



Harm reduction 'on the right side of history'

'We are in a moment of new opportunity to consolidate gains and build on opportunities,' executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria Professor Michel Kazatchkine told delegates at the opening session. 'As we struggle, it's easy to lose sight of the progress made.'

Progress in expanding access to anti-retroviral drugs had been dramatic, with impressive declines in HIV-related mortality, he said, and harm reduction networks were increasingly vocal and respected. The prospect that the US could re-engage in harm reduction was also 'tremendously encouraging,' he stressed, calling on the US to 'firmly and emphatically' do so.

However, huge challenges undoubtedly remained. 'In too many countries, in too many police cells, in too many prisons, drug users are treated as less than human. The right to health, decent care, equality, privacy, education and to share in the advances of science are universal human rights,' he said. Meanwhile, in terms of evidence, it was essential to continue to show why drug use was most effectively addressed as a human rights

challenge. 'Punitive approaches that over burden criminal justice services are futile and counter-productive. What upsets so many in the harm reduction movement is the Commission on Narcotic Drugs' scandalous failure to appreciate how times have changed.'

A framework that focused exclusively on reduction of demand and supply was not acceptable and it was essential to continue to reject 'the myth that harm reduction promotes addiction'. By embracing harm reduction, countries moving from a law enforcement to a public health approach were 'on the right side of history', he said. However some were still determined to swim against the tide and pursue 'the senseless war on drugs'.

'Alarming evidence' was a principal tool for advocacy, he said, with the life expectancy of someone beginning anti-retroviral treatment 12 years lower for an intravenous drug user than a non IDU. 'It speaks to the scandalous failure to prioritise effective healthcare,' he said. But for every step back there were two steps forward. 'No matter how often evidence is denied we must continue to maintain hope and keep up the fight.'

HIGHLIGHTS

Tuesday 21 April

Plenary Session:

Harm reduction and human rights
This important session will reflect and explore the conference theme, and will include a presentation from the UN special rapporteur on Torture.

*Queens Park 1&2 (2nd Floor)
09:00 – 10:30*

Major Session: Compulsory drug dependence treatment centres

This session is organised by UNODC and IHRA and will explore this important topic with a focus on Thailand, Cambodia, Malaysia and Vietnam.

*Queens Park 2 (2nd Floor)
11:00 – 12:30*

Lunchtime Session:

Harm reduction in Thailand

In this hour-long session, two people who have been engaged in the Thai satellite and in ongoing advocacy work to change Thai drugs policy will provide up-to-date analysis of the local issues, the steps that have been taken and future directions.

*Queens Park 3 (2nd Floor)
12:45 – 13:45*

Workshop: From harm reduction to pleasure maximisation

Cheryl White from Canada will explore practical strategies for increasing pleasure while reducing harms. See page 2 for more details.

*Workshop Lounge (Mezzanine Floor)
14:00 – 15:30*

Film Festival

There will be another packed programme of screenings today – including films from Vietnam, Iran, Canada and the Caribbean.

*Panorama 1 (3rd Floor)
13:00 – 18:30*



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Programme changes

TUESDAY 21 APRIL 2009

Sessions

C19: Abstract #918 will now be presented by David Jacka instead of Nguyen Thanh Long.
C21: Abstract #956 (by Adeeba Kamarulzaman) has been withdrawn. **C22: Abstract #707** will now be presented by Alexander Duke instead of Prasert Thatthong. **Posters Board 18: Abstract #330** will now be presented by Ingrid Bakker instead of Jeannot Schmidt. **Board 25: Abstract #674** (A Situation Assessment to Drug Use in 29 districts of Bangladesh) will now be presented instead of abstract #370.

Conference notices

The following sessions will be available in Vietnamese:

Tuesday P2, M2, C14, C19

Wednesday: M5, M8, C26,C32 (R2)

Thursday: M11, M13, P3, CS

The International Nursing Harm Reduction Network invites you to attend a meeting on Wednesday 22 April at 1pm in the hotel lobby. For more information contact Stephane Ibanez-de-Benito.

Lost and found: If anyone has mistakenly picked up a Spirax A4 notepad and business cards from the ASP Healthcare stand, please return to Meredith Love at the stand.

