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# **Indonesia**

# **PRE-CONFERENCE CONSULTATION WITH YOUTH: YOUNG PEOPLE AND DRUGS INDONESIA, 2003**

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**A**s part of the preparation of the Youth Sessions in the International Harm Reduction Conference in Chiang Mai, on 6-11 April 2003, UNICEF along with its partners in Indonesia has done a pre-consultation with the young people in Indonesia.

The pre-consultation was done using Focused Group Discussion, involving 40 young people at Yayasan Harapan Permata Hati Kita (Yayasan Kita), a drug treatment and recovery community center and 8 young people hosted by Badan Narkotika Nasional (BNN) a government agency working with young people in drug prevention activities. The FGD was done simultaneously at two locations on the 17<sup>th</sup> of March 2003.

The three-hour discussions stayed focused on issues that would also be addressed during the Youth Sessions at the International Harm Reduction Conference in Chiang Mai. All the young people who will take part in the Chiang Mai conference also took part in the Focused Group Discussion. The hope was that the FGD would also enable them to hear, understand and carry the message and the voices of their peers they will represent in the conference in Chiang Mai.

## **Method:**

### **Yayasan KITA**

At Yayasan KITA, the 40 young people (all addicts) were divided into 8 groups, along with 7 young Indonesian addicts over 25 years of age (47). Each group chose a facilitator from amongst the peer counselors and also a rapporteur who took notes of the group discussions. The facilitators and the rapporteurs are also the people asked for clarifications if their written report were not clear. Throughout the discussions, the main facilitator rotated from group to group to ensure that the groups were on the right track, to get further clarifications, and prodded the group with more questions. Other than that, statistics from Yayasan KITA's database (=137) was also used to quantify the findings.

### **Badan Narkotika Nasional (BNN)**

The consultation held by BNN included the participation of eight individuals from various backgrounds. The group included ex-drug addicts, prevention activists, prevention educators and research and development specialists. A series of questions were presented by the chairperson and open round-table discussions were held. A secretary was at hand to take notes of the deliberations.

## Results:

Most of the addicts at Yayasan KITA started at a very tender age. By the age of 15, all were no longer strangers to drugs. The youngest reported case of smoking was 4 years old, and alcohol by the age of 8 years old. By the age of 15-16 years old, many have already begun using heroin, or had their first experience with heroin.

### YAKITA Database 2003:

What Age Did You Use Cigarettes and Alcohol?																					
	#5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	≥24	
Cigarettes	3.0	1.5	3.8	3.0	7.5	12.0	9.8	15.8	8.3	10.5	12.0	3.8	3.0	1.5	1.5	0	0.8	1.5	0	0.8	
Alcohol	0	0	0	2.3	0.8	5.3	4.5	9.8	15.8	15.0	12.8	11.3	6.8	3.8	2.3	3.0	1.5	0.8	0.8	0.8	
What Age Did You Think You Became Addicted?																					
	#5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	≥24	
Age Addicted	3.9	0	0	0	0.8	1.5	0.8	5.4	6.9	9.2	4.6	14.6	17.7	8.5	3.8	6.9	4.6	1.5	0.8	8.5	
<b>N=</b> <b>137</b>	4.7%					28.4%						51.5%					11.4%				

In terms of drugs used, here are the data taken from the database of Yayasan KITA of 2003, portraying residents of Yayasan KITA (those who are able to).

### YAKITA Database 2003:

#### How Often Did You Use These Drugs Before Entering YAKITA?

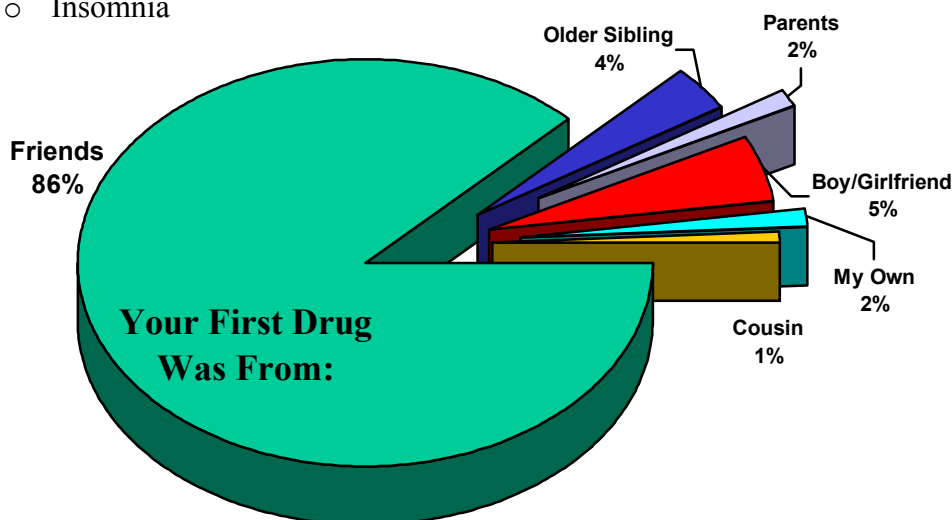
Drugs Used (%)	Never		Sometimes		Every Month		Every Week		Every Day	
	N	%	N	%	N	%	N	%	N	%
Inhalants	122	95.3	5	3.9	1	0.8	0	0	0	0
Cigarettes	2	1.5	5	3.7	0	0	1	0.7	127	94.1
Alcohol	14	10.5	77	57.9	11	8.03	19	14.3	12	9.0
Ganja	30	22.2	52	38.5	9	6.7	22	16.3	22	16.3
Barbiturates	106	83.5	16	12.6	2	1.6	1	0.8	2	1.6
Nipam, Rohyp, Dumolid	67	50.8	48	36.4	7	5.3	4	3.0	6	4.5
Mushrooms	111	83.5	21	15.8	1	0.7	0	0	0	0
LSD, Acid	83	62.9	34	25.8	7	5.3	6	4.5	2	1.5
Ecstasy	35	25.9	67	49.6	9	6.7	22	16.3	2	1.5
Heroin	22	16.4	4	3.0	0	0	5	3.6	103	75.2
Morphine	1.9	82.6	19	14.4	1	0.8	1	0.8	2	1.5

Drugs Used (%)	Never		Sometimes		Every Month		Every Week		Every Day	
	N	%	N	%	N	%	N	%	N	%
Speed & Shabu	12	8.9	47	34.8	15	11.1	35	25.9	26	19.0
Cocaine	73	55.3	40	30.3	6	4.5	7	5.3	6	4.5
PCP (Angel Dust)	118	91.5	9	7.0	0	0	0	0	2	1.6
Hallucinogenic	104	83.2	14	11.2	5	4.0	2	1.5	0	0
Others	78	79.6	15	15.3	2	2.0	1	1.0	2	2.0
<b>N = 137</b>										

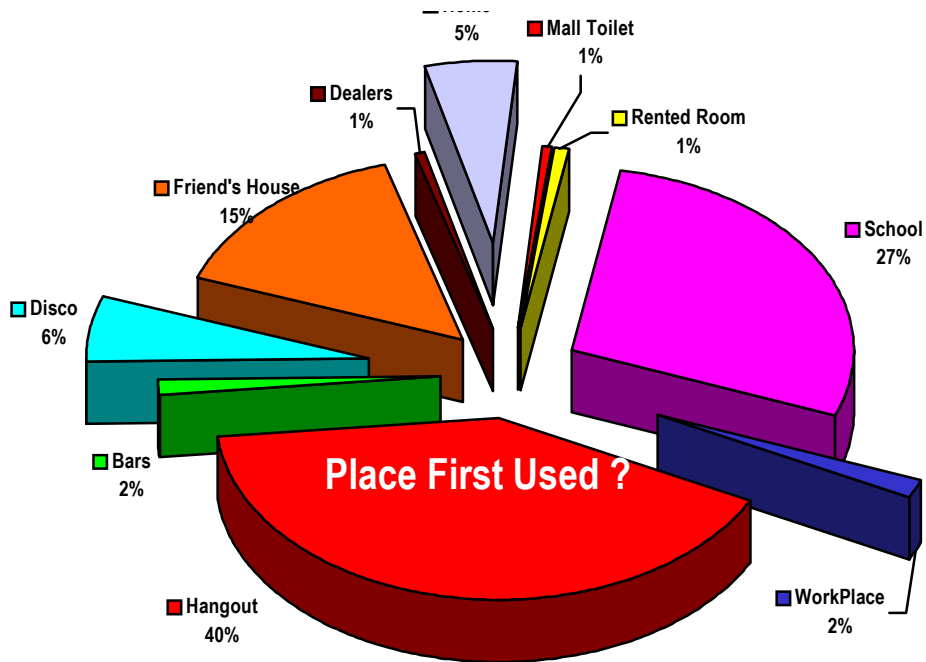
The following are the answers to the critical questions asked in the discussions.

**Drugs: Why Start?**

- Reasons young people started using drugs:
  - Curiosity
  - It was available, offered by a friend
  - Felt pressured by friends, mainly at school
  - Pressure from self: wanting to fit in
  - Following other people's lifestyles (adopting ready made lifestyles) that looks cool
  - Experimenting at first, abusing next, addicted after
  - Trying to find something new
  - Parents used drugs
  - House servants were using
  - To gain parental attention
  - Angry at parents
  - Insomnia



YAKITA Database 2003:  
Who Did You Get Your First Drug From?



YAKITA Database 2003:  
Where Did You Use Your First Drug?

