

Opening Doors: a participatory approach to increasing access to and participation in youth friendly harm reduction

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Introduction

- Drug use, including IDU, initiated in adolescence/early adulthood
- Drug users aged under 25 years are often invisible in data, and developmental stage-appropriate interventions are rarely available
- Ignoring their specific and developmental needs places them at increased harm
- Earlier initiation to drug use exposes young people to more risks
 - Earlier/riskier sex
 - STI
 - HIV, hepatitis C
 - Mental health
 - Social and economic exclusion

Current responses to young people using drugs

- Legislation may prohibit access to drug treatment/harm reduction – rights of young people violated, developmental needs ignored
- Coverage of *voluntary* treatment/harm reduction poor in most of Asia
 - Few services
 - Adult-focused
 - Extremely limited community-based provision
- Over reliance on compulsory treatment – which is ineffective – relapse rates 80%+

Current responses to young people using drugs

- Forced treatment/incarceration can increase harms



Opening Doors

- Aim: To increase access to and participation in youth friendly harm reduction services of young people who inject drugs, or at risk of IDU
- Three project sites:
 - Bangkok
 - Kunming
 - Kathmandu

Site 1: Bangkok

- Methamphetamine in pill form (*yaba*) is drug of choice for young people
- A lot of media and law enforcement attention
- Very few harm reduction services
 - Legality of needle and syringe distribution
 - OST increasing, but not for young people
 - Very limited community-based services

Site 1: Bangkok

- Implementing partner: Thai AIDS Treatment Action Group (TTAG)
- Project site:





Site 1: Bangkok

- Currently see 25-30 clients a day, mostly >30, HIV+ heroin users
- Want to attract young people/ya ba users to the service
- Focus groups to identify what may attract young people to harm reduction services
- Developing 4 Youth Leaders (3/4 still PUDs)
- Reviewed of intake/service monitoring forms
- Producing a 'youth friendly into to harm reduction DVD

Focus group findings (n = 25)

- Most smoke methamphetamine, use cannabis, some ice use and heroin smoking
- In contact with IDUs
- Like drug effects, but not cost, impact on physical and mental health, involvement with police and (ineffective) compulsory treatment
- Aware of harms, but lack access to harm reduction
- Want spaces to talk, discuss, get educated, have fun
- Want job training, recreational activities (eg sport, music) and gym; and training in home-based crafts for sale in markets
- Want community sensitised to their needs

We don't need much – we only ask that people understand us a little and give us some space to talk – that's sufficient



Youth Leaders in their community

When asked, youth leaders saw as:

Individual strengths, and those of other 'leaders':

- Listen before talking
- A good communicator
- Approachable
- Can resolve conflict
- Brave
- Compassionate
- Accepting and non-judgemental
- Can assess and read people and what they need
- Problem solver
- Loyal
- Willing to help
- Love family and friends

What they needed to develop:

- Depth communication – able to talk about deep problems
- Basic counselling
- Confidence
- Be able to remember what has been taught (how to memorise) – various 'learning styles' in the group
- How to speak clearly and communicate information

Site 2: Kunming

- Concern about heroin, methamphetamine and ketamine use
- Extremely limited capacity for community-based services, other than MMT
- No MMT if under 20
- Young MMT clients often using other drugs, such as Ketamine
- Concern about retention on MMT, especially for young people as they want to leave very early
- Many young drug users in Kunming from rural areas and other towns and cities in Yunnan

Site 2: Kunming

- Implementing partner: Yunnan Institute on Drug Abuse (YIDA).



Kunming project aims

- Increase access to and participation of 20-25 year olds in 'youth friendly' MMT
 - Survey of current MMT patients and their wants and needs
- Find out what a 'youth-friendly' service for ATS/'new type' drug users would consist of
 - Interviews with ATS users recruited to national survey
- Providing training for MMT staff in becoming more 'youth friendly' and better meeting the needs of young people on MMT
- Produce DVD on *Myths regarding MMT*

Focus Groups and Surveys of young MMT clients

N=20, ages 21-24, 11 males

- Some heavy alcohol use and use of new drugs
- Most did not complete secondary education
- < half have some form of employment,
- Most want vocational skills training and work *[link to company owned and operated by ex-PUDs and micro-credit]*
- Half only want to be in MMT for a “short time”
- Some want to return to their home towns



CDC clinic



Fuchun MMT clinic



3. Kathmandu

Implementing partner: Youth Vision - services include:

- Buprenorphine program (*Margins 2 Mainstream*)
- Integrated Health Service which includes:
 - VCT for HIV, and rapid test
 - about 150 tests per month, approx. 15%+
 - Essential package of care, and links to ART for low CD4
 - Community home-based care for those who can/will not come to clinic
 - STI testing on site and treatment
- Outreach and community motivators at various sites in Nepal
- Residential programs
- Drop in centres
 - But, felt they were not engaging with those who needed them most



Risky behaviour

'Injecting now is a hard job for me now; I don't have any veins left'



Focus Groups

**N=78, nine focus groups, 8 in slums, 1 at drop-in-centre
69 male, median age 20 (range 17-23)**

- Most were IDUs using buprenorphine, 'set' (buprenorphine + diazepam + phenergan) and/or brown sugar

Difficulties they faced:

- Police mistreatment, incarceration
- Health problems
- Family conflict
- Unemployment
- Discrimination
- 'Mental torture'



