Summary Document of
UNICEF’s Participation at the
14th International Conference on the
Reduction of Drug Related Harm,
Chiang Mai, Thailand, April 2003

WORK TOGETHER!
SOLVE THE PROBLEM!
PROTECT YOUNG PEOPLE
FROM DRUG USE

unicef

East Asia and Pacific Regional Office
Contents

Overview of UNICEF's Participation in the Conference 1
Analysis of Effectiveness of the Young People's Track 3
Analysis of the Content of Country Consultations and Presentations 4
Recommendations for Follow-up 11

Appendix One
Summary of Session One: Young People's Experiences 14

Appendix Two
Summary of Session Two: Responses to Young People's Vulnerability 24

Appendix Three
Section One: Young People Country Consultations 29
Summary Document for Presentation to the Conference 32
Section One: Regional Summary of Consultations 33
Nature of Drug Use Among Young People 33
Young People's Impressions of Programs Designed to Address Drug Issues 35
Summary of Young People's Assessment of Drug Programs 35
Recommendations of Young People 38

Section Two: Summary of Country Consultations
Indonesia 40
Papua New Guinea 46
Thailand 48
Vietnam 54

Appendix Four
Country Reports
Indonesia 59
Papua New Guinea 79
Thailand 87
Session with Central Region Young People 89
Session with Young People – WY Group 94
Session with Street Children/Young People, 97
Session with Young People in Detention 101
Session with Young People at the Suthasinee Noin 105
Foundation
Session with School Teachers in Chiang Mai 110
Province
Consultation with Buddhist Monks 113
Session with Adults at the Suthasinee Noin 116
Foundation
Session with Young People and People Working 121
with Young People, Southern Region
Viet Nam 127
Summary Report of Group Discussions on Drug 135
Related Issues
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 primarily 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
The session was translated by Greg Carl and Nonthathom Chaipech (UNICEF EAPRO).

This report contains a number of appendixes 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 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 this replication process as well as develop a system for tracking, analyzing a reporting these data.

There has also been interest expressed in following 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 tract 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 told 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 campaigned missed the mark by given 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.
• Effective treatment attends to multiple needs of the individual, not just his or her substance abuse.

necessary to ensure that the plan meets the person’s changing needs.

effectiveness.

components of effective treatment for addiction.

combined with counseling and other behavioral therapies.

disorders treated in an integrated way.

little to change long-term substance abuse.

• Possible substance abuse during treatment must be monitored continuously.

tuberculosis and other infectious diseases, and counseling to help patients modify or

• Recovery from drug addiction can be a long-term process and frequently requires

Bethesda, Maryland: NIDA, National Institutes

In addition, especially in the case of young people, family involvement in treatment is often

major importance is the degree to which effective aftercare is provided.

how do the recommendations of the young people who participated in our
compare? Exhibit One provides a complete list of all of the

preceded the conference sessions. (Note: The conference summary document found in Appendix

In reviewing these recommendations, it is clear that for the most part the young people have
effective practice. For example, with regard to prevention they speak of the need to augment

skills development. They identify the need to not only provide education but to
determinants like the media, issues of employment and constructive use of public space. They

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 of 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 have 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 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 offers a series of intervention, treatment and aftercare approaches that reflect an understanding of adolescent development and the specific ways in which drug use effects 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 relationship to harm reduction, UNICEF can also play a leadership role in ensuring the development and implementation of programs that places 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 and 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 for HIV/AIDS and STD 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 duplicate 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.
Appendix One:

Summary of Session One

Young People's Experiences
UNICEF Youth Track
Session One
Young People’s Experiences

Date and Time: Tuesday 8\textsuperscript{th} April 2003 from 11:00 to 13:00

Chair/Facilitator: Joyce Djaelani Gordon (Yayasan Harapan Permata Hati Kita)
Facilitators: Greg Carl and Nonthathom Chaiphech (UNICEF EAPRO)

Young People Participants: Indonesia, Thailand, plus a statement read from a young man from Vietnam

Opening

Joyce Djaelani Gordon opened session with an overview and ground rules for session.

She discussed the importance of hearing the Asian experience since drug use is so new in this region. She also instructed the young people to come sit in front and told them this was their session. She acknowledged UNICEF and pointed out the importance of young people’s voices. She then gave an overview of the process of the consultations and invited the speakers from Thailand and Indonesia to come to the head table.

Thailand Presentations

Young Person #1

Good morning, we are very pleased to be here to share experiences with adults. There are many reasons why I have had experiences. In many cases it revolves around friends. In order to become a member of a group of friends who happen to use drugs you need to use drugs yourself.

In many cases the reasons are due to a family’s high sense of expectations. When we fail we may turn to drugs.

Also societal pressures – many people engage in anti social behaviors, are then labeled and denied access to services and turn to drugs.

Often the media and information brochures proclaim to not use drugs and just say no without providing reasons and implications of drug use – this leads to curiosity and young people say why not try it.
Because of the labeling and stigma, the focus is on controlling young people rather than helping them make decisions. They are not allowed to be a benefit to society and they are driven to drug use.

Often the families reject the children when they find out they are using drugs and may not even want to meet them face-to-face.

In many cases the family is only concerned that they will lose face in the family and the community so the quickest think they can do is send the children to treatment, but since the young people have not decided to got to treatment themselves, they go back to drug use as soon as they complete treatment.

There are many reasons young people stop using drugs – they see that drugs do nothing for them or negatively effect friends, mothers and fathers.

Many adults also provide us with many opportunities like participating in educational programs as well as programs to help the community and society.

The adults help us find choices and provide motivation to stop drug use.

There are many reasons why young people continue to use drugs. One is the stigma of being a drug user and the sense that once a drug user always a drug users. All opportunities are then denied and drug use continues.

Dealers use young people to sell and use drugs. This in the end is to the benefit of older people who control the sale of drugs.

These are the reasons why young people use drugs – particularly since the society rejects the young people and stigmatizes them, take advantage of them and do not provide opportunities to allow them to return to the fold.

Thank you to all of the adults who have given me the opportunity to speak today.

Young Person #2

Today I will talk about programs for prevention particularly radio programs. In the programs they just say that drugs are not good without any reasons why.

One reason young people want to use drugs is that they lack information.

In many cases communities will have parades against drug use. It is like setting artificial goals. You parade young people before the community but there is no guarantee that anything will happen from these activities.

When we lack true information we cannot make proper decisions.
What is most important is looking at consequences to individual life and life style as well as impact on families and society. In many cases young people only think about impact on themselves and not on the family and society – without information they do not see the connection.

In the area of treatment, many young people are forced into treatment and they do not have a choice regarding the type of treatment or if it is appropriate to their needs.

Many services have already been set up so young people need to fit the established program model. In terms of young people rights, this system denies youth the right to think and respond to this problem. Young people need to make a decision to enter services alone and not be appointed to services.

Forcing young people into treatment only increases the pressure and stigma to young people and encourages them to return to drugs.

A problem also connected with this is that the government lacks professionals who understand issues related to young people's drug use. They don’t look at the cause of why young people use drugs – if they don’t look at the root cause the use will continued.

Also the society does not easily reintegrate young people after treatment is completed and this is a problem.

The best form of treatment is friend-to-friend. Friends will generally understand and give more support than others so young people can support and understand and provide continued emotional support. Friends are always there, follow-up is always included, and as a result this approach will be more effective.

Also there is a general dislike for the current government campaign of a war on drugs. Many people have already died and young people are afraid that they will die – they don’t see how the campaign is helping them – it causes a great deal of psychological stress. It also increases crime due to increased price and low availability. They also use larger quantities when they become available again.

If the government used this policy to address other issues, what would society think?

Young Person #3

I want to share suggestions for what young people think is appropriate. First, society and adults must understand youth before making judgments about what is right and wrong.

Young people would also like to see attitudes change at the community and society levels – see the positive nature of young people. We firmly believe if people could express love more freely to youth, drug use would fade away.
The next recommendation would be with the schools. Open communication with families before you simply expel students. Expelling me from school does not eliminate my connection to the school. I may -- due to the lack of opportunity -- sell drugs to the school children.

Schools need to help young people develop problem-solving skills because every time I have a problem I can only see drugs as the way to solve the problem.

Families in society are also a problem. The focus is on consumerism and not love and understanding. Young people are not concerned with consumer goods, they want to have love and talk with their parents. I would like to see everyone consider the things their children are doing and thinking so their children do not have to turn to drugs like I did.

Among friends, it is hard to tell who uses drug or does not. Is there anyone who can say they have never tried drugs? Do other young people despise me? How would they feel if they did drugs? What would I think about them?

It is important not to stigmatize and chase away young people.

One of my final points is that for those who use and have stopped --we still have value in ourselves and to society. If we do not see value in ourselves we will give up hope.

And I would like the government to know that we are not the problem. I would like the government to stop its program of forced treatment and rehabilitation. I would also like to see that once I voluntarily have treatment, that there is follow-up.

If you think that young people are the future of the nation invest in us and believe in us.

Statement from Vietnam

The following statement was read on behalf of a young person from Vietnam who was unable to attend the conference but did participate in the country consultation process.

I started taking drugs at age 14, at first to prove myself against the challenge and provocation raised by my peers. I had heard of the damaging effects of drugs (but I had not been fully aware of drug danger) and due to the haughtiness and eagerness for success of an adolescent boy, I started joining a game without knowing the high price I would pay.

At first, we just started sniffing marijuana for a “pleasant” sensation, talking and laughing with each other like a group of mad boys. Following that, I took pills, drank brandy and participated in over-night parties… A sea change happened but my family knew nothing about it because I still went to school as usual. After finishing the 12th Form, I was lucky enough to enter a university. However, after the freshman year, my interest in seeking for pleasures made me so tired of schoolwork that I dropped out of school, left my family in the pursuit of crazy and extravagant thoughts raised by my friends. We involved in illegal affairs and all the money earned was spent on our games. The more money we got, the higher level of pleasure we looked for. And taking heroin was considered high-class pleasure for playboys like us at that time. We
came to heroin just to prove our worth. At the beginning, a sniff of heroin made us vomit uncontrollably but we thought that it did not matter because all the playboys did the same thing. These stupid ideas pushed us down and down into the thick mud and we unknowingly and completely fell under the spell of drug.

Any games eventually have to come to an end. We had to sell everything we have in order to finance the heroin addition. And when we ran out of money, our friendship broke up. Clashes broke out and we suspected one another’s motives. Finally, Some of my friends returned home while the others joined new groups … but incurable drug addiction was what we all shared.

My remaining friends and I decided to become drug dealers. This probably was the quickest way to earn enough money to satisfy our addiction. When we got money, we got more addicted to drug. Heroin was no longer a high-class entertainment but it became a demoniac need obsessing us day and night. We could stay alive without food or sleep but we could not stand taking no heroin. We became professional criminals very soon doing anything just to earn money to meet the drug addiction. After a while, some of my friends got arrested, the others died of drug overdose. Getting so nervous that we could not stay in a place for a long time, we led a runaway life. Then it came one day that I was caught having drug injection. My parents got extremely astonished and broken-hearted. They tried their best to request for my release but it all was in vain - I was taken to a rehabilitation center.

When I underwent the detoxification treatment in the center, I thought much of what I had done previously, grieving for many losses. I was still lucky because my family and my girl friend always encouraged me to return to a normal life. I regretfully realized that all of my family never abandoned me or drove me away.

After the rehabilitation period in the drug detoxification center, I returned home with a strong determination to make a fresh start and to take back what I had lost I went to the North, concentrating on preparation courses for the coming university entrance examination. I managed to join the University of Law. All of my folks, especially my parents, were happy. My life looked bright again when I got back the confidence of my family and my friends. In 2 years, I took a normal life - going to the university in the morning and having part-time job in the afternoon. It seemed that I had overcome the drug addiction. However, I failed to get rid of it. Drug still visited me in my dreams. I still missed it and felt fond of it. Heroin seemed to be waiting for the day when I felt frustrated due to losses in my business and failed examination. While disheartened, I happened to make friend with a guy who tempted me to take drug. He persuaded me by saying, “Why don’t you sniff a little for pleasure? You have given it up for 2 years so it is not easy to get addicted again…” I declined his invitation for the first time, but failed to when he insisted. I got engulfed down and down, falling again into the hands of “the drug fairy”.

Doubting that I took drug again, my family immediately brought me back to Saigon. I could not control myself, falling under the spell of drug like a moth rushing to a light and becoming more addicted. Taking just heroin could not meet my addiction; I mixed various kinds of medicine to inject into myself. I did anything to get money to buy drug. My parents were totally desperate.
Though I was the only son of the family, they preferred losing me to living with a spoiled son. My girl friend was also so desperate that she did not want to see me again.

Everybody looked at me with doubtful and cautious eyes … I bitterly realized their indifferent attitude when I got sober. However, when in need of drug, I forgot everything. What bothered me was what to do to have drug. I did not stay at home, leading a wandering life and sleeping in parks, on street sides or in a corner at a market. Everywhere could be my shelter. I got used to stay in rehabilitation centers where I was taken when getting caught. However, when released, I quickly got addicted again. I lost my way home. Things happened like this for more than a year when one day, lonely and tired from shortage of drug and money, I met a friend who used to be a schoolmate of mines at the university. He was going out with his girlfriend. After exchanging some greetings, he took VND 10,000 out of his pocket, gave it to me and then quickly went away. I felt sorry for myself when realizing that I had no folks around me. I used to have all those good things but at that moment I had lost everything.

On that very day, I returned home, kneeling in front of my parents and asking for their forgiveness - “My dear parents, just give me another chance to be a man again” My parents silently opened the door to let me in, behaving towards me as if I had just returned home after being away for a long time to do business in a distant area… I realized that nowhere is better than my home and that I realized that nobody loved me better than my parents. That night, I stayed home and decided to go to the rehabilitation center the following morning. My parents all agreed to support me. After stay in the center for 8 months, to my parent’s gladness, I was allowed to return home. My girl friend was informed of this and she got in touch with me again. We were very happy and we asked my parents and hers to allow us to get married. Everyone sympathized and accepted our proposal, hoping that the new family would keep me determined to re-start my life.

However, I seem to be predestined to pay high price for my past mistakes. When regaining the acceptance and sympathy from my relatives I was informed of being HIV-infected! I felt all collapsed due to drug addiction. My family and fiancée wept so much. As our marriage date was fixed, we could not change anything and we had no other options. I was so frustrated that, I stealthily took drug again. Knowing that, my young wife just wept silently. She told me that she would never stay away from me …

My wife and I decided to leave HCMC for Buon Me Thuot. Living in a strange place, we faced so many difficulties but I was at last fully aware of my own problem. It is no use grieving all the time. I still had time to re-start my life and I already realized the way I had to go. It was nearly 3 years since I broke up my relationship with drug and I had gained back many things, including many other valuable things other people could not have. Now, drug cannot do me any harm. I am so frightentned of it. Even in my dream, I often tell myself that I will not allow me to take drug again. I always keep faith in myself and in my brighter future”.

Written by Nguyen Quang Trung
Mar 2003
Indonesia Presentation

Indonesian Young Person #2

Note: This presentation was accompanied by a Power Point Presentation that was based on the Indonesian County Report presented in Appendix Four of this report. Please refer to that report for the details of this young person's presentation.

The presentation began with this young man thanking UNICEF for sponsoring him. He also thanked those attending the presentation. He said that the material he would be presenting was based on consultations with young addicts. He added that most young people start at a young age – by the age of 15. Data was also presented on where young people first get drugs.

He then showed a series of slides drawn from the Indonesian Country Report. One slide showed the age of first smoking, first drinking and addiction. Another slide shared data on how often young people used while another presented reasons for using.

Information was presented on why people continue to use drugs as well as why people stop using drugs. The young presenter also talked about how YAKITA program (which he is member of) used harm reduction as a strategy and an addict helping addict model.

He then reviewed a list on how young people typically try to stop using drugs as well as shared information on experiences in finding help.

Finally, he shared Indonesian young people's views regarding service providers and programs.

Indonesian Young Person #2

I would like to talk about why young people use drugs – in Asia most young people who are involved in drugs use for family problems (broken homes) or peer pressure. Often serious drug use is a next step to using alcohol or marijuana.

My uncle and brother-in-law were also drug users and they introduced me to what kinds of drugs were available. I first tried beer, then marijuana and then pills.

Factors that can prevent drug use are good role models, good home environment, positive peer pressure, availability of recreational opportunities, realistic presentations and respect for the position of youth.

Information for drugs in schools is often provided too late, young people start using before they know the effects.

Now there are more campaigns at the school level. At the university level good information, but at high school little or no knowledge and elementary schools have no knowledge.
For drug addicts, they report having no knowledge of drugs and HIV/AIDS; they are not informed about the facts. They are in a state of denial with regard to vulnerability with regards to AIDS and other STDs.