*Why Continued to Use Drugs?*

- Reasons young people continued to use drugs:
  - Liking the Drugs
    - Because they like the effect of the drugs
    - Because they like the sensation
    - Found enjoyment in drugs
    - Felt that drugs was the whole world and was everything, and became one's best friend
  - Because of Friends
    - Wanting to have fun with friends
    - Because significant other (boyfriend/girlfriend) was also using
    - Because friends also continued to use
  - Lifestyle
    - Because it felt right
    - Began to enjoy the lifestyle
    - Wanting the freedom of self expression
    - It gave a sense of self confidence
    - Wanting to be reckoned with (word used: 'to exist'), proud to be 'cool'
  - Problems in Self
    - Problem avoidance, such as stress, loneliness
    - Avoiding reality
    - to get attention, especially that which is not received from family.
    - Improves ability to socialize

- Drugs
  - Did not know how to stop
  - Didn't have information on how to stop
  - Using became a need; once they started heroin, they have to use to avoid withdrawal symptoms; did not feel they have a choice
- Family
  - Parents could not control addicts, provided too much freedom, or are too soft

### *Why Stopped?*

- Reasons young people tried to stop using Drugs:
  - Personal Feelings:
    - Tired of running an addicted life, tired of being tired
    - Bored with Junkie Life
    - Stressed out, desperate
    - Feelings of Guilt
    - Feeling depressed
    - Having a will to stop
    - Feeling that they have damaged the family by lying, stealing and cheating
  - Because of Others:
    - Most significant others: parents or boyfriend/girlfriend found out
    - Most significant others forced them into treatment
    - Being found out and forced to stop
    - Loss of good friends, they begin to leave us
    - Thinking about the negative effects drug use to family and siblings
  - Health:
    - Health reasons
    - Overdosed
    - Age
  - Risks:
    - Began to look into the future.
    - Increasing risk of HIV
    - Already have HIV and HCV
    - Risks of overdose (already overdosed)
    - Risks of getting caught by police
    - Always had problems
    - Thinking about the possibility of having junkie kids
    - Life has become unmanageable
  - Financial Reasons
    - Difficult to continue to support the habit financially

Addicts in the discussion said that they realize that they must stop because they really want to stop. No one can stop them from using. Some of the addicts say that their parents made them stop, but time also determines when they have no choice but to stop.

*Parents by far are the strongest force of change that can help addicts find help and stop their drug use. This will have better success if the help provided is also good.*

**Database YAKITA 2003:  
Reasons for Joining Recovery Program  
Why Join YAKITA Recovery Program?**

	Frequency	Percent	Valid Percent	Cumulative Percent
My Parents forced me to	8	5,8	6,1	6,1
To make my parents happy	12	8,8	9,1	15,2
Following my doctor's advice	5	3,6	3,8	18,9
I'm desperate to get better!	17	12,4	<b>12,9</b>	31,8
The best way available	60	43,8	<b>45,5</b>	77,3
Just trying the program	16	11,7	<b>12,1</b>	89,4
Have seen good results	9	6,6	6,8	96,2
This is the best for me	2	1,5	1,5	97,7
Supported by many parties	1	,7	,8	98,5
Because I want to	1	,7	,8	99,2
To change my life patterns	1	,7	,8	100,0
Total	132	96,4	100,0	
Missing	5	3,6		
Total	137	100,0		

**How have young addicts have tried to stop?**

- Medical Approach
  - Be an outpatient (go to psychiatrists, doctors)
  - Detox through inpatient programs (including mental hospital)
  - Go to a counselor at a drug dependence hospital, which was ineffective because the counselor did not understand how to approach addicts and have no knowledge on addiction
  
- Home Therapy
  - Cold turkey (isolating oneself at home)
  - Geographical Move (meaning: moving to a different neighborhood or city)
  - Substituting by using other drugs
  - Imagining the future
  - Finding activities and stay busy
  
- Rehabilitation
  - Go to rehabilitation centers (psychoreligious, religious, therapeutic community, police owned rehabilitation, bootcamps, etc.)
  - 12 Steps Style: Just trying to be clean just for today, one day at a time
  - Finding support group
  
- Alternative healers

- Herbal medicine
- Shaolin approaches
- Shamans
- Religious Approach
  - Go religious boarding houses
  - Go to a religious leader (exorcised and prayed for)

**Database YAKITA 2003:  
Prior to joining YAKITA, Ever Done the Following to Stop Your Drug Problem?**

	NO		YES	
	N	%	N	%
Ever Did Rapid Detox with Naltrexone under total anaesthesia?	125	93.3	9	6.7
Have You Ever Done Opamat Therapy?	117	88.0	16	12.0
Have You Ever Gone Through Psychoreligious Program?	96	71.6	38	<b>28.4</b>
Have You Ever Tried Alternative Therapy for your addiction?	87	64.9	47	<b>35.1</b>
Have You Ever Gone Through Residential Therapy? 12 Steps Programs?	94	70.7	39	<b>29.3</b>

*Young People's Experience in Finding Help*

- Experience in finding help:
  - Basic Problems:
    - Did not have much information as to where to go for help, and had to ask friends who were also addicts. Information on where to go to find help was not widely available to the public.
    - Bad experience with service providers
    - The service provided are pathetic
    - Bad treatment from service providers, i.e. discrimination, stigmatized as addicts
    - There were no facilities available that were good for addicts
    - No information was ever provided on HIV, HCV, effects, transmission and prevention throughout treatment.
  - Medical Community
    - Only provided with medications, only medicated detoxification services were available,
    - Medical community only knew about giving medicine and tend physical body
    - Did not provide time nor counseling
    - Did not provide information, including on drugs, harm reduction or viruses
    - Doctors do not have information on substance abuse and addiction
    - Addicts end up disliking the service providers because their service were minimum and uncaring

- Medical community does not understand addicts and substance abuse
- Too ‘doctorized’ (*as is, the word they used*), meaning, too medically oriented.
- Not professional in providing services
- Testing HIV without consent
- Providing Naltrexone and Rapid Detox to HCV positive addicts
- Medications are too high in dosage
- SP often don’t even have information and knowledge on drugs and drug abuse
- SP do not really care, only how much addicts pay

**Database YAKITA 2003:**

**Have You Done Outpatient Detoxification Prior to Entering YAKITA?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Never	26	19,0	20,0	20,0
Once	20	14,6	15,4	35,4
Twice	14	10,2	10,8	46,2
3 times	18	13,1	13,8	60,0
4 times	9	6,6	6,9	66,9
5 times	11	8,0	8,5	75,4
6 times	9	6,6	6,9	82,3
7 times	3	2,2	2,3	84,6
8 times	3	2,2	2,3	86,9
> 9 times	17	12,4	13,1	100,0
Total	130	94,9	100,0	
Missing	7	5,1		
Total	137	100,0		

**Database YAKITA 2003:**

**Ever Detoxed at a Hospital?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Never	50	36,5	38,2	38,2
Once	30	21,9	22,9	61,1
Twice	24	17,5	18,3	79,4
3 times	9	6,6	6,9	86,3
4 times	8	5,8	6,1	92,4
5 times	2	1,5	1,5	93,9
6 times	3	2,2	2,3	96,2
> 9 times	5	3,6	3,8	100,0
Total	131	95,6	100,0	
Missing	6	4,4		
Total	137	100,0		

- Religious Community
  - Religious people only knew how to give advice, without having information on substance abuse
  - Not professional in providing services
  - Addicts end up disliking the service providers because their service were minimum and uncaring
  - Harsh treatment and violent
  
- Police Related Community
  - Violent
  - Punishment

**Feeling about Service Providers:**

- Resentful
- Service providers are annoying
- Annoyed that medications provided created side effects
- Service Providers are discriminative
- Service providers don't have information and skills
- Service providers stigmatize addicts
- Distrust
- Ineffective in helping addicts
- Service Providers don't have the welfare of the addicts and young people in mind
- Service provider's limited and misinformed service made addicts feel pessimistic about their likelihood of ever getting better
- Great because doctors give medicine that addicts can mix with other street drugs
- Confused
- Shame
- Not professional enough to work with addicts
- Angry because they misled addicts with wrong information (i.e. naltrexone and rapid detox as the magic bullet and cure)
- They don't provide us with enough time to consult
- Fearful (especially rehabilitation centers, had the experience of being beaten and sodomized at a religious center and police based center)
- Worried about treatment approaches taken (rapid detox with naltrexone, was told that a person would overdose if they use again).
- Happy about the possibility of recovering at Yayasan KITA
- Hopeful

***What Do Young People Need to Stop Using Drugs?***

- A community that can provide therapy (recovering addicts helping addicts)
- A good facility that makes us comfortable
- A good facility with a good program that understands addicts
- Finances to be able to go to proper treatment
- Information on best programs available
- Knowledge and information about addiction
- Seriousness in working with addicts
- Patience from the part of service providers in working with addicts
- Support group (junkies helping junkies)
- Family Support Group
- Support from family and significant others
- Strong will
- Awareness of the need to recover
- Aftercare
- Drop In centers
- 24 Hour Help Hotline
- Mental serenity
- Emotional support
- Faith
- A clear program to work on
- Don't know what would be best
- Great after treatment offer from parents
- Support from the nation in Supply Reduction, Demand Reduction and Harm Reduction
- IEC materials that are comprehensive and continuously provided to the public

***Were Harm Reduction Messages Ever Provided by Service Points?***

- Never available, none
- What messages?
- Service providers addicts came in contact with before did not have any information about drugs, viruses
- Information received on Harm Reduction was so limited and vague
- Only knew about overdosing and avoiding abscess, but never follow instructions
- Myths were plenty (i.e. not necessary to use new needles, alcohol would kill all germs; HIV is only infecting sex workers, squatters; to revive an overdosing addict, just inject him with salt, etc.)

**Database YAKITA 2003:**

How Many People Used the Same Needle/Syringe You Use?