Focus groups: What they wanted

- **Meeting basic needs:**
 - Near where they live/hang out, and at drop-in-centres
 - Safety and respect
 - Food and vitamins
 - Shelter at night
- **Good opening hours**
- **Outreach workers:**
 - Punctual, respectful, friendly, non-dominating
 - Slightly older than themselves
 - Ex-users preferred
 - Men did not mind if male or female; women preferred female workers

Focus groups: What they wanted

- **Meeting health needs:**
 - Information and education about drugs
 - Counselling
 - Medical checks, medicines
 - HIV voluntary counselling and testing
 - Needle syringe program
 - Buprenorphine
 - Condoms
 - Detoxification services
- **Activities to distract and to educate**
 - TV, movies, computers, sports
 - Education: English classes, books, IT
 - Vocational training: motorbike repair, handicrafts
 - Interactive discussion groups
 - Training as peer outreach workers
- **Family and relationships:**
 - To bring their partners
 - Some wanted family meetings

Training in youth-friendly service provision – 30 trainees (aged 20-38), 24 ex-PUDs, 8 < 25 years of age

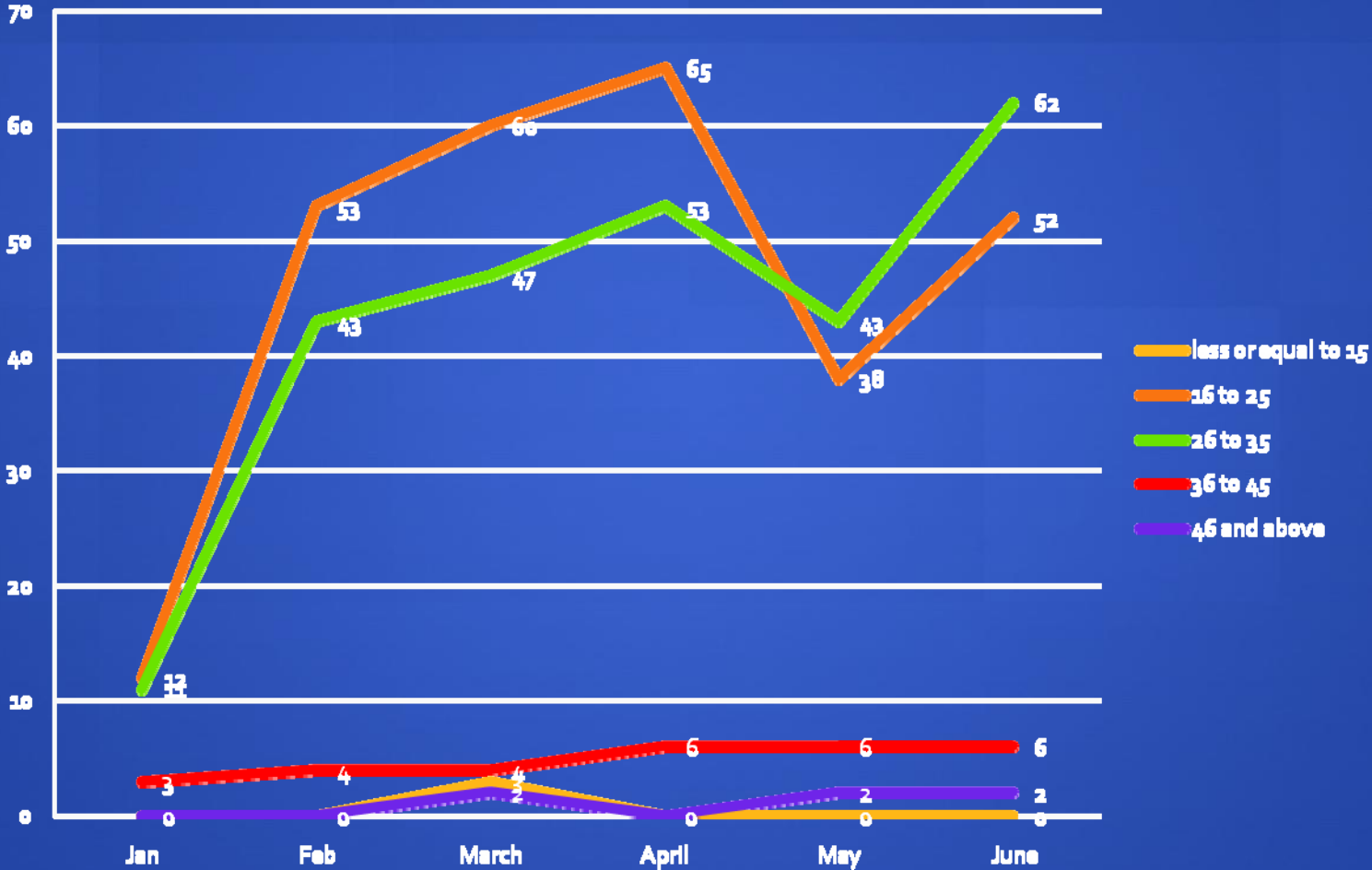


M2M drop-in centre – changes already underway

Changes to physical environment of one drop-in centre



Service Users by Age Group



Participation and inclusion

- Identifying and responding to what the young people need/want?
- Youth voice in programming 'louder'
- Youth participation in shaping and operating services increasing
- DVDs – harm reduction, myths of MMT
- Links to employment and training
- Development of youth leaders
- 'Tool Kit' to assist in training
- Training for staff, volunteers and others in being 'young friendly'
- Development of networks linking essential partners