Harm reduction and pleasure maximisation – join the debate: INPUD member Cheryl White will be tackling the complicated issue of pleasure relating to illegal drugs at a workshop today at 2pm. ‘After almost 20 years of being an illicit drug user activist I feel the time is right to tackle the topic of “pleasure maximisation” in relation to the use of illicit drugs,’ she says. Her workshop will explore the notion of maximising pleasurable experiences based on her own life experiences – 40-year-old Ms White has been an illegal drug user since the age of 12 and a habitual injector since she was 24 – and will look at the importance of redefining harm reduction from the drug user’s perspective. She also promises to dismantle the myth of dual diagnosis/concurrent disorders and reveal the non-existence of addiction as a disease, and approaches the subject from her perspective of living with bipolar disorder (manic depression). This interactive workshop will attempt to redefine problematic interpretations of illegal drugs and people who use them – take part at 14.00 in the Workshop Lounge (Mezzanine Floor).



'User rights are human rights, stop torture now!': a protest march by the Thai Drug User Network called for human rights and evidence-based treatment. 'Thai drug users are dying for human rights,' they chanted. 'Torture is not a cure.'



Banging the drum for harm reduction: traditional Thai drummers open proceedings at IHRA's 20th international conference, with a theme this year of harm reduction and human rights.

About the daily update

The Daily Update is produced on behalf of IHRA by CJ Wellings Ltd, whose team publishes *Drink and Drugs News* (DDN) in the UK. DDN is a free fortnightly magazine circulated to 11,300 UK substance misuse workers, and is read worldwide online. The DDN website, which contains current and back issues of the magazine, is freely accessible at www.drinkanddrugsnews.com

To advertise in DDN, email ian@cjwellings.com. Daily Updates will be available on Tuesday, Wednesday and Thursday mornings at the conference, and will include late changes to the programme.

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HARM REDUCTION 2009

IHRA'S 20TH INTERNATIONAL CONFERENCE

Thailand

Harm reduction 'must be scaled up'

'WE HAVE HAD SIGNIFICANT PROGRESS ON HARM REDUCTION IN ASIA,' so what has been the regional experience of scaling up?' asked Mukta Sharma, chairing Monday's plenary session reviewing drug use and HIV in Asia.

In 2005 coverage of harm reduction in Asia was less than 5 per cent. Three years on there had been progress, said Anindya Chatterjee, programme director at the HIV/Aids Asia Regional Programme. Injecting drug users (IDUs) in 21 countries had been reached with HIV prevention programmes and one in ten were on oral stabilisation treatment in nine countries, although needle exchange programme were still failing to reach more than 20 per cent of IDUs.

Harm reduction was typically part of HIV and Aids plans these days and national strategies were being joined up: 'There has been large scale change in the way we do things,' he said.

However there were vital missing pieces that needed to be found. Services needed better coverage and attendance and quality had to be improved, from understanding dosages to extending opening hours. 'Sustainability depends on money, people and the social policy environment,' commented Mr Chatterjee, adding that it was 'time to systematically develop the workforce on harm reduction'.

Although Asian harm reduction had come a long way, there was 'quite some way to go', he said. 'The building blocks are in place but

we need to find ways of scaling up activism – activism has broken new ground for us', he said.

Tim Brown, senior fellow at the East-West Centre, said a slowing trend in HIV epidemics in recent years was now showing signs of reversing, and highlighted countries' 'ongoing failure' to contain epidemics. Efforts needed to be focused on all members of the population, he said, as all modes of transmission were active.

'We can reverse Asian epidemics by just doing what works,' he told delegates, pointing to basic measures like using substitution programmes to reduce injecting, introducing condom use in sex work and reducing needle sharing. 'We're making progress but we have a long way to go.' Targeting at-risk populations had most impact and was cost-effective, so countries must prioritise their budgets, he said.

Sujan Jirel from Youth Rise, a network to reduce drug-related harm, said skilling up on harm reduction was critical not just for drug users but also for families and communities. 'Reporting systems are not in place to track effectiveness,' he said, pointing out that young people were particularly vulnerable and needed school programmes and peer support.

Services for drug users in Asia were too few, but 'won't improve unless we are involved,' he stressed. 'Nothing about us without us.'

Ethics, rights and drug use: why is it so hard?

Those of us working in civil society often readily invoke vague notions of 'rights' and 'abuse' in our conversations and presentations, but are frequently less clear about the specific principles underpinning our activity, writes Ian Hodgson of Health and Development Networks, Thailand.

Anand Grover, Director of the Lawyers Collective HIV/AIDS India, speaking at Monday's opening plenary session about 'the right to health in Asia', reminded delegates that harm reduction is founded on strong ethical principles, and advocacy for drug users to give them the same civil rights as other citizens must be scaled up to make sure that harm reduction – in its broadest sense – reaches all who need it.

