Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users in the Greater Mekong Subregion

An overview and discussion paper

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This discussion paper provides an overview of the project “Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users in the Greater Mekong Subregion”, which was implemented by the Health and Development Section (HDS), Social Development Division, ESCAP.

The project partners in the participating countries were: the Yunnan Institute for Drug Abuse, Yunnan Province, China; the Participatory Development and Training Centre and the Vientiane Youth Center for Health and Development, Lao People’s Democratic Republic; the Institute for Juvenile and Family Justice Development, Thailand; and the Department for Social Evils Prevention, of the Ministry of Labour, Invalids and Social Affairs, Viet Nam.

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Acronyms

ATS	Amphetamine-Type Stimulants
BBI	blood-borne infection
CTC	compulsory (residential) treatment centre
DSEP	Department of Social Evils Prevention
GMS	Greater Mekong Subregion
IJFJD	Institute for Juvenile and Family Justice Development
IDU	injecting drug user
MOLISA	Ministry of Labour, Invalids and Social Affairs
PADETC	Participatory Development Training Centre
STI	sexually-transmitted infection
VYC	Vientiane Youth Center for Health and Development
YIDA	Yunnan Institute for Drug Abuse

Executive Summary

The Greater Mekong Subregion is home to a very youthful population, and plays a significant role in the production and manufacture of heroin and Amphetamine-Type Stimulants (ATS).

For this project only four of the six countries making up the subregion were included: Yunnan Province, China, Lao PDR, Thailand and Viet Nam (Cambodia and Myanmar were not included).

The subregion has been undergoing massive change over the last few decades: socially, economically and often politically. There has been increased inequitable access to new wealth and substantial strains on urban services, creating fertile ground for involvement in illicit drugs**.** For some, trafficking and dealing in drugs are ways of accessing the informal economy when entry to the formal economy is limited or barred, and using drugs can ease the experience of impoverishment. With rapid economic development, two youth populations are identified as most at risk of illicit drug use – those with money, and those with nothing.

Injecting of drugs other than heroin is not common in the subregion, but the injecting of ATS is beginning to grow as these drugs replace heroin as the most popular illicit drugs used.

Illicit drug use is most common among young people between the ages of 20 and 35 years, but there are indications that drug users are increasingly becoming younger. Studies of illicit drug use among school students report rising levels of drug use and falling ages of initiation in some countries.

Many young illicit drug users are still living in a family environment – illicit drug use, despite its stigmatization, has not yet led to complete disruption of social connectedness.

Sharing of injecting equipment is widespread, accompanied by unhygienic preparation and disposal practices.

Drug users' high rates of multiple sexual partners are widespread as are low rates of condom use. HIV infection and AIDS are epidemic in almost all countries in the subregion and there is a trend for HIV to move from the initial core group to the wider community, transmitted sexually from injecting drug users (IDUs) – especially where female sex workers are also IDUs. Young people are at the forefront of vulnerability to HIV infection. The prevalence of hepatitis C virus infection among IDUs is commonly 60 per cent or more across the region – up to 90-100 per cent in many places.

Treatment approaches in the main comprise compulsory residential facilities for detoxification and treatment, traditional medicines and military 'boot camp' approaches. Psychological and behavioural counselling is limited, as is effective assistance for drug users to reintegrate into the community following treatment. It is generally agreed that recidivism rates are high.

There are few if any youth specific drug services. Young people who have developed substance dependency and substance-related problems are often treated in adult drug use programmes, even though developmental, psychological, social, cognitive and family differences underscore the need for specialized treatment. It is important that young people who experience problematic drug use are provided with treatment and rehabilitation that is suited to their psychological, social and cognitive developmental needs, rather than being treated in the same settings and with the same approaches that are directed to adults. What community treatment exists is usually for those with access to resources.

Where the health sector develops strong, effective and professional links with other sectors, particularly education, public security, social welfare and civil society, a better range of interventions is more likely.

It is possible to provide young people with interventions that meet their needs and that are less incapacitating, and to do so in a more enabling environment, which keeps them connected with family, school and community. This can reduce stigma and discrimination and strengthen 'protective factors'.

