

WHEN CHANGING NEEDS DRIVE CHANGING APPROACH: THE EXAMPLE OF SCDI

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IN THIS PRESENTATION

SCDI in a nutshell

Changing context – Changing response

SCDI IN A NUTSHELL





THE TWIN EPIDEMIC: HEROIN AND HIV

LATE 1990S – 2010S



STARTING EARLY 2010S – TWO PARALLEL TRENDS



ENDING HIV TRANSMISSION AMONG PEOPLE WHO INJECT DRUGS

NIDA NATIONAL INSTITUTE
ON DRUG ABUSE
National Institutes of Health
U.S. Department of Health and Human Services

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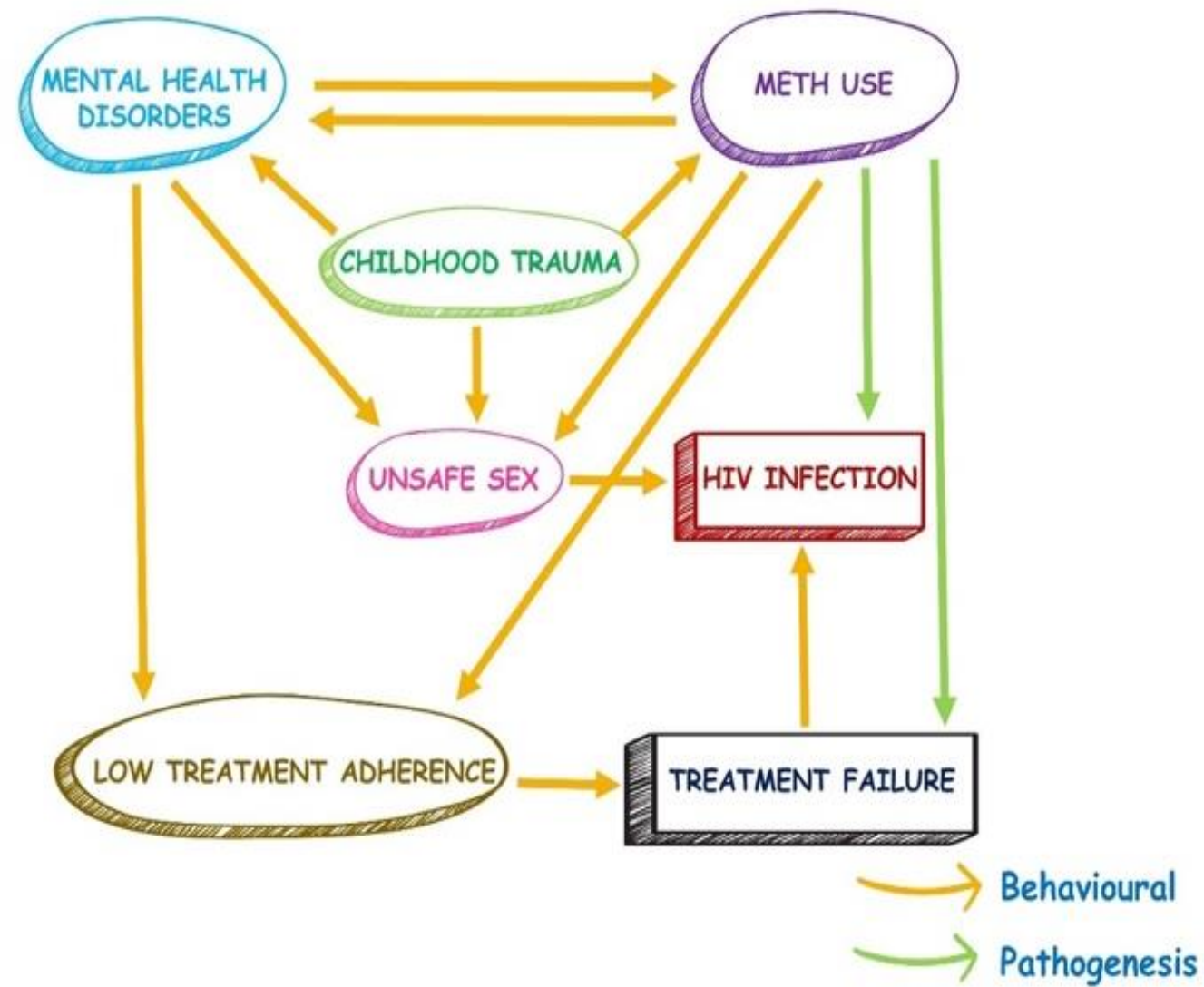
anRS France
Recherche Nord & Sud
Sida hiv
Hépatites
Agence autonome de l'Inserm

