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Overview of UNICEF's Participation in the Conference

The 14th International Conference on the Reduction of Drug Related Harm was held in Chiang Mai, Thailand from 6 - 10 April 2003. The theme of the conference was "Strengthening Partnerships for a Safer Future." UNICEF, along with a number of other UN agencies, international organizations, donor organizations and international non-government organizations, was a prime sponsor of this event.

UNICEF supported the conference in a number of key ways including sponsoring the participation of young people from throughout South East Asia and the Pacific. UNICEF also organized two major sessions on young people's experiences with drugs and drug programs that were based on a number of country consultations that were conducted prior to the conference. In addition, UNICEF sponsored two skills building workshops on school-based drug prevention and advocacy for young people. Finally, UNICEF supported a youth lounge that provided young people participating in the conference with a place to meet, exchange views, and plan presentations. The youth lounge was managed on UNICEF's behalf by the Thai Youth AIDS Prevention Project (TYAP) under the direction of Amporn Boontan.

As part of the conference's opening ceremony, Robert Bennoun, UNICEF Regional Advisor on HIV/AIDS, spoke of the need for more effective and coordinated policies to address the unprecedented health risks associated with drug use by young people throughout Asia and the Pacific. He also noted that UNICEF has begun to take action in this area and pointed to UNICEF's sponsorship of the conference's young people's track as an example of the agency's desire to "give voice to (young people's) concerns and recommendations regarding drug use."

The primary means of bringing forward the perspective of young people at the conference were two sessions that featured a number of young people who participated in country consultation which occurred throughout the region during the month prior to the conference. Consultations with young people took place in Indonesia, Papua New Guinea, Thailand and Vietnam. At the conference, young people from Indonesia and Thailand presented on behalf of their peers. Due to travel restrictions as a result of the SARS virus, young people from Vietnam did not attend the conference, however a very poignant statement of one young person's experience with drugs was read on his behalf at the young people's session.

The presentations from young people, as well as opportunities for reactions from adult participants, unfolded over two sessions that totaled 3.5 hours of presentations and discussions. The first session provided young people an opportunity to share their views on the nature of drug use as well as their impressions of current program approaches. The young people also advanced a number of recommendations for developing effective policies and programs to address this issue. This session was facilitated by Joyce Djaelani Gordon (Yayasan Harapan Permata Hati Kita), and Greg Carl and Nonthathom Chaipech (UNICEF EAPRO).

The second session provided adults and young people an opportunity to engage in a dialogue that focused primarily on effective approaches for program development. The discussion covered a range of topics from effective prevention to treatment and aftercare. This session was facilitated by Michael Rosati (EDC, Inc.'s Health and Human Development Programs' South East Asia

Initiative). The session was translated by Greg Carl and Nonthathom Chaipech (UNICEF EAPRO).

This report contains a number of appendices that provide documentation on the country consultations and conference sessions. Appendix One and Appendix Two present summaries of each of the two young people's track sessions that were held at the conference. Appendix Three presents a summary document of the country consultations that was distributed at the conference. The acknowledgement page of this document lists the various organizations that took part in the consultations in each country. Appendix Four presents the full country reports that were used to create the summary document in the preceding appendix.

In addition to the two young people's sessions, UNICEF sponsored two skills sessions. The first session was titled "School-Based Drug Prevention in a Global Perspective." The session was presented by Maurice Galla of the Trimbos Institute. The morning session focused on a review of school-based prevention approaches as developed by several countries in Europe. The key elements of each approach were discussed, and prevalence data for each country was presented. In the afternoon session a discussion was conducted regarding the appropriateness of these approaches for South East Asia.

The second skill session sponsored by UNICEF was titled "Advocacy Workshop: Do It Yourself." This workshop was facilitated by Greg Carl, Nonthathom Chaipech (UNICEF), Joyce Djaelani Gordon, David Gordon (Yayasan Harapan Permata Hati Kita), and Gerson Bregeth (Yayasan Cinta Anak Bangsa). In this session, young participants analyzed the young people sessions conducted at the conference to identify key areas for future advocacy activities. In addition, they were given opportunities to practice ways in which they could advocate for the development of effective policies and programs to address the harms associated with drugs.