	Frequency	Percent	Valid Percent	Cumulative Percent
Never	44	32,1	35,2	35,2
1 person	0	0	0	35,2
2-5 people	81	59,1	64,8	100,0
> 6 people	0	0	0	100,0
Total	125	91,2	100,0	
Missing	12	8,8		
Total	137	100,0		

*Prevention Messages?*

- Addicts only know that drugs are enjoyable and fun to use
- No information prior to using regarding effects and dangers of drug using
- When addicts are already using, addicts would not listen anymore
- Only knew about types of drugs available to use

*Key Issues*

- **Prevention Issues**
  - Young people are at high risk of drug use in Indonesia, because drugs are readily available
  - Young people mostly use drugs because of their friends.
  - Prevention must be done before they are exposed to drugs because after they begin using, they will not be too open to preventive messages
  - Seek effective ways to prevent misguided curiosity of young people
  - Life skills that enables young people to be self confident and able to socialize well and not to adopt ready made lifestyles
  - The need for parents to take part in prevention, providing attention and better discipline (tough love).
  - The need for schools to take a bigger part in preventive measures, as early as possible (5<sup>th</sup> grade), before children are exposed to substances.
- **Early Intervention Issues**
  - How to help young substance abusers to understand and listen to risk involved when they like the effects of drugs.
  - Creating a healthy drug free environment in hang out places
  - We need to associate drug-using lifestyle with risk and problems, because most do not associate drug-using lifestyle with problems due to misinformation.
  - Helping young people deal with problem solving
  - Providing information on how to stop drug use, what young people can do when friends are using drugs, help that is available.
  - Family to be involved and educated in how to intervene.
- **How to Stop Drug Use**

- Highlight the stress and tiredness associated with living life as an addict
  - Helping young substance abusers see the problem they are creating for themselves and how unmanageable and filled with problems their lives had become
  - Have parents and friend take a hard stance so that young substance abusers will be forced to stop (tough love)
  - Highlight problems associated with drug use, i.e. health issues, age, risks.
  - Helping young substance abusers to look into the future.
  - Financial effect of drug use
- **Treatment Issues**
    - Professionalism in dealing with addiction is still lacking in the country
    - Young people feel that there's a huge gap between their needs and services provided, most of all they felt they are not understood
    - Young addicts are distrustful in general, and are distrustful of service providers
    - Young addicts are resentful of service providers
    - Harsh treatments are reported in religious and police settings, while discriminative treatment are reported from medical communities.
- **Harm Reduction Issues**
    - Not available and not provided. Most young people do not have any 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.

**Result from the consultation hosted by BNN:**

The following points were discussed by a panel of youth activist in order to present a profile of the current situation in Indonesia concerning the initiation of drug use, the continued use of drugs and the available responses offered.

**Participants:** (Participants preceded by an \* will eventually travel to Chiang Mai as observers)

\*Antonious Riva - Prevention Activist

Antonious Riva had been involved in drug education and prevention since 1999 and has contributed in a variety of ways to efforts to introduce prevention education in schools. His skills as a youth facilitator as well as his advocacy skills have enabled him to perform well in this field.

\*Firmansyah – Prevention Trainer

Firman has been active as a prevention trainer and facilitator since 2000. His work in elementary and secondary schools has given him much first-hand knowledge of the drug situation in Indonesia.

Joshie Matulesy – University Student

Joshie is a current candidate for a degree in Journalism. He has been active in prevention since 2001 by participating in many prevention efforts.

\*Stefanus Elias Jorie – Ex-drug addict and activist

Jorie has experienced the full-cycle of drug use, addiction and rehabilitation. After many years involved in drugs he quit with the help of a rehabilitation center and shortly thereafter began working drug addicts as a counselor. He is now active in schools.

Rinaldo Rahardianto Abrahams – Ex-drug addict and activist

Aldo was recently rehabilitated from addiction after several years of using drugs. He is now a detoxification manager at a local hospital. He has also been active in school through musical performances and workshop facilitating.

Krismas P. Timang - Ex-drug addict and activist

Krismas tried many drugs before joining a rehabilitation center where he eventually stopped using drugs. Part of his therapy has been involvement in activities at schools and other education campaigns.

\*Gerson H. Bergeth – Prevention Activist

Gerson has been active in prevention in Indonesia since 1999. His participation has been mainly with the development of prevention programs and initiatives, as well as in the creation of education materials.

### **Points of Discussion**

Chairperson: Stefanus Elias Jorie

Secretary: Gerson H. Bergeth

### **What makes young people vulnerable to drug abuse?**

Youth and lack of experience.

Desire to try out the world.

Peer pressure.

Family factors (particularly if there case of drug abuse within the family)

Environmental factors - what others say, poor personal characteristics

No alternatives to drug use for enjoyment.

Low level of communication with parents at home or lack thereof.

Early initiation in drinking alcohol.

Availability of alcohol at home.

Lack of information or very little information.

Personality types which make some youth vulnerable to drugs.

Low level of decision-making skills. External pressures are less relevant

\*Excluding environmental factors is not a guarantee of remaining drug free.

**What are some important protective factors to prevent the initiation of drug abuse?**

Positive role models.

Information about drugs at the school level.

Information at all levels for everyone before experimenting with substances.

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.

Positive peer pressure.

Greater socialization with other individuals and youth as opposed to interaction with technology (PlayStation, PC's)

High availability of constructive options for youth (parks, community centers)

Information at levels that is positive and which realistically presents the issues by respecting the opinion of youths. (Scare tactics are counter-productive)

### **What knowledge do Indonesian youth have in regards to AIDS and other STD's?**

Most university students know what it is and understand the relationship between drugs and AIDS.

High school students have little or no knowledge at all. Or believe that it is not going to affect them. (it will only affect other people, bad people, etc)

Elementary students have no knowledge at all.

### **For ex-drug addicts: What did you know about AIDS and other STD's before you started using drugs?**

Timang - No idea at all about AIDS (1996) just knowledge of the disease.

Aldo – Nothing at all (1996)

Jorie – Nothing at all

### **What do Indonesian youth believe concerning AIDS and other STD:**

Most youth have serious misconceptions (proper use, etc) regarding the means of protection that are currently available (condoms).

Most are not properly informed about the high possibilities of AIDS due to IDU.

Many don't understand the proper use of protection (condoms)

Don't know how to effectively protect themselves.

Most young people are in state of denial in regards to their vulnerability to AIDS and other STD.

### **For ex-drug addicts: What did you believe about AIDS and other STD's before you started using drugs?**

Aldo: Had heard about but STD's but chose to ignore it based on assumption that it could not affect him or the people he knew. He had some knowledge about the link between STD's and IDU.

Timang: Same

**What is the effectiveness of the programs (governmental, private, etc) that are available which target the drug problem at the prevention stage?**

Very limited. Low penetration outside major metropolitan areas.

For ex-drug addicts: What did you feel regarding the effectiveness of programs that existed at the time you began to experiment with drugs?

Jorie: Nothing available at the time.

Timang: Limited scare tactics 1995-1996 (slogans and other limited efforts.

Aldo: Same

**What are the best methods for reaching youth in Indonesia?**

Provide workshops at a school level, teachers must be informed. (Most schools are not ready)

Provide information through mediums and in formats that are up-to-date (modern) and which are culturally appropriate.

Provide outlets or alternatives to drug taking.

Provide knowledge appropriate to age levels.

Let youth do the preventing themselves.

Incentives, or role models that encourage greater achievements (Less boredom and inactivity).

Real people in real environments that provide feedback.

Attractive activities which are accessible to youth.

**What can youth do to advocate for the needs of youth in regard to the drug problem?**

Peer counseling

Alumni can revisit schools with drug information.

Youth-led and initiated prevention and campaigns.

Ex-drug addicts can be effective facilitators for youth.

**The following research report is included in the report of the consultation hosted by BNN.**

## **RISK FACTORS SURVEY**

The following results of the Risk Factors Survey were based on a questionnaire developed by the World Health Organization (WHO)'s "Healthy Life".

This survey was carried out between May and July of 2002. One thousand six hundred and sixty two (1662) respondents participated in this study.

- One thousand three hundred and ten (1310) respondents (non-users) belonged to 13 Private and Government Senior High Schools in five regions throughout Jakarta.
- Three hundred and fifty two (352) respondents (users) belonged to 13 rehabilitation centres in Jakarta and the surrounding areas.

This research was carried out to provide a current profile of a drug addict and of a non drug addict and to determine the individual tendencies and characteristics that could lead to drug use.

The conclusions of this survey were drawn by comparing the results of users and non-users. It was assumed that Senior High School respondents did not use drugs regularly.

The average age (75.5%) of the respondents was 15-17. Of the total amount 924 were male (55.6%) and 738 female (44.4%).

## **RESPONDENT'S ACTIVITIES DURING LEISURE TIME**

The leisure time activities of 73.6% of non-users included sports, hobbies, and activities with their immediate family and participating in community efforts. However, 57.0% of users spent up to 4-5 days a week in the company of friends.

## **BEHAVIOURAL PATTERS OF RESPONDENTS' FRIENDS**

- Most of the friends of one out of five non-users had smoked (22.7%) However, all the friends of one out of two drug addicts had smoked (54.3%).
- One out of 10 non-users (10.2%) had few friends who consumed alcohol. While four out of 10 users (36.9%) had friends who consumed alcohol.
- 41.7% of non-users had friends who placed a high level of importance on education. However, 43.8% of users had few friends who placed a high level of importance on education.
- One out of four non-users (25.1%) had friends who enjoy sports. In the case of the friends of users only one out of ten (8.8%) participated in sports.

## RESPONDENT'S VIOLENT BEHAVIOR

77.0% of non-users reported that they had never become physically violent with other students. However, only 23.0% of users reported that they had never become physically violent with other students.

