own report of its sessions during the consultation and is available on line at www.anpud.org

Food insecurity among homeless IDU populations, and its implications for HIV prevention and treatment programmes.

Food insecurity defined as the limited or uncertain availability of nutritionally adequate, safe food has become one of the greatest barriers to effective HIV prevention and treatment. Among homeless drug users (who are HIV positive) lack of good nutrition increases their vulnerability to infection. It also has an impact on treatment adherence and consequently clinical outcomes. Strong associations have been found between early mortality and food insecurity among people on ART.

Studies in Delhi, discovered that where good nutrition was available as part of the overall service, homeless people are much more receptive to harm reduction messages, are more stable in treatment and have positive clinical outcomes.

This underlines the tenet that a simple disease control model is limited in the Asian context of poverty and malnutrition. To be effective, programmes should be designed in context - with nutrition as an essential and effective component.

Amphetamine Type Stimulants in Asia - The new wave.

Amphetamine type stimulants, or ATS, have gained a significant foothold throughout Asia, most notably in East and South East Asia, during the last 15 years. ATS use has spread because of their ease in production; opium traffickers (from the golden triangle) exploiting the opportunity to increase profits through the production of ATS; and porous borders allowing ATS to be trafficked with relative ease.

Pill-form methamphetamine ('yabba' 'yama' or 'shabu shabu') is the most commonly consumed illicit drug in the region. Crystal methamphetamine or 'ice' has also become common.

Amphetamine drugs are most often smoked or swallowed and intravenous injecting is relatively infrequent. This has led to an assumption of reduced risk of HIV transmission. However, this assumption fails to consider behaviours associated with amphetamine use. Amphetamines lead to heightened aggression. Their use is also known to prolong the sexual act. Among younger people, who are often more sexually curious and active, their use has become highly popular. They are often consumed communally with the possibility of multiple partners, and high aggression leading to lost or broken condoms (when used) or skin breaks - thus magnifying risk of HIV. These young people are also highly mobile, are drawn from wide sections of society and can be difficult to reach consistently.

The uninhibited and aggressive behaviours associated with methamphetamine use can bring users into frequent conflict with the law and exacerbate the criminalisation of drug users in the eyes of national governments. This has resulted in 'crack downs' and the further marginalization of all people who use drugs, thus increasing risk.

ATS drug use does not fit neatly into current technology of prevention of HIV among people who use drugs e.g. needle syringe programmes, and substitution therapy programmes etc. Such technologies are ill equipped to meet the needs of people who use ATS, and therefore reduce harm (such as blood borne disease, mental breakdown, conflict with the law etc) associated with their use. In this regard, there is an urgent need to develop strategies and services that speak to and protect people (many of whom are young) who use ATS.

Parliamentary Standing Committee on HIV and Harm Reduction

Parliamentarians attending the Consultation held specialized sessions which allowed reflection on their unique role in the Asian response to drugs and HIV. Members of Parliament (MPs) also joined debates and discussions covering the central themes.

In summary, MPs recognized that although the response to HIV and drug use was initiated more than 25 years ago in Asia, service coverage remains very low. Huge resource gaps currently hinder the response with the majority of funds provided by agencies outside Asia. Key HIV prevention services are often absent or significantly lacking in quality and quantity while governments continue to focus on non-evidence based services such as CDDTCs. MPs also noted that the lack of community involvement in planning services and policies reinforced stigma and discrimination. This further excludes people who use drugs from health services as well as a productive life as full-fledged members of their society.

MPs now face the challenge of introducing policies and laws which will balance public health, public security, human rights and development. MPs acknowledged that governments across Asia are facing a distinct Asian epidemic that carries high vulnerability and exacerbates risk. MPs further understood that injecting drug use has the potential to jump start epidemics. The message of the consultation was clearly delivered to MPs - invest now to prevent transmission or face the consequences of inaction.

MPs requested support from the assembled delegates. For MPs to advocate for harm reduction principles and strategies to be adopted; solid, credible, convincing arguments must be articulated; service models which have proven to be effective must be highlighted and evidence of risk and impact of services must be extrapolated. If these three components are present, MPs feel confident of their capacity to convince their colleagues in parliament and across government agencies.

The Second Consultation also marked the formation of the Parliamentary Standing Committee on HIV and Harm Reduction, with support from the Asian Forum of Parliamentarians on Population on Development (AFPPD). The structure and composition of the committee will be formulated during 2010.

The position of women who use drugs in Asia.

Women using drugs across Asia are subjected to multiple discrimination and stigma, which has dramatic consequences on their vulnerability to HIV. The internalisation of the "shame" of their position makes women very unlikely to seek assistance. Asian women who use drugs suffer from the wider social disadvantages affecting women, the expectation that they should fulfil "traditional" roles which cannot accommodate the reality of poverty, substance abuse and often associated sex work.