DRugs and viral **I**nfections in **ViE**tnam: ending the HIV epidemic
among people who inject drugs in Hai Phong, Vietnam



Reduce
community
viral load

Factors associated with HIV infection among Meth users





ATS harm
reduction

Healing
childhood
trauma

Key Results

20.070

Total number of service sessions provided
Average number of service sessions/client: 2.2 sessions/client

9305 clients reached and received basic HIV services	3308 clients participated in individual counseling sessions on substance use harm reduction	859 clients received basic mental health counseling sessions
218 clients were examined/diagnosed/treated for mental health	30/32 clients discovered their HIV status and received support from the project to register for ARV treatment	142 clients were referred to medical facilities for testing/examination for STIs, PrEP, methadone,...

179 Clients HIV+ received treatment adherence support

Mental Health services

3 courses Basic mindfulness-based in Hanoi with 55 participants, with an average of 8 - 10 sessions/course, each session lasting 120 minutes	48 sessions Sharing circle for clients in Hanoi, Hai Phong, and Ho Chi Minh City with 207 participants, each session lasting 90 minutes
6 sessions Intensive circle intervention with 30 participants, each session lasting 150 minutes	9 sessions Art-based and play-based therapy with 22 participants, each session lasting 90 minutes

“ Mr. Nguyen Thanh Cuong, National Program Officer on HIV, Drugs and Prisons, UNODC Office in Vietnam

Vietnam is one of the world's hot spots for drug use, especially synthetic drugs. There is no single intervention program that is effective for all youth who use substances. Therefore, we need to develop different intervention packages based on the specific needs of each individual and each problem they encounter.

“A model that I find to be quite comprehensive, relatively suitable for the Vietnamese context as well as consistent with the recommendations of the United Nations is Saving the Future - a project implemented by SCDI for young people who use drugs.”

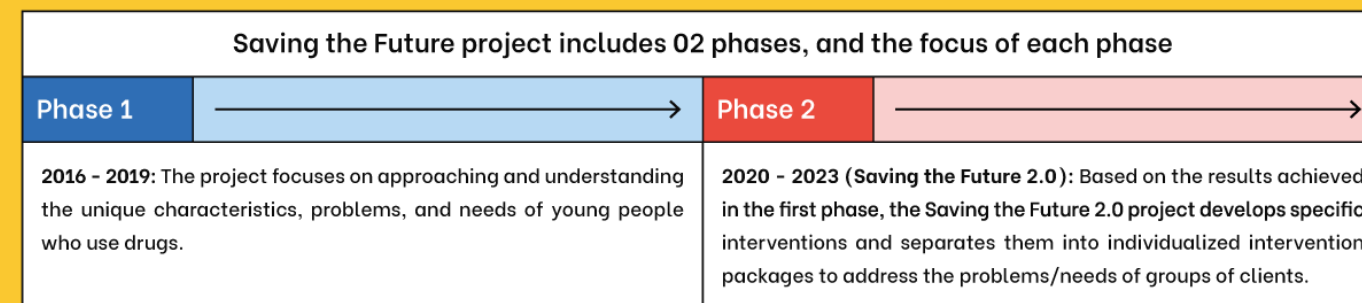
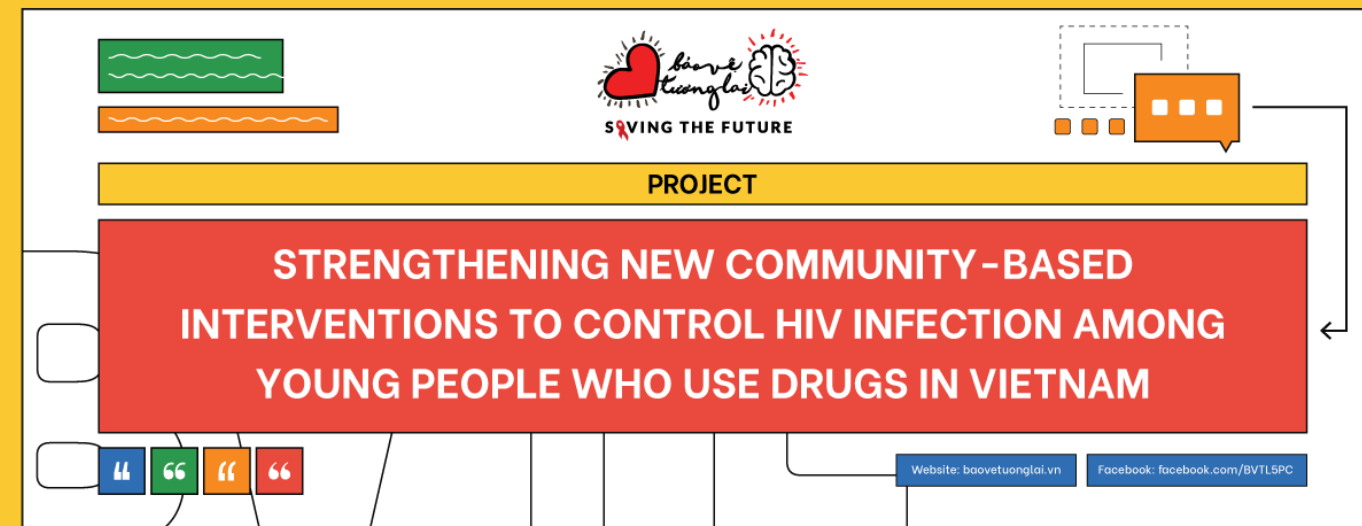
“ “Before, my drug use frequency was 4-5 times/week. Since joining the project, I have reduced my frequency of drug use. I have also gained the weight back.” (N., 23 years old, Hanoi)