## RESPONDENT'S BEHAVIOUR IN CONNECTION WITH CIGARETTE SMOKING

- Seven out of 10 non-users (69.2%) reported that they did not smoke. Only one out of 10 users (7.4%) reported that they did not smoke.
- One out of 10 non-users reported that they smoked everyday, while eight out of 10 users reported that they did smoke everyday.

## RESPONDENT'S BEHAVIOUR IN CONNECTION WITH LIQUOR

One out of four non-users (25.1%) have consumed liquor, while nine out of 10 users (88.4%) were alcoholics.

## RESPONDENT'S BEHAVIOUR IN CONNECTION WITH CIGARETTES, LIQUOR AND DRUGS

This following table reports the respondent's age at the onset of the use of cigarettes, liquor and drugs:

	NON-USER		USER	
Substances:	Age	%	Age	%
• Cigarettes	12-15 years old	22.6	12-15 years old	43.7
• Liquor	13-16 years old	18.6	12-17 years old	65.0
• Drugs	14-16 years old	7.4	12-17 years old	70.5

This following table reports the main causes of the onset of substance use:

Main Causes:	NON-USER	USER
(Listed by highest prevalence)	%	%
• Curiosity	5.1	52.8
• Peer pressure	1.0	27.8
• Family problems	1.0	10.2
• Anxiety	0.8	7.4
• Depression		1.1
• Problems with the opposite sex	0.3	0.6
• Coercion	0.1	
TOTAL	8.3	100.0

This survey indicates that 8.3% of the non-users between the ages of 13-19 have experimented with drugs.

Following is a profile of users and non-users:

<b>USER</b>	<b>NON-USER</b>
Majority of time spent with friends.	Majority of time spent in hobbies.
Friends of users: <ul style="list-style-type: none"> <li>• Smoke</li> <li>• Place low emphasis on education</li> <li>• Use drugs</li> <li>• Drink alcohol regularly</li> <li>• Do not participate in sports</li> </ul>	Friends of non-users: <ul style="list-style-type: none"> <li>• Don't smoke</li> <li>• Place a high emphasis on education</li> <li>• Don't drink alcohol</li> <li>• Participate in sports</li> </ul>
Have become physically violent with others	Have not become physically violent with others
Have a below-average to average performance at school	Have an average to high-average performance at school
Relationship with immediate family: <ul style="list-style-type: none"> <li>• Want to improve relationship with father and mother</li> <li>• Are often scolded by parents. Do not enjoy interaction with parents.</li> </ul>	Relationship with immediate family: <ul style="list-style-type: none"> <li>• Have a good relationship with both parents.</li> <li>• Rarely scolded by parents. Enjoy a good interaction with parents.</li> </ul>
Often feel lonely.	Rarely feel lonely.
Smoke daily and are unable to stop.	Most have not smoked. Some have but kept smoking to a minimum and eventually have been able to stop.
Most drink heavily, often reaching high-level of intoxication.	Most have not used alcohol.

## **CONCLUSIONS OF RISK-FACTORS**

Environmental factors:

- Have friends who smoke
- Have friends who consume alcohol
- Have friends who use drugs
- Have friends who rarely participate in sports
- Have friend who place a low emphasis on education
- Interacting with friends between 4-5 days a week

Family factors:

- Rarely spend time with parents
- Want a better relationship with father and mother
- Are often unfairly scolded by parents, resulting in a negative interaction with parents.

Personal factors:

- Below average to average performance at school.
- Have become physically violent with others
- Often feel lonely
- Smoke on a daily basis
- Drink to the point of extreme intoxication

Source: Yayasan Cinta Anak Bangsa (YCAB)

# **Papua New Guinea**

# PRE-CONFERENCE CONSULTATION WITH YOUTH: YOUNG PEOPLE AND DRUGS PAPUA NEW GUINEA, 2003

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## 1.0 INTRODUCTION

Papua New Guinea occupies the eastern half of the island New Guinea, an area about the size of Thailand. The population of the country by the 2000 census was 5.13 million. The people of PNG speak more than 800 – 900 distinct but mainly unwritten languages. The population is a young one with about 48% of the population comprising of the young people less than 20 years of age.

The country comprises of eight large islands and over 300 smaller islands or atolls which together account for tremendous geographic diversity. The geographic diversity is further increased by the presence of rugged mountains in the interior parts of the country making road construction for motor vehicles an insurmountable task. Major towns in the provinces can only be reached by air from Port Moresby. Transportation cost is therefore very high.

Although PNG is a Christian country with many different Christian denominations, situations in the cities, towns and villages make general lawlessness very rife. Armed hold-ups by robbers, tribal fights using high-powered guns, violence against women including gang rapes have all contributed to law and order problems in the country. In addition to the above, drug use among the youth in many parts of the country have also contributed to the escalation of the above named problems. One of the major areas of concern is how to design of an appropriate program to combat drug use among the youth in the country. Government is of the opinion that addressing the drug problem especially the use of marijuana and alcohol will go a long way to lower the crime rate in the country. The objectives of this paper are as follows:

- i.) To study the drug situation in the country
- ii.) To provide the findings of consultations among ex drug users and current drug users, who are undergoing rehabilitation
- iii.) To provide findings of consultations among NGOs working among youth who use drugs.

### 1.1 The Situation of Drug use in PNG.

As in most societies in the world, the use of substances that change the way people think or feel (psychoactive substances, generally referred to as drugs) is an integral part of life. In PNG wide ranges of traditional psychoactive substances have been used and are still in use. Perhaps the best known is **betel nut** (*the fruit of Areca catechu*) a mild stimulant which is chewed in combination with the leaf or fruit of a pepper plant (*Piper betel*) and lime powder. Betel nut chewing is an important cause of mouth cancer. The betel nut originated from Malay Peninsula and found its way to PNG, presumably by Asian traders in prehistoric times. Betel nut is used in

all parts of the country, even among the people in the Highlands Region where the plant is not grown.

In PNG society fermented **alcoholic** beverages were only known among the Tolais in the Gazelle Peninsular of East New Britain and among the Kiwais from the Fly River area. The beverages were made from young coconut sap. (Posanau, 1997) Anthropological research suggests that alcohol was not used in PNG prior to the colonial contact (Lindstrom 1987) Alcohol consumption was introduced through colonization. Under the colonial regime alcohol consumption among indigenous Papua New Guineans were forbidden and treated as a criminal offence (Iamo & Ketan, 1992). The proscription of alcohol was however lifted after 1962 and to many indigenous people this meant freedom from systematic discrimination, equality symbolized by the granting of the right to drink, and the beginning of the move away from European paternalism (Iamo & Ketan, 1992). By the time independence was gained in 1975, alcohol was readily, and legally, available in all of PNG's cities and towns and in many of the more isolated areas as well. Beer was by far the most popular alcoholic beverage among Papua New Guineans. Although alcohol was introduced very late into the country, nowadays many young men and women indulge themselves in excessive drinking of alcohol, which in many cases end up in exacerbating violence against women, road accidents, tribal fights and other social problems. Although attempts have been made in selected provinces to curtail consumption by banning the sale of alcohol, but this has brought in its wake a shift from the consumption of alcohol to the use of cannabis or marijuana in those provinces. In some of these provinces people resorted to the drinking of methylated spirits which occasionally resulted in blindness and deaths. (Naraq, Dethlefs et al. 1979).

While extensive literature exists on alcohol use in PNG, little has been written on other drugs, especially **cannabis** or **marijuana**. Cannabis use has been observed in the Western Pacific only since the World War Two (Marshall, 1987). Iamo, (1991), suggested that available evidence showed that probably cannabis only reached Simbu Province in the Highlands Region (where it is common today) in the mid-to-late 1970s. Some time between the early 1970s, when the expatriate population of PNG was at its highest, and the mid-1980s when cannabis was recognized as being used by many Papua New Guineans, a process of diffusion from the expatriate to indigenous population took place.

The record of cannabis use in the country is based on police inventory of people charged with the cultivation or possession of cannabis. In 1999, there were 636 cases reported and 745 arrests made. By 2000 this figure had risen to 856 cases and 992 arrests. By May 2002, 471 cases involving cannabis were reported and 555 arrests made.

Police reported that trafficking of cannabis was carried out in exchange of firearms in some parts of the country. These firearms usually get into the hands of gangs of thieves who use them to commit serious crimes that had resulted in the deaths of many innocent people in the country.

In August 1998, a survey was conducted jointly by the PNG National Narcotics Bureau and the United Nations International Drug Control Programme (PNG National Narcotic Bureau, 1999) involving *426 current, former, known to be a user or believed to be a user* of cannabis in

five provinces in the country. Most (83%) of the respondents were males. The mean age at which respondents reported first using cannabis was 17 years. Friends other than schoolmates were the people most likely to have first introduced the user to cannabis (56%); the second largest category was schoolmates (26%).

The respondents in this study linked the following problems in the communities to the use of marijuana and alcohol: armed robbery, property damage, sexual harassment, sexual assault including rape, murder, fighting, family violence, family breakdown, unwanted pregnancies. Cannabis was believed by some informants to cause mental illness, premature termination from schools and damage to community property. Unwanted pregnancies and rapes including gang rapes are social problems that can lead to one becoming infected with HIV and other STIs.

In a study on clinical observations of psychiatric patients at Port Moresby General Hospital, Johnson (1994), found that cannabis was involved in 20 of the 30 patients. 12 patients were diagnosed as suffering from schizophrenia and cannabis induced psychosis. Six were diagnosed as cannabis induced psychosis and 2 were suffering from multiple illnesses including psychosis and cannabis abuse.

