

7 January 2005

The Secretary of the Expert Committee on the
Selection and Use of Essential Medicines
Policy, Access and Rational Use
Essential Drugs and Medicines Policy
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland
Email Hogerzeilh@who.int

Re: A recommendation to include methadone and buprenorphine in the WHO Model List of Essential Medicines

Dear Committee,

According to the WHO Expert Committee on the Use of Essential Drugs ⁽¹⁾, 1999, drugs on the Essential Medicines List should:

- satisfy the health care needs of the majority of the population with a specific condition
- be available at all times
- be available in adequate amounts and in the appropriate dosage forms; and
- be available at a price that individuals and the community can afford.

We believe that methadone and buprenorphine satisfy these criteria and should be reviewed in regard to the considerable benefit they provide both to patients undergoing treatment for opioid dependence ^(2, 3, 4, 5) as well as the population at large, especially regarding the value they add relative to their cost ⁽⁶⁾.

We the undersigned - representing people living with HIV and their advocates, HIV prevention workers, drug users, treatment and harm reduction professionals and addiction scientists - request the World Health Organization to include methadone and buprenorphine treatment for opioid dependence in the WHO Model List of Essential Medicines and set out our reasons below.

1 The global importance of injecting drug users in control of HIV.

It is estimated ⁽⁷⁾ that 5-10% of all HIV infections in the world today are directly attributable to the sharing of injection equipment among injecting drug users while additional HIV infections are attributable ⁽⁸⁾ to spread from drug users to their heterosexual and homosexual partners. In many parts of the world, injecting drug users comprise a substantial proportion of new HIV infections ⁽⁹⁾, for example 72% of new HIV infections in Ukraine ⁽¹⁰⁾. This is particularly true in two critical regions: (i) central and eastern Europe ⁽¹¹⁾ and (ii) Asia ⁽¹²⁾. HIV infection is spreading more rapidly than in any other part of the world in central and eastern Europe ⁽¹³⁾ where injecting drug users account ⁽¹⁴⁾ for over 80% of new HIV infections. Before the end of the decade, the epicentre of the HIV epidemic will shift to Asia ⁽¹⁵⁾, home to half the world's population. In most Asian countries, injecting drug users account for the overwhelming majority of new HIV infections ⁽¹⁶⁾. In a number of countries around the world, HIV infection spread ⁽¹⁷⁾ initially among injecting drug users and later developed into a generalised epidemic.

Reducing the number of new HIV infections in injecting drug users is important globally and critical in regions of the world which will determine the global course of the HIV epidemic over the next quarter century.

2 The importance of methadone and buprenorphine in achieving control of HIV among injecting drug users.

There is compelling evidence that methadone and buprenorphine treatment reduces the risk of HIV infection among injecting drug users. This evidence was summarised ⁽¹⁸⁾ in a (forthcoming) Cochrane review:

“A recent review of 28 studies, involving nearly 8000 participants evaluated the effects of oral substitution treatment on behaviours of drug users with a high risk for HIV transmission. Evidence showed that substitution treatment is associated with reductions in illicit opioid use, injecting use and sharing of injecting equipment. Users undergoing substitution treatment were also less likely to report multiple sexual partners, or to exchange sex for drugs or money. On the basis of these reductions in risk behaviours, it can be concluded that oral substitution treatment is associated with a reduced transmission of HIV among opioid drug users. Oral substitution treatment programmes for opioid users in countries with emergent or established HIV and drug use problems should be strongly supported.”

There is compelling evidence for the effectiveness ⁽¹⁹⁾, safety ⁽²⁰⁾ and cost effectiveness ⁽²¹⁾ of substitution treatment. Apart from a reduction in HIV infection, other important benefits include substantial reductions in drug overdose deaths ⁽²²⁾, crime ⁽²³⁾ and heroin use ⁽²⁴⁾ and also a considerable improvement in social functioning ⁽²⁵⁾. Methadone and buprenorphine treatment has now been implemented in a growing number of countries, especially in western Europe ⁽²⁶⁾. Yet global implementation remains poor, especially in central and eastern Europe and Asia. There are a number of barriers to increased implementation of methadone including competition for scarce health care resources in developing and transitional countries (though substitution treatment is relatively inexpensive and cost effective). Including methadone and buprenorphine in the WHO Model List of Essential Medicines will reduce the financial disincentive for countries struggling to pay for this treatment.

3 The importance of methadone and buprenorphine in achieving the target of three million people on antiretroviral treatment by 2005

WHO set a target ⁽²⁷⁾ of providing three million people with antiretroviral treatment (ART) by 2005. Experience in many countries has demonstrated that it is very difficult to recruit and retain ⁽²⁸⁾ large numbers of HIV infected heroin injectors without the ready availability of methadone and buprenorphine treatment. In the many countries in the world where heroin injectors comprise a substantial proportion of HIV infections, the failure to recruit and retain large numbers of HIV infected injecting drug users is a major obstacle to the 3x5 initiative. There is clear evidence that substitution treatment with buprenorphine and methadone play a crucial role in adherence provision and effective utilization of ART for injecting drug users living with HIV ^(29, 30).