“ “I was tested for HIV, now I know how to protect myself by using condoms, something I have never done before” (H., 23 years old, Hanoi)

“ “I want to change myself since participating in the project. I have become more willing to communicate with people; my health has been gradually improving, and I have become less worried and less overthinking... There are people who listen to me. That has made me feel like I'm not alone in this world” (T., 21 years old, Ho Chi Minh City)

“ “My office has a scale. When the clients came back and gained 1-2 kilograms, we were very happy. Because they gain weight, it proves that our substance use harm reduction interventions are effective.”
(CBO team member in Ho Chi Minh City)

“ “The connection of community groups has created a closed circle between clients - CBOs - medical staff. The CBOs understand and refer clients based on individual needs, such as STIs, mental health, etc., to help make treatment more effective” (Medical Officer, Ho Chi Minh City).



? About the Saving the Future 2.0 project

Objective: Enhance the quality of HIV intervention for young people aged 16-24 who use drugs through multidimensional and creative interventions.

Project area 7 provinces: Hanoi, Hai Phong, Quang Ninh, Thai Binh, Ninh Binh, Nghe An, Ho Chi Minh City

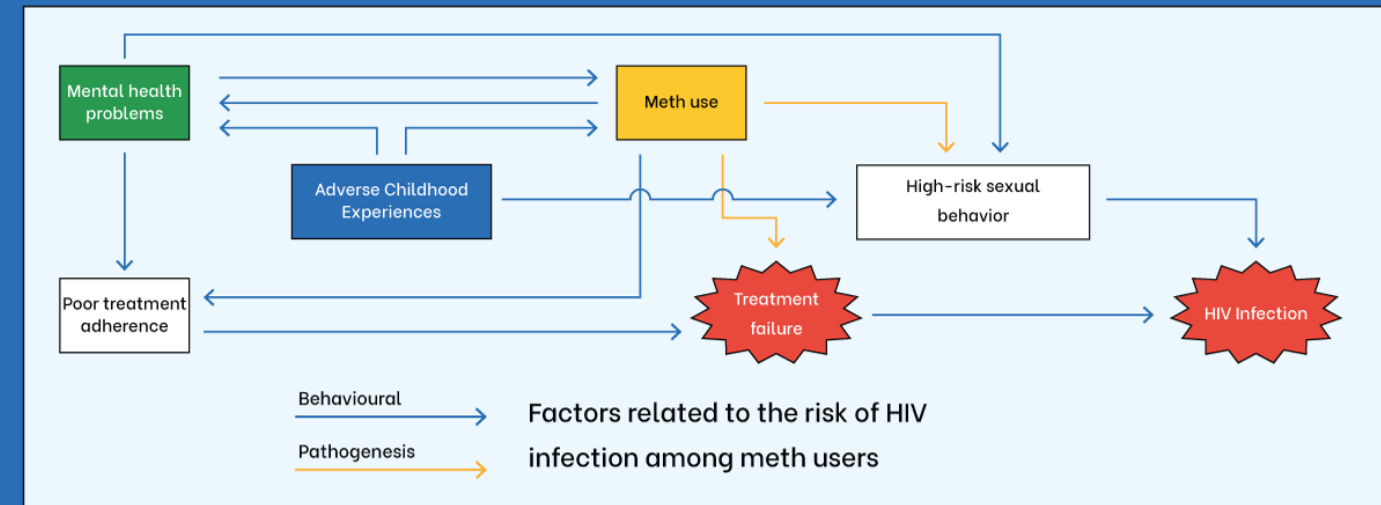
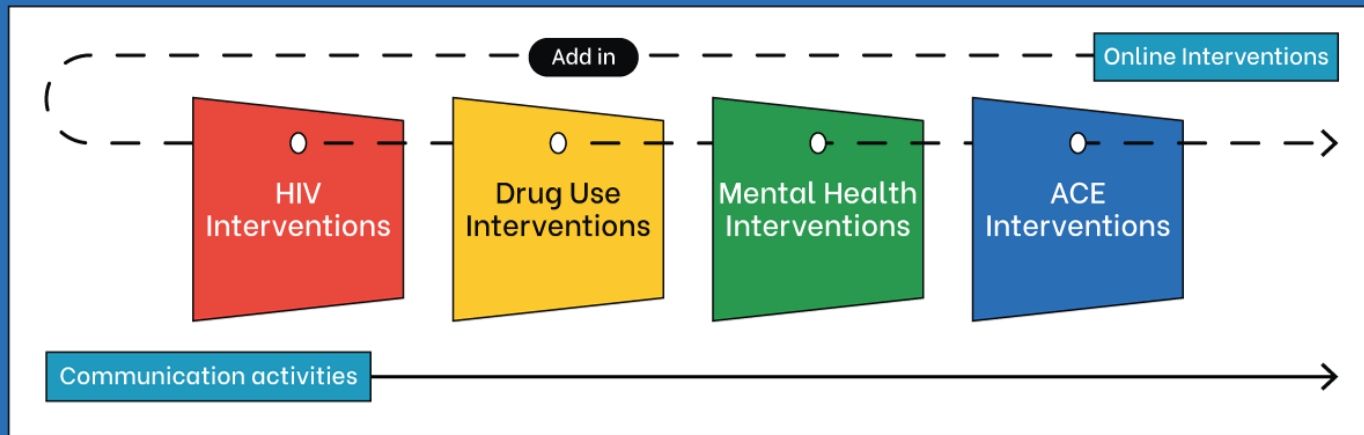
Total number of project outreach workers: **113 people**

Target Beneficiaries: The Saving the Future 2.0 project reaches young people aged 16-24 who use synthetic drugs - a group at high risk of HIV infection and relatively difficult to reach, including specific communities such as young sex workers, men who have sex with men,...