There is a need for more programs that are youth friendly service.

**Discussion**

Joyce – the young people are talking with great wisdom. We as adults need to relate this to our own lives. There are lots of myths that say they get drugs from dealers but they are getting drugs from friends. They use at schools and hangout places. The critical question is where are the parents?

What is consistent from the presentations is that they don’t have the information. They feel that the adults are lying.

Question from gentleman from India – What should we be doing and who do you blame for this current situation?

Answer – Thai youth – showed the posters they made on recommendations.

Answer – Malaysian youth – former addict – I like to talk about one issue, who is going to be blamed. Whose fault is this? Mine, yours, the government, society? I think it is not fair to blame the addicts 100%. However they do make the choice to use the drugs. I was very angry when I used drugs but today I have a different point of view. God had a purpose for me. That is why I am here today to share my experience. So what do we need? I think we need a good and healthy community because we cannot always hope that others can clean up our mess, we have to take our actions, make a good and healthy community – that community helps me a lot. I have been clean almost four years due to my community that has helped me to find my life and be a better person. We have to stand together and to learn from one another and be a better person. Others can see those of us who do not use as examples of how not to use drugs.

Question – Woman from Iraq – I respect all people who have not used drugs, have used, and have stopped. We are here to see how we can find a better life for all nations. We have heard that young people get drugs from schools and friends. Do they have any good friends who said don’t use drugs and if they did why did they not listen to them? How did they return to a good life?

Answer – Indonesian young person – Yes I had such friends but I did not listen. There words were the same as my parents. They just said it is not good for your health and will make you a bad person, but when I tried it, it was fun and exciting. When I began to use I felt that no one understood how difficult it was for me to stop using drugs. Adults need to understand the language of young people. That lack of understanding hampers communication. The information from professionals is too hard. We need simple information. That is my personal opinion.
Answer – Thai young person – There are many programs like friends helping friend but how far can they go. Just providing information is not enough. There is a need for networks to influence and get the services and help they need. So they can speak out about problems and services they need to solve their own problems. Many people need to be involved. It also involves schools, government and adults. If all sectors are not involved how can we be successful? But giving young people chances to speak out improves our ability to advocate for ourselves.

Question – a former addict 48 yr. old Malaysian – When I was young our influences were many – today young people who use drugs say that our parents have influenced us. We need to involve parents and make a family a good and safe place where parents support their children. We need all to be involved including parents, government, and schools.

Joyce – we need to invest in the future, the young people and the girls. Girls are second class citizens in Asia. How will we respond to this gender issue? How will we reach out to girls? There is a lot of shame and due to parents shame the kids are hidden away. How can we change this? That is what we will discuss at the second session. The experience in Vietnam shows that some feel to cure addiction you should just get married. Another is to send young people away – geographic relocation. There is no aftercare – no working with yourself. This is not available but this is the issue we have to face.

Question – ex Minister of Religious Affairs for Indonesia -- Blaming others is not a good approach. None of my children suffer this. I am a medical doctor. Only my wife takes care of my children. Please do not blame your parents. They may be out making money to support your family. We need to look for a solution. Asia is different than the west. The problem is information for the family.

Question – woman from Indonesia – thanked all the presenters – we are here to talk about harm reduction. I know that some governments believe in punishment and incarceration. Some of us belief it causes more harm than good. Could you share with us the harm that was done to you by punishment? What is harmful?

Answer (Thai young person) Forced treatment causes confusion – physical needs are addressed but not psychological. Treatment is completed but now I still have the negative feelings, who can I trust, who can I talk too, who will treat me fairly. The forced treatment does not focus on drug use – the family does not want them around and the society rejects them – what has helped is a friend helps friend approach, I can count on this all the time, not just in moments of severe need.

Answer – young person from Indonesia – addicts don’t need harsh treatment and we don’t need acts of violence. We need people we can share our emotions with and friends who can understand us. We don’t blame our parents and we also do not want to be addicts. We need the support of families. We need someone to sympathize with us.
Appendix Two:

Summary of Session Two

Responses to Young People's Vulnerability
Michael Rosati provided an introduction regarding the process of young people's consultations, as well as presented the expected outcomes of this session. He stated that the session was designed to be a dialogue between adult and young people participants.

He also reviewed the key findings of the consultation with regard to young people's perspectives on drug policies and programs. Basically young people reported that they were aware of programs that have been developed for prevention, harm reduction, treatment and supply reduction, but that on the whole, they found these program generally ineffective.

He concluded the opening remarks by asking the participant to focus on recommendations of what could work, and avoid the temptation to simply speak to those efforts that have not been effective.

The first comment was made by a gentleman who worked at a treatment program in Bangladesh. He said that many programs are more interested in obtaining funding that finding effective approaches, so they do what will look good to funders without regard to effectiveness.

Michael asked him what is an effective approach in his experience and he said that it was important to not just give information but focus on what to do and what not to do. He also said it is important to accept drug addiction as an illness and not just see it from a moral perspective.

A woman from Indonesia then commented that young people in her country have said that there is a lack of good, reliable information. Health providers, teachers also lack good information, so we should work on that side as well. We should ask young people what information they want.

Michael then asked young people to respond to this comment.

A young person from Indonesia: We need information on the effects of drug – body, brain, fever, virus etc. Seminars don’t focus on dangers or effects, they only say “using drugs is dangerous” but do not say why.

A young woman: Parents have no knowledge about drugs. Some parents are shy because their children are involved with drugs so they don’t attend seminars.
Michael observed that it seems that parents are another key factor and then asked young people that if they did get accurate information on drugs, would that be enough? Are they aware of young people who have accurate information and still choose to use drugs?

Young woman from the United States: Am I a young person or an adult? I’m 22 years old. I ask myself the same things. It is definitely important to assess each situation independently. I had some education in school, and have always been aware that they’re no good. But I still did it. For example cigarettes. But some information I have read seems conflicting.

Michael asked how do we get to practices that are effective? While it is tempting to generalize based on our personal experience, it is also important to look at the research that has been done on effective programs. Does anyone have experience at looking at what the research says on effectiveness?

A staff member of Save the Children Foundation - Tanzania: Yes, we must involve young people in the development of information and the means of dissemination. We have experience in Swahili that has shown us when information is given that young people can relate to, this brings young people into services. Trust building is also important - peer to peer. Also involvement in services is key. We must acknowledge that young people have positive experiences that they can share (applause).

A man from Indonesia: We have discussed “the right kind of information” but we should focus on “correct” information. For example we say “drugs kill” but young people know this is wrong and contrary to reality. We should be honest. Prevention should be based on honest, age-appropriate information that is credible, accurate and believable.

Michael asked young people -- assuming that accurate information is important -- what else do we need? What else, in addition to providing people with information, is needed?

Thai young person: The media has a role to play. For example, cigarettes are bad – should we force them to give up? We can’t force them to give up yet the media orders and prescribes, rather than provide choices, so it doesn’t allow drug user to make choices.

Thai young person: Some questions come to mind: if drugs are no good then how come there are so many around? What tells you that drugs are no good? Media is not necessarily all good, may be inaccurate and color perceptions. So how can young users come to be good people and stand here today?

Thai young person (monk): As a monk who is also a young person here is my perspective. Media can’t solve problems. Adults don’t help young people, don’t provide opportunities for young people. The government wants quick and dirty solution rather than looking at real needs of young people and social problems, so the current war on drugs is engaged, but it is not based on religious precepts that forbid killing. Monks and others who want to help young people are hindered by government organizations. So many young people here are fortunate because of their involvement in activities to benefit society, so they can provide psychological and mental health, as well as care and treatment.
Woman for Iraq: The main answer is giving good information. But not so easy as this. For example, young people with addicted parents, see danger, but still become addicted. So how to transfer information to young people? We as adults should learn how to give information to young people and when to say it.

Thai adult: I am amazed that young people dare to come up and speak about drugs. How difficult is it for young people when adults don’t dare say anything. So good this is a good opportunity for young people to get up and speak. In my capacity as mother of many children I can tell you that they want people to look at young people as people not as “empty vessels”. For a person previously addicted it is an opportunity, but I’ve got to speak out now. It is difficult to say what the effects of addiction are, many people use drugs to fix what’s missing in their lives. What chance do we prove them to come back and not be stigmatized by society? Often our activities can be very prescriptive, but how do we help them solve their problems –our answers, not their answers. They look at adults –what images or models do we give young people? If we want young people to be good members of society, we should look at ourselves. Society which functions according to policy. We put pressures on young people. When young people don’t meet our expectations then we reject them and they turn to drugs, sex etc. Parents must learn how to understand.

Australian adult: What format do young people want information in? CD ROM, website , etc. In Australia the information is accurate. The problem is getting it to young people in an appropriate format.

Man from Chiang Mai: The media could be pictures, drama etc but information is not enough, we need involvement of young people. Education –not just knowledge but skills to enable then to make decisions by themselves.

Man from Indonesia: Begin by talking to people from heart-to-heart, then they will accept information and then they can do anything.

Michael then suggested we shift back to young people's perspectives and asked young people to respond to the most recent comments by the adults or to make any other comments they felt were appropriate.

Young person - woman: Adults shouldn’t view young people as “children”. We need information, but as “children” we can’t act on the information provided, so if want young people to respond then you must be prepared to let them act on it. Young people need to have opportunities to express opinions and participate, analyze and make appropriate decisions.

Thai young person: Much information available but mostly negative. It gives bad view of users in society. In society we have parents and children, but who hasn’t made mistakes in their lives? We should provide opportunity to forgive, understand and correct mistakes. How can young people get help from people who have not had the same experience. Adults dismiss this as ‘problems of young people.” How can parents understand? So young people turn to friends or drugs, because drugs are easier.
Young woman: If information doesn’t help young people analyze and solve problems then it is of no use, no matter how accurate it is. Shouldn’t forget the skills, so that we can make decisions and solve problems in appropriate ways. This can also be a problem between peers. Many peers may not have experience with sex or drugs themselves, so until they have the opportunity to sit and talk they will not understand. Most effective means is to provide activities that provide choices.

Young woman: As drug-users what we need to think about is prisons and debt. There is no border between these things. Drugs are beyond social classes. In my case use of injecting drugs causes Hep C. Most of my friends from lower classes don’t have this information. They do have some information from TV and radio but not enough on the dangers of drugs. We need direct interventions, including promoting the use of condoms.

Thai young woman: Me again.. I’m currently involved in a treatment center. Many formalized programs, very little choice. But I don’t want any of these choices. Through these programs I haven’t seen the consequences, so I have repeatedly gone back to using drugs. So now I am in a program which enables me to reflect and analyze why I should give up. When the situation is bad this leads to drugs, so I should learn to control emotions. Without this, one goes back to drugs. When I see myself more clearly, then I see responsibility and impact on others, so I have to contend with my own psychological state. I hope that this time when I leave treatment I will find somewhere that will accept me, not stigmatize me, and provide me with follow-up aftercare. I can’t change how my family or how society thinks, but I can change myself, so this is the first thing which I will do.

Young Indonesian man: I agree with giving more opportunity to young people. Let us make our own decisions. Not just young people need correct information, also adults need correct information, and adults have to change their way of thinking and attitude.

Thai adult woman: We use lipstick shaped like a penis as media for night sex education activities – so I don’t think we always need to think that media is only “high-zone”. Best information resources are people themselves.

Thai Young Person: Thanks to everyone for opportunity to speak today.

Michael (Wrap-up): Thanks to the young people and thanks to adults (applause). Now we can say we know what works - what works is working together as partners, young people and adults. There is a lot of work to do, but working together will lead us to the effective approaches that we all want to put in place to benefit young people, their families and their communities. Today was an important first step, but is only the first step. Let's continue this dialogue, keep up discussions and keep developing programs.
Appendix Three:

Young People Country Consultations
Summary Document

(This document was distributed at the conference)
UNICEF Country Consultations on Young People, Drugs and Substances

WORK TOGETHER!
SOLVE THE PROBLEM!
PROTECT YOUNG PEOPLE FROM DRUG USE

14th International Conference on the Reduction of Drug Related Harm
6-10 April 2003, Chiang Mai, Thailand

unicef
East Asia and Pacific Regional Office
Centre - Half Way House, National Narcotic Bureau and Stop AIDS – Anglicare.

In Thailand the discussions were facilitated by AIDSNet – North, AIDSNet – Northeast, the Takhop Pa Group, Nakorn Ratchasima Juvenile Detention Centre, the Sutasinee Noi-in Foundation for Children and Youth, the WY Group, the Volunteer’s Children Development Group, and CARE Thailand/Raks Thai Foundation.

In Vietnam the discussions were facilitated by the Thao Dan Street Children Program, the Australian Red Cross Peer Education Program, and the Women’s Union.

This document was prepared for UNICEF by Michael J. Rosati, Director, South East Asia Initiative, Health and Human Development Programs, Education Development Center, Inc.

Copyright © United Nations Children’s Fund 2003. Duplication of this document for educational purposes in permitted as long as the source is acknowledged.
UNICEF Regional Consultations on Young People and Drugs

Summary Document for Presentation to
The International Conference on the Reduction of Drug Related Harm
Chiang Mai, Thailand
April 2003

Background

As part of the preparations for the International Conference on the Reduction of Drug-Related Harm, held in Chiang Mai, April 2003, UNICEF supported a series of consultations with young people vulnerable to drug and substance use in several countries in the Asia-Pacific Region. Consultations were conducted in Indonesia, Papua New Guinea, Thailand and Vietnam. The aim of these consultations was to develop a process which would enable the voices of young people to be heard at the conference, identify issues which are important to them, obtain information on the situation concerning young people and drugs and provide important feedback on strategies currently used in the region to address prevention of drug use and care for young people affected by drugs. The information gained from these consultations has been summarized in this document and will also be the basis for a series of country presentations by young people as part of a special youth track that UNICEF is sponsoring at the conference.

While the process for conducting the consultations varied to some degree within each country, there were some key features that each shared. In each instance, the young people (aged 12 - 24) who participated in the discussion groups were vulnerable to drug use; in fact the overwhelming majority were current or former drug users. Each group attempted to strike a balance of gender and where relevant, young people from different ethnic or religious groups were included.

The groups varied in length ranging from discussions of a few hours to daylong events. Each group was co-led by a team of adult facilitators or teams of adults and young people. Great care was taken to protect the confidentiality of those who participated, and in this and subsequent documents no comments will be directly attributed to any particular participant.

It is important to acknowledge that given the selection process for inclusion in these groups, as well as the limited size of each, the results of this process cannot be generalized to a larger population of young people. On the other hand, the document we are presenting in our view accurately represents the opinions of the young people who participated in our discussions. Many of the views they have expressed could be supported by citing studies that have been conducted both in the region and internationally. It is our hope this information will serve to stimulate discussion on this important topic now, and lead to more rigorous research in the future.

The document is comprised of two main sections. The first section provides a regional summary of the results of the young people's discussions. The second section provides summaries of the young people's discussions on a country-by-country basis.
Section One: Regional Summary of Consultations

Introduction

In reviewing the information that was compiled in the country consultations with young people, two points are evident. The first is that there is a great deal of similarity in experience and perspectives of the young people within our region. Second, on the whole, the young people who participated in these consultations feel that their country's current efforts in addressing drug issues are generally ineffective. This second perspective applies to a range of programs from prevention to treatment to supply reduction. In addition, the young people felt that in the area of harm reduction, there were in fact few programs, which promoted this perspective. Further, they felt that in the cases where harm reduction messages were promoted, the information was often incomplete or inaccurate.

As professionals, we can receive this information in a number of ways. One reaction could be to dismiss it as the sincere, yet uninformed opinions of young people. A second would be to embark on an effort to conform all program approaches to the advice they have provided. Yet as is often the case, the best response is perhaps somewhere in the middle. The perspectives of young people are invaluable and should be balanced with our collective understanding of what well-designed research has demonstrated as effective practice. In that regard, it is interesting to note that much of the information the young people have provided in these consultations in fact reflects what the research literature would suggest. For example, in the area of prevention the young people dismissed the effectiveness of scare tactics and instead recommended the teaching of decision making and other appropriate skills; with regard to treatment they suggested that programs be of adequate length, involve families and provide strong aftercare. Those familiar with the literature on effective prevention and treatment know that these suggestions are very much in accordance with what the research on these topics would support.

The following three sections will summarize young people's views on the nature of drug use, the various types of approaches that have been used in their country to address this issue, and their recommendations for developing effective programs.

Nature of Drug Use Among Young People

I had refused my friends when they asked me to try to smoke drugs the first time. My friends said that it would make me feel good after smoking it. 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 it was yaba (amphetamine).

The young people who participated in the consultations identified a number of reasons why young people use drugs. These reasons include issues related to personal feelings and beliefs, family factors, peer influences and social conditions.