On behalf of all supporting researchers, practitioners and activists enlisted in the Appendix,

CEE-HRN

Central and Eastern European Harm Reduction Network

anya@ceehrn.org

EATG

European AIDS Treatment Group

mauro@eatg.org

IHRA

International Harm Reduction Association

gerry.stimson@mail.ihra.net

References:

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<http://www.unaids.org/wac/2001/Campaigndocs/youngmen.htm> (accessed 10th November 2004)
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Appendix

The following list provides names of organizations and individuals who expressed their support to this letter. Additional contact information available on request from info@ceehrn.org

International

International AIDS Society

International Society of Addiction Medicine

15th International Conference on AIDS - Leadership Forum on Injecting Drug Use

Health & Development Networks

International Community of Women Living with HIV/AIDS

The Global Network of People Living with HIV/AIDS (GNP+)

International Journal of Drug Policy

Africa

SCARJOV

Association for Reintegration of
Youth/Children in Social Life
Luanda, Angola

*

AIDS & Rights Alliance for Southern
Africa

Windhoek, Namibia

*

FISS - MST/SIDA

Support to people infected and
affected by AIDS and sexually
transmissible infections
Yaounde, Cameroon

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Horizons Program /

Population Council
Dakar, Senegal

*

Treatment Action Campaign

Muizenberg, South Africa

*

MULEIDE

(Women, Law and Development)
Maputo, Mozambique

*

Faraja Trust Fund

Morogoro, Tanzania

Asia (without Central Asia)

Asian Harm Reduction Network

Chiang Mai, Thailand

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CREA

Society for Community Health
Rehabilitation Education and
Awareness

Dhaka, Bangladesh

AIZHIXING - Institute of Health
Education

Beijing, China

*

Solidarity and Action Against the HIV
Infection in India

Chennai and Calcutta, India

Sharan
Society For Service to Urban Poverty
Delhi, India

*

North East India Harm Reduction
Network
Imphal, Manipur, India

*

SPARSHA
Society for Positive Atmosphere and
Related Support to HIV/AIDS
Kolkata, West Bengal, India

*

SASO
Social Awareness Service
Organization
Manipur, India

*

Bali Plus Support Group Denpasar
Bali, Indonesia

*

Kamiar Alaei, MD & Arash Alaei, MD
Executive Director of Pars Curative
Researchers Institute for HIV/STI/DU
Directors of International Education
and Research Collaboration of
NRITLD
Kemanashah, Iran
NGO Persepolis
Tehran, Iran

*

Malaysian AIDS Council
Kuala Lumpur, Malaysia

*

Malaysian Society for Infectious
Diseases and Chemotherapy
Kuala Lumpur, Malaysia

*

Women and Health Association of
Kuala Lumpur
Kuala Lumpur, Malaysia

*

Myat Htoo Razak, MD, MPH, PhD
Independent Public Health Worker
Rangoon, Myanmar (Burma)

Nava Kiran Plus
Kathmandu, Nepal

*

Dr Dhruba Man Shrestha
Methadone Programme, Mental
Hospital
Lagankhel, Nepal

*

Bright Community Welfare
Organization
Tehsil Shabqader Distt
Charsadda NWFP Pakistan

*

Hamdam Development Organization
Dera Ismail Khan, Pakistan

*

Raza Hussnain
AMAL Human Development Network
Islamabad, Pakistan

*

DOST Foundation
Peshawar, Pakistan

*

NGO CAPS
Peshawar, Pakistan

*

Prof M. Ismail
RISE (Rural Initiatives in Sustainability
and Empowerment)
Peshawar, Pakistan

*

Asia Pacific Network of People Living
with HIV/AIDS
Bangkok, Thailand

*

Thai AIDS Treatment Action Group
Bangkok, Thailand

*

Thai Drug Users' Network
Bangkok, Thailand
Jamie Uhrig
Harm reduction consultant
Chiang Mai, Thailand

Australia

WHO Collaborating Centre for the
Treatment of Drug and Alcohol
Problems

Dept of Clinical & Experimental
Pharmacology
University of Adelaide
Adelaide, Australia

*

AIDS Action Council ACT Inc
Canberra ACT, Australia

*

Dave Burrows
Director, AIDS Projects Management
Group
Canberra, Australia

*

Nada Ratcliffe
AIDS Action Council of the ACT
Canberra, Australia

*

People Living With HIV/AIDS ACT
Canberra ACT, Australia

*

Sex Worker Outreach Project
Canberra ACT, Australia

Cheryl Wilson
Chief Executive Officer
Alcohol and other Drugs Council of
Australia

Deakin ACT, Australia

*

Alison Ritter, Associate Professor
Head of Research,
Turning Point Alcohol & Drug Centre
Principal Fellow,
The University of Melbourne
Fitzroy, VIC, Australia