Thus in addition to the numerous social problems attributed to the use of cannabis, health problems are also associated with cannabis usage in PNG. Although there is no direct link between cannabis or alcohol use and HIV infection, studies conducted by the PNG Institute of Medical Research in 1998 among sex workers in Port Moresby and Lae showed that sex workers who reported not using condoms at all, 17% claimed it was because of being too drunk to care. (Mgone, C. et al. 1998) The same study also showed that 30% sex workers had been gang raped by several men a practice common among youth who take drugs.

## **2.0: FINDINGS OF CONSULTATIONS**

Five (5) consultations among youth *drug users* and *ex-drug users* were conducted in 5 different locations in Port Moresby. The drug in question here is cannabis. The consultations were carried out in a form of focus group discussions (FGD) among youths in the above named categories aged between 14 to 26 years. The following institutions that are directly involved in the rehabilitation and education of youth drug users and ex-prison inmates organized the FGD. The institutions are:

- i.) Port Moresby City Mission
- ii.) Jesus Centre - Half Way House
- iii.) National Narcotic Bureau
- iv.) Stop AIDS – Anglicare

## **2.1 Results of Consultations with Youth Drug Users / Former Drug Users**

### **2.11 Port Moresby City Mission:**

City Mission is a NGO that was established in 1993. It has a strong affiliation with the Four Square Church of PNG, which helped to establish it. The main mission of the organization is to help young boys addicted to drugs to come out of the habit and to lead a good Christian life. Since its establishment more than 3000 youths have been helped in this way by the organization. City Mission had established a farm (New Life Farm) that is 20 kilometers away from Port Moresby where it rehabilitates youth (males) addicted to drugs, mainly cannabis and alcohol.

### **2.12 Jesus Centre – Half Way House**

Jesus Centre – Half Way House was established by Life Outreach Ministries in 1984. The Half Way House is situated in Morata a settlement in Port Moresby renowned for its criminal. Since its establishment the centre has rehabilitated more than 2000 youth both male and female. Young men on parole and female sex workers who wanted to leave the sex trade are rehabilitated. Almost all the young people under the rehabilitation program at the centre have a record of drug use.

### **2.13 STOP AIDS – Anglicare**

STOP AIDS is a NGO established in 1999 by the Anglican Church to educate young people about HIV/AIDS. It carries out an extensive HIV/AIDS education program among the youth at school and out-of-school youth in Port Moresby. Most out-of-school youth who live in the settlements in Port Moresby use drugs mainly cannabis and indulge in many risky sexual practices. Education about dangers of drug use is therefore an integral part on the HIV/AIDS awareness program carried out by STOP AIDS.

### **2.14 National Narcotic Bureau (NNB)**

The NNB was established by an Act of Parliament in 1992. It is mandated to formulate policies and design programs that will minimize drug use mainly cannabis and alcohol use among the youth. It has a pilot rehabilitation centre in Goroka for cannabis addicted youth.

### **2.15 Consultation among former and Current Drug Users**

Consultation among 78 boys aged between 14 years and 25 years residing on the farm was conducted by the mission authorities themselves on Sunday 9<sup>th</sup> March 2003. Table 1 gives a brief background of the boys residing on the farm who took part in the consultation.

Table 1: Background of Boys living at New Life farm

<u>Characteristics</u>	<u>Number of Boys</u>	<u>Percentage of Boys %</u>
How many boys had taken drugs	72	92.3
How many boys had ever sold drugs	20	25.6
How many were heavily addicted	16	20.5
How many boys were affected mentally	5	6.4
How many gave up drugs and later came back to it again	19	24.4
Why they took drugs?		
Peer pressure	60	76.9
Family problems	12	15.4
How many started taking drugs at school?	33	42.3
Parents reprimanded them for taking drugs	72	92.3
Parents reprimanded them for drinking alcohol	42	53.8
Number of boys involved in the following:		
Petty crime	76	97.4
Serious crime (but no guns)	38	48.7
Serious crime (with guns)	22	28.2
Rape	11	14.1
Murder	1	1.3
Number of boys from broken homes	30	38.5
Number of boys abused sexually	3	3.9
Number of boys abused physically	36	46.2

Table 1 shows some characteristics of former drug users who were undergoing rehabilitation at New Life farm. It is interesting to note that apart from 6 boys all the boys at the farm had ever used cannabis. All the 72 boys who admitted taking cannabis were reprimanded by their parents for doing so. But not all parents reprimanded their wards for drinking alcohol. Petty crime is common among all the youth and almost a third of the youth at the centre had been involved in crime using guns. Rapes were committed by 14% of the youth. 38% of the youth at the farm came from broken homes, which probably is one of the contributory factors of youths leaving homes. More than three quarters of the youth took drugs as a result of peer pressure and 42% started taking drugs while still at school.

## **2.12 Other Consultations with Youth**

Youth drug users and ex drug users were also consulted on other issues that relate to their welfare and their opinions were sought on the efficacy of current rehabilitation programs. Youth under programs being carried out by the 4 agencies named in this report were all involved in the exercise. Table 2 below summarizes the responses given by the youth who took part in the FGD organized by the 4 agencies. STOP AIDS carried 2 FGD among 8 male current drug users in the settlements and 32 young female students in a girls high school noted for drug use. The number of youth who took part in the consultations is shown in brackets.

Table 2: Responses from youth who took part in the exercise

<u>Responses from Youth</u>	<u>City Mission</u>	<u>Half Way House</u>	<u>Stop AIDS</u>	<u>Narcotic Bureau</u>
No of Respondents	(78)	(52)	(8) [32]	(not stated)
<b>i. Important Issues for youth</b>				
<i>Employment</i>	✓	✓	✓ ✓	✓
<i>Education</i>	✓	✓	✓ ✓	✓
<i>Sporting Activities</i>			✓	✓
<b>ii. Opinions about drug use</b>				
<i>Removes boredom</i>	✓	✓	✓ ✓	✓
<i>Make life enjoyable</i>	✓	✓	✓ ✓	✓
<i>Cheaper than alcohol</i>			✓	✓
<b>iii. Strategies to address Drug use among youth</b>				
<i>Address problem seriously in all schools</i>		✓	✓ ✓	✓
<i>Convert youth into Christianity</i>	✓	✓		
<b>iv. Are Strategies working?</b>				
<i>Only partially</i>	✓		✓	✓
<i>Not working, youth go back to drugs again</i>		✓	✓ ✓	
<b>v. What Strategies should be used?</b>				
<i>Involve reformed youth drug users in all rehabilitation programs</i>	✓	✓	✓	✓
<i>Establish counselling Centers in all schools</i>	✓		✓	✓

## 2.13 Discussions

All the youth consulted mentioned employment as the most important thing in their lives. Education and sports were also mentioned by many of the youth consulted. When asked to state their opinion about drug use, the current users mentioned that cannabis is cheaper than alcohol and this probably had contributed to an increase use of cannabis in those provinces in the country that had banned the sale of alcohol. Majority of the youth felt that strategies being used to address the issues were not working. They would like to see the drug problem addressed seriously in all schools. They would like schools to establish counseling facilities to help youth addicted to drugs. Youth who are being rehabilitated by the Christian agencies would like youth to be converted into Christianity as one of the steps to stop taking drugs. One important strategy that was mentioned was to use reformed drug users to assist in the rehabilitation program.

### **3.0 Consultations with NGOs and Government Agencies working with youth taking drugs**

The Christian based agencies working with youth who take drugs believe their strategy of taking the youth away from the vicinity where they can easily purchase drugs or mix with friends who are drug users is working. They are of the opinion that the conversion of the youth into Christianity is one of the key areas that other NGOs working with youth must seriously consider to adopt. Teaching skills in agriculture especially farming, poultry, rabbit keeping and fishing help boys to find income earning jobs when they leave the center. Half Way Centre said girls who are rehabilitated learn skills like dress making, cooking and typing. Literacy programs are organized by the Christian based agencies. Some youth are sponsored by the agency to attend vocational institutions or take correspondence courses to complete high school. All the agencies said they help put the youth under their care into gainful employment. They explained that only a handful of youth rehabilitated under their programs go back to drugs again. The Government agency NNB was not very optimistic that rehabilitation programs were working in the country. They were of the opinion that schools should tackle the drug problem seriously. NNB had trained more than 150 senior schoolteachers on strategies that schools should use to tackle the drug problems facing most schools. NNB in their report on the consultation pointed out that training materials to teach about the dangers of the use of drugs especially cannabis are not available in the country. All the agencies were of the opinion that employment and education for the youth should be provided by Government to help alleviate the drug problem.

### **4.0 Consultations with family members living with youth who take drugs**

The National Narcotic Bureau was the only agency that reported on interviews with family members living and caring for youth who take drugs. The report was based on results of a Rapid Situation Assessment of Drug Abuse in PNG conducted jointly with the United Nations International Drug Control Program in 1999. They reported that parents are often helpless when it comes to the issue of drug use among their wards. Their first reaction is to reprimand the son or daughter who is a drug user. When the drug user talks back to them in an angry manner they normally fear to interfere in the affairs of the son or daughter. Many parents feel their wards acquired the habit of drug use through the influence of friends who are users of drugs. They have very little knowledge of whom they should turn to as agencies that assist drug users to quit their habits do very little publicity about their work. Parents have very little knowledge about the dangers of drugs use and the harm it does to the body. They would like more information on drug use and how to combat it.

They however suggested that schools should be the first place to teach the youth about the dangers of drugs. Expelling children from school because they were caught using drugs normally worsens the situation. Many children who were expelled from school for drug offences ended up leaving homes to stay with friends. Parents would like to see schools empowered to teach students to avoid drugs. In this regard they would like to see the Government fund schools to tackle the drug problem in the country.