Personal feelings and beliefs range from the desire to seek positive outcomes associated with drug use such as improved school and work performance to the need to cope with life's problems and stresses. In identifying the extent to which family factors contribute to drug use, the young
people suggested that parents who constantly fight, put pressure on their children or show little interest might lead young people to use drugs. With regard to peers, the young people spoke of both external and internal pressures to use drugs. In some instances they identified situations where peers activity encouraged their involvement in either using or selling drugs. In one case, they spoke of a progressive scheme designed to lure them into drug use and then involve them in selling drugs to others. In other instances the pressures were internal. The young people simply wanted to fit in with others and felt that using drugs would lead to a more interesting social life. Finally, with regard to social conditions, young people suggested that the easy availability of drugs, coupled with media images that made use attractive, created an environment that was conducive to drug use.

In reflecting on the young people's discussions on the nature of drug use several points are worth noting. The first is, that as the literature would reinforce, drug use is often the result of a series of complex factors including conditions that are present in both an individual and the environment in which he or she lives. Secondly, as one examines the reasons advanced for initial use versus continued use, it is clear that there is a shift in why an individual uses drugs over time. While the reasons for initial use was to some degree attributed to dealing with problems, it was for the most part seen as a way to enhance one's experience. When the young people discussed why some people continued using drugs, it was clear that enhancing effects became less important and the degree to which the drug could be used to cope with life became more important. Also of note, is that as drug use continued, the role of peer influences also increased. Finally, in some cases the addictive nature of drugs was mentioned in that young people continued using because they found it difficult to stop.

With regard to the effects of drugs, young people are aware of the many physical harms associated with drug use. They also felt a major negative consequence of drug use was being arrested and/or killed by either police, dealers, or the continued use of drugs. In other instances, they reported what they felt were the positive effects of use including an increased sense of self-esteem and acceptance by peers and boy/girlfriends. Little was said about the long-term psychological impact of drug use, although some young people did speak about the extent to which drugs can take away your sense of value and dignity. In some cases, the young people were also aware of the relationship between injecting drug use and HIV/AIDS, but others were not. In many cases even those who were aware of this relationship did not have an accurate understanding of how to protect oneself from infection.

In the case of factors that contribute to young people stopping drug use, it was interesting to note that the role of the family was mentioned by a number of young people. In other instances peers were also identified as key factors, especially the support of a boy/girlfriend who does not use drugs and disapproves of use by others. In other cases, young people attributed stopping drug use to lack of availability or high prices (especially as a result of government crackdowns on drugs). These young people also pointed out that they were afraid of being arrested and sent to detention centres by the police. Other reasons cited had less to do with fear of negative consequences and were more related to young people's desire to achieve a sense of self-worth, as well as the respect of their family and community. Finally, others pointed to their interest in maintaining a job to be able to help support their family.
Young People's Impressions of Programs Designed to Address Drug Issues

The government does not provide any alternative activities. They only arrest us and send us to detention centers. If you would like us to stop using drugs, putting us in a detention center is not the right way. It doesn’t solve the root of the problem.

The impressions of young people regarding programs that address drug issues can best be summarized in the form of a chart. Exhibit One identifies seven key program areas that young people reported having some level of experience with in this region. The seven key areas are (1) School-Based Prevention (2) Communications/Media/Social Order Campaigns (3) Faith-Based Programs (4) Harm Reduction (5) Treatment (6) Aftercare and (7) Supply Reduction.

EXHIBIT ONE
(1 of 3)

Summary of Young People's Assessment of Drug Programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Young People's Comments</th>
<th>Young People's Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-Based Prevention</td>
<td>Young people identified prevention as an important activity that should be age and culturally appropriate, and both provide information as well as teach refusal skills and decision making.</td>
<td>These programs are generally ineffective since programs are either based on scared tactics or are inadequate with regard to the information presented. Also, teachers are not properly trained.</td>
</tr>
<tr>
<td>Communications/ Media/ Social Order Campaigns</td>
<td>Campaigns of this nature have been developed in each of the countries involved in the consultation. These campaigns involve a range of media including brochures, speeches, parades, and billboard messages.</td>
<td>These campaigns are ineffective because the messages are usually too general (examples: Bad people use drugs or Don't use drugs). These messages will not work with young people, especially drug users.</td>
</tr>
<tr>
<td>Faith-Based Programs</td>
<td>Young people identified faith-based treatment approaches that ranged from exorcism to residential treatment programs.</td>
<td>While issues of faith were identified as important factors for stopping drug use, the young people suggested that religious program staff do not always understand drug users and sometimes treat them in a harsh and judgmental manner.</td>
</tr>
</tbody>
</table>
### Summary of Young People's Assessment of Drug Programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Young People's Comments</th>
<th>Young People's Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Harm Reduction</strong></td>
<td>The young people had some exposure to harm reduction messages in some countries, and no exposure in others. Programs included presentations on clean needles and syringes as well as distribution of brochures.</td>
<td>Overall, even in those instances where harm reduction was addressed, the young people felt that much more should have been done. Further, they reported that many providers are not familiar with harm reduction or gave inaccurate information about drugs. <strong>Note:</strong> The lack of accurate information was reinforced in the young people's discussions of harm associated with drug use. For example, many were unaware of the danger associate with drug use- especially in relationship to HIV/AIDS.</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>The young people were aware of many types of treatment approaches including outpatient, inpatient, detox, therapeutic communities, faith-based programs, and rehabilitation centers (including boot camps).</td>
<td>Overall the young people felt that treatment programs were not effective. The major reasons were two-fold. One concerned the availability and/or the cost of accessing treatment. The second pertained to program staff. Young people felt that program staff often do not adequately understand drugs and drug users. They also felt that staff were judgmental, disrespectful and mistreated young drug users.</td>
</tr>
</tbody>
</table>
## Summary of Young People's Assessment of Drug Programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Young People's Comments</th>
<th>Young People's Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aftercare</strong></td>
<td>Some young people in the consultation groups were familiar with the concept of aftercare, but generally did not know of programs that provided such services for drug users in their community.</td>
<td>Young people pointed out that aftercare is an important part of treatment but is generally not available. One participant observed that the only extent to which follow-up occurs is that they are told to report periodically to the police after they are released from detention and rehabilitation centres. When they meet with the police they are encouraged to identify other drug users and sellers in the community as opposed to being offered support.</td>
</tr>
<tr>
<td><strong>Supply Reduction</strong></td>
<td>The young people were very aware of high-profile government efforts to control the supply of drugs. These efforts included police crackdowns on dealers and users.</td>
<td>The young people felt that these campaigns were generally effective in the short run by both decreasing the availability of drugs, as well as driving up the price to a level that is prohibitive for many young people. On the other hand, they reported that most people just turn to cheaper and sometimes more dangerous drugs (like glue sniffing). They also said that the effects of these actions would be temporary and that in time the drug users who are arrested and placed in detention centers will return to drug use and that the systems for selling drugs will be re-established.</td>
</tr>
</tbody>
</table>
Recommendations of Young People

The recommendations advanced by the young people who participated in the consultation groups concerned a number of key areas. With regard to prevention programs, young people suggested that governments need to promote the active involvement of communities, schools, and families. With regard to specific program development, the young people noted that the age of first use is getting younger, so prevention programs need to begin with young children prior to their first exposure to drugs. Programs should also focus on skill development as opposed to providing only information and should be age and culturally appropriate. Schools should play an important role, balanced by alternative programs in the community and support for families. Teachers and other professionals should receive proper training to provide accurate and relevant information. The young people also recommended the use of positive peer pressure both in school and community settings including the establishment of youth camps that provide opportunities for discussion, skill development and positive alternative activities.

Specific mention was also made of issues of harm reduction. Young people noted that very little information was available on this topic and recommended that programs be developed to educate young people about ways in which to reduce the harms associated with drug use - especially the harm related to the use of needles and syringes as it pertains to HIV/AIDS infection.

With regard to treatment, the young people suggested that service providers should consider the importance of early intervention including outreach services designed to educate and motivate young drug users. For example, they recommended developing programs that help young people learn the risks associated with drug use, as well as the steps one must take to quit using drugs. In addition, the young people made some specific recommendations for treatment programs. They suggested that programs find ways to encourage voluntary entrance to treatment and have varied courses of treatment depending on the nature of an individual's drug use. They also recommended that programs require the participation of families. Further, they felt that in many cases, service providers needed to stop being judgmental of young drug users and instead deal with them in a professional and compassionate manner. Given the fact that most young drug users are distrustful and resentful of service providers in general, it is all the more important for providers to consider ways to create supportive environments for treatment and rehabilitation. Finally, they suggested that due to the huge gap between need and treatment services, alternatives to rehabilitation centres, such as family and community-based programs, should be considered as effective options for young drug users.

Finally in the area of supply reduction, the young people recommended reconsidering the strategy of conducting police crackdowns on drug distribution as a sole strategy. The young people observed that while these programs typically have impressive short-term effects such as decreasing the supply and increasing the cost of drugs, they often drive users to seek cheaper and more dangerous drugs (such as glue, fake drugs) and/or resort to crime to get additional money. In addition, they felt that once these initiatives are completed, networks for drug distribution are quickly re-established and old patterns of drug use resume.
Section Two

Summary of Country Consultations

Conducted in March 2003

Indonesia

Papua New Guinea

Thailand

Vietnam
Background

As 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 conducted a pre-consultation with young people in Indonesia. The pre-consultation involved 40 young people at Yayasan Harapan Permata Hati Kita (Yayasan Kita), a drug treatment and recovery community center and at a meeting of eight young people hosted by Badan Narkotika Nasional (BNN) a government agency working with young people in drug prevention activities. The discussions were both held on the 17th of March 2003.

Summary of Youth Responses

Part One: Young People's Views on the Nature of Drug Use

Why do young people begin using drugs?

- Curiosity and a desire to experiment
- Lack of information and experience
- Personality types which make some youth vulnerable to drugs
- Poor personal characteristics including poor decision making
- Pressure from self to fit in
- It was available, offered by a friend
- Felt pressured by friends, mainly at school
- Following other people’s lifestyles (adopting ready made lifestyles) that looks cool
- Trying to find something new
- Parents used drugs
- Poor communication with parents
- To gain parental attention
- Angry at parents
- House servants were using
- Availability of alcohol at home
- Early initiation with alcohol
- No alternatives to drug use for enjoyment
- Coping with difficulty in sleeping
- Experimenting at first, abusing next, addicted after
Why do some young people continue to use drugs?

Self
- Problem avoidance, such as stress, loneliness
- Avoiding reality
- To get attention, especially that which is not received from family
- Improved ability to socialize
- Liked the enjoyable effects and sensation of drugs
- Felt that drugs was the whole world and that drugs had became one’s best friend

Friends
- Wanting to have fun with friends
- Because a significant other (boyfriend/girlfriend) was also using
- Because friends also continued to use

Family
- Parents could not control young person’s behavior, provided too much freedom, or are too soft

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 cool

The Nature of Drugs
- Did not know how to stop
- Didn’t have information on how to stop
- Using became a need: once they started heroin, they had to use to avoid withdrawal symptoms

Why do some young people stop using drugs?

Personal Feelings
- Tired and bored of an addicted lifestyle, tired of being tired
- Stressed out, desperate, feeling guilty and depressed
- Having a will to stop
- Feeling that they have damaged the family by lying, stealing and cheating

Because of Others
- Parents by far are the strongest forces of change that can help addicts find help and stop use
- Most significant others: parents or boyfriend/girlfriend found out and forced them to stop
- Loss of good friends
- Thinking about the negative effects drug use to family and siblings
Risks Involved in Continued Use
- 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 drug addicted kids
- Life has become unmanageable
- Decline in their general state of health

Financial Reasons
- Difficult to continue to support the habit financially

Part Two: How Young People Feel About Current Approaches

What are some of the options for young people who want to stop using drugs?

Medical Approach
- Attend an outpatient clinic and be treated by doctors and psychiatrists
- Detox through inpatient programs (including mental hospitals)
- Go to a counselor at a drug dependence hospital

Home Therapy
- Cold turkey (isolating oneself at home)
- Geographical move (moving to a different neighborhood or city)
- Substituting the use of other drugs
- Imagining the future
- Finding activities and staying busy

Rehabilitation
- Go to rehabilitation centres (religious, therapeutic community, police rehabilitation, bootcamps)
- 12 Step programs: trying to be clean just for today, one day at a time
- Find a support group

Alternative Healers
- Herbal medicine
- Shaolin approaches
- Shamans

Religious Approach
- Go to a religious boarding houses
- Go to a religious leader to be exorcised and prayed for
What problems have young people encountered in finding help to stop using drugs?

Basic Problems
- Did not have much information as to where to go for help; had to ask friends who were addicts
- The services provided were pathetic and inadequate
- Bad experiences and treatment from 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

Medical Community
- Medical community only knew about giving medicine, conducting detox and tending the body
- Medications are too high in dosage
- Did not provide counseling or information on drugs, harm reduction or viruses
- Doctors do not have accurate information on substance abuse and addiction
- Addicts end up disliking the service providers because their service were minimum and uncaring
- Not professional in providing services
- Testing for HIV without consent
- Providing naltrexone and rapid detox to HCV positive addicts
- Service providers do not really care, only how much addicts pay

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

Police Related Community
- Violence
- Punishment

What support do young people need to stop using drugs?
- A community that can provide therapy (recovering addicts helping addicts)
- A good facility with a good program that understands addicts and makes us feel comfortable
- The finances to be able to go to proper treatment
- Knowledge and information about addiction as well as on the best programs available
- Patience and dedication on the part of service providers in working with addicts
- Support groups for clients (addicts helping addicts) and support groups for families
- Emotional support from family and significant others, mental serenity and a sense of faith
- Help in gaining the awareness of the need to recover and a clear program to work on
- Aftercare including the active involvement and support of parents
- Support services such as drop-in centers and 24 hour help hotline
- Support from the nation in supply reduction, demand reduction and harm reduction
- Materials that are comprehensive and continuously provided to the public
What are young people's feelings about service providers?

- Resentful, distrustful, confused and shameful
- Service providers are discriminative and stigmatize addicts
- Service providers don't have the welfare of the addicts and young people in mind
- Service providers don't have information and skills and are ineffective in helping addicts thus making addicts feel pessimistic about the likelihood of ever getting better
- Great because doctors give medicine that addicts can mix with other street drugs
- Service providers are annoying and 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 or that a person would overdose if they use after these treatments)
- Annoyed that medications provided created side effects
- They don't provide us with enough time to consult
- Fearful (having had been beaten and sodomized at a religious center and police based center)
- Happy and hopeful about the possibility of recovering at Yayasan KITA

Were prevention or harm reduction messages provided by service providers?

- Prevention messages were never available, none
- No information prior to using regarding effects and dangers of drugs
- Only knew about the types of drugs available to use
- Providers that addicts came in contact with 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 followed instructions
- Myths were plentiful (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)

What advice would you offer to service providers for working with young people?

**Prevention Issues**
- Seek effective ways to prevent the misguided curiosity of young people
- Prevention must be done before exposure to drugs because once you begin you will not listen
- Programs must move beyond using scare tactics to more effective approaches such as life skills
- Parents need to take part in prevention, providing attention and discipline (tough love)
- Schools to take a bigger part in preventive measures, as early as possible (5th grade)
- Provide workshops at school level, teachers must be informed (most schools are not ready)
- Programs currently have very limited penetration outside major metropolitan areas

**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
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 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

Treatment Issues
- 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 is reported in the medical communities

How to Prevent Youth from Using Drugs
- Schools can provide age appropriate information about drugs that is also culturally appropriate
- Information at all levels for everyone before experimenting with substances
- Specific goals and dreams for youth - support for goals and dreams
- Provide 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
- Greater socialization with other individuals and youth as opposed to interaction with technology
- High availability of constructive, alternative options for youth (parks, community centres)
- Alumni and ex-drug addicts can visit schools with drug information
- Provide positive role models

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 problems 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

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
- 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
SUMMARY OF COUNTRY CONSULTATION

YOUNG PEOPLE AND DRUGS

Papua New Guinea

Background

Five consultations among young male drug users and ex-drug users were conducted in five different locations in Port Moresby. The consultations were carried out in the form of focus group discussions among young people aged between 14 to 26 years. The institutions which conducted the focus groups are: Port Moresby City Mission, Jesus Centre - Half Way House, National Narcotic Bureau and Stop AIDS - Anglicare. The major drug the young people focused on was cannabis. The consultations took place on Sunday 9\textsuperscript{th} March 2003. The total number of participants in the consultation was 78.