The core of the ESCAP project Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users in the Greater Mekong Subregion was the developing and strengthening of community-based treatment interventions for young drug users. In this regard, it aimed to assist the participating organizations in developing the knowledge and skills of young people, their families, communities and schools, community health service providers, residential rehabilitation staff and civil society groups. It was hoped that the strengthening of strategic alliances would, in turn, create an enabling and supportive environment for treatment and rehabilitation.

To enable the outcomes to be achieved, a large focus of the project was workforce development via training workers, young drug users and their families and communities in how to more effectively respond to and intervene with young drug users, their families and communities. This entailed the development of training packages and resources – with the participating organizations, young drug users, family and community members and various levels of staff working in both residential and community drug treatment – that were culturally appropriate, and the delivery of train-the-trainer workshops by the project consultant and then in-country training by those trained subregionally.

Overall, there has been a modest, albeit slowly expanding, capacity for the treatment of young people with drug use-related difficulties within their communities. Much of this capacity is in the support of young people returning from compulsory or quasi-'voluntary' residential treatment in an attempt to minimise relapse and compulsory return to longer periods of time in the compulsory (residential) treatment centres (CTCs).

It is apparent that continuing care/after care is receiving more attention in all four countries and more attempts are being made to provide for it. Many of those in the CTCs in all countries remain a very long way from their homes, families and potential supports, and visiting is difficult due to the constraints of distance, time, cost of travel and need to maintain an income.

There remains a lack of capacity for widespread community treatment for young people with problematic drug use, and the current legislation and policies that almost automatically transfer young people identified as drug users to compulsory residential detoxification and/or rehabilitation centres make it extremely difficult to have a significant impact.

Overly punitive laws, the demonization of drugs, the criminalization of drug users, and an apparent disregard for the human rights of drug users of whatever age in many countries in the subregion continue to work against change.

There is a need to explore the role of pilot drug courts for such cases, and to ensure that there is some mechanism for formal review of involuntary admissions to residential detoxification and or treatment, so that young less dependent or experimental drug users are afforded an opportunity to receive community-based treatment as the preferred option. Of concern is that young people can be 'sent' to CTCs by their parents or police without any apparent capacity for 'appeal' or 'review'.

In spite of the aforementioned challenges, there are positive developments, and a sense of opportunity.

In Lao PDR, an effective Network has been developed linking seven target villages in the Vientiane Capital area, and the CTC (Somsanga) and a quasi-correctional centre (Don Tao). Members of the Network are local village leaders, police, older community members, the Women's Union and trained counsellors from the Vientiane Youth Center for Health and

Development (VYC) who come from varied backgrounds (such as high school and university students, retired and current teachers, nurses, and others from business and trades). Some local VYC-trained peer educators are ex-drug users.

In Thailand, which has already developed a wider range of treatment and processes for dealing with young drug users, the Institute for Juvenile and Family Justice Development is focussing on expanding its involvement in slum and other communities with significant drug use among young people. Tulakarn Hospital has re-oriented some of its services to the community and provides continuing care within selected communities to those returning from their residential treatment services, and community-based treatment to young people in the hope of avoiding a residential placement.

The Thai Juvenile and Family Court in diversion and community treatment, and the Probation Service via provision of a coherent drug treatment process for young people in custody, could become role models to the subregion where there is less 'ownership' of treating drug use by Ministries of Health and more by Public Security.

In Yunnan Province, China, the Yunnan Institute for Drug Abuse (YIDA) has provided a greater focus on young people with illicit drug use and links peer education activities at drop-in-centres, in the community and within CTCs. YIDA has developed effective processes for engaging with young people in CTCs, conducting baseline assessments, supporting young people while in the CTCs via visits from peer educators and YIDA professional staff, and adopting well planned continuing care. Finding pathways to trial 'diversion' for younger low-level or experimental drug users is proving difficult, but YIDA continues to deal with the multitude of barriers in a positive, intelligent, scientific manner.

Viet Nam is developing a focus on providing youth-specific counselling skills for both centre and community workers. They may also attempt to expand the range of services provided by after/continuing care clubs.