*

Nick Crofts, Professor
Director
Turning Point Alcohol and Drug Centre
Fitzroy, VIC, Australia

*

Jimmy Dorabjee
The Centre for Harm Reduction,
Macfarlane Burnet Institute for Medical
Research and Public Health
Melbourne, VIC, Australia

*

National Association of People Living
with HIV/AIDS
Newtown, Australia

*

Professor Richard P Mattick
Director
National Drug and Alcohol Research
Centre
University of New South Wales
Sydney NSW, Australia

Central and Eastern Europe and Central Asia

Aksion Plus
Tirana, Albania

*

Grigori Malintyan
Country Manager of the Southern
Caucasus Anti Drug
UNDP-Armenia
Yerevan, Armenia

*

Antidrugs Civil Union
Yerevan, Armenia

*

Belarusian Civil Union "Positive
Movement"
Minsk, Belarus

*

Public Institute for
Alcoholism and Substance Abuse of
Canton Sarajevo
Sarajevo, Bosnia and Herzegovina

Health and Social Development
Foundation
Sofia, Bulgaria
*

Tomas Zabransky, M.D., Ph.D.
Visiting Professor in the Department of
Epidemiology and Preventive Medicine
Palacky University, Medical Faculty
Olomouc, Czech Republic
*

SANANIM Drug Services
Prague, Czech Republic
*

Ante Ivancic, M.D., GP
Director, Centre for Outpatient
Treatment of Drug Addiction
Porec, Croatia
*

AIDS Information & Support Center
Tallinn, Estonia
*

Convictus Eesti, NGO
Tallinn, Estonia
*

Maarike Harro
Director General
National Institute for Health
Development
Tallinn, Estonia
*

Blue Point Drug Counseling Centre
and Ambulance
Budapest, Hungary
*

Chance Instead of AIDS Foundation
Budapest, Hungary
*

Drog Prevention Foundation,
Needle Exchange Program
Budapest, Hungary
*

Drug Ambulance of the Nyirő Gyula
Hospital
Budapest, Hungary

Hungarian Civil Liberties Union
Budapest, Hungary
*

Hungarian Narcological Society
Budapest, Hungary
*

Farkasinszky Drug Centre
Szeged, Hungary
*

Professor Anna Borsodi
Biological Research Center
Hungarian Academy of Sciences
Szeged, Hungary
*

Alcohol and Drug Aid Centre
Veszprém, Hungary
*

Alkohol-Drogsegély Ambulancia
(Alcohol- and Drug Aid Centre)
Veszprém, Hungary
*

Kazakhstan National Association of
AIDS Service Organizations
Almaty, Kazakhstan
*

Kazakhstan Republican AIDS Center
Almaty, Kazakhstan
*

Community Organization Credo
Karaganda, Kazakhstan
*

Public Foundation Help
Kostanai, Kazakhstan
*

Viktoria
Community organization of
people living with HIV/AIDS
Pavlodar, Kazakhstan
*

Shapagat
NGO of people
living with HIV/AIDS
Temirtau, Kazakhstan

Kyrgyz Harm Reduction Association
"Partners Network"
Bishkek, Kyrgyzstan

*

Kyrgyz National Center of Narcology
Bishkek, Kyrgyzstan

*

Soros Foundation - Kyrgyzstan
Bishkek, Kyrgyzstan

*

Mamasobir Burhanov
Chief Doctor
Osh Drug Treatment Department
Osh, Kyrgyzstan

*

Public Foundation Podruga
Osh, Kyrgyzstan

*

Soculuc Youth Legal Assistance
Foundation/Global Fund Monitoring
Project
Shopokov town/Byshkek, Kyrgyzstan

*

Community Foundation Diaron
Zhalalabat, Kyrgyzstan

*

Klaipeda Center of Addiction
Treatment
Klaipeda, Lithuania

*

Coalition on Vulnerable Population "I
can live" (Network of 13 NGOs)
Vilnius, Lithuania

*

Emilis Subata
Director of Vilnius Center for Addictive
Disorders
Vilnius, Lithuania

*

Family Planning and Sexual Health
Association
Vilnius, Lithuania

Lithuanian Positive Group
Vilnius, Lithuania

*

Lithuanian Psychiatric Association
Vilnius, Lithuania

*

Open Society Fund-Lithuania
Vilnius, Lithuania

*

The Initiative of Drug Users Mutual
Support
Vilnius, Lithuania

*

NGO Via Vita
Bitola, Macedonia

*

NGO Zona
Kavadarci, Macedonia

*

NGO Opcija
Ohrid, Macedonia

*

NGO HOPS
Healthy Options Project Skopje
Skopje, Macedonia

*

NGO Passage
Skopje, Macedonia

*

NGO Trust
Skopje, Macedonia

*

Prim. D-r Slavica Gajdadzis-Knezevic
Neuropsychiatrist, sub-specialist in
addictive disorders
Director of the Hospital
Centre for Prevention and Treatment
of Drug Abuse
Psychiatric Hospital "Skopje"
Skopje, Macedonia