A Profile of the Young People Who Participated in the Consultation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Boys</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many boys had taken drugs</td>
<td>72</td>
<td>92.3</td>
</tr>
<tr>
<td>How many boys had ever sold drugs</td>
<td>20</td>
<td>25.6</td>
</tr>
<tr>
<td>How many were heavily addicted</td>
<td>16</td>
<td>20.5</td>
</tr>
<tr>
<td>How many boys were affected mentally</td>
<td>5</td>
<td>6.4</td>
</tr>
<tr>
<td>Gave up drugs and later resumed use</td>
<td>19</td>
<td>24.4</td>
</tr>
<tr>
<td>Peer pressure contributed to use</td>
<td>60</td>
<td>76.9</td>
</tr>
<tr>
<td>Family problems contributed to use</td>
<td>12</td>
<td>15.4</td>
</tr>
<tr>
<td>Started taking drugs at school</td>
<td>33</td>
<td>42.3</td>
</tr>
<tr>
<td>Parents reprimanded for taking drugs</td>
<td>72</td>
<td>92.3</td>
</tr>
<tr>
<td>Parents reprimanded for drinking alcohol</td>
<td>42</td>
<td>53.8</td>
</tr>
<tr>
<td>Number of boys involved in the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Petty crime</td>
<td>76</td>
<td>97.4</td>
</tr>
<tr>
<td>Serious crime</td>
<td>38</td>
<td>48.7</td>
</tr>
<tr>
<td>Rape</td>
<td>11</td>
<td>14.1</td>
</tr>
<tr>
<td>Murder</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Number of boys from broken homes</td>
<td>30</td>
<td>38.5</td>
</tr>
<tr>
<td>Number of boys abused sexually</td>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td>Number of boys abused physically</td>
<td>36</td>
<td>46.2</td>
</tr>
</tbody>
</table>
Summary of Youth Responses

Part One: Young People's Views on the Nature of Drug Use

Why do young people begin to use drugs?

• Removes boredom
• Makes life enjoyable
• Cheaper than alcohol (current users mentioned that cannabis is cheaper than alcohol and this probably had contributed to an increased use of cannabis in those provinces in the country that had banned the sale of alcohol)

Part Two: How Young People Feel About Current Approaches to Drug Prevention and Treatment

What are some of the current programs that address drug use?

• Opportunities for employment
• Educational opportunities
• Sports participation programs

How do you assess the current programs for addressing drug issues?

• Current programs are only partially effective
• Not working, young people go back to drugs again

What advice would you offer to service providers for working with young people?

• The drug problem should be addressed seriously in all schools
• Schools should establish counseling facilities to help those addicted to drugs
• Young people who are being rehabilitated by the Christian agencies would like young people to be converted into Christianity as one of the steps to stop taking drugs
• Use reformed drug users to assist in rehabilitation programs
SUMMARY OF COUNTRY CONSULTATION
YOUNG PEOPLE AND DRUGS
THAILAND

Background

As part of the preparation of the Youth Sessions at the International Harm Reduction Conference in April 2003, UNICEF along with its partners in Thailand conducted a pre-consultation with young people throughout Thailand. Discussion groups were held in Nakorn Ratchasima, Yasothon, Chiang Mai, and Bangkok. In Nakorn Ratchasima participants were young people under the responsibility of the Nakorn Ratchasima Detention Center who have previously used or sold drugs. Eight youth between the ages of 16-20 years old participated. In Yasothon, 12 youth between the ages of 14-19 years old met at the Sutasinee Noi-in Foundation for Children and Youth. In Chiang Mai two sessions were held. The first comprised eight street children/young people between the age of 15-24 years old. In this group there were seven males and only one female because the majority of street children/young people are males. The second involved a group of 11 young people (six males and five females) who are members of the WY Group (a program that serves young people who do not participate in traditional school activities). In Bangkok, ten young people (nine male, one female aged 23-25) from throughout the Central Region of Thailand participated. The consultations in Nakorn Ratchasima and Yasothon were conducted by AIDSNet-Northeastern Office. The consultations in Chiang Mai were coordinated by AIDSNet-North and conducted by The Volunteer’s Group for Children Development and the WY Group. The Bangkok meeting was conducted by CARE Thailand/Raks Thai Foundation. All consultations occurred in March 2003.

Summary of Youth Responses

Part One: Young People's Views on the Nature of Drug Use

Why do young people begin using drugs?

Personal Feelings

- Some young people are curious, want to experiment and don’t believe they could get addicted
- They feel lonely and upset because of all the problems that they face
- Unhappy, feelings of not being loved, low self-esteem
- Some young people felt the media promoted the message that it is cool to use drugs
- There is generally very little for young people to do
- Some young people do not believe drug use is harmful
- Some used to feel superior to others
- Some young people are not strong enough to resist the temptation to try drugs
- Some are bored with their lives and feel drugs will make things more exciting
- Some are ostracized by the community (response from street children/young people)
Family
- Parents who always quarreled
- Living in a broken home or single parent family
- Bored with parents and feeling unhappy at home
- Family problems lead some young people to try drugs
- Parents show little interest and neglect them
- Even if a parent provides children money, if young people don’t feel loved they may use drugs

Peers
- To follow the trends of the group
- To be accepted as a member of the group
- Urged or persuaded by friends to use drugs
- Many people begin at the invitation of their friends
- In some cases it seems like everyone else is using drugs so why not you too
- Problems with boyfriends and girlfriends is a reason for some people
- If someone’s boyfriend or girlfriend uses drugs, it is more likely that person will use

Desired Effects
- To keep yourself from falling asleep
- To be more productive at work or school
- To be in good shape, lose weight, and to look beautiful as ways to increase self-esteem
- Increase energy to dance and stay out all night at discotheques
- To be a diligent person as the diligent person will be loved and accepted by others
- To improve your ability to do things such as sports
- To help increase the time before ejaculation and increase the number of sexual acts

Misinformation
- Because of a lack of information and a misunderstanding regarding the dangers of drugs
- While drug use was forbidden, no one took the time to explain why it was a bad idea

Why do some young people continue to use drugs?

Personal
- Drugs let you release suppressed feelings
- To cope with feelings of loneliness or inadequacy as a person
- They imagine that they can do things that they are not able to do in real life
- Drugs become a way to help forget problems and stress
- Some young people have the money available to buy drugs and are attracted to the feelings and experiences of using drugs
- People feel they are still productive even when they use drugs
- To stimulate their imagination and help them forget their problems and difficulties
- After getting the first drugs for free, they start to buy and/or sell drugs
- Feeling a sense of excitement when hiding from the police
- When using the drugs, our bodies need more and more drugs so we continue to use
- If you use drugs for a long time you find that you cannot quit
• Some people do not want to quit; they enjoy using drugs and don’t see it as wrong
• Some people are very bored and have nothing better to do
• People have the money and they need to continue using
• Some people are too lazy to quit
• To be in a good shape

Peer
• To follow the trends of the group
• To be accepted as a member of the group
• People continue to use drugs to get along and earn the respect of older young people
• Once you get involved with a group of drug abusers there is a social factor that will make it more likely that you will continue to use drugs
• To be loved by boy/girlfriend
• If a person becomes brokenhearted because a boyfriend or girlfriend has left them
• People are afraid that the opposite sex will no longer like them or think they are cool

Environment
• The environment is conducive to continued drug use and drugs are readily available
• The potency of the drugs is so strong, it makes it very difficult to quit
• The media promotes values that make some people think it is cool to use
• No trusted advisor to help you consider why you should quit and to help you stop
• Even though the government is cracking down on small dealers, the factories that produce the drugs are still operating

What are some of the harms associated with drug use?

• Drugs can affect you physically, make you weak and lead to failed health
• Drugs will make you get old faster than normal
• Losing your sense of self value
• Drugs will cause hallucinations
• Drugs will leave you feeling dazed and disoriented
• Drugs will change your mood and make you become short-tempered or irritable
• Drugs make you unable to control yourself or hurt others
• Face stigma including a double stigma if you are both a user and HIV/AIDS positive
• Fake drugs represent a range of additional problems and often result in pain and illness
• To be arrested by the police, lose your freedom and have to stay in a confined space
• Some young people understand that they can get infected with HIV virus through sharing needles and syringes or by having unprotected sex. They could protect themselves by not sharing needles and syringes and by using a condom. But sometimes they don’t always think about these issues and needles and condoms are not always available
• In cases where individuals do use individual needles, they will sometimes still use a common spoon to heat the drugs and draw liquid

Note: Overall the groups did not seem to be very knowledgeable about HIV/AIDS in general or about the relationship between drug use and HIV/AIDS
Why do some young people stop using drugs?

Personal

- Some get regular work and do not want to lose their jobs
- Others are concerned that they will hurt their reputation
- Some cannot get enough money to continue using drugs or find adequate supply
- Others saw friends who were caught or shot dead
- Some could stop using drugs for a while because they were arrested
- Some could stop using for longer period as they started to see their own personal value, think more thoroughly, grow up to be an adult, and not be so attached to their peers
- Some became aware that using drugs decreased their own personal value or that they would like to do something that they could be proud of

Family

- Some felt guilty for bringing sadness to their family
- Some people are afraid that their mother and father would be disappointed and upset and that their families won’t love them anymore
- Some stopped because they wanted to set a good role model for their brothers and sisters
- Some parents understood the situation; gave their children the support and opportunity to quit using drugs and worked directly with them to help them quit using

Peer

- In some cases, a person’s boyfriend or girlfriend could not accept them using drugs
- Motivation from friends and boy/girlfriend

Environment

- Some people realized that it is not a good idea to follow the images in the media
- External pressures to stop, such as pressure from the society
- Living in a drug-free environment where pressure to use drugs are not present (such as friends who use and/or problems with their family)

Negative Consequences

- Some see that drugs will lead them nowhere in the long run
- After a period of experimentation, some feel that is as far as they want to go
- Others are concerned that continued drug use will ruin their bodies and that they will no longer be handsome or beautiful
- Some people realize that using drugs are not good for them
- Some people come to feel that drug use is no longer fun
- Some are afraid they will be caught by the police
- Some people are afraid they will die either by continued use or by the current government crackdown on drugs
- Many people through a process of maturity come to believe that drugs will ruin their future and hurt their family
Part Two: How Young People Feel About Current Approaches

What are some of the current programs that address drug use?

Prevention
- Prevention activities such as parades in the community and sport activities
- Pledges to refrain from using and selling drugs, camps and seminars
- Police sponsored programs on the dangers of drug use
- Friends Help Friends groups in schools provide peer education and support
- Workshops on drugs and their effects provided in the villages by resource people
- To Be Number One program
- Local broadcasts in the school or community

Treatment
- Rehabilitation Centres such as boot camp to increase physical stamina and build discipline like soldiers and live within laws and regulations
- Therapeutic program for treatment and rehabilitation in detention settings with follow-up periodic reporting to the police upon release

Supply Reduction
- The current government crackdown on amphetamine selling in Thailand
- Programs organised by the police to encourage people who have been discovered using drugs to provide the names and location of other drug users

How do you assess the current programs for addressing drug issues?

Prevention
- Seminar presentations and discussion groups are still in an early implementation stage so it is too soon to say
- Some youth said that Friends Help Friends programs are good but the group was not sure if all youth feel that way
- Programs that involve sports are effective sometimes but not others in that many people who play sports also use drugs
- No general experience with the To Be Number One Program since it is school-based and most of the youth in the group were out of school

Treatment
- While it is good that treatment programs are free, they will not work unless young people enter voluntarily; it will not work if you force someone to go
- Most young people who attend treatment eventually return to drug use since there is no after care or follow-up services and support
Supply Reduction

- The current government crack-down on amphetamine selling in Thailand has been effective given the fact that amphetamine is now very difficult to get and that the cost has risen dramatically.
- Other young people observed that the crackdown is not touching the major dealers, so in time everyone expects things will go back to the way they were before this campaign was initiated.

What advice would you offer to service providers for working with young people?

General

- See drug users as good people who have some value; do not look down on them or hold negative perceptions of them at all times; services providers in particular should treat them with respect.
- When parents see children using, do not become frantic and send them off to treatment.
- Talk to us and try to understand the reason why we use drugs.
- Please do not be too emotional or just blame young people.
- Involve young people (including current users) in developing policy and program approaches.
- Develop ways to increase understanding between drug users and service providers.
- The media should present a more balanced perspective of the life of the drug user.
- 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 stop.
- The support of family and friends can play a critical role in preventing relapse.

Prevention

- 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.
- Develop alternative activities to help young people 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 which will allow others to view us positively.
- Develop programs that use positive peer influences to encourage the nonuse of drugs.
- Organize a camp where we can share our ideas and opinions like we are doing now. This can help young people stay away from drugs.
- Organize a discussion for drug users to share ways that they have [or will] stop using drugs.

Treatment

- Have varied periods of time for the course of treatment as per individual need.
- Treatment should be on a voluntary basis with a choice of treatment facilities offered.
- Develop youth camps as opposed to boot camps that emphasize nature, arts and sports; provide opportunities in these camps for young people to learn to make decisions and learn alternatives.
- Methods such as boot camps and forced meditation do not work.
- The 30 Baht scheme (a government health provision program) should include methadone treatment since the government classifies drug users as patients.

Supply Reduction

- Reconsider the drug crackdown program’s effect which forces users to find more money to buy drugs or to be dealers so that they can get free drugs.
- Current approaches for supply reduction (such as government crackdowns) result in feelings of resentment and develops negative feelings towards the police on the part of young people.
SUMMARY OF COUNTRY CONSULTATION
YOUNG PEOPLE AND DRUGS
VIETNAM

Background

Consultations with young people were sponsored by UNICEF and carried out in March 2003. In HCMC the discussion groups were facilitated by the Thao Dan Street Children Program and the Australian Red Cross Peer Education Program. In Hanoi similar meetings were conducted by the Women’s Union. The consultations in HCMC included two groups of four young people aged 19 - 25 living in the community. In addition a group of ten 2\textsuperscript{nd} year college students were consulted. In Hanoi a consultation was carried out with a group of 35 young people aged 11-17 involved in community-based healthy living and life skills (HLLS) project. The total number of young people consulted was 58.

Summary of Youth Responses

Part One: Young People's Views on the Nature of Drug Use

Why do young people begin to use drugs?

- The main reason is that young people lack knowledge, caution, determination, ability or skills to resist peer pressure and temptation
- Some young people want to take risks
- Young people use drugs to deal with problems
- To avoid conflicts in school or in their families
- The socio-economic situation of families such as low educational levels, increased income and urbanization
- Young people lead a snobbish way of life and get gradually addicted without knowing much about the consequences
- Some young people want to appear superior to - or more cool than - others
- Some are neglected by parents
- Some use because they are curious

Why do some young people continue to use drugs?

- Young people described the strategy of drug dealers who entice or coerce addicted young people to “recruit” others
• The addicted young person will receive drugs free of charge for five days if they succeed to make a child of a government official at the ward/commune level get addicted; for ten days for an addicted young person in a rich family or a family of a district level government official; and for some months up to a year for getting a young person in a city-level cadre’s family addicted
• Many cited that the drug issue is linked with different types of crimes
• Drugs are also easily available
• Law enforcement against the drug supply problem is not strict and consistent
• The very people trusted with law enforcement work closely “like hand in glove” with drug dealers as has been seen in big criminal corruption cases

What are some of the major problems young people face from drug use?

• Since injecting is most common, needles and syringes are found in the neighborhoods, in parks and in the walkways, still containing fresh blood
• Children and young people who participated in the discussion group said they are very worried about stepping on used needles
• Young people are very conscious of the HIV/AIDS related risks of drug use

Part Two: How Young People Feel About Current Approaches

What are some of the current programs that address drug use?

• Young people are aware of police checks for social evils prevention
• Drug users who are identified are put into drug treatment centres, but many times when they leave treatment they use drugs again
• Young people learn about drugs through Information, Education and Communication (IEC) activities by the ward authorities
• School based programs that include healthy living and life skills education activities

How do you assess the current programs for addressing drug issues?

Government Policy
• Government operational staff sometimes works in a mechanical and inflexible way. For instance, people who have given up drugs are arrested because their names are still on the local authorities’ list of drug users
• There is poor coordination among government sectors and low priority for this work among authorities due to other responsibilities
• Some felt that the new government decrees concerning drug users help to reduce the number of criminals, the risk for HIV/AIDS, social evils and the tension and cost for parents and society
• Other felt that strong anti-drug campaigns run the risk of driving the problem “underground”
Prevention

- IEC activities in the community were seen to be ineffective including meetings, parades, speeches in the schoolyard and billboards
- IEC was described as superficial and once-off in nature
- Young people said that they learn about HIV/AIDS and drug use via the media and friends

Treatment

- Rehabilitation centres lack facilities and are seriously overcrowded
- In the centres trainees (patients) with HIV and those who are not infected are kept together
- Trainees are likely to adopt bad habits when in a camp and in some cases continue to use drugs
- Staff in rehabilitation centres apply a very strict discipline without sympathy and affection because they have to manage many trainees
- The trainees are under psychological pressure. For example, after the first 2-years of rehabilitation at the centre, trainees are persuaded to sign an agreement for 2-3 more years resulting in a long separation that makes the drug users and their family worried and anxious
- Addicted street children who need and want to undergo detoxification are not accepted because their place of origin cannot be verified
- Currently reintegration into society after the programme is not effective

What harm reduction messages are provided by service providers?