Analysis of Effectiveness of the Young People's Track

While it will be important to conduct a review of the conference evaluation forms when they become available from the conference organizers, there were several indications of success that can be cited as of this time.

The first is the experience of the young people themselves. In analyzing the number of young participants (n = approximately 40), the degree of their involvement as presenters and participants, and their reports of satisfaction with this experience, it is clear that UNICEF effectively brought forward the voices of young people at this conference.

In addition, each of the young people's sessions were well attended and at each session the audience was engaged, participated in discussions and stayed throughout the presentations. The conference document that was prepared for this event was widely distributed. The young people's track was covered on a daily basis in the conference newspaper and posted on the conference web site. Young people also participated in the conference's "Morning Countdown" a fifteen minute morning talk show the preceded each day's opening session.

More importantly, from a young people's perspective, the conference gave the young participants an opportunity for a positive experience with adult professionals who demonstrated sincere interest and respect regarding the views of young people. Many of the young participants had initially expressed skepticism regarding adult interest in the views of young people. This experience gave participants confidence in their ability to express themselves, as well as demonstrated that some adults are quite interested in their views and would be happy to find ways to work more closely with young people in developing effective policies and programs.

With regard to the adults who attended this conference, UNICEF's young people's track succeeded in raising the profile of young people in relationship to harm reduction. It reminded us all that if we are to consider ways in which young people can benefit from harm reduction activities, we cannot assume that those approaches indicated for adults can be automatically applied to working with young people. While some in fact may be relevant, others must be adapted and still others must be abandoned in favor of more age-appropriate measures. It was particularly important that UNICEF in effect forced the debate about the relationship between harm reduction and prevention by suggesting that these two approaches need not be put in opposition to each other. Instead (especially in the case of young people) they should be seen as strategies that sit on the same continuum of effective practices.

Another measure of the effectiveness of this effort is the degree to which this process has provided UNICEF with visibility and documentation that will aid UNICEF in moving forward an advocacy and program agenda for young people in relationship to this issue both regional and globally. The country consultation process has produced a series of documents including country reports, a regional summary document and this conference summary report. Each of these documents can be used to continue to draw attention both to this issue and UNICEF's leadership role in ensuring that the issues of young people are taken into account as both policies and programs are developed.

In addition, a number of UNICEF country offices, which did not participate in the country consultation process, have expressed to the author of this report an interest in conducting similar consultations with young people in their countries. The regional office may consider encouraging a replication of this process as well as the development of a system for tracking, analyzing a reporting these data.

There has also been interest expressed in follow up on the conference with specific advocacy events which feature young people in each of the participating countries. The UNICEF regional office and the Thailand Country Office for example are currently developing plans for ongoing activities in this area.

Finally, the young people's track was well received by the conference organizers and the International Harm Reduction Association. In fact, the organizers of next year's conference in Melbourne, Australia have expressed interest in developing a similar track for that event as well.

Analysis of the Content of Country Consultations and Presentations

In analyzing the content of the consultations and presentations two key questions will be considered. The first concerns to what degree there are similarities among the various country consultations that may be used to develop a regional perspective. A second key question concerns to what extent the policy and program recommendations of young people are supported by the research literature on effective practice.

Key Question One: *To what extent are there similarities among the various country consultations that may be used to develop a regional perspective?*

In analyzing the various country consultation reports it is remarkable how similar the perspectives of the young people throughout this region are. This similarity was perhaps best expressed by a young Indonesian man who was asked to read a statement written by a Vietnamese young person who could not attend the conference. The young man from Indonesia prefaced his reading of the statement by telling the session's participants, "I cannot believe how similar this statement is to my own experience."

There were similarities in every major category of inquiry. For example, with regard to the nature of drug use, it was clear that all the young people felt the reasons for using were varied and included personal, family, peer and environmental factors.

The personal reasons ranged from seeking pleasure and fun to escaping life's problems. In other instances they cited lack of knowledge or feelings of loneliness and inadequacy. They also spoke of the desire to improve one's performance in school, sports and at work.

With regard to family issues, again their answers were quite similar. Perhaps the most consistent perspective was that drug use is often a result of poor family dynamics characterized by a lack of relationship, respect and communication. In the case of peer influences, it was very clear that most young people saw this a key reason that many people begin and continue to use drugs. In most cases young people cited a need to fit in with others; however in other instances they spoke

of a direct pressure from friends who either used or sold drugs. In other cases they spoke of the influence of a boy or girlfriend as a key reason to use.