The effectiveness of harm reduction is now undeniable, but for many drug users across the Asia region, access to services as low as 2 per cent in some areas. This, for Grover, is a clear and undeniable contravention of human rights. Examples of the systematic abuse of many drug users confirm that legislation in many countries is based less on individual rights and more on command and control.

Grover described the imprisonment, torture, and compulsory treatment meted out to drug users in India, and may readers will know of other regions where the criminalisation of drug use creates a context where harm reduction is eschewed in favour of disproportionate punishment. Citing the principle of proportionality – the notion that responses should match an action – how could capital punishment be a response to simply for possessing a drug?, he asked.

Other examples were shared, and many working in the field of harm reduction have their own case studies of people who use drugs suffering extreme privations from the state. The value of this presentation is the reminder that the rights for which we advocate in civil society – autonomy, confidentiality, non-disclosure, health, consensual treatment – are all sound

ethical principles, enshrined in the Universal Declaration of Human Rights, which codifies rights for all to physical and mental health. That drug users are denied this is simply flawed, and by using a rights-based approach, can be argued rigorously and robustly.

Grover closed by reminding us of another ethical concern – affected people being simply objects in harm reduction and advocacy interventions. To prevent this, we must ensure that 'drug users should not be the objects, but the subjects of the process'.

As we develop our programmes, policy interventions and advocacy initiatives, using a narrative that includes key ethical principles could add a level of sophistication that helps prevent glib reiteration of tired responses to the ongoing threat to human rights and denial of harm reduction.



Shifting the debate

To tie in with this morning's plenary session on human rights, *Daily Update* spoke to IHRA's deputy director Rick Lines about foregrounding drug policy issues in the mainstream global human rights agenda

Despite a growing shift in opinion that has seen even traditionally conservative commentators begin to seriously question the effectiveness of the 'war on drugs', this year's UN Commission on Narcotic Drugs (CND) in Vienna saw yet another missed opportunity to seriously address issues of harm reduction.

There, deputy director of IHRA, Rick Lines, made a statement to the commission about the UN's silence on HIV prevention a decade before at UNGASS, the subsequent explosion of HIV infection linked to injecting drug use, and the fact that 'obstructionist governments' were still blocking references to harm reduction in the political statement this time around.

Why were these governments being so intractable? 'In terms of the CND process, that's a good question,' he says. 'Some of those governments have historically been very unfriendly, to say the least, towards harm reduction and consistently blocked it. But what was interesting at the high level discussions around the political declaration this year was that there were governments who actually support harm reduction domestically that, when push came to shove and there needed to be a show of hands, opposed even the most ridiculously meagre harm reduction language. We're talking about a reference in a footnote here.'

Does he have any optimism that things might improve? 'I think the one good thing that came out of the process this year was that it really illustrated the degree to which the whole system is in a shambles,' he says. 'CND is in an isolated bubble in the broader UN when it comes to support for harm reduction, and it's going to

be increasingly difficult for them to sustain that. It just makes them look irrelevant.'

All of this is a symptom, he believes, of the way that drug policy is refusing to engage with broader international realities. Where will change come from – is it the NGO sector and drug activist organisations that are helping to shape the agenda? 'One of the things driving our work at IHRA for the last couple of years is about being able to mainstream drug policy throughout the international multi-lateral agencies,' he says. 'We need to be putting those issues in the context that other UN agencies can understand – that's the work we've been doing from the human rights end.'

The key is to engage with organisations like UNICEF and UNAIDS and illustrate the ways in which drug enforcement has an impact, he says. 'It's a question of how they can see drug policy issues as relevant to their work. If we go to them just about drugs they'll quite rightly say "we don't have a mandate to talk about drugs", but what we say is that these are human rights issues – the right to health, the death penalty, extra judicial killings, torture – that are directly relevant to their mandate, but driven by drug enforcement. There are others, around the environment, with crop eradication, and security and development, so the challenge is how we wrap up a drug policy message in a way that places it firmly within the mandate of other UN agencies, and increasingly make the CND irrelevant.'

Human rights organisations, with notable exceptions, have been accused of shying away from drugs issues, partly out of a perception that it would be hard to mobilise public sympathy. Is anything changing for the better here? 'Definitely,' he says. 'We're starting to get high profile human rights bodies making statements about drugs which will inevitably get people thinking about these issues. One of the big things we're working on at the moment is with Amnesty International around June 26, the international day against drug abuse and trafficking that a number of Asian governments choose to 'celebrate' with executions. We're looking at advocacy strategies, hooking up drug user activist and harm reduction organisations on our end with the anti death penalty groups and human rights groups that Amnesty works with.'