*

NGO Choice
Strumica, Macedonia

Moldavian Association of People Living with HIV Chisinau, Moldova *	Irkutsk section of Red Cross Russian Branch Irkutsk, Russian Federation *
Soros Foundation-Moldova Chisinau, Moldova *	Public Fund "Udmurtia - AntiAIDS" Izhevsk, Russian Federation *
Jan Chrostek Maj, MD Methadone Maintenance Program of L. Rydygier's Hospital in Krakow Krakow, Poland *	Prof Vladimir Mendelevich Head of Department of Medical and General Psychology Kazan State Medical University Kazan, Russian Federation *
Monar Krakow Drugs Project Krakow, Poland *	Research Institute of Mental Health Kazan, Russian Federation *
Alianta pentru Lupta Impotriva Alcoolismului si Toxicomaniilor Bucharest, Romania *	Mirny Branch, Yakutia Republican Center of AIDS Prevention and Treatment Mirny, Russian Federation *
ARAS Romanian Association Against AIDS Bucharest, Romania *	AIDS Foundation East-West (AFEW) Moscow, Russian Federation *
Romanian Harm Reduction Network Bucharest, Romania *	Alexander Kozlov, M.D., Ph.D. Senior Researcher of Sector of Medical & Social Expertise (MSE) and Rehabilitation at Mental Diseases of Federal Academic-Practical Center of Medical and Social Expertise & Rehabilitation of the Invalids (FCERI) Public Health & Social Development Ministry of the Russian Federation Moscow, Russian Federation *
UNOPA The National Union of Organizations of People affected by HIV/AIDS Bucharest, Romania *	Charitable Foundation For a Healthy Society Moscow, Russian Federation *
Astrakhan AIDS Centre, Harm reduction project Astrakhan, Russian Federation *	Drug Users Group Kolodets Moscow, Russian Federation *
Saratov Regional Branch of Russian Charitable Foundation No to Alcoholism and Drug Addiction Balakovo, Russian Federation *	Institute of Human Rights Moscow, Russian Federation
Chapaevsk Municipal Medical Association Chapaevsk, Russian Federation	

Russian Community of People Living with HIV / AIDS

*

Moscow Helsinki Group
Moscow, Russian Federation

*

Natalia Dolzhanskaya M.D., Ph.D.,
Head of Department of Prevention of
AIDS and Other Infectious Diseases
National Research Center of Addiction
(NRCA)

Public Health & Social Development
Ministry of the Russian Federation
Moscow, Russian Federation

*

New Drug Policy Alliance
Moscow, Russian Federation

*

Open Health Institute
Moscow, Russian Federation

*

Professor Maya Rokhlina, M.D., Ph.D.
Head Researcher of National
Research Center of Addiction (NRCA)
Public Health & Social Development
Ministry of the Russian Federation
Moscow, Russian Federation

*

Russian Harm Reduction Network
Moscow, Russian Federation

*

Omsk Regional Community Movement
"One World, One Hope"

Omsk, Russian Federation

*

Community Organization "Stupeni"
Perm, Russian Federation

*

Public Foundation "New Generation"
Perm, Russian Federation

*

Humanitarian Action Foundation
Saint Petersburg, Russian Federation

Community Organization "Parents
against Drugs"

Togliatti, Russian Federation
Center for Medical and Social
Assistance

Municipal Drug Treatment Department
Tver, Russian Federation

*

Center of AIDS Prevention and
Treatment

Harm Reduction Department
Tver, Russian Federation

*

Regional public foundation
«Novoye vremya (New time)»
Yekaterinburg, Russian Federation

*

Yekaterinburg Municipal Charitable
Organization «Novye Grani»
Yekaterinburg, Russian Federation

*

Dr Verica Arsenijevic,
Neuropsychiatrist
Clinical Center of Nish
Clinic for Mental Health Protection,
Drug Addiction Department
Nish, Serbia and Montenegro

*

GOD

Generacijski odgovor drogama
Novi Beograd, Serbia and Montenegro

*

Harm reduction NGO Odysseus
Bratislava, Slovak Republic

*

Association for Harm Reduction
Stigma

Ljubljana, Slovenia

*

Coordination of Centers for Prevention
and Treatment of Drug Addiction at
Ministry of Health

Ljubljana, Slovenia

National Center for Treatment of Drug
Addiction
Ljubljana, Slovenia
*

SEEAAN
South Eastern European Adriatic
Addiction Treatment Network
Ljubljana, Slovenia
*

Tatja Kostnapfel Rihtar, M.Sc.
Prohealth d.o.o.
Ljubljana, Slovenia
*

The Sound of Reflection Foundation
Ljubljana, Slovenia
*

Alisher Latypov, MA, MHS
Project Coordinator, Behavioral and
Infectious Disease Aspects of Injection
Drug Use in Tajikistan
Dushanbe, Tajikistan
*