? Why does the Saving the Future 2.0 project target young people who use drugs, mostly synthetic drugs like methamphetamine between the ages of 16-24?

16-24 The 16-24 age group is a special period when young people have many desires to try new activities. Therefore, the risk of using synthetic drugs in this age group is very high.	25 The human brain often develops fully until the age of 25. Early drug use can cause irreversible damage, leading to problems such as reduced learning ability, cognitive decline, memory loss, etc.
HIV ARV Synthetic drug use affects the user's behavior, leading to risky sexual behaviors and increasing the risk of HIV infection. At the same time, synthetic drug use affects adherence to HIV antiretroviral (ARV) treatment, causing loss of control of viral load below the undetectable threshold and increasing the risk of drug resistance.	Early intervention not only increases the effectiveness of drug use harm reduction, helps prevent the risk of drug addiction, but also contributes to HIV prevention and mitigates other long-term harmful effects on the health of young people.





CORE INTERVENTIONS

1 HIV prevention interventions

Clients are given a rapid HIV test during project screening. In case of being HIV positive, clients are referred for ARV treatment and have their viral load checked periodically. The project implements consultation and referral to use PrEP (Pre-exposure prophylaxis for people with negative HIV status but with high-risk behaviors). Clients are provided with information and knowledge about HIV prevention and are distributed HIV prevention materials and items, such as condoms and lubricants, ...