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# Thailand

# **PRE-CONFERENCE CONSULTATION WITH YOUTH: YOUNG PEOPLE AND DRUGS THAILAND, 2003**

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## **Overview**

As part of the preparation of the youth sessions at the International Conference on the Reduction of Drug Related Harm in April 2003, UNICEF along with its partners in Thailand conducted a pre-consultation with young people, and adults who work with young people, throughout Thailand. Discussion groups were held in Bangkok, Chiang Mai, Nakorn Ratchasima, and Yasothon. In all, nine discussions groups were held.

The following section gives a summary of each discussion group's results. While the format of each group varied slightly, every group provided participants the opportunity to discuss why young people use, continue to use and in other instances stop using drugs. In addition, all participants were given the opportunity to discuss their impressions of Thailand's current programs to address drug use by young people.

The reports are presented in two sub-sections. The first presents the summaries of the young people discussions and the second presents the adult discussion summaries. Within each section the reports are presented in alphabetical order by geographic location.

## **Confidentiality Statement for Thailand Consultations**

The following discussion group summaries were prepared as confidential documents for UNICEF. The facilitators of these discussions informed the participants the content of their discussion would be used by UNICEF to develop a Thailand country document on young people's experiences with drugs. The facilitators assured the participants that individual identities would be kept strictly confidential and that in no instance would participants be identified either in relationship to specific remarks or as individuals who took part in these discussions.



## **Thailand Young People Discussion Groups**

# Summary of Consultation Session with Central Region Young People, Bangkok , Thailand

## 22 March 2003

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**Participants:** There were 10 young people at the age of 23-25 years old participated in the consultation session. Among those of 10 young people, there were 9 male and only 1 female in this session. The average age at first use of methamphetamine (Ya-Ba) is 15 years old.

### *What are some of your general comments on drugs?*

- Amusement – it provides an emotional release and helps us forget our sorrows and have fun
- Friends – Think about friends who used drugs together with us. We used drugs together for the first time. As our use of drugs increased [became addicted], we separated. Moreover, drugs are our best friends.
- Relief from sorrows – Using Ya-Ba (amphetamine) helped us forget our sorrows. But we only forget them temporarily because the problem was still there and hadn't been solved yet.
- When we face problems, using drugs is the first thing to come to our mind. "Didn't think, didn't find any solution. Just used it and felt happy with it".
- Upset – Feel upset when we didn't have any drug. First thing to do was to think about how we could get money to buy drugs.
- To have more energy – Using drugs to help increase capability in playing football, then we could play football for a longer duration. We could not lose when we played football because we placed a bet on the game. If we lost then we had to pay 200 Baht for each goal.
- Having sex – Would like to gain pleasure when having sex. In our group, the Ecstasy, and Cocaine were used to help increase sexual drive. A person who did a business at Silom area gave the drugs to the customers. When we visited at that entertainment, that person would ask us, "Have you had a hit yet? Have you had a hit yet?" At first we felt confuse and then we tried it after we understood. When we used it, we felt that we got more pleasure while we had sex. However we didn't know whether this was because of the effect of drugs or our own feeling.

### *What are some of the reasons that young people use drugs?*

- The three main factors were ourselves, our families and our environments
- Would like to be a member of the group
- Would like to be a leader, would like to gain acceptance from others
- To act, imitate/follow their friends
- Upbringing in the family:
  - ◆ We do not have the right to have a say in the family. We have no freedom. Too strict, punishments, beating, insults, violence, without reason. Only use money to buy things. We don't need this. We would like to get attention and love more. I remember that my father hugged me once. It has never happened again. We can find any good/positive feelings

from our families, so then we have to find it from others, such as from our friends and drugs.

- ◆ I see eye to eye with my friends because they give us what we need. When we make a mistake, no one sits and talks with us. No one explains or provides and advice to solve the problems or adjust to the problem. We don't know how to solve the problems ourselves. We have little relationship with our families. We feel we are in excess. Others in the family can joke around, except for us. We are outsiders and have no value. We have no meaning. So, we break out to be with our friends and to use drugs. I know our families love us but we don't need this type of upbringing.
- I used it because I went to work with my friend. When I worked, I had to use a lot of energy. The drugs would allow me to work for a longer period.
- Group norms. I had started to use it when I went out at night with my friends. At first when they asked me that "Have you 'upped' yet?" I really felt confused. Then I used it too.

### ***What are some of the experiences young people have with drugs?***

- Heroin could help reduce pain such as toothache, stomachache and relieved cold.
- We believed that we would not get addicted after we used it (Ya-Ba), we could stop using it. We didn't accept that we were addicted. However we were really eager to find in order to get it.
- Unstable emotion, change quickly.
- I accepted that I got addicted after I had used it for 8 years. Because I felt good after I used it. I didn't like to take a bath, I felt afraid of taking bath because it would "put out the fuse" (reduce the effect of drugs). I would like to stay longer with the effect of drugs.
- Be able to read/study for longer period
- Feel brighter (intelligent)
- Increase in energy to work longer
- Things were not good when we didn't use it
- Liked the smell when we smoked
- Liked the preparations for use; making the bowl, folding foils, putting lighters to low flame, melting little green pills. Whoever set up got more
- What ever you do, you could do it for a long time, but sometimes would not attain the affect.
- Sometimes people would come and buy the used water. Even after many days, they would pay good money for it
- Others would come to buy bit (heroin)
- I liked to get feeling of high particular for using heroin, however I didn't like the period called "chock" as I felt worried about "death"
- Didn't keep any coins with you because it would make it harder to run from the police.
- If you have drugs, keep them in your hands because it would be easier to throw away

### ***What are the types of drugs that are typically used among young people?***

- The most popular drugs were tobacco, alcohol, Ya-Ba and glue

Other drugs included:

- Diazepam
- Valium
- Domekum
- Marijuana
- Heroin
- Dry Alcohol

The drugs were divided into classes as follow (ranking from low to high class):

- ◆ Glue: students and adolescents
- ◆ Ya-Ba: labors, drivers students and general population
- ◆ Ecstasy: Young people or adolescents who visit/dance in the discotheque, movie stars and singers
- ◆ Cocaine: 600-800 baht per tablet in 1996 and about 1,500-3,500 baht per tablet in 1994 particular during the strong suppression period
- ◆ Heroin
- ◆ Ice; it was very popular among Japanese adolescents or High Society Group
- ◆ Marijuana can be classified as neutral because it was used by every group both ordinary and high society group.

***NOTE:** The drug users now used other substituted drugs such as glue and alcohol. They feel the government could not get rid of drugs. They could only suppress the situation while the policemen were not able to reach the dealers and the general population didn't inform the policeman about the source/origin and who were the dealers.*

***What are the reasons that some young people relapse?***

- Easy to get
- Continuous using, if there were not any serious impacts
- Friends (Peer group) used it
- I could not find other replacements such as I couldn't find happiness or could not find any things that it was better than drugs.
- I would like to use after I had seen any friends used it.
- Lack of clear understanding toward ourselves
- Stop drugs – Couldn't bring myself to do it
- Motivated by several factors at the surrounding environment
- We are not of value (Unworthy)
- I believe that I could stop at any time, but actually it is not true
- It was easier to use drugs if you were the dealer
- I could not find happiness. I had stopped using it for several times but finally I returned to use it again. I felt ashamed
- I didn't know what I should do after I stopped using drugs and felt lonely.
- If you take away my happiness, then where I could find my happiness

***What factors can contribute to the continuation of drug use?***

- Attach with experiences gained while using drugs
- Help increase self value
- Like the cycle and atmosphere of using drugs
- Staying with drugs because they could help us feel happiness
- Physiological need of drugs
- Be able to buy it but it could cause an increase in crime
- Could not stay with lonely feeling and could not solve my problems
- Had to use drugs because of work
- It was a part of my life, I could not be without it

***What factors can contribute to stopping drug use?***

- Family pressure to stop
- Quality did not improve, it just got worse and worse
- Feel bored with the situation faced that it was different from others
- Our family gave us a chance and we gave our family a chance. Sometimes you have to give others a chance, especially fathers and mothers. Should use this chance to the greatest benefit. We should give ourselves a chance, too. Not just make demands. Sometimes we should look at ourselves and ask ourselves what is wrong. If we want to stop using drugs, we have to commit to changing ourselves.
- I felt afraid of being arrested and the court ordering me to stop, but this wouldn't mean that we would stop forever
- I want to have a good future
- There was someone that understood us

***What are the obstacles young people face in stopping drug use?***

- Surrounding environment – Availability of drugs in the community
- Be ostracized
- Be looked down and distrusted by others
- Could not stop
- Didn't receive the understanding from family. They thought it would be easy to just stop.
- Could not find new friends who didn't use drugs because no one would like to be friend with us
- Could not find any friends who really understood us
- Could not adjust/adapt with others. Particular when we were blamed or felt embarrassed about certain things, this led us feel that we didn't want to stay with others. This also made us tend to stay with the group that had used drugs together and caused us turn to use drugs again
- Feel invaluable, particularly in comparison to others.
- Inadequate information regarding on type of treatment, cost, activities provided, contact address and etc., because these were the important information for making the decision of any person who would like to stop using drugs.

- Negative presentation of media caused they felt afraid of the treatment and didn't want to get the treatment.