In the case of the environment, the perspectives were a bit more diverse. In some cases (such as Thailand) young people identified of the role of the media as a promoter of the drug-using lifestyle. In other instances (for example Vietnam) the media was not mentioned. In many cases young people did speak directly about the role of their government and the degree to which communications and social campaign missed the mark by giving inaccurate or false information.

With regard to reasons for stopping using drugs, again we find that participants throughout the region offered responses that cited personal, family, peer and environmental factors. Many felt that in the end, the single most important reason for stopping was the result of personal maturation that led to an understanding of the harms associated with drug use. Others credited families who understood and supported children as the critical element that accounted for an end to drug use. Still others pointed to a peer influences including a boy or girlfriend who did not use and encouraged the drug users to stop. Finally, environmental factors were identified ranging from decline in availability due to lack of supply or high prices to (in a few cases) the presence of programs the provided treatment.

In the case of programs, as one might suspect, there was a great deal of variance by country. In some cases it was clear that there had been a particular emphasis on school-based approaches; in other instances it would appear that more resources were put into broad-scale communications campaigns. In still other instances it appeared that supply reduction was a prime strategy. In very few cases harm reduction was mentioned. When it was discussed it was presented as a helpful and important component of a comprehensive approach, however in only one instance (Vietnam) was an example given of what was considered an effective harm reduction program (although the program is longer being implemented).

Regarding recommendations for future policy and program development, we see once again a convergence of views on the part of the young people in the region. One clear recommendation is to involve young people as partners in program development. Another is to provide accurate information. A third is to supplement information with skill development and alternative activities. A fourth is to provide treatment that is flexible and tailored to the needs of young people. Lastly, there appeared to be a fair amount of agreement that many of the professionals who work with young people need more information regarding this issue. In addition, they also need to develop better attitudes regarding young drug users and learn to treat young people with more respect and compassion.

Key Question Two: To what extent are the policy and program recommendations of young people supported by the research literature on effective practice?

The literature on effective practice provides many valuable insights that can guide the development of policies and programs for the prevention and treatment of drug abuse among young people. While it is important to consider the recommendations of young people as we seek to develop effective approaches, we have a professional responsibility to measure these

recommendations against the collective body of international research that has been conducted in these important areas.

With regard to prevention, several decades of experience and research have identified a number of key principles that can be used to design effective programs. The first is that it is important to develop comprehensive approaches that utilize a number of integrated strategies towards a set of clearly identified and measurable goals. A second is that programs need to blend individual and environmental approaches and involve all sectors of a society including government, NGOs, schools, the faith community, media, families, peer groups, businesses, health and social service providers, criminal justice and the police, and citizen volunteers. A third is that education (both in schools and in out-of-school settings) needs to move beyond providing information to teaching life skills that equip young people to act in a healthy manner. In addition, school-based and other youth programs need to augment curriculum with a range of program components including health services, parent support and involvement, young people led initiatives, and alternative activities. Finally at the community and society levels, policies must be developed that reflect currently accepted norms of appropriate behavior. In absence of such norms, public education and social marketing campaigns need to be conducted to help individuals understand the importance of creating a social structure that is supportive of young people and encourages them to engage in healthy behaviors (Rosati, M., Goddard, C., Lang, C. and Vince-Whitman, C. *Developing Effective Science-Based Substance Abuse Prevention Programs*. Education Development Center, January, 2000).

In addition, over the past several decades, theories such as risk and protective factors and structural determinants have been developed and researched. These models seek to explain the factors that determine individual drug using behavior as well as provide insights into how we can create the conditions to make it less likely that such behavior will occur. These factors include personal, family, peer, school, community, society, as well as economic (employability), social (media and the workplace), and the physical environment (public space and clustering). It has been suggested, and recent evidence supports, that effective programs must not only work to provide individuals with knowledge and skills but must also take into account the degree to which each of these factors can either put at risk or support a young person's healthy development.*

In the case of treatment, several key factors have been shown to be important. In fact, three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment. The U.S. National Institute on Drug Abuse identified the following principles of effective treatment:

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.