2 Drug Use Interventions

Aiming at a harm reduction approach instead of cessation of use to ensure pragmatism and appropriateness, the project implements communication activities about the harms and safe practices - harm reduction of methamphetamine use. Through individual consultations, clients share problems encountered due to substance use and discuss with project outreach staff to come up with a personalized and feasible intervention plan for each situation. The project implements referrals to methadone treatment for clients who use opioids.

3 Mental health interventions

The project implements mental health interventions at two levels
Intervention at the community level: Community outreach workers provide primary information and knowledge to clients to help reducing their stigma against mental health issues, identify the issues they are facing and raise their demand for mental health care.
Refer clients to medical facilities for examination/treatment with supervision and support from a psychiatrist.

4 Support interventions for clients with multiple adverse childhood experiences

The Saving the Future 2.0 project implements interventions to address the negative effects of adverse childhood experiences (ACEs) through art therapy and play therapy, mindfulness-based courses, and healing circle activities, to create a safe and friendly space for clients to share, communicate, and connect, thereby responding to more effective interventions on substance use and HIV infection prevention.

5 Communication interventions

Communication activities through online channels and personal consultation sessions are carried out throughout. The project designs age-appropriate activities as well as develops communication materials/messages that are familiar and easy to apply, suitable to the interests and concerns of clients.

Play therapy and art therapy

Common psychological characteristics of young people who use drugs include many risky behaviors, suffering one or more psychological traumas, feelings of loneliness, isolation, and difficulty communicating with family and society. The tendency to isolate themselves and limit contact with family and society among young people who use drugs is the result of one or more personal psychological traumas, combined with social prejudices and stereotypes. Therapy activities help clients connect with their own deep traumas and express them through physical activity games, or art-based practices such as painting, clay modeling, etc. This is the touch point to understand each individual's problem and develop personalized interventions with realistic, achievable goals.

Mindfulness-based activities and healing circles

The activities are designed with four practical topics, including love, family communication, handling loneliness and strong emotions, and personal core values. Mindfulness-based activities support clients to connect with the present in a safe space, guided by psychologists so that the clients become more aware of their emotions, thoughts and behaviors in interpersonal relationships. In addition, healing circle is an group-based intervention to have a connecting space to share personal stories, to be listened to and express emotions, to understand other people's stories, and to share strategies to cope with negative experiences in life.

Young Leadership Development Program – Saving the Future project

Through training and capacity building, young leaders have opportunities to implement individual/group projects to raise community awareness about drug use, HIV, mental health, and ACEs with consultation and support from staff and experts of the Saving the Future 2.0 project. In addition, there is an opportunity to participate in consultation workshops with affected communities on HIV/AIDS prevention, which plays a fundamental role in developing creative interventions based on the needs of the community. Equipped with knowledge and skills, young leaders can continue to develop into community leaders, spread positive values, and contribute to the goal of HIV/AIDS prevention among young people, especially those who use drugs.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jSAT



The methamphetamine epidemic among persons who inject heroin in Hai Phong, Vietnam

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ARTICLE INFO

Keywords:
Methamphetamine
Hai Phong
Vietnam
Viet Nam
Persons who inject drugs
Heroin
Mental health

ABSTRACT

Aims: To describe the current methamphetamine (MA) use epidemic among persons who inject heroin (PWID) in Hai Phong, Vietnam, and consider possibilities for mitigating adverse effects of methamphetamine use.

Methods: This study conducted surveys of PWID in 2016, 2017, and 2018 (N = 1383, 1451, and 1445, respectively). Trained interviewers administered structured interviews covering drug use histories, current drug use, and related risk behaviors. The study used urinalysis to confirm current drug use, and conducted HIV and HCV testing.

Results: Participants were predominantly male (95%), mean age of 40, and all reported injecting heroin. Respondents' reports of initiating MA use were rare up through early 2000s but increased exponentially through the mid-2010s. MA use was predominantly "smoking," heating the drug and inhaling the vapor using a pipe; injecting MA was rare. Current (past 30 day) MA use appears to have plateaued in 2016–2018 with 53–58% of participants reporting no use in the last 30 days, 37–41% reporting low to moderate use (1 to 19 days in last 30 days), and 5–7% reporting very frequent use (20 or more days in last 30 days). This plateau reflects a rough balance between new users and individuals ceasing use.