NGO Nuri Umed
Dushanbe, Tajikistan
*

"Volunteer" association
Khorog, Tajikistan
*

NGO Youth prophylactics and
rehabilitation Center DINA
Khudjand, Tajikistan
*

Chernovtsy city foundation "New
Family"
Chernovtsy, Ukraine
*

Virtus Foundation
Dnipropetrovs'k, Ukraine
*

All-Ukrainian Harm Reduction
Association
Kiev, Ukraine
*

All-Ukrainian Network of People Living
with HIV
Kiev, Ukraine
*

Community organization "Club Eney"
Kiev, Ukraine
*

International HIV/AIDS Alliance in
Ukraine
Kiev, Ukraine
*

Sergey Dvoryak
UNDP-Ukraine
Kiev, Ukraine
*

Ukrainian Narcological Association
Kiev, Ukraine
*

NGO All Together
Lviv, Ukraine
*

Charitable Foundation Yunitus
Nikolaev, Ukraine
*

Odessa foundation of rehabilitation
and social adaptation of homeless
people "Way Home"
Odessa, Ukraine
*

Odessa Regional Charitable
Foundation For Future without AIDS
Odessa, Ukraine
*

Foundation "Public Health"
Poltava, Ukraine
*

Charitable Foundation Hope &
Salvation
Simferopol, Ukraine
*

Charitable Foundation "Pace Forward"
Sumy, Ukraine
*

Public Congress "Stalist"
Vinnitsa, Ukraine

*

Charitable Foundation Spodivannia
Zaporozh'e, Ukraine

*

NGO "Avitsenna"
Andijan, Uzbekistan

NGO "Nozim"
Andijan, Uzbekistan

*

Galina Karmanova
Chief of Party,
Drug Demand Reduction Program
in Uzbekistan and Tajikistan (DDRP)
USAID/AOSI
Tashkent, Uzbekistan

Europe (without Central and Eastern Europe)

Jean-Paul Grund, PhD
Senior Scientist, Addiction Research
Centre (CVO), Utrecht, the
Netherlands;
Director DV8 Research, Training &
Development, Rotterdam, the
Netherlands
Vienna, Austria

*

ENCOD (European Coalition for Just
And Effective Drug Policies, a platform
of 86 European NGOs)
Antwerpen, Belgium

*

European Network on Drugs &
Infections Prevention in Prison
Brussels, Belgium

*

Marc Reisinger, Psychiatrist
Vice-chairperson EUROPAD
(European Opiate Addiction Treatment
Association)
Brussels, Belgium

*

Vittorio Agnoletto
Member of the European Parliament
European United Left/Nordic Green
Left Group
Brussels, Belgium

*

Dr Didier Touzeau, Clinique Liberté
Bagneux, France

*

Dr Bruno Spire, Researcher, INSERM
Marseille, France

*

AIDES
Paris, France

*

Dr Patrick Aeberhard
Former President of
Médecins du Monde
Paris, France

*

Drs Gourarier, Peyret & Belforte,
Centre Monte Cristo,
Hopital Europeen Georges Pompidou
Paris, France

*

Hélène Rossert, MD MPH
Vice-President of the Global Fund to
Fight AIDS, Tuberculosis and Malaria
Paris, France

*

Michel Kazatchkine,
Professor of Immunology,
Université René Descartes, Paris
Head, Department of Clinical
Immunology;
Hopital Européen Georges Pompidou,
Paris
Director, Agence Nationale de
Recherches sur le Sida (ANRS),
France
Chair, The Technical Review Panel,
The Global Fund to Fight AIDS,
Tuberculosis and Malaria, Geneva
Paris, France

Docteur Jean Marie Guffens
Le Vieux Mûrier
Saint Tropez, France

*

Akzept
Berlin, Germany

*

Heiko Karcher, MD
Berlin, Germany

*

Inge Banczyk
Chair, Berliner AIDS-Hilfe (BAH)
Berlin, Germany

*

Karsten Hein, Filmmaker
Berlin, Germany

*

5%-Gruppe Heidelberg
Heidelberg, Germany

*

Professor Karl Mann, MD
University of Heidelberg
Chair in Addiction Research
Central Institute of Mental Health
Dept. of Addictive Behavior and
Addiction Medicine
Heidelberg, Germany

*

Dr Stephan Walcher
CONCEPT Center for Addiction
Medicine
Chair of Bavarian Academy of
Addiction Treatment and Research
Munich, Germany

*

Münchner Aids-Hilfe
Munich, Germany

*

Action against AIDS Germany
A network of 70 Aids Service and
Development Organisations, Churches
and 200 grassroots groups
Tübingen, Germany

Dr Barbara Krumme
Medical Mission Institute, Working
Group Cooperation in Need & Disaster
Würzburg, Germany