- In HCMC three out of four groups touched upon the issue of harm reduction but nobody was familiar with this approach
- In Hanoi young people reported that a program on harm reduction was conducted using the leaflet: One Person, One Needle produced by the UN Office for Drugs and Crime and the National AIDS Standing Bureau, reflecting the harm reduction messages
- The local officials and children liked this leaflet because it provides practical information

What advice would you offer to service providers for working with young people?

- 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
- As an alternative to rehabilitation, family/community environments were mentioned as a good option for young drug users
- Community-based programs that are supported by local authorities need to be put in place and communities must be open to developing such programs
- 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 into society
- Communities should avoid alienating, criticising and discriminating against young people who use
- 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
Appendix Four:

Country Reports

Indonesia
Papua New Guinea
Thailand
Vietnam
Indonesia
PRE-CONFERENCE CONSULTATION WITH YOUTH: YOUNG PEOPLE AND DRUGS
INDONESIA, 2003

As 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 17th 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:

<table>
<thead>
<tr>
<th>Drugs Used (%)</th>
<th>Never</th>
<th>Sometimes</th>
<th>Every Month</th>
<th>Every Week</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Inhalants</td>
<td>122</td>
<td>95.3</td>
<td>5</td>
<td>3.9</td>
<td>1</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>2</td>
<td>1.5</td>
<td>5</td>
<td>3.7</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>14</td>
<td>10.5</td>
<td>77</td>
<td>57.9</td>
<td>11</td>
</tr>
<tr>
<td>Ganja</td>
<td>30</td>
<td>22.2</td>
<td>52</td>
<td>38.5</td>
<td>9</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>106</td>
<td>83.5</td>
<td>16</td>
<td>12.6</td>
<td>2</td>
</tr>
<tr>
<td>Nipam, Rohyp, Dumolid</td>
<td>67</td>
<td>50.8</td>
<td>48</td>
<td>36.4</td>
<td>7</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>111</td>
<td>83.5</td>
<td>21</td>
<td>15.8</td>
<td>1</td>
</tr>
<tr>
<td>LSD, Acid</td>
<td>83</td>
<td>62.9</td>
<td>34</td>
<td>25.8</td>
<td>7</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>35</td>
<td>25.9</td>
<td>67</td>
<td>49.6</td>
<td>9</td>
</tr>
<tr>
<td>Heroin</td>
<td>22</td>
<td>16.4</td>
<td>4</td>
<td>3.0</td>
<td>0</td>
</tr>
<tr>
<td>Morphine</td>
<td>1.9</td>
<td>82.6</td>
<td>19</td>
<td>14.4</td>
<td>1</td>
</tr>
</tbody>
</table>

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:

What Age Did You Use Cigarettes and Alcohol?

| Cigarettes | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Age        | %  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |
| 5.0        | 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|
| 6.0        | 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  | 0.8| 0.8| 0.8|

What Age Did You Think You Became Addicted?

| Age        | %  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |
|------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Age        | %  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |%  |
| 5.0        | 3.9| 0  | 0  | 0  | 0.8| 1.5| 0.8| 5.4| 6.9| 9.2 | 4.6| 14.8| 17.7| 8.5| 3.8| 0.9| 4.6| 1.5| 0  | 0.8| 0  | 0  | 0  | 0  | 0  | 0  |
| 6.0        | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |

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).
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:
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?

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Parents forced me</td>
<td>8</td>
<td>5.8</td>
<td>6.1</td>
<td>6.1</td>
</tr>
<tr>
<td>To make my parents happy</td>
<td>12</td>
<td>8.8</td>
<td>9.1</td>
<td>15.2</td>
</tr>
<tr>
<td>Following my doctor’s advice</td>
<td>5</td>
<td>3.6</td>
<td>3.8</td>
<td>18.9</td>
</tr>
<tr>
<td>I’m desperate to get better!</td>
<td>17</td>
<td>12.4</td>
<td><strong>12.9</strong></td>
<td>31.8</td>
</tr>
<tr>
<td>The best way available</td>
<td>60</td>
<td>43.8</td>
<td><strong>45.5</strong></td>
<td>77.3</td>
</tr>
<tr>
<td>Just trying the program</td>
<td>16</td>
<td>11.7</td>
<td><strong>12.1</strong></td>
<td>89.4</td>
</tr>
<tr>
<td>Have seen good results</td>
<td>9</td>
<td>6.6</td>
<td>6.8</td>
<td>96.2</td>
</tr>
<tr>
<td>This is the best for me</td>
<td>2</td>
<td>1.5</td>
<td>1.5</td>
<td>97.7</td>
</tr>
<tr>
<td>Supported by many parties</td>
<td>1</td>
<td>.7</td>
<td>.8</td>
<td>98.5</td>
</tr>
<tr>
<td>Because I want to</td>
<td>1</td>
<td>.7</td>
<td>.8</td>
<td>99.2</td>
</tr>
<tr>
<td>To change my life patterns</td>
<td>1</td>
<td>.7</td>
<td>.8</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>132</strong></td>
<td><strong>96.4</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Missing</strong></td>
<td><strong>5</strong></td>
<td><strong>3.6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>137</strong></td>
<td><strong>100.0</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>%</th>
<th>YES</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Did Rapid Detox with Naltrexone under total anaesthesia?</td>
<td>125</td>
<td>93.3</td>
<td>9</td>
<td>6.7</td>
</tr>
<tr>
<td>Have You Ever Done Opamat Therapy?</td>
<td>117</td>
<td>88.0</td>
<td>16</td>
<td>12.0</td>
</tr>
<tr>
<td>Have You Ever Gone Through Psychoreligious Program?</td>
<td>96</td>
<td>71.6</td>
<td>38</td>
<td>28.4</td>
</tr>
<tr>
<td>Have You Ever Tried Alternative Therapy for your addiction?</td>
<td>87</td>
<td>64.9</td>
<td>47</td>
<td>35.1</td>
</tr>
<tr>
<td>Have You Ever Gone Through Residential Therapy?</td>
<td>94</td>
<td>70.7</td>
<td>39</td>
<td>29.3</td>
</tr>
<tr>
<td>12 Steps Programs?</td>
<td>103</td>
<td>76.9</td>
<td>31</td>
<td>23.1</td>
</tr>
</tbody>
</table>

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’ \(\textit{as is, the word they used}\), 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?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>26</td>
<td>19.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Once</td>
<td>20</td>
<td>14.6</td>
<td>35.4</td>
</tr>
<tr>
<td>Twice</td>
<td>14</td>
<td>10.2</td>
<td>46.2</td>
</tr>
<tr>
<td>3 times</td>
<td>18</td>
<td>13.1</td>
<td>60.0</td>
</tr>
<tr>
<td>4 times</td>
<td>9</td>
<td>6.6</td>
<td>66.9</td>
</tr>
<tr>
<td>5 times</td>
<td>11</td>
<td>8.0</td>
<td>75.4</td>
</tr>
<tr>
<td>6 times</td>
<td>9</td>
<td>6.6</td>
<td>82.3</td>
</tr>
<tr>
<td>7 times</td>
<td>3</td>
<td>2.2</td>
<td>84.6</td>
</tr>
<tr>
<td>8 times</td>
<td>3</td>
<td>2.2</td>
<td>86.9</td>
</tr>
<tr>
<td>&gt; 9 times</td>
<td>17</td>
<td>12.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>94.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

#### Database YAKITA 2003:

#### Ever Detoxed at a Hospital?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>50</td>
<td>36.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Once</td>
<td>30</td>
<td>21.9</td>
<td>61.1</td>
</tr>
<tr>
<td>Twice</td>
<td>24</td>
<td>17.5</td>
<td>79.4</td>
</tr>
<tr>
<td>3 times</td>
<td>9</td>
<td>6.6</td>
<td>86.3</td>
</tr>
<tr>
<td>4 times</td>
<td>8</td>
<td>5.8</td>
<td>92.4</td>
</tr>
<tr>
<td>5 times</td>
<td>2</td>
<td>1.5</td>
<td>93.9</td>
</tr>
<tr>
<td>6 times</td>
<td>3</td>
<td>2.2</td>
<td>96.2</td>
</tr>
<tr>
<td>&gt; 9 times</td>
<td>5</td>
<td>3.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>95.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
- 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?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>44</td>
<td>32.1</td>
<td>35.2</td>
<td>35.2</td>
</tr>
<tr>
<td>1 person</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>35.2</td>
</tr>
<tr>
<td>2-5 people</td>
<td>81</td>
<td>59.1</td>
<td>64.8</td>
<td>100.0</td>
</tr>
<tr>
<td>&gt; 6 people</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
<td><strong>91.2</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Missing</strong></td>
<td><strong>12</strong></td>
<td><strong>8.8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>137</strong></td>
<td><strong>100.0</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 (5th 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 Matulessy – 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:

<table>
<thead>
<tr>
<th>Substances:</th>
<th>NON-USER</th>
<th>USER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>12-15 years old</td>
<td>22.6</td>
</tr>
<tr>
<td>Liquor</td>
<td>13-16 years old</td>
<td>18.6</td>
</tr>
<tr>
<td>Drugs</td>
<td>14-16 years old</td>
<td>7.4</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>USER</th>
<th>NON-USER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority of time spent with friends.</td>
<td>Majority of time spent in hobbies.</td>
</tr>
<tr>
<td><strong>Friends of users:</strong></td>
<td><strong>Friends of non-users:</strong></td>
</tr>
<tr>
<td>• Smoke</td>
<td>• Don’t smoke</td>
</tr>
<tr>
<td>• Place low emphasis on education</td>
<td>• Place a high emphasis on education</td>
</tr>
<tr>
<td>• Use drugs</td>
<td>• Don’t drink alcohol</td>
</tr>
<tr>
<td>• Drink alcohol regularly</td>
<td>• Participate in sports</td>
</tr>
<tr>
<td>• Do not participate in sports</td>
<td></td>
</tr>
<tr>
<td>Have become physically violent with others</td>
<td>Have not become physically violent with others</td>
</tr>
<tr>
<td>Have a below-average to average performance at school</td>
<td>Have an average to high-average performance at school</td>
</tr>
<tr>
<td>Relationship with immediate family:</td>
<td>Relationship with immediate family:</td>
</tr>
<tr>
<td>• Want to improve relationship with father and mother</td>
<td>• Have a good relationship with both parents.</td>
</tr>
<tr>
<td>• Are often scolded by parents. Do not enjoy interaction with parents.</td>
<td>• Rarely scolded by parents. Enjoy a good interaction with parents.</td>
</tr>
<tr>
<td>Often feel lonely.</td>
<td>Rarely feel lonely.</td>
</tr>
<tr>
<td>Smoke daily and are unable to stop.</td>
<td>Most have not smoked. Some have but kept smoking to a minimum and eventually have been able to stop.</td>
</tr>
<tr>
<td>Most drink heavily, often reaching high-level of intoxication.</td>
<td>Most have not used alcohol.</td>
</tr>
</tbody>
</table>

**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:
- Bellow 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
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. (Naraqi, 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 9th 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

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

<table>
<thead>
<tr>
<th>Responses from Youth</th>
<th>City Mission (78)</th>
<th>Half Way House (52)</th>
<th>Stop AIDS (8) [32]</th>
<th>Narcotic Bureau (not stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Important Issues for youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Education</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Sporting Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Opinions about drug use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes boredom</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Make life enjoyable</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Cheaper than alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Strategies to address Drug use among youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address problem seriously in all schools</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Convert youth into Christianity</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Are Strategies working?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only partially</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working, youth go back to drugs again</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v. What Strategies should be used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involve reformed youth drug users in all rehabilitation programs</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Establish counselling Centers in all schools</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

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 off 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.
REFERENCES


Thailand
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
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?

- Heroine 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
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 form others
- Out 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. The 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

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

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 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 leaded them to stop using drugs]

There were two major reasons that lead 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 leaded 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 form 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

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: 28th 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.
Summary of Consultation Session with Young People at the Suthasinee Noin Foundation for Children and Youth, Yasothon, Thailand
22 March 2003

Participants: Youth who are provided services by the Sutasinee Noin Foundation for Children and Youth and other youth from Yasothon who have had past experiences with drugs and drug treatment programs. There were 12 youth between the ages of 16-20 Check accuracy of ages years old that participated in this session.

Note takers: 3 Officers of the AIDSNet-Northeastern office, 1 UNICEF staff from the Thailand Country Office and 1 UNICEF consultant.

Date and Venue: 22th March 2003, 8.30-16.30 hours at Sutasinee Noin Foundation for Children and Youth in Yasothon

Summary of Youth Responses

Why do young people begin using drugs?

- Young people especially begin using drugs to experiment (this response was given by a number of participants and in a summary discussion was identified as the main reason young people begin using drugs)
- Many people begin at the invitation of their friends (this response also received multiple responses)
- To be more productive at work or school
- Because of a lack of information and a misunderstanding regarding the dangers of drug use
- While drug use was forbidden, no one took the time to explain why it was a bad idea to use drugs
- Some people are not strong enough to resist the temptation to try drugs
- Some young people feel it is cool to use drugs
- Some are bored with their lives and feel drugs will make things more exciting
- There is generally very little for young people to do
- Family problems lead some young people to try drugs
- Problems with boyfriends and girlfriends is a reason for some people
- If someone’s boyfriend or girlfriend uses drugs, it is more likely that person will start using too
- Some individuals have been neglected by their families; their parents show very little interest
- In some cases it seems like everyone else is using drugs so why not you too
- Some people do not believe drug use is harmful
- It can be a way to get money for some people
- To keep yourself from falling asleep
Why do some young people continue to use drugs for an extended period of time?

- If you use drugs for a long time you find that you cannot quit
- Some people are too lazy to quit
- Other people simply do not want to quit; they enjoy using drugs
- Some people are very bored and have nothing better to do
- People don’t see using drugs as something that is wrong
- People have the money they need to continue using
- People tend to get into the habit of using drugs
- The environment is conducive to continued drug use
- People continue to use drugs to get along and earn the respect of older young people
- The drugs are readily available and easy to get
- Even though the government is cracking down on small dealers, the factories that produce the drugs are still operating with support by some civil servants
- The potency of the drugs is so strong, it makes it very difficult to quit
- The media promotes values that make some people that it is cool to use drugs
- Drug use can reduce stress
- People feel they are still productive even when they use drugs
- No trusted advisor to help you consider why you should quit and to help you stop
- Once you get involved with a group of drug abusers there is a social factor that will make it more likely that you will continue to use drugs
- People become afraid that the opposite sex will no longer like them because they are no longer cool
- If a person becomes brokenhearted because a boyfriend or girlfriend has left them, they might continue to use drugs to ease the pain
- Some women use drugs to keep a good figure (but a young woman in the group pointed out that this is not the primary reason most women use drugs

What are some of young people’s general perceptions about drugs (including harm reduction)?

**General Perceptions**

- Drugs stop you from getting tired
- Using drugs like amphetamine makes alcohol taste better and the effects of each drug last longer
- For both males and females, drugs make you want to have sex more and it makes each sexual experience last longer
- Drugs give you more energy and keep you from sleeping
- Price is a major determinant in what drugs young people use; if you have the money you might prefer to use amphetamine, if not you might use glue; if you had a lot of money you might use ecstasy
- Since ecstasy is very expensive, youth in this area have had very little experience with it, although they have heard that it makes you want to have sex and that you enjoy sex more when you use it
- Overall glue is not so popular in this area
• Ganja is also used by a number of youth and is preferred to glue
• Generally speaking, boys like any drugs while girls have a preference for amphetamines; according to the group, this is due to the fact that girls are image conscious and some drugs make girls appear silly in their behavior
• There are a number of ways to mask drug use so you will not be tested positively (these include drinking a number of commercially available products which - according to the youth participants - confound the tests and render false negatives)

Harm Associated with Drug Use
• One of the harms associated with drug use is getting caught by the police
• Drugs will change your mood and make you angry and unhappy
• Drugs will effect you physically (examples: swollen eyes, numb hands and feet, infected nasal passages
• Drugs will leave you feel dazed and disoriented
• Needle sharing can lead to problems and needles can be hard to get in rural settings so some amount of sharing does take place
• In cases where individuals do use individual needles, they will still use a common spoon to heat the drugs and draw liquid
• Fake drugs represent a range of additional problems and often result in pain and illness (which passes once the effects of the drug wears off)

Note: Overall the group did not seem to be very knowledgeable either about HIV/AIDS in general or about the specific relationship between drug use and HIV/AIDS

Why do some young people stop using drugs?
• Many people through a process of maturity come to believe that drugs will ruin their future and hurt their family (this was identified by the group as the number one reason that young people stop using drugs)
• Some see that drugs will lead them nowhere in the long run
• After a period of experimentation, some feel that is as far as they want to go
• Others are concerned that continued drug use will ruin their bodies and that they will no longer be handsome or beautiful
• Some people realize that using drugs are not good for them
• Some people come to feel that drug use is no longer fun
• Some people realize that it is not a good idea to follow the images in the media
• In some cases, a person’s boyfriend or girlfriend cannot accept them using drugs
• Some people are afraid that their mother and father would be disappointed and upset
• Some parents understand the situation and give their children the support and opportunity to quit using drugs
• Some believe it they keep doing drugs their families won’t love them anymore
• Some are afraid they will be caught by the police
• Others are concerned that they will lose their reputation
• Some get regular work and do not want to lose their jobs
• Some cannot manage to get enough money to continue using drugs
• Sometimes it becomes difficult to find an adequate supply of drugs
• While most youth are not concerned what younger people think about them, they are interested in setting a good role model for their own brothers and sisters, so some people stop because they do not want to influence their younger siblings
• Some people are afraid they will die either by use or by the current government crack-down

What are some programs that have been developed to address drug use by youth?