* For more information on risk and protective factors see Hawkins, J. D., Catalano, R. F., Kosterman R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviours by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153(3). For information on structural determinants see Australian National Council on Drugs (ANCD). Structural determinants of youth drug use. (2001) ANCD research paper 2. Available online at: http://www.ancd.org.au/publications/pdf/rp2_youth_drug_use.pdf (12/24/02)].

- Effective treatment attends to multiple needs of the individual, not just his or her substance abuse.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- Addicted or abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
- Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term substance abuse.
- Treatment does not need to be voluntary to be effective.
- Possible substance abuse during treatment must be monitored continuously.
- Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. [National Institute on Drug Abuse (NIDA). (1999.) *Principles of drug addiction treatment*. Bethesda, Maryland: NIDA, National Institutes of Health (NIH). Available online at: <http://www.drugabuse.gov/pdf/podat/podat.pdf>]

In addition, especially in the case of young people, family involvement in treatment is often times the single most critical determinant in the successful treatment of young people. Also of major importance is the degree to which effective aftercare is provided.

Given this brief review of the existing literature on effective prevention and treatment programs, how do the recommendations of the young people who participated in our consultations compare? Exhibit One: *Young People's Recommendations* provides a complete list of all of the recommendations made by the young people who participated in the country consultations that preceded the conference sessions. (Note: The conference summary document found in Appendix Three provides this information on a country-by-country basis.)

In reviewing these recommendations, it is clear that for the most part the young people have provided suggestions that are in accordance with what one would find in the literature on effective practice. For example, with regard to prevention they speak of the need to augment information with skills development. They identify the need to not only provide education but to also offer alternative activities. They mention the importance of addressing key structural determinants like the media, issues of employment and constructive use of public space. They also identify many of the key risk and protective factors that need to be considered such as family, peer, school, community and social factors.

Exhibit One: Recommendations of Young People (1 of 3)

General

- Communities should avoid alienating and discriminating against young people who use
- Community-based programs that are supported by local authorities need to be put in place and communities must be open to developing such programs
- Young people should be included in relevant meetings so that social policies will not be top down but be responsive to needs of children and young people
- See drug users as good persons who have some value; do not look down on them or have negative perceptions about them at all times
- When parents see their children using drugs, do not become overly frantic, catch them and send them off for treatment center
- Talk to us and understand the reason why we use drugs; please do not just blame youth
- Young people need time to stop using drugs, it will gradually happen; do not put pressure but instead give options to them for making their own decisions to reduce and stop using

Prevention

- The age at which young people start drug use is getting lower and lower so the need for prevention or early intervention is more critical
- Develop alternative activities to help youth use free time productively and to feel happy
- Provide programs that teach occupational skills so young people can generate income
- Allow young people to participate in activities and allow others to view us positively
- Organize a camp and we can share our ideas and opinions; this can help young people stay away from drugs
- Organize a group discussion for drug users to help them share the personal experiences
- Seek effective ways to prevent misguided curiosity of young people
- Prevention must be done before exposure to drugs; once you begin you will not listen
- Programs must move beyond using scare tactics to approaches such as life skills
- Parents need to take part in prevention, providing attention and discipline (tough love)
- Schools need to take a bigger part in preventive measures, as early as possible (5th grade)
- Provide workshops at a school level, teachers must be informed (schools are not ready)
- Programs currently have very limited penetration outside major metropolitan areas
- School can provide age appropriate information that is culturally appropriate
- Specific goals and dreams for youth - support for goals and dreams
- Good environmental factors at home
- Good communication with parents who are willing to discuss sensitive issues
- Use positive peer pressure and allow youth to develop programs
- Availability of constructive, alternative options for youth (parks, community centers)
- Alumni and ex-drug addicts can revisit schools with drug information

Exhibit One: Recommendations of Young People (2 of 3)

Harm Reduction Issues

- Not available and not provided; most young people do not have information on harm reduction
- Service providers do not seem to have information on harm reduction and never pass on harm reduction messages to young substance abusers when they seek help

Young People, Drugs and HIV/AIDS

- Most university students understand AIDS and the relationship between drugs and AIDS
- High school students have little or no knowledge or believe that it is not going to affect them (it will only affect other people, bad people); elementary students have no knowledge at all
- Most youth have serious misconceptions regarding the means of available protection
- Most are not properly informed about the high possibilities of AIDS due to IDU
- Many don't know how to protect themselves or understand the proper use of condoms
- Most young people are in state of denial in regards to their vulnerability to AIDS and STD