Patriarchal culture, which is particularly dominant in Asia, underpins an almost hysterical intolerance of women's drug use. The subordinate position of women in the home also hampers women's efforts to seek medical treatment for substance abuse. Prejudice towards these women is also common among doctors, many of whom shy away from offering assistance or services. In this context, services which are specifically designed to support women who use drugs are few and far between in Asia.

The development of services specific to populations often develops from community based organisations which have been drawn from these populations. Consequently services to men who use drugs in Asia have been pioneered by individuals who have direct experience of the drug scene. Services for women lag behind because community based organisations run by women are often in a very early stage of development of their management capacity and organizational structure. International donors are reluctant to contract with organisations and support early development of infrastructure. Women are also impeded through the internalisation of stigma, which prevents women-run community based organisations from advocating strongly and together for their position to be recognised. "Nowhere in the world has any group achieved liberation whilst continuing to blame themselves".

RBB calls on agencies to recognise these realities, the poor provision of services specific to and accessible for women using drugs to reduce their vulnerability and respond accordingly.

Summary

The Second Asian Consultation on HIV related to drug use achieved its remit in highlighting, fostering dialogue around and presenting recommendations on the three central themes. It also supported affected populations to develop a coherent voice and public representatives (parliamentarians) to become an identified body. The journey to achieve this has taken two years and has transpired because of the trust and support provided by donors, parliamentarians, government representatives, affected populations and civil society.

Now is a time for reflection. No announcement was made by Response Beyond Borders of future events at the end of the 2nd Consultation. This was deliberate. RBB has a role and a mandate only when the various stakeholders believe in its necessity. For now RBB awaits a response from the various stakeholders.

RBB is committed to consultation. All stakeholders have a voice and those who are often neglected more so. "You can't solve my problem until I tell you what the problem is and how to solve it" was the plea from ANPUD at the Second Asian Consultation.

Delegates who attended the Consultation came from very different backgrounds, regions and countries in Asia. All fulfil very diverse roles in their everyday lives. All contributed to an open, honest and forthright dialogue from the opening session to the final plenary. "Precious" beliefs were challenged, arguments were made and convictions were reformed based on dialogue, discussion and genuine consultation. It is these delegates, drawn from heterogeneous backgrounds, that make up the movement for change facilitated by RBB.

RBB can only move forward through receiving its authority and mandate from stakeholders and the necessary finance from those who believe that this dialogue and consultation does contribute to a developed and coherent response. Consequently, RBB now welcomes support, encouragement and commitment to the future from all reading this report. Please write to RBB at the secretariat - **secretariat@responsebeyondborders.com**

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Human Rights Watch - **Canada**

CompWare Medical GmbH; DOH-International - **Germany**

IHRD - **Hong Kong**

AHF; CRS; DNP+; Government of India; Hopers Foundation; JN Hospital; Lawyers collective; Me DUN et; NACO; Sankalp; Sharan -**India**

Board of Indonesian Doctors Association; East Kalimantan and Head of Provincial Narcotic Board; HIV Cooperation Program for Indonesia; IKON Bali; LARAS; Legislative Council East Kalimantan; PANAZABA; Provincial Narcotics Board, East Kalimantan; Provincial Narcotics Board, East Kalimantan; STIGMA Foundation; YAKITA Addiction Recovery Center - **Indonesia**

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CDC Vietnam; Family Health International; Health Policy Initiative; Vietnam - Life-gap Project - **Vietnam**

The 7 Sisters

Asia-Pacific Shared Services Centre (APSSC) UNICEF

Asian Forum of Parliamentarians on Population and Development

International Drug Policy Consortium

HAARP

HIV/AIDS Asia Regional Program

TREAT Asia

UNAIDS RST

World AIDS Campaign

USAID

ANPUD

UNODC

AHRN

APN+

THE WORLD BANK

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Program Persons


Activists


Representation of Funding Agencies

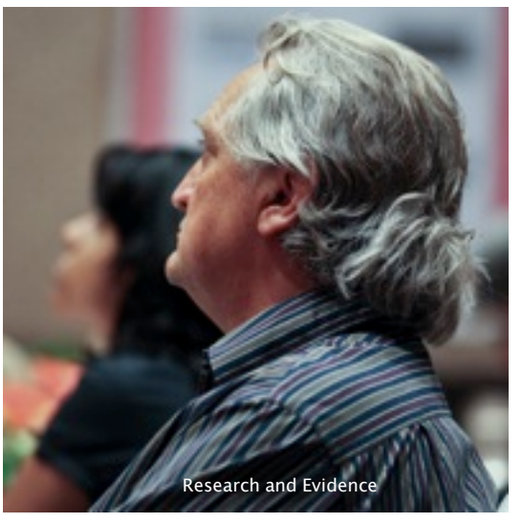

Political will and leadership


Volunteers and Media


Human Rights and Legal Reforms


Service providers


Representation of Non-Asian Governments


Research and Evidence


Representation of the UN Agencies


Networks and Experts


The RBB Secretariat