Foremost among 'antagonist governments' have traditionally been Russia and the US. But the new American administration is already taking a different approach to needle exchange programmes than its predecessor. Does he think things might genuinely change for the better? 'Well it couldn't be any worse,' he says. 'The US delegation expressing support for needle exchange was one of the things that minimised the CND process this year, and that public statement was very much driven by civil society organisations – on the one hand the US delegation was still maintaining this incredibly hard line against harm reduction when the new administration was publicly supportive of needle exchange, and US harm reduction groups did a lot of good media work which made the Obama administration sit up and take notice.'

Though it ultimately had no impact on the content of the international declaration, it could prove to be a watershed moment, he believes. 'In terms of US policy – specifically US policy as a donor country – it potentially opens up huge opportunities to direct funding away from abstinence-only type approaches towards harm reduction. It's a significant shift – not as significant as we all wanted, or think is merited, but we shouldn't underestimate the impact it could have.'



Coverage needs cash

'We haven't got to grips with increasing the amount of resources for harm reduction,' Professor Gerry Stimson told delegates at a session looking at harm reduction donors. Coverage of harm reduction services was still poor, he said, with 74 countries not providing harm reduction measures and 95 per cent of injecting drug users (IDUs) in lower income and developing countries having no access to harm reduction services. Finding out what is currently being spent was difficult, he added, with 'back of an envelope calculations' putting the figure at around £200m on harm reduction in developing nations.

Viewed proportionately, 10 per cent of all new HIV cases were attributable to injecting drug use, so 10 per cent of Aids spend should be directed to interventions, said Prof Stimson. 'We need more donors and better distribution,' he added. 'Our aspirations have been too modest.'

Anne Bergenstrom, coordinator of the UN task force on HIV among drug users, reported on a study that estimated the resources required to provide harm reduction services in South East Asia – a simple equation formulated by multiplying the cost of supplying resources by the population requiring them and targeting 80 per cent coverage. The preliminary findings showed a cost of \$7bn by 2015 to provide this. Ms Bergenstrom pointed out that this was only preliminarily research based on limited data, and stressed that China contributed 60 per cent of resource requirements and cost.

The essential need to find funding to support harm reduction was emphasised by Openkumar Oinam, a former IDU from Manipur in north east India. Mr Oinam told delegates of appalling situations of drug users being treated punitively, including being shot in the leg. 'We are not experts in economics, but we want to talk about realities' he said.

Treatment or torture?

Human rights abuses are being committed in the name of drug dependence treatment, says Roxanne Saucier of the International Harm Reduction Development Program (IHRD)

Flogging, chaining, isolation without medication, forced labour for 19 hours a day, psychiatric experimentation without informed consent – these are just some of the methods that countries employ to 'treat' drug users. These measures, common in many countries in Asia and the former Soviet Union, are not based on any evidence of effectiveness and violate fundamental human rights, including the right to health and the right to be free from torture, cruel, inhuman and degrading treatment and punishment.

A recent Human Rights Watch report described the conditions in the 'reeducation through labour camps' (RELC) in China: 'IDUs consistently reported that they were required to work long hours, from 7am until as late as 2am, seven days per week, and said that if they did not finish their work they were punished. Punishments could range from having food withheld, to not being allowed to sleep, to being beaten.'

In many cases, people are forced into such abusive settings against their will. Whether through mass roundups to 'beautify the streets' before public holidays, police corruption, allegations by vigilante community members or the result of a single positive urine test, it is not uncommon for people to be mandated to treatment without a medical assessment, a transparent judicial process, or the possibility of appeal. Sentences may last months or even years, without clear criteria for release.

One former detainee in Vietnam described the process of arrest in a recent focus group: 'If you've tested positive before, and now the police haven't filled their arrest quota and they see you wandering on the street, they'll just get out of their car and pick you up, no need to ask, no need for anything. Your file will be made in the camp...I know some people who have never been an addict but were arrested and brought to the camp because they were wandering around at night, drinking... It was obvious that their tests were negative.'

To find out more attend *Compulsory drug dependence treatment centres: costs, rights and evidence* at 11.00am, where speakers will describe the situation in Cambodia, Malaysia, Thailand, and Vietnam.