*

Irish Penal Reform Trust
Dublin, Ireland

*

Ernesto de Bernardis, M.D.
Drug Addiction Service (SerT) of
Augusta (SR)
Augusta, Italy

*

SITD-Puglia
Italian Addiction Association of Puglia
Bari, Italy

*

Dott. Gaetano Deruvo
Medico – Chirurgo, Specialista in
Neurologia
Bitonto (Bari), Italy

*

Italian Community Advisory Board
Bologna, Italy

*

Pier Paolo Pani, M.D.
SerT Via dei Valenzani, Institute
"Bernard Brodie"
Cagliari, Italy

*

Studio Intervento Malattie Sociali
Pietrasanta (LU), Italy

*

Dr Ignazio Marcozzi Rozzi
President of Agenzia Comunale per le
Tossicodipendenze of Rome
Rome, Italy

*

Fondazione Villa Maraini
Roma, Italy

*

Itaca Europe
Roma, Italy

Icro Maremmani, MD
Professor of Addiction Medicine,
University of Pisa - University of Siena
President of the European Opiate
Addiction Treatment Association
(EUROPAD)
Editor of "Heroin Addiction and
Related Clinical Problems"
President of the Association for the
Application of Neuroscientific
Knowledge to Social Aims, (AU-
CNSonlus), Pietrasanta, Lucca, Italy
Scientific Director of the "G. De Lisio"
Institute of Behavioural Sciences
Pisa, Italy
*

Prof Alessandro Tagliamonte, M.D.
Dr Carla Gambarana, M.D.
Dr M. Graziella De Montis, Ph.D.
University of Siena
School of Medicine
Siena, Italy
*

LILA NAZIONALE
(Italian League for the Fight against
Aids)
Turin, Italy
*

AMOC/DHV
Amsterdam, The Netherlands
*

AIDS & Mobility Europe
Netherlands Institute for Health
Promotion and Disease Prevention
(NIGZ)
AM Woerden, The Netherlands
*

Euro-Methwork
Amsterdam, The Netherlands
*

LSD
National Interest Group of Drug Users
De Wijk, The Netherlands
*

Helge Waal,
Professor, Unit for Addiction Medicine,
University of Oslo
Oslo, Norway

Abraço - associação de apoio a
pessoas infectadas e afectadas pelo
VIH/SIDA
Lisbon, Portugal
*

GAT
Grupo de Activistas sobre
Tratamentos de VIH/SIDA
Lisbon, Portugal
*

Grupo de Trabajo sobre Tratamientos
del VIH
Barcelona, Spain
*

Marta Torrens
Head of Drug Abuse Department
Hospital del Mar, Universidad
Autónoma de Barcelona
Barcelona, Spain
*

Dr Teresa Pointing
Clinical Director, Bath Community
Drug and Alcohol Service
Bath, UK
*

Jenny Scott PhD MRPharmS
Lecturer in Pharmacy Practice
University of Bath
Claverton Down, Bath, UK
*

Neil Hunt,
Director, UK Harm Reduction Alliance;
Director of Research, KCA;
Senior Research Associate, University
of Kent;
Honorary Research Fellow, Centre for
Research on Drugs and Health
Behaviour, Imperial College;
Honorary Researcher, South London
and Maudsley NHS Trust
Eccles, UK
*

Substance Misuse Directorate
Primary Care and Community Division
NHS Lothian
Edinburgh, Scotland, UK

T3E
Drug Addiction: Europe. Exchange.
Training
Enfield, UK

*

REFORM
Drug Policy Interest Group
Essex. RM, UK

*

HIT
Liverpool, UK

*

United Kingdom Harm Reduction
Alliance
Liverpool, UK

*

Addaction
London, UK

*

Carmen Aceijas and Mathew Hickman
Secretariat Team to the UN Reference
Group on HIV/AIDS Prevention and
Care among IDUs in Developing and
Transitional Countries
Centre for Research on Drugs and
Health Behaviour (CRDHB)
Department of Primary Care & Social
Medicine, Imperial College
London, UK

*

Damian McLarens
Senior outreach worker, Mainliners
London, UK

*

Dr Chris Ford MRCP FRCGP
SMMGP (Substance Misuse
Management in General Practice)
London, UK

*

Dr Clare Gerada
Royal College of General
Practitioners, Director of Drugs
Training Programme and Chair of the
National Expert Advisory Group on
Drug Misuse
London, UK

Dr Kim Wolff
Senior Lecturer in the Addictions;
Head of Taught Graduate Studies;
National Addiction Centre
Addiction Sciences Building
London, UK

*

Dr Robert Macdonald, GP
Addaction
London, UK

*

DrugScope (UK wide remit)
London, UK

*

HIV i-Base
London, UK

*

Mike Ashton
DRUG & ALCOHOL FINDINGS
London, UK

*

Natalia Bobrova, SM
Research Officer, Department of
Primary Care and Social Medicine
Imperial College
London, UK