**NOTE:** *When you asked "What level of your confidence did you have to stop using drugs?" the young people responded that they didn't like this wording. They felt that the facilitator was pressuring/imposing on them. They preferred to be asked if whether or not they intended to quit using the drugs after being released from treatment. The answer to that question was that they could not say. They did say that, "Quitting is better but it is always possible to use it again."*

***What do you think about current policies and programs regarding drugs?***

- Please respect the right of drug users, we should not be detained or be chained.
- Better services should be provided with more respect communication towards drug users. Should treat us in more humane way.
- The 30 Baht scheme should include methadone treatment since the government classifies drug users as patients. Treatment should also be voluntary and drug users should be able to choose where they want to be treated. Treatment should not be forced through arrest. Other patients get to choose their hospital, drug users should be able to choose the treatment service.
- The drug users who had infected with HIV hadn't received appropriate services. In general, people were afraid of drug users, It is even worse if we are infected with HIV.
- The drug users should have the opportunity to participate since the development of the policy. Not only in the name that we are involved but we should also actively participate.
- Organize the training for both service providers and drug users to tune their understanding towards one another.
- The negative perspective toward drug users that presented by the media caused general people felt afraid of drug users. The drug users were perceived as bad persons. This made the opportunity and understanding toward the drug users by general population hadn't been provided.
- A directory that the lists of treatment centers, cost of treatment, type of activities, timing, follow up activities and other related welfare should be compiled and provided for informed decision making before entering into any treatment.

# Summary of Consultation Session with Young People -- WY Group, Chiang Mai, Thailand

## 17 March 2003

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**Participants:** Eleven young people participated in this focus group session. Among those of 11 persons, there were 6 male and 5 female young people.

### *Why do young people start using drugs?*

**Note:** The drugs that were used by the participants of this discussion group are methamphetamine, heroin, marijuana, glue, opium, ecstasy, cigarette, and a local type of leaf called "Kratom" that is similar with marijuana.

- The main reasons why this group of young people first used drugs were curiosity and problems in the family
- Secondary reasons included following or imitating their friends
- Curiosity
- Peers/friends – The young people have mentioned that if their friends didn't use drugs or try to get them, they wouldn't use them either. Some of them have mentioned that they copied this behavior from their friends
- Family – Some of the participants come from a broken family (i.e. parents are separated or divorced) and they are living with their grandparents. This made them feel that they don't gain enough attention and love. Then they have turned to use drugs because they feel that to use drug can help them get the feeling of happiness.
- Some of the young people used drug for the first time because they feel that this was the way to present that they are superior to others.
- Some of them use drugs because it can help them have the good shape (slim)
- Society and media especially the advertisement that showed about the licit drugs or movie that presented the drugs and their effect led the young people to try it. They would like to experience the feeling (to have fun) and imitate what they have seen.

### *Why do some young people continue to use drugs?*

- Some of the young people said that they were hooked from the first use because it made them feel they could excel and they could show others that they could excel
- The young people mentioned that about 10 percent of the students in school use drugs. They can not stop using them because they see the use of drugs in school every day. The occurring of drug use activities is much higher in school rather than at home or other places in society.
- To have amount of money in the pocket make them always think about it, because the existing of amount of money in the pocket means that they can buy it. They will not think about it, if they don't have amount of money.

- A few of the young people used drugs to control a weight problem.
- All participants of this focus group are still using drugs, none of them have stopped using it. Some of them haven't subsequently use it for every day, but will use once in a period of time such as once a week or once every few days. The reasons for continuing to use drugs include, craving and longing for the drug, enjoyment, pleasure, comfortable feeling.
- All the participants mentioned that they would like to stop using drugs, however they are unable to stop not because it is the psychological addiction.

### ***Why do some young people stop using drugs?***

**NOTE:** *None of the participants have stopped using drugs, however some of them have decreased the frequency of use. According to the discussion, the participants mentioned about the following assistance that will help them stop using drug:*

- Drug-free environment – the participants mentioned that even if they had stopped using it they may start using it again if they are in an environment where their friends are using it.
- Family – Increasing level of understanding between parents and young people would be one solution to this problem. However if the young people still face the same problem at home, they will continue to use it because to use drug will help reduce their stress and increase of pressure and help them feel more relaxed.
- Age - The participants think that as they get older, they will finally reach a point in their lives when they feel they have had enough of using drugs and will be able to stop using drugs.

### ***Perspective of young people from wealthy families***

- Some of the participants of this focus group discussion are from wealthy families but they currently use drugs. Peer pressure/influence is the key factor for this group to start using drugs. When they started to use it, they felt that "I will not be addicted". After continued use they became addicted.
- The participants also mentioned that there are some young people whom currently face problems in their families, but they don't use drugs. This may because of their psychological strength.

### ***What do you think about current programs to address drug use by young people?***

#### **Drug control and suppression policy**

- Most of the participants think that the government is using a violent means of drug suppression in which everyone involved in the drug cycle, especially the dealers, may be killed. But some of the participants don't understand this policy and some of them are not concerned or interested in it.
- Some of the participants had the experience of being sent to a female detention center. While they were in this detention center, they received treatment from the military hospital. Here, the vocational training and training in agricultural skills were provided for the clients of the treatment program. So she became realize that the government would like to help them build vocational skills that would help them to earn a living.

### **Government policy regarding that the drug addict is a patient**

- Most of the participants agreed on this policy because it will help the young people access to the treatment, particular for those who don't have enough money to pay for it. However, voluntary entry into the treatment process is crucial. Forced treatment will because the person will not be committed to the treatment. In this situation they tend to return to use drugs after they are released form the treatment center. Moreover, drugs are available at the treatment center or male prison.
- The participants also agree with the policy that students who use drugs will be able to continue their studies after they have received treatment. This means that the educational opportunities will be provided and will also be a mechanism to help encourage and support the students.

### **The government's "anti-drug" policy**

- It is much more difficult to get drugs especially for methamphetamines. Young people tend to use marijuana instead of methamphetamines, because it is not difficult to get and the policemen are not interested in the marijuana.
- Increasing of the price of methamphetamines caused the production of mock methamphetamines.
- Increasing number of young people who are convicted.

### **What would you recommend as effective drug programs for young people?**

- Friends help friends activity is a workable method, as the young people tend to listen to their peers.
- The activities that targeted young people should design by and based on the interests of the young people and conducted at times that young people set for themselves.

# Summary of Consultation Session with Street Children/Young People in Chiang Mai, Thailand

## 15 March 2003

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**Participants:** 8 Street Children/Young People between the ages of 15-24 years old participated in this session. From the total of 8 children/young people, there were 7 male and only one female. The majority of the street children/young people tend to be male. [Young females are immediately recruited as sex workers or menial laborers]. Among these 8 young people, three of were from the Aka hilltribe minority group. All of them have experience with drug use and are currently using various substances, especially methamphetamine (Ya-Ba), glue and heroin.

### *What was/were the first reason(s) to use drugs?*

There were three main reasons given why these street children/young people used drugs the first. First, there were problems in the family so that their parents always quarreled. Some lived in broken family or single parent family. Second, they felt lonely and upset because of all the problems that they faced. Third, they were ostracized by the community. Please see the examples cited below:

“My step-father and my mother were fighting at home every day. I was thinking about their fighting at night then I bought a tube of glue to inhale. A neighbor spread the news that I sniffed glue so that I was ostracized. It only made me inhale higher and higher quantities, after my neighbor condemned me with others in the community.”

I never did many good things had never done such good thing while I lived with my grandmother. She hadn't paid any attention on me. I met with friends and felt that it was better to go out with friends.”

“To inhale the glue when we feel upset, it can help reduce our stress.”

Peer pressure or influence combined with the curiosity was one of the factors that led these young people to use drugs. Moreover in some cases, peer pressure exerted undo influence because it happened while that particular young person faced with a problem. Please see the wording cited below:

“I tried to inhale the methamphetamine after I had seen my friends used it. After that I continuously went along with my friends. Then finally, I found out that I was addicted to it. Some of my friends would steal items form their houses to sell for drugs”

“I had refused my friends when they asked me to try to smoke the drug at the first time. Finally I tried it after my friends had persuaded me for several times. I could not sleep after I had tried for the first time. I didn't even know what it was. My friend said that you would make me feel good after smoking it. Later, I started selling flowers so that I could use the money to buy Ya-Ba.” (Aka)

“At first I sniffed the glue because friends who invited me to try told me that it would give me strength. My friends said that it was good but that Ya-Ba was better. My friends said that I could do a lot more work. So, I tried it.”

“When I was still in school a friend invited me to smoke cigarettes and later to smoke Ya-Ba. After using it, it helped me to become more diligent because I was able to think more quickly. I saved the money that I received for food at school and used all it to buy drugs.”

“I stayed in a dormitory with friends. One friend brought some Ya-Ba to try. He tried to coax me to use it. After I smelled it burning, I decided to try it. It smelled like chocolate. My friends taught me how to smoke it and told me to inhale all the smoke.”

“At first I didn’t know how to smoke, but my friends said that it was like smoking a cigarette. I first tried it in the toilet of a gas station.”

“My friends helped inject for me at the first time. Actually, I was really scared of the needle. I tried injecting three times, but I hated it. I really hated it.”

***What was/were the reason(s) to continue using those drugs/substances?***

From the discussion, the young people revealed that they felt attached to the feelings/experiences gained while using drugs. For example, they could release their suppressed feelings. Moreover when they got high, they could imagine that they were able to do certain things that they were not able to do in real life. For example, after they had sniffed the glue, they could grab the police and throw them out. Some of the friends in their group still used drugs. When they would see their friends using drugs, they could not resist and would join them. Some of the young people mentioned that they were facing problems that they were not able to solve. Sniffing glue became a way to help forget the problems, stress, or to cope with feelings of loneliness. Please see the examples cited below:

“I stopped using Ya-Ba. But haven’t stopped sniffing the glue yet because some times I think it doesn’t matter. When I feel lonely and had nothing to do, I would sniff glue to not feel lonely. Sometimes I will sniff glue with 4 or 5 friends. It is much more fun in a group.”

“I would like to stop using it, but I couldn’t because I keep thinking that it is there [available].”

“It was difficult to resist. If a friend has some we would sniff it. If we could resist we would only use more the next time.”