Early Intervention Issues

- Help young substance abusers to understand the risk involved with the use of drugs
- Create a healthy drug-free environment in hang out places
- Associate drug-using lifestyle with risk and problems, because most do not do so
- Help young people learn about the skill of problem solving
- Provide information on how to stop drug use, what young people can do when friends are using
- Encourage families to be involved and educated in how to intervene

How to Motivate Youth to Stop Using Drugs

- Highlight the stress and tiredness associated with living life as an addict
- Help young substance abusers see the problem they are creating for themselves and how unmanageable and filled with problems their lives have become
- Highlight problems associated with drug use, i.e. health issues, age, and risks
- Help young substance abusers to look into the future
- Highlight the financial effect of drug use

Exhibit One: Recommendations of Young People (3 of 3)

Treatment

- As an alternative to rehabilitation, family/community environments was mentioned as a good option for young drug users
- Society must be willing to accept and reintegrate those who recover from drug addiction
- Parents should be supportive of their children and encourage them to reintegrate
- Need to move beyond simple messages such as "To use drugs is not good"; only providing this message will not help people stop using drugs
- Have varied period of time for the course of treatment as per individual need
- Professionalism in dealing with addiction is still lacking
- Young people feel that there's a huge gap between their needs and the services provided
- Young addicts are distrustful in general and are distrustful and resentful of service providers
- Young addicts feel misunderstood and mistreated
- Harsh treatments are reported in religious and police settings, while discriminative treatment are reported from medical communities
- Develop youth camps as opposed to boot camps that emphasize nature, arts and sports; provide opportunities in these camps for young people to learn how to make decisions, exchange views learn to engage in other activities than drug use

Supply Reduction

- Reconsider the drug crack-down program's effect which forces users to find more money to buy drugs or to be dealers so that they can get free drugs

In the case of treatment, once again many of the young people's recommendations are supported by the literature. For example, they suggested that treatment should be flexible and matched to the needs of the patient/client. They also cite the need for strong family involvement. In addition, they pointed out the importance of strong aftercare. They also spoke of the appropriateness of community-based treatment models as an alternative to rehabilitation centers. In many countries for a variety of reasons, this has become a preferred model of treatment, replacing more institutional approaches. The only point of major departure from the literature in the young people's recommendations was one individual's contention that the only way treatment can be successful is if it is voluntary. In fact, years of research on this point would indicate that the outcomes for those who enter treatment voluntarily are no different than for those who are compelled to enter as a result of a court order or another external pressure.

The young people also provided us with a number of important and useful insights into their perceptions of how society views young drug users. Overall, it is their feeling that society tends to shun and stigmatize young people who use drugs. This is often the case in many of their families as well. Further, they feel that the staff of treatment programs do not always understand the needs of young people and treat them harshly and with disrespect.

Finally, with regard to the harms associated with drug use, the young people confirmed what many adults believe to be true: young people do not have access to information on harm reduction. This is true not only with regard to the use of drugs but also regarding the related risk of HIV/AIDS and STD infections. It was clear from our discussion that young people either had no information or misinformation in many instances regarding the ways in which they could protect themselves from the harms associated with drug use and from engaging in unsafe sex.

Recommendations for Follow-up

The following recommendations are offered as potential follow-up actions that can be taken by UNICEF either unilaterally or in collaboration with key partners.

Recommendation One: *UNICEF can continue to play a leadership role in giving voice to young people with regard to the impact of drug use and effective program development.*

There is a need to provide more opportunities for young people to speak out on this and other important issues. Too often young people are seen as the passive recipients of services designed and delivered by adults. UNICEF can play a key role in ensuring that young people influence policy development and serve as active partners in program design and implementation.

To this end, UNICEF can continue to support country consultations similar to the ones conducted prior to this conference. The process for these consultations could be developed into a set of materials including protocols, discussion outlines, and recommendations on reporting findings. Further, UNICEF can collect and analyze this data for use at the country, regional and global levels.

In addition, UNICEF can develop and/or support a variety of media to bring young people's perspectives to a number of key audiences. These media include sponsorship of young people

tracks at future conferences, use of existing (or newly created) electronic forums and web sites, as well publications prepared for professional journals and newsletters.