The following were the programs related to drugs that the youth were aware of:

• Workshops and trainings on drugs and their effects that have been provided in the villages
• Visits to the villages from resource persons
• Programs organised by the police to encourage people who have been discovered using drugs to inform on the names and location of other drug users
• Police sponsored programs on the dangers of drug use
• The current government crack-down on amphetamine selling in Thailand (which the youth judged successful by the fact that amphetamine is now difficult to get and that the cost has risen)
• Friends Help Friends groups in schools provide peer education and support
• Therapeutic program for treatment and rehabilitation in detention settings with follow-up periodic reporting to the police upon release
• Boot Camps run by the police and the military
• To Be Number One Program

How effective do you feel these programs have been?

• The current government crack-down on amphetamine selling in Thailand has been effective given the fact that amphetamine is now very difficult to get and that the cost has risen dramatically (from as low as 5 Baht to as high as 300 Baht per tablet). On the other hand, the young people observed that the crack-down is not touching the major dealers, so in time everyone expects things will go back to the way they were before this campaign was initiated
• Seminar presentations and groups are still in an implementation stage so it is too soon to say
• Some youth said that Friends Help Friends programs are good
• Programs that involve sports are effective sometimes but not others in that many people who play sports also use drugs
• No general experience with the To Be Number One Program since it is school-based and most of the youth in the group were out of school

What prevention and harm reduction programs would you like to see developed?

• Develop alternative activities to help youth use their free time more productively
• Methods such as boot camps and forced meditation do not work
• Provide programs that teach occupational skills so young people can generate income
• 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 (like this meeting), learn to engage in other activities than drug use
Thailand Adult Discussion Groups
Summary of Consultation Session with School Teachers in Chiang Mai Province, Thailand
12 March 2003

Summary:

What are the reasons of the students to use drugs?

The main reasons are:

- Eighty percent of the young people who used drugs or have presented some behavior, which indicated that they use drugs, are from the broken family or single parent family. Other are the students who are currently staying or living with their grand parents feel that "I have a problem" (related to inferiority complex).
- The value exists in the society or community - The young people perceive that using drug is a common behavior, after they have frequently seen this behavior. The perception of this behavior causes the curiosity among the young people to lead them to ask their peers to join together and try it.
- Peer - The young people at this age perceive that their friends are the ones that understand them. They can get the maximum understanding from/among their peers. They have to have the same behavior as their peers to get acceptance form the group. To disappear from the class or hanging around such as during nighttime with their peers or use drug like their friends is the behavior that they do as a member of the group.

Why did some young people stop using drugs? What was the important motivation for them to stop using drugs?

- The first reason is they are afraid to be kicked out of school. The second is that the members of their family have noticed a change in their behavior and realize that drug use is involved.
- An increase in programs on the drug prevention activities and assistance to help overcome this problem, such as various treatment centers and treatment strategies help the young people gain easier to access to the treatment.
- At this school, the students will not be kicked out because they use drugs. Moreover, methods of severe punishment will not be used with the students who used drugs. If the students felt like they face with any problems, then they can consult with their advisor or guidance teacher. The teachers always provide the opportunity for them to change their behavior and assist them in the area that needed.

Why are some young people not able to stop using drugs—they still use it?

- It is a chronic problem of the existing value and the drug use cycle. Some of the young people return home and face an environment where they feel unloved, and where there is a lack of
understanding and support between the parents and the young people. The generation gap that
causes this problem can not be solved. Even we have tried to overcome this problem but as long
as the problem still exists in the family, the treatment will not succeed.

• Peers -the young people would like to be accepted by their friends.
• Lack of self-confidence and self-esteem, the young people like to compare themselves with
others. They feel unworthy toward themselves (inferiority complex) especially the young people
who face many existing problems in their families.
• Belief - The young people don’t feel confident in the persons surrounding them, such as parents,
teacher and etc. They feel that when they discuss about their problems with them, then they
will be blamed or punished.
• The parents can not accept the real behavior of their children that they use drugs. This caused
the problem becomes unsolvable. Moreover, some of the parents severely punish their children.
This causes the children to feel that “My family doesn’t accept me”. This type of feeling or
attitude will automatically push the young people run away from their home to leave with their
friends and be in the group that accepts them.
• Ineffective treatment - Several of the young people would like to stop using drugs by entering to
the treatment center. Here, they met friends who also use drugs and they can learn several new
methods to use them. They keep contact with one another even after the treatment program had
finished, so that they cannot stop using drugs.

What activities have been implemented by this school?

• The intervention activities suggested by key government policy have been carried out
approximately once a month. These include training on drug and substance use and a parade.
• This school has developed a policy for the prevention and control of drug and substance use
problem before the government gave the order. This school has carried out the following
activities; promoting the role of advisor and guidance teacher, training, viewing the VDO,
Lifeskills training, and other activities that relevant to the behavior of the young people such as
listening songs, group discussion, and etc.
• Promote the Clear School or White School program to support the children and young people to
learn and be able to prevent drug and substance use.
• TYAP has organized training activities that integrated into the regular studying hours. They also
help to encourage students to carry out and participate in several activities, such as camping,
promote and support the students to produce their newsletter, production of radio spot and etc.

How successful are the activities that had been implemented?

• The teachers have not expected that any of the activities that have been initiated by the
government, such as the parade and training, will achieve any results. It is quite impossible for
the young people and children to stop using or not to try drugs just because they have
participated in the parade. These activities come from policies that they have to follow.
However, there is also a duplication of activities and efforts. For example, the Office of the
Provincial Public Health may call for teachers to participate in a training session and the
Municipal Office may organize a parade on the same weekend.
• Activities, viewing videos, discussions or integrating drug and substance use lessons into the
regular school hours are organized continuously and as frequent as possible to help reinforce the
information that received. The students learn things from the existing social processes. According to the education provided, the teachers expect that the students will make their decisions not to use drug. There was a case that one student was asked by an older brother to distribute the drugs for free at school. But most of the student refused it. However, we don’t know what will happen when they go back home [after they leave school].

• The activities arranged by NGOs, such as TYAP, can help build trust and increase the discussion among the students and with the staff. Moreover, TYAP has encouraged the students to become involved in various activities, such as production of newsletter and radio spots. This brought the students discuss and consult among one another and give opportunities to make decisions to solve some problems.

What problems or constraints are faced by the teachers?

• Because of the workload, teachers cannot provide enough supervision to all students. Moreover, differences in the personalities of each teacher also may cause difficulty for the students to ask for assistance or consult with them.

• For the students, this period of time is the crucial timing of change. They feel confused about themselves. The generation gap and other differences make them distrust adults. They feel fear and are reluctant to consult with their teachers when they face any problems. They also don’t want to consult with their parents, but they feel trust with the outsiders much more than their parents. The teachers are not able to reach and help overcome or solve these problems. When the teachers know or realize that there is a problem, most of the time it is too late.

• Collaboration in terms of information sharing between the NGOs that work in the schools, such as TYAP, will help the teacher be able to work easier. TYAP has closer relationship with the students than the teachers, but they haven’t shared any information with the teachers caused the teachers have never known any developments related to the students.

What is the future direction of the activities or planning of the teachers?

• The less meaningful activities will be cut off and replaced with Lifeskills development activities that will also help build psychological strengths among the students. The teachers also plan to increase the participation of parents to work closer with the teacher in solving or coping with the problems.

• Promote activities for the students to do at their free time. These leisure time activities will be organized by the students, while the teachers will help provide suggestions or be the advisors. This is a developmental approach and will help the students use their leisure time in a more meaningful way.
SUMMARY OF PRE-CONFERENCE CONSULTATION
WITH BUDDHIST MONKS, SANGKHA METTA PROJECT, THAILAND
13 March 2003

Participants: Six monks who are currently working with their communities.

Date and Venue: 13th March 2003, 13.30-16.30 hours at Sangkha Metta office

Summary

What was/were the first reason(s) to use substance?

From their experiences, the young people used drugs because:
• It is cool.
• Peer pressure or influence
• Curiosity
• Combination factors that derived from family, economy and community.
• Lost of mutual support and weakness of family and community networks and support from these. Young people don't know who they can turn to when they face problems.
• Lost of focus or things to do at leisure time.
• Weakness of society and lost of fundamental relationship with the family
• Increasing of individualism and consumerism
• The educational system can not build critical thinking among young people. They are able to memorize information, but can not analyze it. They haven't been taught to ask the questions.
• The weakness of community has derived from the management strategy too, such as the top down policy. The community members have never received the opportunity to think, analyze and find the solutions for their own problems or solutions for the problems existing in their community.
• The drug dealers support young people to change their status from users to be dealers.
• According to the current trends in middle class families both parents are work hard to earn greater income so that they no longer have enough time to take care their children. So several of the young people form the middle class group have entered into the drug cycle as users and dealers. The rich ones and the poor ones will not do this.
• The generation and communication gap between grandparents and children especially the family that parents left their children with the grandparents become factors that pushed young people to use drugs.
• Would like to gain more attention from their parents
• Influence of media and modeled behavior especially from their peers and media
• Increase in alcohol consumption that leads to the use of other drugs.
• The problem of drug use among young people is derived form multiple factors as a result of a weakened society.
• Young people today select and use most of the items because of the brand. Several items that selected are not based on the need. It is the psychological need. Drug use is a psychological issue too.
• Generation and communication gap between senior people and young people in the community caused the young people feel like strangers and can not turn to any person when they face problems.
• Loss of the influence and importance of religion for young people. The young people can not internalize or personalize religious principles and use them in their lives.
• The young people haven't been taught the importance of responsibility, this includes taking responsibility for their own lives.

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

• Return to the same environments/places and meet with the same groups. Some young people meet with new friends in the detention center.
• Pressure that young people face at the detention center can not help them stop taking drugs. Moreover the drugs are available inside.

What was/were the reason(s) to stop using drugs?

• Only few of the young people don't return to use drugs after release from the detention center. They would like to prove themselves (to be accepted by others) toward the community and family that they have stopped using drugs.
• Strong family relationship can help protect young people from drug use.

What are your feedback or lesson learned about the existing programs?

• The current programs haven't developed based on the comprehensive understanding about the problem. These programs tend to target at young people while other related factors (family, community and society) have been ignored.
• Most of the works that responded to the drug use problem have developed based on the concept that the drug use problem hasn't been related to other factors. Other factors on society and family parts haven't been analyzed.
• There is a rehabilitation center run by government sector at a province in the northern region. At the closing ceremony, all young people that participated in this camp became sons or daughters of the governor. The process used to recruit young people and provide prestige status to the young people have destroyed the existing structure and mechanism in the community. This process caused untrustworthy feeling between young people and community members. Several of young people who received this prestige status have returned to use drug. This situation become more and more difficult or unmanageable for the officers and community members. They like the untouchable persons.
What other suggestions do you have for program developers?

- Former drug user can be powerful educators and role models for the drug and substance use programs.
- To provide space and help organize several activities for the young people can help reduce the incidence of drug use in the community. Moreover to help support and counsel young people who face the problem will help decrease the opportunity of the young people to use drug. (Direct experience of one participant)
- Community Therapy is a better strategy than to put young people into the detention center.
- One participant mentioned that in the past, he was so scared that a drug user would be ordained as a monk. He has now changed his attitude because in his personal experience he has been able to help some former drug users with their drug problems and to reunite them with their families and community. Now he is happy to help and support them.
- Acceptance and support play crucial roles in helping former drug users reunite with their families and community.
- They expressed a concern regarding the female youth because the monk can help take care only the male youth. There is a consensus that they should have a mechanism to help promote the role of nuns in this area too.
- The role of the monk in this area should not be limited only at the supportive role for the former drug users. The monk can also help mobilize the community to respond to this problem.
Summary of Consultation Session with Adults at the Suthasinee Noin Foundation for Children and Youth, Yasothon, Thailand
23 March 2003

Participants: Twelve adults from Yasothon including staff members of the Sutasinee Noin Foundation for Children and Youth; a former teacher; two parents; a provincial public health official; a social worker with the Ministry of Social Development; a primary school teacher; a policeman; a community member; and a member of a local task force to eliminate drug use.

Note takers: 3 Officers of the AIDSNet-Northeastern office, 1 UNICEF staff from the Thailand Country Office and 1 UNICEF consultant.

Date and Venue: 23\textsuperscript{th} March 2003, 8.30-16.30 hours at Sutasinee Noin Foundation for Children and Youth in Yasothon

Summary of Adult Responses

Why do young people begin using drugs?

Individual
• Experimentation
• Experiencing a great deal of pain in their personal lives
• Feeling unhappy and insecure and seeing drugs as a way to be happy
• Don’t know about the consequences of drug use
• Even when young people do have knowledge, they don’t always think about the consequences

Peer
• Afraid on not being accepted by their peers
• Feeling like they are not part of a group so they use drug to fit in with peers
• Seeking acceptance of friends
• Challenged by friends to use drugs

Family
• Problems with their family
• A lack of understanding on the part of parents

Environment
• It is easy to get drugs
• People who sell drugs target young people and aggressively push them towards drug use with appealing sales pitches
• Some young people are deceived into drug use by being told that the drugs are food supplements that will make them strong and look better
• They are deceived by people who will benefit from young people using drugs
• Some boys think it will increase sexual performance

Why do some young people continue to use drugs for an extended period of time?

Individual
• People don’t want to take responsibility for their own life
• Some young people are attracted to drug use and like the effects of drugs
• Some young people get addicted to drugs
• Young people use drugs to obtain happiness but it is not fundamental happiness
• Some people continue using drugs out of fear
• They get caught up in the drug experience
• Some see it as a challenge to continue to use drugs
• Continued suffering and pain contributes to continued use
• Denial of the situation

Peers
• Friends keep them interested in drugs

Environment
• Drugs are easily available
• Adult dealers have a vested interest in making sure young people continue to use drugs
• When they want to quit, dealers tell them they will tell their parents and their school
• Lack of available advice from trusted adults
• Society rejects drug users so it becomes difficult for them to re-enter society
• Young drug users are labeled as bad so they feel it makes no difference what they do
• No alternative activities are provided
• Policies to deal with young people who use drugs encourage drug use by expelling them from school for use, transferring them to other schools (where they have no support of family and good friends or just drop out because they don’t want to be transferred away from their home)
• The media promotes drug use but directly and by promoting role models who use drugs

Why do some young people stop using drugs?

Individual
• Some are fearful of being killed
• Some reflect about the harm they are experiencing from drug use
• Some are tired of the effects and symptoms
• They develop a more mature approach to managing life
• They become aware of ways to stop
• Some are taken to treatment programs where they stop using drugs
• Some increase their awareness and gain a better understanding
• Individuals become stronger
• Others place a greater value on their life
Peers
- Some young people return to living with others who do not use drugs
- Some receive help from others around them

Environment
- Stricter enforcement at the village level
- Some experience difficulty in continuing to obtain drugs due to increased prices
- Some get involved with alternative activity programs; this can be key for many especially if the alternative activity leads to employment and an opportunity to generate income

What are some of the current programs addressing drug use by young people?

Prevention
- Workshops on drugs for young people at the village level
- The white village project

Treatment
- Therapeutic communities provide individual and group counseling

Supply Reduction
- Seeking information on current users and dealers
- Some receive help from others around them
- Income

How effective are the current programs addressing drug use by young people?