*

National AIDS Trust
London, UK

*

Robert Power PhD
Reader in Health & Social Sciences
Research; Centre for Sexual Health &
HIV Research; Department of Primary
Care & Population Sciences
Royal Free & University College
Medical School; Mortimer Market
London, UK

*

Royal College of General Practitioners
Sex, Drugs and HIV Task Group
London, UK

*

The Alliance
London, UK

Sebastian Saville
Director
Drugs, The Law & Human Rights
London, UK

*

The Centre for Research on Drugs
and Health Behaviour
Imperial College
London, UK

*

The UK Consortium on AIDS and
International Development
London, UK

Latin America

RELARD
Latin American Harm Reduction
Network
Curitiba, Parana, Brazil

*

Intercambios Civil Association
Buenos Aires, Argentina

*

REDARD
Argentinean Harm Reduction Network
Buenos Aires, Argentina

*

Drug Abuse and AIDS Advances
Studies Center of National University
of Rosario
Rosario, Argentina

*

Silvia Rosa Castro
RADDUD - Red Argentina
Defendiendo Los Derechos de
Usuarios de Drogas
Rosario, Argentina

*

Flamarion dos Santos Batista, MD
PhD
Senior Researcher, Evangelical
Hospital
University of Curitiba
Curitiba, Parana, Brazil

*

*

National Primary Care Network
Substance Misuse Management in
General Practice
Manchester, UK

*

DIY Walsall User Group
Walsall, UK

*

Cranstoun Drug Services
Wimbledon, UK

Parana Drug Users Network
Curitiba, Parana, Brazil

*

Sandra R.F. Batista
Psychologist; Researcher of Sector
Human Rights and Drug Use
Curitiba, Parana, Brazil

*

HUMANAR
Huritiba, Brazil

*

Maria Cristina Rodrigues Gil
Sociologista;
AIDS & Human Rights activist
Londrina, Brazil

*

Brazilian Drug Users Network
Recife, Brazil

*

Francisco I. Pinkusfeld M. Bastos, MD,
PhD
Senior researcher;
FIOCRUZ - Oswaldo Cruz Foundation
Deputy Coordinator of AIDS
Programme
Director, Latin American UNAIDS
Collaborative Centre
Rio de Janeiro, Brazil

*

Luiz Paulo Guanabara
Executive Director, Psicotropicus
Rio de Janeiro, Brazil

*

Regina Benevides de Barros
Ministry of Health Brazil
Rio de Janeiro, Brazil

*

Rita de Cassia Haiek
Instituto de Estudos e Pesquisas em
Aids de Santos - IEPAS
Santos, SP, Brazil

*

Professor Bertoldo Fergutz
Researcher in Drug Policies
Executive Director, HUMANAR
Sao Francisco do Sul, Brazil

*

DINAMO
Reliable Information About Drugs And
Related Issues
Sao Paulo, Brazil

*

REDUC
Brazilian Harm Reduction Network
Sao Paulo, Brazil
Redla+
Latin American Network of PLWHA
Cali, Colombia

North America

Undun
Unified Networkers of Drug Users
Nationally
Barrie-Toronto-Belleville-Kingston-
Arden-Napanee-Ottawa-Ontario,
Canada

*

International Society of Addiction
Calgary Alberta, Canada

*

Canadian HIV/AIDS Legal Network
Montréal, Canada

*

*

Prof. Remo Pompei
Social Scientist
Member of the Academic Commission
on Drugs, Prevention and Harm
Reduction of Central University of
Chile;
Valparaiso University;
Viña del Mar University
Executive Director, Credho Foundation
President, Chile Harm Reduction
Network
Director, Latin American Harm
Reduction Network
Santiago, Chile

*

Guillermo Castaño
Fundacion Universitaria Luis Amigo
Medellín, Colombia

*

Centro Nacional para la prevención y
Control del SIDA, Secretaría de Salud
Mexico City, Mexico

*

Agustin Lapetina
EL ABROJO
Montevideo, Uruguay

Canadian Centre on Substance Abuse
(Canada's National Addictions
Agency)
Ottawa, Canada