“I think about the energy it gives you. If a store is out, I would go great distances to get it.”

“If we are idle then we will crave it. Sometimes I am stressed and want to have work. When stressed, we turn to sniffing glue only. Right now, “horse” [amphetamine] is expensive and difficult to get. So, we use glue.”

“I like to sniff the glue alone. It is fun alone. Once I lie naked while I sniffed glue. I thought that the world was in my hand. The world was mine.”

“I thought that I could stop using it but I can’t control myself. When a friend asks me to use it, I join in.”

***What was/were the reason(s) to stop using drugs? [Motivation or situation that led them to stop using drugs]***

There were two major reasons that led them to stop using drugs. The first is external pressures, such as pressure from the society. The second is the motivation from friends, boy/girl friend and family. Please see the examples cited below:

“There were some reasons that led us to stop using it, such as some friends were arrested, unavailability of drugs, too expensive, no money, or caused quarrelling.”

“I met a woman that I liked and I didn’t want her to know that I used drugs. So, I had stopped for a while.”

“If our families gave us opportunities, we would stop using it. But at home there are only complaining, insults, yelling that make us feel bad. The insults and yelling only get worse so we are still like this.”

“It takes willpower. If others look at us positively, we have pride in ourselves.”

“Willpower. If we encounter positive things, we can stop using drugs. We haven’t stopped using drugs because we think we have no value. Willpower comes from friends and from those who provide emotional support.”

***Feedback and lesson learned about the existing programs***

Most of them knew about effects of drug and substance use from the treatment center or detention center. However, this information did not have any influence on their decision to stop using drugs.

The participants have also received information on the drug and substance use from the staff of Volunteer Group for Children Development at the land settlement. They haven’t seen any of the government officials at the land settlement. They have seen only the policemen that arrested them and sent them to the prison or detention center. They so don think that this is an effective method for solving the problem.

“I learned from the treatment center. I had enough notes to fill a large notebook on the effect of drug and substance use. I got a certificate too. However, after release, I used it again.”

“What ever the treatment, if they used it before, they will use it again. Sometimes when they are released, they will use more of the drug. It is a cycle..”

“Didn’t have any activities provided by the government. The government only arrests us and sends us to the detention center. If you would like the children to stop using drugs, putting us in the detention center is not the right way. It doesn’t solve the root of the problem.”

Some of them knew about drug and substance form their relatives and family members. Their relatives and family members mentioned that it wasn’t a good thing, and to stop using it.

### *Suggestions for future program activities*

Most of them couldn’t provide suggestions for further activities. However, some of them mentioned that “Camping” could help them feel relaxed. Discussion groups would help them release their problems. Opportunities to participate in outreach activities in the area would also help.

“Allow us to participate in positive activities. I stopped using drugs after I participated in the work of Pi Poj [a staff of Volunteer Group for Children Development]. Others view us positively. It gives us encouragement and support.”

“Organize a camp and we can share our ideas and opinions like we are doing now. This can help us stay away from drugs.”

“Organize a group discussion for the drug users to help them share their personal ways [that they have or will] stop using drugs and to release and discuss personal problems and concerns.”

# Summary of Consultation Session with Young People in Detention Center, Nakorn Ratchasima, Thailand

## 28 February 2003

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**Participants:** Youth under the responsibility of the Nakorn Ratchasima Detention Center who have previously used or sold drugs. There were 8 youth between the ages of 16-20 years old that participated in this session.

**Note taker:** 3 Officers of the AIDSNet-Northeastern office, 2 Youth of the Takobpa Group and 1 Advisor of Takobpa Group (Teacher). (Takobpa Group is an agency that participated in the *Right to Know Initiative* and has been working with the youth in this detention center)

**Date and Venue:** 28<sup>th</sup> February 2003, 8.30-16.30 hours at Nakorn Ratchasima Detention Center

### Summary

#### ***What was/were the first reason(s) to use substances?***

The reasons to use drugs for the youth were composed of:

- Unhappy, feeling of not being loved, low self-esteem, get bored with parents and felt unhappy at home.
- Increased amusement, energy to dance and stay all night such as at discotheque, racing or flirting with girls.
- To be a diligent person as the diligent person will be loved and accepted by others.
- To be good at something such as sports because drugs can help increase the energy and be able to play longer.
- To have good academic result as drugs can help them stay awake longer at night.
- To be loved by boy/girlfriend.
- To be accepted as a member of the group.
- To follow the trends of the group.
- To be challenged
- To have a good shape [lose weight], look beautiful that will help increase their self-esteem.
- To help increase timing before the ejaculation and number of the sexual acts.
- Urged or persuaded by friends to use the drugs.

#### ***What was/were the reason(s) to continue using those substances?***

- To obtain the same feelings/sensations caused by the use of the drug.
- To stimulate imagination that will help them forget all problems and difficulties especially for the psychological problems.
- After getting the first drugs for free, then started to buy the drugs or sell them. The profit gained would help them to get free drugs, if they bought drugs for only 35 baht per one tablet they could sell them for 50 baht per one tablet.

- Feeling excitement when hiding from the police and a challenge to find ways to escape from the police.
- To help increase timing before the ejaculation and number of the sexual acts.
- Increase amusement, energy to dance and stay all night such as at discotheque.
- To be loved by boy/girlfriend.
- To be accepted as a member of the group.
- To follow the trends of the group.
- To be in a good shape
- Don't know what to do at leisure time
- See other people around us continuing to use the drug.
- Can get it for free because we sell it
- When using the drugs, our bodies need more and more drugs so we use the drugs in greater quantities

*The perception on drugs related harm and harm reduction*

- The youth knew about the drugs related harm from their own experience or heard from their friends. However, they felt that they were able to manage the related harm because they hadn't faced any serious effect yet. Moreover they still would like to use drugs.
- They knew that the drugs could make them weak and fail. However they thought that they could take a rest for 2-3 days after they felt weak or they could use diuretic medicine.
- When they used the fake drugs, they would feel soreness and pain at the joints and bone, sore throat, or have a skin rash on the face. However, they would not stop using the drugs, even though they didn't have any money. When they had some money, they would buy the real one. Some drugs would cause the following symptom such as skin rash through out the body, cause reduction in the size of the penis or breast, and cause swelling in the mouth, but these symptoms would be disappear after a period of time. They mentioned that they knew that the drugs would make them get old faster than normal, have black bags under the eyes, tooth decay, but this knowledge wasn't been taken seriously. Moreover they would like to continue using the drug.
- They understood that they could infect with HIV virus through sharing needle and syringe or by having unprotected sex. They could protect themselves by not sharing the needle and syringe and by using a condom. But sometimes they hadn't thought about these issues, as they hadn't faced the problems.
- They understood that the drugs would cause hallucinations, make them become short-tempered or irritable, unable to control themselves, or hurt others. But after the effects of the drugs had passed all of these feelings/behaviors would disappear.
- Other harm was to be arrested by the police, lose their freedom and have to stay in a confined space, and lose self value, but it would be only a period of time.
- Almost half of children would go back to use drugs, after they were released from the detention center.
- They could avoid the urine testing of the police by putting the monosodium-glutamate into their urine.
- If they would like to go around tonight, to have the diuretic medicine in the morning would help prevent the detection of drugs in the urine.

### ***Why do some young people stop using drugs?***

- To stop using drugs was really depended on the youth themselves and it took time. Moreover, it was varied form one person to other person, it was not just only 5 or 10 days.
- Some could stop using drugs for a while because they were arrested or saw others who were caught or shot dead, lost acceptance by society, or felt guilty of bringing sadness to the family. However they went back to using the drugs again as it made them feel happy and have fun.
- Some of them could stop using for longer period as they started to see their own personal value, think more thoroughly, growth up to be adult, and not as attached with their peers. They realized that even if they didn't have any friends, they were not going to die.
- Other reasons that caused some of them to stop using drugs included becoming aware that using drugs decreased their own personal value or that they would like to do something that they could be proud of.

### ***What feedback and lesson learned can you share about existing programs?***

The following were the programs related to drugs that the youth had heard or some of their friends had been to:

1. Treatment Center such as participated in camps or treatment center programs for 10 days.
2. Rehabilitation Center such as boot camp to increase physical stamina and build discipline like soldiers and live within laws and regulations.
3. Prevention Activities such as Parade in the community, sport activities, drinking pledges to refrain from using and selling drugs, camps and seminars, friends tell friends project (school-based), local broadcasts in the school or community.
4. Control and punishment – buyer, user and dealer.

### ***The youth mentioned that according to their experiences, those programs were not effective to help people stop using drugs. They should use other methods:***

- Have varied period of time for the treatment course as per individual need and should not have fixed timing.
- Some youth involuntary entered in the rehabilitation camps. However, if they agreed to participate in the camps, they would not be in the detention center. Some didn't want to enter this camp, as it was hard and tough tasks.
- The anti drugs activity caused difficulty in finding or getting drugs and the prices of the drugs also increased. They had to find more money to buy drugs or to be dealers that would help them to get free drugs.
- They were not interested in the drug related message, "To use drug was not good," provided by their friends at schools. Only providing this message will not help people stop using drugs

**The following were suggestions form the youth for the implementation of prevention and harm reduction programs:**

- Develop alternative things to help youth feel happy, have fun, and have friends which are a normal part of adolescence.
- Should perceive the drug users as a good persons who have some value. Should not look down them or had negative perception with them at all time.
- They need time to stop using drugs, it would gradually happen. Please do not control, put pressure, give choices/options to them for make their own decisions to reduce and stop using drugs.
- When the parents see their children using drugs, please do not become overly frantic, catch them and send them off for treatment center. Talk to us and try to understand the reason why we use drugs. Please do not be too emotional or just blame youth.