Finally, UNICEF can play an important role in ensuring that young people are not co-opted by adults and adult organizations to advance vested perspectives that reflect the agenda of a particular group of individuals but do not necessarily represent the best interests of young people.

Recommendation Two: *UNICEF can augment the consultation process used to develop the young people's presentations at this conference with more rigorous research in this area.*

In addition to supporting the replication of the consultation process used in preparing the young people sessions for this conference, UNICEF can build on this process by supporting and/or coordinating with other organizations to conduct studies on this topic that have adequate sample size and methodology to generalize results to broader populations of young people. While the qualitative nature of the process used in preparation for the conference yielded useful information, the sample size and selection process does not allow for generalization. By coupling this type of qualitative research with additional studies that take a more quantitative approach, UNICEF can combine the richness of the qualitative discussions with data that can be used to more confidently speak to the collective experience of large groups of young people.

Recommendation Three: *UNICEF can advocate in partnership with young people regarding the development of effective program approaches throughout the region.*

In addition to collecting and analyzing the views of young people on issues of drug related harm and effective program development, UNICEF can work with young people to advocate for the development of programs which reflect both the perspectives of young people as well as the research literature on effective practice. There are several key steps to this process. The first is to build upon UNICEF's efforts in preparation for this conference to further identify and develop a network of regional and country NGOs and other key partners who can provide access to young people. In addition, this network can also provide technical assistance in the area of advocacy and effective program development. Secondly, as was the case at the skills building session conducted for young people at this conference, UNICEF can support young people in developing the advocacy skills necessary to promote their perspectives. In addition, UNICEF can help young people -- and the adults committed to working with them -- to develop a strong understanding of effective program approaches that take into account the needs of young people and seek to engage them as partners in program development.

Finally, and perhaps most importantly, UNICEF can play a key role in brokering opportunities for young people to speak with government policy makers, educators, health and social service providers, the media, faith and community leaders, parents and other concerned citizens.

Recommendation Four: *UNICEF can ensure that harm reduction frameworks include those strategies that best address the needs of young people including effective prevention, harm reduction, intervention, treatment and aftercare/community support.*

As was evidenced at this conference, there is still some confusion regarding the relationship between harm reduction and prevention activities. Further, it is clear that many of the harm reduction measures discussed in relationship to treatment and aftercare are more appropriate for adults than young people (for example the use of methadone maintenance as a treatment modality). This is not to say that these measures are not important approaches in certain situations, but it is to suggest that each harm reduction measure should be examined in relationship to young people. In addition, new approaches, specifically designed to address the needs of young people should be considered for inclusion in the harm reduction ladder.

As the most widely recognized global organization that advocates for the needs of young people, UNICEF has both the credibility and capacity to play this important role. In order to accomplish this goal it will be necessary to review existing research, gather new information where indicated, and develop a harm reduction framework for young people that integrates prevention and harm reduction activities. In addition, it will be necessary to offer a series of interventions, treatment and aftercare approaches that reflect an understanding of adolescent development and the specific ways in which drug use affects young people.

Recommendation Five: *UNICEF can develop and promote a framework that calls for an integrated approach to address health and social issues for young people throughout the region.*

In addition to addressing the special needs of young people in relation to harm reduction, UNICEF can also play a leadership role in ensuring the development and implementation of programs that place drug use in relationship to the range of vulnerabilities that young people face in this region. For example programs that teach life skills education can simultaneously address the issues of substance abuse, HIV/AIDS, violence and unintentional injuries. Analysis of the structural determinants and risk factors that encourage unsafe sex could also take into account the degree to which these same factors influence drug use. Treatment programs for drug users can play key roles in protecting young people from HIV/AIDS and STIs infections. Community coalitions developed to eradicate drug use can consider ways to develop safer environments that protect young people from acts of sexual abuse and other forms of violence and exploitation.

This type of program integration would not only increase program effectiveness, but also increase efficiency of resources by avoiding the development of duplicate structures. Given the finite nature of program resources, the development of an integrated structures would be the best case scenario in our region. The more likely case is that -- rather than duplicated services -- we will see a service system that lacks the comprehensive reach to effectively protect young people from the range of vulnerabilities they face.