Conclusions: MA use has become a substantial public health problem among PWID in Hai Phong. Initiation into MA use rose exponentially from 2005 to about 2015. Use of MA will likely continue for a substantial number of PWID. Currently, no medication is approved for treating MA disorders in Vietnam. Current psychosocial treat-

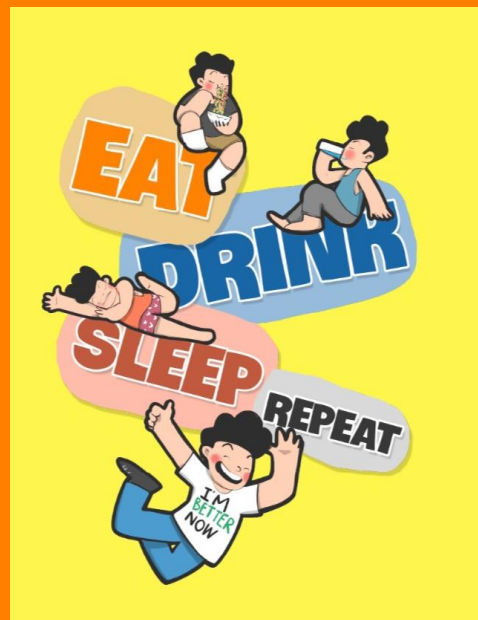
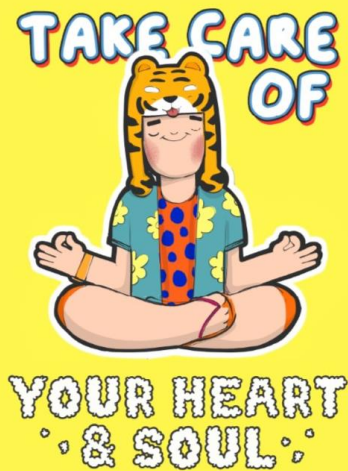
**THE CONVERGENCE
SINCE LATE 2010S**

CFLASH

Community Field-Lab for Stimulant Harm Reduction



Build on “Saving the Future”
Consolidate interventions for all
people who use stimulants



CHEMSEX PARTY PLANNING

PLASTIC SHEETS
Use on the sofa + bed. Easier to degrease + disinfect (+ dry up if piss play is involved) when changing partners or roles.

FOOD
Put protein bars, granola bars, and bananas in the space or in the chillout corner to remind folks to refuel.

PARTY 'N PLAY FORM
Keep a record of what you're taking, when, and how much. This is handy for knowing when to take more, but it is also useful to know what you've taken in case something goes wrong.

SAFE SEX SUPPLIES
* Place condoms + lube throughout the space!
* Don't use saliva as lubricant - it dries quickly and our bodies produce less when using drugs
* Latex gloves if your party is going to involve fisting

CHILLOUT CORNER
Create a space where folks can take a break that is conducive to resting and chatting. Consider putting out info on HIV, PrEP, and HCV.

HARM REDUCTION SUPPLIES
* Snorting, smoking, booty-bumping, and injection supplies are essential
* Never re-use syringes + never share!

CLEANING SUPPLIES
* Place strategically throughout the space
* Include all-purpose cleaner, paper towels, clean towels, + disinfection wipes
* Degrease residue before disinfecting

SLING
Have cleaning supplies easily accessible to clean (sling + chains) before changing partners or roles.

WATER + SPORTS DRINKS
* Place throughout. Make it easy to remember to drink something, by jogging folks' memory.
* Don't drink more than 3 glasses of water / juice in an hour, as this can cause fluid intoxication.

CHEMSEX PARTY PLANNING

RECTAL DOUCHES
If possible, use only your own rectal douche. Otherwise, wipe any that you use clean of oil or grease and disinfect it in the bleach solution before use.

TOWELS
Provide a clean towel for each participant. Leave more clean towels next to the sling + bed. Lubricant residue containing tiny particles of blood can stick to used towels.

DISINFECTANT
Degrease and disinfect your arms and hands before changing partner or role.

BOWL OR BUCKET
Fill a bucket with a mix of bleach and water (1:9). Disinfect dildos, toys, and rectal douches by letting them soak for at least 5 minutes. Make sure you wipe off any oily / greasy residue before doing so. Rinse thoroughly with water before use.

SHOWER
Wash before and after. Be certain to wash your pubic hair too; lubricant residue containing blood particles can stick to your pubic hair quite easily.



0 = Best ever!



100 = Worse ever

Mental health

Chemsex



“BUILDING-UP”

Implementing community-based comprehensive HIV and mental health for people who use drugs in Vietnam