General
- It is hard to measure success because there is a tendency to count numbers of participants at programs or in treatment as opposed to measuring impact
- Programs in Thailand have had mixed results; some have been successful and others have not

Prevention

Treatment
- Treatment programs have mixed results
- More evaluation of these programs are necessary

Supply Reduction
- Supply reduction activities have surpressed the supply of drugs
- The current campaign on drugs has increased the degree to which drug laws are enforced
- Dealers are now more wary regarding selling drugs
- Civil servants are now more aware of their responsibilities to address drug issues
• Killing people associated with drugs and drug dealing is not a viable solution; it will create more social problems than the one you are trying to solve

**What recommendations would you make to programs that address drug use by young people?**

**General**
• Not right to blame young people but instead we should strengthen the support for young people in the family and in the schools with curriculum and other programs
• We should not fault young people for their lack of understanding but should use psychology to help young people and their families develop mutual understanding
• Need to overcome the lack of closeness in some families especially between fathers and sons and help families learn to cooperate together more and open communications
• Develop family camps to support families in better addressing young people’s drug use
• The media can play a role in analyzing situation and proposing better approaches as opposed to only criticizing current efforts
• On the other hand, let’s not just accept what the Thai and foreign press say about the issue; let’s engage in a serious study of the situation ourselves
• A study of the situation should include an analysis of key risk groups as well as the key factors that influence the behavior of these groups
• Need to build comprehensive systems at the community level to combat drug use that includes study visits, camps, workshops, plays and group activities
• Programs need to be continuous and not one-off in nature
• No recipe for the entire country, need a variety of approaches
• There is a need for more rigorous monitoring and evaluation of programs

**Prevention**
• Important to show people the harm associated with drug use and to make them afraid of drugs by presenting a frightening picture of drugs
• Also important to build resistance to drug use
• Individuals who work with young people must by talented, understand the issues, be a good communicator, and non-judgmental
• Create opportunities to mix users and non-users, girls and boys so they can share perspectives and learn from each other
• Conduct public forum events associated with major events such as World AIDS Day
• Provide opportunities to receive input from young people to the end of improving program development and effectiveness
• Provide young people with alternatives to drugs including opportunities to volunteer in the community

**Treatment**
• There needs to be follow-up and aftercare
• Need to develop more effective systems for monitoring treatment and measuring success

**Supply Reduction**
• There is a need to make the process more clearer
• Need to move beyond the phase of catching the "small fish" drug dealers and move on to identifying and arresting the major dealers
• The process of "taking-out" dealers has turned policemen into hired guns and this is not good for Thai society
• Consider legalizing use (but not dealing) so police can then focus on dealers
• Need to develop a national system to coordinate law enforcement efforts
• Need more evaluation regarding the effectiveness of these approaches
Summary of the Consultation Session with Young People and People Working with Young People
Southern Region, Hat Yai
25 March 2003

Participants: 32 persons, 21 persons who work with young people and 11 young people who have experience with drug use.

I Summary of the session with people working with young people

What do you think about when talk about drugs?

- Young people, because there were a lot of young people that were currently using drugs. They were easy to be deceived and also because their families are dysfunctional.
- Things getting worse because it will cause theft. This will cause trouble for society, communities and families.
- The killing of key informants among dealers and others related to the trade. A lot of people are people are dying because of drugs these days.
- Several problems occurred as consequences such as weakness in health, family problems and social problems
- It destroys the feelings of both users and persons closed to them.
- Young people gathering together because when they gather they will persuade one another to use drugs.
- Newborn babies - currently many children are automatically addicted to drugs because their parents are addicted.
- A dark future - because a lot of young people are addicted and wen they use drugs they are not able to do anything.
- Death - because if you use drugs, it can help you to die faster.
- The demise of the local population because a lot of young people becoming addicted.
- Get something and lose something because you will have a short period happiness and then troubles will follow.

Problems or reasons that led young people to use drugs

- Family problems such as broken family, spoiled child, lack of warmth, understanding, attention and support, forced demands, pressure, poverty, or parents sell drugs.
- Curiosity and imitate the behavior of friends (challenge, would like to know the taste, don't believe when someone says it is no good, learning about it 10 times is not equal to trying it once)
- Drugs could change their behavior to be a "man" (masculinity).
- To prove loyalty to the group
• Misunderstanding that was created by their peers (could have sex for a longer period, could have more fun when you went out at night)
• It was a solution of a problem.
• Socialization
• Didn’t have enough income
• To get back at family (vengeance)
• Available (easy to buy)
• Would like to forget troubles and worries
• Be stand out from others

Factors that contributed to the continuation of drug used

• Lack of motivation to get treatment
• Feel good when using drugs.
• Had a lot of friends who use drugs. Don’t have any new friends or could not adjust/adapt to the group of new friends.
• Gives happiness and addicted to the taste
• Don’t love self or country
• Lack of responsibility among the leaders. Leaders are not interested in solving the problem.
  Parents do not accept, are ashamed or are afraid that they may lose face and reputation.
• Lack of help, assistance and support that young people can rely on

Factors or motivations that help young people stop using drugs

• Be trusted by others - believe in them, don’t be suspicious and try to find faults with young people
• Participation of family members in supporting young people to stop using drugs
• Have the feeling that they are a valuable member of the family.
• For the children and family member - Thinking about the children and other members of the family.
• Health begins to weaken and they don’t get the usual high after using drugs.
• The effectiveness of the suppression efforts - they are afraid to be arrested or killed
• They had an idea to stop using drugs by themselves
• They felt love in themselves and their family so they would like to improve themselves (made themselves better)
• Family and society accept and forgive them. They are not discriminated against and are allowed to participate in family and community activities.
• They would like to practice/follow the religious principles.

Problems and obstacles faced by young people when they stopped using drugs

• They would behave/act aggressively after they had used drugs for a long time.
• They mental health became weak
• They were involuntary/forced to quit.
• They could stand the symptoms related to drugs and the physical suffering related to withdrawal.
• They were not trusted or supported by others close to them
• They didn’t believe in the treatment and thought that they would return to use drugs again. They didn’t make a commitment to staying at the treatment center.
• The assistance that provided to the young people did not reflect their needs. They [the staff] didn’t know the real problems of the drug users.

Problems or reasons that caused the relapse among young people

• They don’t change their attitudes about drugs, they still think that using drugs will help them solve all their problems.
• The socioeconomic situation is worsening.
• The works or services for drug users are not comprehensively or continuously provided.
• They didn’t accept treatment or do not attend the full course of treatment.
• Lack of motivation from family members. Family members are still suspicious of the young people. The parents have high expectations of the young people. The parents like to compare the young people to others.
• The young people feel stressed and feel hurt
• The government sector wants to see outcomes rather than sincerely putting their efforts into this area (quality)
• The responses of family and society after the young people have undergone treatment (would not provide opportunities in many areas).
• They didn’t realize the negative consequences of drugs.

What do think about the efforts or policy on drugs?

• The current policy caused a reduction in the drug supply. It was really difficult to by drugs right now
• I think the government is working seriously on this issue.
• It was good that the property of the dealers was confiscated but the killing of key informants, dealers and others related to the trade is not good.
• I worried that the current action is ad hoc (like a fire on a straw hut) because past actions have been this way.
• They should allow the non-government agencies to collaborate with the government.
• The problems in the chain of drug use have been reduced (The psychological disorders of the drug users are affecting families).
• Anyone doing wrong must pay his/her due. Anyone creating the problem will pay their due.

Feedback/suggestions toward the work with young people who used drug

• Have to understand the feelings of young people and help advise them.
• Need to provide assistance that corresponds to the feelings caused by problems with understanding and attention.
• A trusting relationship with young people needs to be created before the will sincerely commit to treatment.
• Respect rights, opinions, and suggestions on the methods that the young people want to use and provide support to them.
• Provide continuity.
• Accept and allow the drug users to reenter society. Make them feel that they are a part of the society.

II Summary of session with young people

What did you think about when we talk about drugs?

• A mistake in life - because education will be lost from dropping out of school.
• Friends who used drug together - both friends in school and out of school
• Make parents feel sorrow.
• Society does not accept it.
• A cycle that we have seen/experienced
• Need/demand to use drugs - the bone was likely broken out into several parts

Problems or reasons that led young people to use drugs

• Drugs were available at all entertainment places. Go anywhere and they are available.
• Would like to try
• Follow the behavior (use) of friends - Their friends already used it. They would like to be a member of the group and be accepted.
• Have a lot of money and don't know how to use it.
• Family problems, such as quarrelling with others in the family
• Fun

Factors or reasons that contributed to the continuation of drug use among young people

• Would like to try. It is cool.
• The existing/current living condition remains the same.
• Drugs make better friends than parents.
• Family problems
• Lack of emotional support
• Easy to buy
• I do as I please
• Would like to get pleasure
• Society surrounding me ostracized me as a bad person

Factors or motivations that help young people stop using drugs

• Would like to return to ordinary society
• Think about the future and would like to have a good family
• Would like to continue to study
• Drugs not available
• Suppression policy of the government
• Don't want my family to feel more miserable than this
• Would like to quit/stop
Problems and obstacles faced by young people when they stopped using drugs

- Encounter with the same environment and friends who use drugs.
- Would like to use drugs after drinking beers and alcohol (did not get drunk to the desired level).
- Lack of psychological support. When we undergo treatment we would like to have the psychological support of our families.
- Feel ashamed of one's self. Feel inferior. Don't dare to face others in society.
- Don't have strong enough willpower to stop. Always thinking about it and would like to use it.
- Be pressured by others in the society. When looked down upon, one cannot stop.

Factors or reasons of the relapse among young people

- Don't have strong enough willpower to resist temptation.
- Would like to try it just one more time because we think we can stop.
- Use in order to help while reading books/studying (to not feel asleep).
- Weakened psychological state. When encountering problems we don't know who to consult or how to solve our problems.
- We are labeled by the society as "drug users" (druggies)
- A lot of people in the community also use drugs.

What do you think about the current efforts or policy on drugs?

- Too cruel. Afraid that someone may use this opportunity to kill for revenge and claim that it was because of drugs.
- Drugs haven't been eliminated. In 2-3 years, they will be back more rampant than before.
- Expand the treatment center because it can help people stop using drugs.

Feedback/suggestions toward the work with young people who used drug

- Should designate a smoking area in the treatment center because some young people still can not stop smoking cigarettes.

Observations gained from the consultation in the south

- 90% of the participants are from treatment centers, both staff and young people. Most of the young people are 16 years old have just undergone treatment for the first time. Only one person of this group that has undergone treatment two times because that person was arrested and is currently awaiting sentencing. Methamphetamines is the most used substance, glue is second.
- The young people here (in the south) would answer questions but without a lot of explanation. The way of thinking was also less complicated than the group in central region. This group also had fewer experiences with drug use and in their own lives in comparison to the group in central region.
- About family background of the young people in the south: They received good attention from their families and also got the things that they would like to get. Moreover they also received good support from their families. Their families had never beaten them.
The range of time that the young people use drugs is 1 to 12 years and the average duration of use is 4 years. There was one person that had used drugs for 1 year and another one had used drugs for 12 years.

Ya-Ba is the most popular drug. The young people like to smoke it because of the taste and smell.

The young people here [in the South] have less opportunity to receive information about drug use, other than in the treatment center, especially in comparison to young people in Central Region. The young people received other information through the forum that discussed about the Rehabilitation Act. They have the opportunity to discuss policy, unfair situations or the rights of the drug users through various occasions organized by Office of Narcotic Control Board, communities, hospital personnel. These forums have not been organized in the South. The young people have not been equipped with information. Even the people who work with the young people do not have wide range of ideas and visions. They don't have a good understanding of the Rehabilitation Act. Some don't even know about this Act. This caused some limitation if the issues that were shared and discussed.

The young people mentioned that the treatment center is only a place where they can learn about drugs, but it is not the place that can help them stop using drugs.

Even though the family is not the first factor that made them turn to drugs, however the family is an important factor in quitting drugs or preventing relapse. The family should give them a chance after they have stopped, stand by them and support them, provide consultation and advice and be their friends until they become stronger.

Suggestions from the organization that arranged this consultation session

1. Beside the work that targets at policy level, it is important to change the attitudes of the people who work in this area as well as the attitudes of drug users. To increase understanding of community toward drug use is also important, to understand not only about the drugs but also about the people.

2. Working on the psychological aspect of children and young people after they had stopped using drugs or during the treatment process - Organize weekly rehabilitation sessions by a psychologist/psychiatrist or someone who really understands children and young people, to help improve their psychological state.

3. Psychotherapy session for families should be arranged too to help increase their understanding and to prepare them for when their child/young person will return home.

4. The treatment center should increase their interest/focus on psychological aspects of treatment.

5. A forum on the Rehabilitation Act or other drugs related issues should be organized in the south or other region to help the children and young people gain equal access to accurate information.
Vietnam
Background

The ready availability of cheap heroin has led to an explosion of injecting drug use in Vietnam's big cities in recent years. The extent and pattern of drug abuse in Viet Nam is shifting from the rural older age groups to the younger age groups in urban areas. The emergence of amphetamine-type stimulants (ATS) in Viet Nam is also likely to have an impact on the young generation. ATS have become available in large quantities in the major cities and in some of the larger provincial centres.

According to the Lao Dong (Labor) trade union newspaper, police reports show nearly 28,000 new addicts recorded in 2002, bringing the total number of known drug users to 140,000. According to the statistics from Standing Office of Drug Control in Vietnam 4,799 of these drug users are children (under 16 years).

According to the new Government Decree enforced since April 2002, all drug users, including those between 12 – 18 years, have to undertake mandatory rehabilitation from one to two years consisting of both manual labour and clinical treatment in centres. Decisions are be made by the district chairperson of People's Committees. This compulsory admission is not recorded as a legal offence. It only applies to those young people who have already undergone detoxification in their homes or communities but returned to drugs, and those who have no fixed abode. Previously the minimum age for forced admittance was 18 years.

The government plans to send all known drug addicts through rehabilitation programs by the end of 2005. The Ho Chi Minh City (HCMC) officials also plan to send all the city’s 20,000 known drug users and 3,000 sex workers to rehabilitation centres by the end of 2002. The decision is taken in an attempt to implement the "three reductions" (crime, prostitution and drugs) campaign announced by the City People’s Committee in 2001. The City spent VND 292 billion (equivalent to about USD 19,500,000) on this campaign in 2002.

The increase in the length of minimum stay in the rehabilitation centres initially from three months to one year and then to two years is an effort to improve the high failure rate. Officials say that the national average relapse rate is more than 90 percent. Currently, 97 percent of addicts in Hanoi treated at the centres return to drug use within five years and the relapse rate in Ho Chi Minh City is put at 99. Mass breakouts were reported from several of the centres in Southern Vietnam in 2000 and 2001 in protest of overcrowding and extended length of minimum stay.

There are about 71 rehabilitation centres in Vietnam. Ho Chi Minh City alone has a total of 29 (state run and private) detoxification centres for drug users. The city has expanded old and built
new centres to increase the service capacity from 5,000 to 20,000 by the end of 2002. Five more centres are in the pipeline.

Consultation process

Consultations with young people, parents and government authorities were carried out in March 2003 in HCMC and Hanoi.

The consultations in HCMC included two groups of four young people between 19 - 25 years living in the community. In addition a group of ten 2nd year college students and a group of five street educators were consulted. In Hanoi a consultation was carried out with a group of 35 young people aged 11-17 involved in community-based healthy living and life skills (HLLS) project. The total number of young people consulted was 58.

In a poor community of HCMC with many social problems (including drug use), a group of 10 adults representing commune level government authorities, mass organisations and a local social organisation participated in the consultation.

In Hanoi discussions were carried out with three groups. One consisted of 12 parents some with children who use drugs. Another group of 40 officers and volunteers of the Vietnam Youth Association and Women’s Union involved in the HLLS activities in five northern provinces. Thirty central level officials from the same two mass organisations and the Ministry of Education and Training were represented in the third group. The total number of adults consulted in Vietnam was 92.

Who are the users/those at risk of drug use?

According to the young people in HCMC pupils and students between 16-22 years are considered most at risk of addiction. Other groups are young people in well-to-do families or young people who do not receive adequate attention and care from their family and young people who have no job - especially those who have migrated from the countryside with low education or skills and are therefore unemployed. Among young people from 12 to 16 years, street children are regarded as facing the biggest threat of drug addiction.

In Hanoi, young people said that adolescents from 14 to 18 years (in-school, out-of-school, more boys than girls) may resort to drugs. Some of them mentioned the age group 20-35 years, including migrants, at particular risk of drug use. Some young people face problems in school or are living in families with problems such as failure in business, family conflicts, divorce etc. They feel sad and neglected and run away from problems thinking they will find relief and camaraderie in drug use, mostly injecting.