IHRA film show launched

SEVENTY FILMS had been submitted for this year's conference film festival, programme specialist (HIV/AIDS) at UNESCO, Gary Reid, told the opening session. Thirty seven films were being shown, from 21 countries or regions – among them, for the first time, the Caribbean, Pacific Islands, Georgia and Macau – and including two very high calibre feature length documentaries. 'We're very excited at the expansion of films from throughout the world,' he told delegates. Screenings and presentations will take place on the third floor in Bangkok Panorama 1. See the film festival programme for full details.

Drug users jailed, beaten and shot

Monday's *Policing, treatment and rights* session heard about human rights abuses across the globe. Founder of the Korsang harm reduction programme in Cambodia, Holly Bradford, described mass round ups of drug users, sex workers and homeless children in Phnom Penh last June, which led to 40 of her programme's clients being detained at a former Khmer Rouge execution centre.

There were high rates of HIV and hepatitis C among injecting drug users in Cambodia, and arrests were seriously undermining harm reduction work, she said. 'There is little or no healthcare in detention centres – no medical treatment for HIV, TB or opiate withdrawal.' Detainees had also reported beatings and other abuses, and two clients had died in escape attempts.

There were signs that the Cambodian government was trying to address the issues, although funding was almost non-existent, she said. Many detainees had been released, although up to 85 were still detained – in marginally better conditions – and the centre had had no access to them despite writing to the government and the UN. 'Our main concern is that we'll be raided,' she said. 'The police could come in and round everyone up if they wanted to.'

The project had now set up the Kamp Korsang initiative to offer

drug users a range of services including 24-hour protection, counselling and overdose treatment. 'We'll continue to operate Kamp Korsang for as long as it takes, for as long as we can raise the funding and until drug users in Cambodia are treated as human beings,' she said.

Meanwhile Robin Pollini of the University of California described human rights violations against drug users in Tijuana, Mexico, a city on a major drug trafficking route to the US. Although sterile syringes could be bought without prescription, people were still arrested for carrying a syringe, a syringe wrapper or having track marks. 'These types of arrests are associated with higher levels of syringe sharing,' she said.

Research participants reported police demanding money to avoid jail, as well as beatings, sexual assaults, the burning of possessions and even shootings. Tijuana was in the grip of a major feud between drug cartels for control of the city, she said, which had seen law enforcement officials targeted as well as high levels of police corruption. 'This is not to say that all police are corrupt. But with the targeting of the police by the cartels, and involvement with the police by the cartels, it's difficult to get them to engage with issues of the human rights of drug users.'



Gerry Stimson: 'it's those opposed to harm reduction who are at the fringe.'

Harm reduction comes of age

'When the first IHRA conference took place 20 years ago, harm reduction was seen as the lunatic fringe,' executive director of IHRA, Professor Gerry Stimson, told delegates. 'Now it's at the centre of drug policy and it's those opposed to harm reduction who are at the fringe. Harm reduction is based in public health and strong evidence for effectiveness, and the scientific argument has been won.'

There had been significant progress since last year's conference in Barcelona, he said, not least the fact that the US government had at long last rescinded its opposition to needle exchange. 'In total, 84 countries now support – or at least tolerate – harm reduction in policy. But that's not enough.' In more than 70 countries drug injectors had no human rights at all, he stressed, and in other countries programmes were under threat.

Don't just copy western solutions

'Just as individuals deny their alcohol problems, so do communities,' said Ian Newman of the Community Alcohol Policy Project (CAPP). And when these were finally acknowledged because of a crisis, the response was frequently not thought through, he said. Often the reaction was applying policies used elsewhere, irrespective of how effective or appropriate.

Alcohol use was increasing in China, but while western strategies were based on taxes, opening hours, advertising and age limits, Chinese values focused more on self-respect, moderation and family. Raising taxes in China, for example, could lead to more non-commercial alcohol production, he warned – the challenge was to avoid denial, reflect local cultural values and maintain engagement. 'We're looking to communities to develop policies based on their local situation,' he said.

Andrea Fischer of the Burnet Institute's Centre for International Health, described a project looking at non-commercial alcohol and HIV risk in Papua New Guinea, which aimed to reduce levels of intoxication and risky behaviour, such as unsafe and unwanted sex – 40 per cent of females had reported being forced to have sex in the last six months. It was important to base interventions on facts, not beliefs, and focus on empowerment, she said. 'Simple and low cost interventions work.'



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