*

The Canadian Harm Reduction
Network
Toronto, Canada

*

Toronto Harm Reduction Task Force
Toronto, Canada

*

Atlanta Harm Reduction Center
Atlanta, USA

<p>Albert Wu Johns Hopkins University Baltimore, USA *</p>	<p>Harold C. Urschel III MD, MMA President/CEO; MARS (Matrix Alliance Recovery Systems) Ltd Dallas (Texas), USA *</p>
<p>Gregory M. Lucas, MD PhD Assistant Professor of Medicine, Johns Hopkins University Baltimore, USA *</p>	<p>Harm Reduction Project Denver and Salt Lake City, USA *</p>
<p>Susan G. Sherman, PhD, MPH Epidemiology Department, Johns Hopkins University Baltimore, USA *</p>	<p>Jane A. Kennedy, D.O. Associate Clinical Professor of Psychiatry, University of Colorado School of Medicine Diplomate, American Board of Psychiatry and Neurology with Added Qualifications in Addiction Medicine; Certified, American Society of Addiction Medicine Denver, USA *</p>
<p>Physicians for Human Rights Boston, USA *</p>	<p>Opiate Dependence Resource Center Brattleboro, USA *</p>
<p>CitiWide Harm Reduction Bronx, USA *</p>	<p>Mark Greenwald, Ph.D., Associate Professor Dept. of Psychiatry & Behavioral Neurosciences Wayne State University School of Medicine Detroit, USA *</p>
<p>NY Harm Reduction Educators Bronx, USA *</p>	<p>Kenneth Grasing, M.D. Associate Chief of Staff for Research Department of Veterans Affairs Medical Center Kansas City, USA *</p>
<p>St. Bardabas Hospital Bronx, USA *</p>	<p>Leslie M. Schuh, Ph.D. Team Leader, Scientific Communications US Medical Division Eli Lilly and Company Indianapolis, USA *</p>
<p>FIAR Foundation for Integrative AIDS Research Brooklyn, USA *</p>	<p>AIDS Project Los Angeles Los Angeles, USA</p>
<p>WPA Brooklyn, USA *</p>	
<p>Starfish Foundation Carrollton (Texas), USA *</p>	
<p>Chicago Recovery Alliance Chicago, USA</p>	

Pamina M. Gorbach, M.H.S., Dr.P.H.
Assistant Professor, Department of
Epidemiology
University of California
Los Angeles, USA

*

MORE Center
(Methadone treatment facility)
Louisville, USA

*

Phillip K. Peterson, M.D.
Medical School, University of
Minnesota
Minneapolis, MN, USA

*

Robert Heimer
Department of Epidemiology and
Public Health
Yale University
New Haven, USA

*

Tara M. Neavins, Ph.D.
Yale University School of Medicine
New Haven, USA

*

AIDS Treatment Data Network
New York, USA

*

American Association for the
Treatment of Opioid Dependence
New York, USA

*

CHAMP
Community HIV/AIDS Mobilization
Project
New York, USA

*

Don Des Jarlais
Director of Research, Edmond de
Rothschild Chemical Dependency
Institute,
Beth Israel Medical Center
New York, USA

*

Dr Charles E. Inturrisi
Weill Medical College of Cornell
University
New York, USA

*

Drug Policy Alliance
New York, USA

*

Ernest Drucker, PhD
Director, Division of Public Health and
Policy Research at Montefiore Medical
Center/Albert Einstein College of
Medicine in New York City
Professor in the Departments of
Epidemiology, Psychiatry, and Family
Medicine
Visiting Professor of Epidemiology at
the Mailman School of Public Health of
Columbia University
New York, USA

*

Gay Men's Health Crisis
New York, USA

*

Harm Reduction Coalition
New York, USA

*

Harm Reduction Journal
New York, USA

*

Jay Dobkin, M.D.
Director, AIDS Program
Columbia University Medical Center
New York, USA

*

Kasia Malinowska-Sempruch
Director
International Harm Reduction
Development Program, Open Society
Institute
New York, USA

*

Mark Harrington
Executive Director
Treatment Action Group
New York, USA

NAMA
National Alliance of Methadone
Advocates
New York, USA

*

New York Academy of Medicine
New York, USA

*

Positive Health Project
New York, USA

*

Robert Newman, MD
Director, Baron Edmond de Rothschild
Chemical Dependency Institute
New York, USA

*

Samuel R Friedman
Senior Research Fellow,
National Development and Research
Institutes, Inc.
New York, USA

*

James M. Oleske, MD, MPH
François-Xavier Bagnoud,
Professor of Pediatrics;
Director, Division of Pulmonary,
Allergy, Immunology & Infectious
Diseases
Department of Pediatrics,
New Jersey Medical School
Newark, New Jersey, USA

*

Hepatitis C Caring Ambassadors
Program
Oregon City, OR, USA

*

J. Thomas Payte, MD, CMA
Corporate Medical Director
Colonial Management Group, LP
Orlando, FL, USA

*

Charles P. O'Brien, MD, PhD
Professor
University of Pennsylvania
Philadelphia, USA

Dr Anna Azevedo Simoes
Research scholar, HIV Prevention
Research Division
Center for Studies of Addiction
Philadelphia, USA

*

Prevention Point Pittsburgh
Pittsburgh, PA, USA

*

Josiah D. Rich, M.D., M.P.H.
Associate Professor of Medicine and
Community Health
Brown University
The Miriam Hospital
Providence, RI, USA

*

Steffanie A. Strathdee, PhD
Professor and Harold Simon Chair
Chief, Division of International Health
and Cross Cultural Medicine,
University of California
San Diego, USA

*

Spokane AIDS Network
Spokane WA, USA

*

Spokane County Ryan CARE
Consortium
Spokane WA, USA

*

Vermont Harm Reduction Coalition
Vermont, USA