Those working with young people vulnerable to drug use in HCMC confirmed that working/street children, student and pupils and unemployed young people as most vulnerable. The local authorities in HCMC believed that groups of young people most at risk of using drugs are children who are away from home, children of divorced parents and children who are disobedient and have dropped out school.
The parents consulted in Hanoi also felt that drug users fall in the 20-30 year age group and are more often men than women. According to the representatives of provincial level mass organisation, drug use is also increasingly found among young people of 20-30 years. In some provinces 70% of drug users are under 30 years. They include workers, drivers, sex workers (many of whom sell sex to finance their addiction), street or working children and other children both in and out of school. The central level participants considered children and young people, street children, students and sex workers to be among drug users. They come from rich as well as poor families.

*Reasons for using drugs?*

Young people in HCMC believed that changes in socio-economic situation of families have contributed to increase in drug use. In recent years, peri-urban districts of the city have been urbanised. Many farmers suddenly get a lot of money from selling their land and without a good orientation for development, they spend a lot of money for personal needs. Young people lead a snobbish way of life and get gradually addicted without knowing much about the consequences.

In all groups young people agreed that in many cases children run away from problems and conflicts in the school or family. Sometimes, because of their low education level, young people are lured by their friends to try drugs and after some time they get addicted. The main reason is that young people lack knowledge, caution, determination, ability or skills to resist peer pressure and temptation. Wanting to appear superior to or more “cool” than others, curiosity, aping friends and being neglected by parents was among other reasons that could lead to drug use. The group of parents also linked drug use to unemployment and lack of family attention. Provincial mass organisation representatives and the central level authorities quoted the same reasons. In HCMC local authorities believed that lack of knowledge and care in the family was a major contributing factor to drug use. Also, there are almost no appropriate recreational and entertainment activities for young people in the community.

As one of the reasons that may lead to continuation of drug use, young people described the strategy of drug dealers who entice or coerce addicted young people to “recruit” others. The addicted young person will receive drugs free of charge for five days if they succeed to make a child of a government official at ward/commune level get addicted, for ten days for an addicted young person in a rich family or in a family of a district level government official and for some months up to a year for getting a young person in a city-level cadre’s family addicted.

According to young people and parents, drugs are also easily available. Law enforcement against the drug supply problem is not strict and consistent enough. Many cited that drug issue is linked with different types of crimes. The very people trusted with law enforcement work closely “like hand in glove” with drug dealers as has been seen in big criminal/corruption cases discovered in Vietnam recently. While supply is not effectively dealt with, the measures towards the addicted are very severe.
Comments on current policies and programmes for drug prevention and care

Young people in HCMC spent some time to analyse the strengths and weaknesses of the “three reductions” campaign and new Government Decrees concerning drug users in rehabilitation centres.

They felt that these measures help to reduce the number of criminals, the risk for HIV/AIDS transmission, social evils and the tension and cost that parents, communities and society are subjected to because of the drug problem. It provides a legal framework for separating drug users from their environment in order to provide concentrated management and rehabilitation of drug users for a limited period of time.

However, the rehabilitation centres lack facilities and are seriously overcrowded. As a result, trainees\textsuperscript{1} with HIV and those who are not infected are kept together, without paying much attention to prevention. Trainees are likely to adopt bad habits when living in a social camp (= rehabilitation centre) environment. Young drug users often have a “could-not-care-less attitude” which makes them easily enticed to do bad things. Staff in rehabilitation centres has to apply a very strict discipline without sympathy and affection because they have to manage a large number of trainees.

Educational approach and effort to make drug users quit their habit voluntarily is lacking. The trainees are under psychological pressure. For example, after the first 2-years of rehabilitation at the centre, trainees are persuaded to sign an agreement for 2-3 more years (This additional period for vocational training, work practice is being piloted in HCMC). A long separation makes the drug users and their family worried and anxious.

Government operational staff sometimes works in a mechanical and inflexible way. For instance, people who have given up drugs are arrested because their names are still on the local authorities’ list of drug users. Meanwhile addicted street children who need and want to undergo detoxification are not accepted because their place of origin cannot be verified in order to complete their personal files that are required.

Currently reintegration into society (follow up monitoring and support for reintegration) after the programme is not effective. Poor coordination among government sectors and low priority for this work among authorities due to other responsibilities were also mentioned as a constraint.

It was also noted that a campaign like this might drive the problem “underground”. To avoid being arrested, addicted people inject in hiding and/or share injecting equipment. According to the group of parents, drug users from shooting galleries in other parts of Hanoi flood into their part of the town in an effort to avoid the social evils prevention campaigns that are implemented more vigorously in other areas.

\textsuperscript{1} The term “trainee” is used in Vietnamese to refer to people undergoing detoxification in the rehabilitation centres.
Young people in Hanoi commented that they are aware of police checks to carry out social evils prevention. Identified drug users are put into drug rehabilitation centres, but when they leave they start use drugs again.

The group of parents in Hanoi stated that IEC campaigns are conducted by the local authorities and through the mass media. The community comes to learn about the danger of drugs and associated risks such as HIV. Social evils prevention campaigns are carried out, but they are not very effective. Drug users continue using drugs; they keep their group members company and share needles and syringes. In terms of drug treatment, the impact has been low and there is a high rate of relapse.

In HCMC local authorities noted that the managers and staff of rehabilitation centers are overloaded. They are under pressure of having to receive more trainees while guaranteeing security and discipline in the centers and implementing the re-education programme to restore resident’s dignity and humanity.

The Government rehabilitation centres are different in terms of staff capacity and the character of the centre. Young people in HCMC shared their experience from such centres as follows:

Some centres organise friendship meetings between drug users and students, information dissemination sessions, vocational training and literacy classes and good opportunities for physical exercise. There are also centres where rules are not strictly obeyed. Trainees under detoxification are allowed to go outside where they can buy non-prescription drugs that they use to get high. Some of the staff is involved in selling drugs to the trainees. Violence and robbery among the trainees is taking place in the centre but the officers are not aware of it. There are also parents who send drugs to their children in the centre. Many start to reuse drugs after they come back home. In some of the centres, enrollment in vocational classes is very low because a training certificate issued by the centre can hardly help them find a job. It was recommended that the certificate be issued by the district vocational training authority instead of the drug rehabilitation centre, as is already done in some centres.

Information, education and communication (IEC) activities in the community were seen to be ineffective by most people consulted. Young people said that they learn about HIV/AIDS and drug use via the mass media, especially newspapers, and friends. Quite a few respondents had gotten some information through school. However, the limitations of school-based IEC was its superficial and once off nature. The most common forms of IEC were meetings, parades, speeches to all students in the schoolyard, quizzes and billboards. The fact that IEC resource materials were scarce was also noted by the street educators.

Mass organisation cadres feel powerless in front of the spreading of drugs and they do not know how to create an interest among people about the threat of drug use. The current content such as campaigns and competitions for “the cultural ward”, “the new cultural family” (i.e. those free of the three social evils) do not seem to penetrate well among the population.

Central level authorities in Hanoi expressed the view that although IEC programmes have been carried out by various mass organisations, the message is still general for instance that drug and
prostitution are social evils and people should not get involved in those, young people should say “no” to drugs. Drug prevention needs to be integrated into other programmes and activities with children and young people, including school curriculum. Life skills education to promote safe and healthy living practices needs to be taken to scale.

Views on harm reduction and recommendations for prevention-rehabilitation-reintegration

In HCMC three out of four groups touched upon the issue of harm reduction but nobody was familiar with this approach. The discussion with children in Hanoi on harm reduction was conducted by using the leaflet: “One person, one needle” produced by UN Office for Drugs and Crime and National AIDS Standing Bureau, reflecting the harm reduction messages. The local officials and children liked this leaflet, which provides practical information. These children learn about drugs through IEC activities conducted by the ward authorities as part of the healthy living and life skills education. The children were of the opinion that more such activities were necessary for prevention of drug use.

When asked about clean needles, the group of parents responded the amount of drug that the users can afford is often too small to be allocated into separate injecting equipment for each person. Injections were thus provided for one after another, using the same injecting equipment. Few members of the group were aware of harm reduction. Some proposed that the selling of needles and syringes at pharmacies needs to be stopped to limit drug users’ easy access to needles and syringes for more injections. Others believed that harm reduction would be useful to avoid further spread of HIV. It was suggested by parents that IEC programmes need to be better targeted and more consistent. The importance of more education for children to learn how to protect themselves and proper law enforcement to stop HIV positive drug users from spreading HIV/AIDS to others through injection was emphasised.

Regarding needle exchange initiative, the provincial mass organisations reported that in some communes of a few districts the Health Station and Women’s Union had conducted such activities for a few months distributing injecting equipment. After that, they did not receive instructions and necessary supplies to continue. These officers believed that such initiative could be useful to stop the spread of HIV if drug users have not been able to stop using drugs. It was recommended that IEC for drug prevention be strengthened and that stronger measures need to be taken against drug related crimes.

Central level authorities thought that harm reduction approach is practical in order to put HIV transmission under control, but they were not sure how this could be done on a large scale and expressed the need for high level leadership in this respect.

Young people expressed their concern that the age at which young people start drug use is getting lower and lower. If there is no prevention or early intervention, many young people will get involved in drug use.

As regards alternatives for rehabilitation, family/community like environment (warm shelters and open houses) was mentioned as a good option for young drug users. It is there young people
can calm down mentally, think about themselves and make a good transformation. However, such houses/shelters may face constraints as regards acceptance from the community. It is important that the organisations providing the service build good relationships with the local authorities. If the local authorities are unaware of the existence and goals of the operation, it may hinder the rehabilitation activities.

Acceptance by and reintegration into society for those who recover from drug addiction is not self-evident. After recovery young people fear being abandoned by their family, friends and neighbors, being unemployed and denied by society. Parents should be supported to create a warm family atmosphere, to stand by their children and encourage them in their effort to reintegrate and avoid repeatedly talking about mistakes that the child may have made in the past.

Likewise the community should avoid alienating, criticising and discriminating children. They should be aware of the need to protect children and help children to have an active role in the community. Children should be regularly included in relevant meetings and forums so that social policies would not have top down approach but be responsive to needs of children and young people.

In HCMC the group of local authorities recommended that government should persuade the drug user’s family to accept the two stages of the rehabilitation process which consists of 2 years for the first stage (detoxification) and 2-3 years more for vocational training, work practice and working. Among the parents and provincial mass organisations in Hanoi, there were also views that drug users should spend longer time in the treatment facilities for successful abstinence and there should be follow-up support and supervision.

Some members of the group of local authorities in HCMC presented two specific recommendations. One of them was to simplify the administrative process (that currently lasts up to 6 months) for sending a drug user to a rehabilitation centre. The other recommendation was to distribute the list of names of rehabilitated drug users among relevant authorities in the community for closer and better follow up and supervision.

Two participants in the group suggested that compulsory detoxification should be seen as last resort and that more attention should be paid to getting informed consent of the drug user before detoxification.

The following chart summarizes the country consultations.
SUMMARY REPORT OF GROUP DISCUSSIONS ON DRUG RELATED ISSUES

In 2002, the Vietnam Women’s Union was supported by UNICEF to participate in the regional workshop on Young People, Drug Use and HIV/AIDS-related Harm Reduction in Kathmandu, Nepal. VWU conducted a session last year with 30 central level officials from MOET, Vietnam Youth Association, Vietnam Women’s Union to disseminate the insights learned from Kathmandu as well as to generate discussion and thinking around harm reduction approach with reference to the drug use reality. A series of consultations have recently been conducted with children and young people, parents and commune officers around drug use related issues to feed into the International Conference on Harm Reduction to be organised in Chiangmai March 2003. Below is a summary report of the discussion.

Group 1: 35 young people aged between 11-17 years who are involved in the community-based healthy living education activities in Phuc Tan Ward, Hoan Kiem District, Hanoi (Vietnam Women’s Union-Vietnam Youth Association – UNICEF) - March 2003

Group 2: A group of 12 parents of children, some of their children used drugs (These parents are involved in the healthy living education activities in Kham Thien Ward, Dong Da District, Hanoi (Vietnam Women’s Union-Vietnam Youth Association –UNICEF) - March 2003

Group 3: A group of 40 officers and volunteers of the Vietnam Youth Association and Vietnam Women’s Union from 10 districts of 5 provinces involved in UNICEF-supported Healthy Living and Life Skills Education Project (Quang Ninh, Lao Cai, Lang Son, Hai Phong, Hanoi) - March 2003

Group 4: 30 central level officials from the Ministry of Education, Vietnam Youth Association and Vietnam Women’s Union involved in UNICEF-supported Healthy Living and Life Skills Education Project (May 2002)


- Adolescents 14-18 years (in-school, out-of-school, more boys than girls) who may resort to drugs because of the following reasons: to run away from problems e.g family conflicts, school problems, to be curious and want to take risks, to be pressurised into drug use.
- Young people, particularly 20-35 years, including migrants.
- Injecting is most common. Needles and syringes are found in the neighbourhoods, in the walkways, still with fresh blood. The children and young people who joined the discussion said they are very worried about stepping on such needles. They are very conscious of the HIV/AIDS related risks.

- Young people, particularly 20-30 years; more men than women. Drug can be linked to unemployment issues, lack of family attention. Drugs are easily available in various forms, and parents are concerned that it poses threat to children and young people in the community.
- DUs from shooting galleries in other parts of Hanoi flood into this ward, following social evils prevention campaigns. This become a headache for these parents.

- In these provinces, drug users include: children, in and out of school. Many may not understand the danger of drugs. Many others do; however, they do not know how to resist pressures by peer or adults for drug use.
- Sex workers who use drugs (many sell sex in order to buy drugs)
- Street or working children (may be lured into drugs, use it out of curiosity and get addicted)
- Drug use is increasingly found among young people. In some provinces, 70% of drug users are under 30 years. They mostly inject. Besides smoking, sniffing, taking pills. HIV infection among drug users is very high in Vietnam.

- Children and young people, street children students, sex workers.
- They use drugs in such ways as smoking, sniffing, taking pills, injecting. Injecting has increased.
- There are multiple reasons why people use drugs: curiosity, pressure, running away from problems, wanting to assert. Drug users are from rich families as well as poor families.
- According to statistics by the Police, there are 10,000 drug users in Hanoi, 17,000 in Ho Chi Minh City. MOH statistics indicate 60,000 HIV positive cases as of February 2003.
2. Comments on current policies and programmes interventions for drug prevention; including harm reduction approach.

- The children are aware of police checks for social evils prevention. They said drug users identified are put into drug treatment centres, but when they leave they use drugs again.
- The discussion with children on harm reduction was conducted through the use of the leaflet: “One person, one needle” produced by UNDCP and National AIDS Standing Bureau, reflecting the harm reduction messages. The local officials and children like this leaflet, as it provides practical information.
- These children learn about drugs through IEC activities by the ward authorities, through the healthy living and life skills education activities.
- The children recommends that more education activities will be necessary for prevention of drug use.
- IEC campaigns are conducted by the local authorities and through the mass media. The community come to learn about the danger of drugs and associated risks such as HIV.
- Social evils prevention campaigns are carried out, but they are not very effective. In terms treatment, the impact has been low. High rate of relapse. HIV spreads among IDUs.
- When asked about clean needles, they responded that the amount of drug that the DUs can afford is often too small to also buy syringes and needles. Injections were provided for one after another with just 1 needle-syringe.
- Not much knowledge about harm reduction. It was even proposed that the selling of needles and syringes at pharmacies need to be stopped. This is because the drug users will then have very easy access to needles and syringes for more injections. Though some believe that it is useful not to allow the further spread of HIV.
- It is proposed by parents that IEC programmes need to be strengthened with more consistent effort.
- There are also views that DUs should spend more time in the treatment facilities for successful abstinence.
- The importance to educate children more, to help them understand and learn to protect themselves.
- Law enforcement needs to be in place to stop HIV infected IDU from spreading HIV/AIDS.
- Interventions include: Drug treatment IEC programmes, campaigns against social evils, though the drug trafficking business is increasingly serious, and is linked with crime.
- Some support programmes are available in Hanoi on trial basis to provide follow up help to IDUs following drug treatment. However, it was acknowledged that drug treatment is not always very successful with very high relapse. HIV spread among IDUs is fast and concerning.
- Regarding clean need initiative, it was reported that the Health Station and Women’s Union in some communes of a few districts (Hai Phong, Hanoi) led that activity for a few months. After that, they were not instructed and provided with needles to continue.
- These officers believe that such initiative could be useful to stop the spread of HIV while drug users have not been able to stop.
- It was recommended that IEC for drug prevention be strengthened; and that stronger measures need to be taken against drug related crimes. Time for drug treatment should be extended to 2-3 years, and there should be follow-up support and supervision.
- IEC programmes are done through the work of various mass organisations, but the drug message is still general: drug and prostitution are social evils which people should not get involved, young people should say no to drugs.
- Education of drugs need to be integrated with other programmes and activities with children and young people, including school curriculum.
- Life skills education to promote safe and healthy living practices need to be taken to further scale.
- Harm reduction approach is practical to put HIV transmission under control, but they are not sure how this can be done on a large scale. High level leadership will be needed.