Young People, Drugs and Marginalisation in Asia

Dependence to Independence

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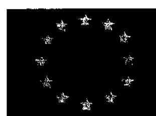
UNESCO Drug Abuse Prevention Programme for Marginalised Youth in Asia (DAPPA)

Position paper

This paper has two broad purposes. First, it seeks to make explicit key aspects of the strategic thinking which has informed the design and development of the **UNESCO DAPPA Programme**, as well as articulating some specific issues with which the Programme engages within the context of over-arching UNESCO mandates on education and poverty eradication. Second, drawing upon experience among **DAPPA** partners, the paper describes some of the key components of the project and highlights their mutually complementary nature.

The paper is intended to be read primarily by UNESCO staff, DAPPA Programme partners and interested personnel within the European Commission, who have supported the project since its inception. It is also hoped that the paper will stimulate broader interest among a range of agencies and appeal to a broad range of drugs and development practitioners.

A wealth of expertise exists in the fields of drug misuse, development and HIV/AIDS. In deference to this wisdom, the paper is intended to be tentative rather than authoritative, and to raise questions rather than to answer them. The paper is the result of a selective review of literature and focused interaction with key resource persons.



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Preface

Recent years have witnessed a fundamental shift in development thinking, reflecting better understanding of some of the complex relationships which exist across the political, economic, social and cultural dimensions of critical issues such as poverty, health, education and development. This new thinking is echoed in the declarations and statements of the major international conferences held throughout the 1990s[1]. The new paradigm of development locates anti-poverty policies within a broad framework of **sustainable human development**, which, in turn, assumes that exercising rights (political, social, economic and cultural) is fundamental both for development and for poverty-eradication.

Among these rights is the **right to education**, clearly stated in Article 26 of the Universal Declaration of Human Rights. As the UN agency devoted to education, science, communication, information and culture, UNESCO focuses on empowering people through the transformative power of knowledge, working towards a society where learning is not just a stage but a way of life (lifelong learning), and where the power of information and knowledge becomes ultimately a tool for reducing disparities and inequalities, rather than enhancing them".[2] A multi-country study concludes that:

"Education can be an effective instrument of social change only when it functions as life empowering forces by arming human individuals with essential skills of literacy, numeracy, communication, problem solving and productive work".
UNESCO, Education and Poverty Eradication. Co-operation for Action. October 1999. (p.7.)

The critical importance of education as part of a synergistic multi-sectoral approach to development is articulated in the *World Education Report 2000 - The right to education: towards education for all throughout life* UNESCO - Education for All:

"Education, starting with the care and education of young children and continuing through lifelong learning, is central to individual empowerment, the elimination of poverty at household and community level, and broader social and economic development. At the same time, the reduction of poverty facilitates progress towards basic education goals. There are evident synergies between strategies for promoting education and those for reducing poverty that must be exploited both in programme

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1. The World Summit for Children (New York, 1990), the United Nations Conference on Environment and Development (1992), the World Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994) the World Summit for Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995).

2. UNESCO Executive Board 159 EX/9 Item 3.3.1. of the provisional agenda. UNESCO's Contribution to Poverty Eradication

planning and implementation. A multi-sectoral approach to poverty elimination requires that education strategies complement those of the productive sectors as well as of health, social welfare, labour, the environment, and finance – and be closely linked with civil society"[3].

However, according to Lawrence and Tate (1997), much of what is described as education in fact lacks relevance to the real-life livelihood strategies of people living in poverty. Creating jobs and reducing unemployment are priorities for most governments and employment creation has been the central focus of many human resource development strategies. Nonetheless Lawrence and Tate suggest that, in the context of a shrinking market for employment, the aim of education will be to enable people to manage their own lives, including their work lives, instead of preparing them to work for non-existent employers or for jobs that either do not exist or are inaccessible to these individuals.

The term, **livelihood** describes activities, means and entitlements by which individuals make a living and are therefore not limited to employment. **Sustainable livelihoods** are derived from people's capacity to choose, to access opportunities and resources and to use them for their livelihoods in ways that do not limit options for others, to make their living, now or in the future.[4]

This is the conceptual context within which the Drug Abuse Prevention Programme in Asia (DAPPA) has been supported by the European Commission and developed by UNESCO. Within the DAPPA context, the rehabilitation of drug users, through the provision of basic education and vocational skills training, is fundamentally oriented towards supporting the development of effective coping and adaptive strategies among marginalized populations living under conditions of poverty.

Within both the overall programme and individual projects, education is a consistent, multi-layered and fundamental feature: from helping drug users learn to reduce the harm associated with drugs, teaching recovering (or active) users literacy and numeracy skills, from imparting skills in micro-finance and micro-enterprise, to drawing upon drug users' own life experience in helping projects reach out to others who are as yet unreached by services. Explicit mechanisms have been established for the identification and sharing of lessons learned both within and across borders, and among peers and between practitioners and policy-makers.

In these ways, education and learning are both discreet project activities and at the same time woven into the fabric and design of the Programme. For some of the most marginalized people in the countries that DAPPA operates in, education is promoting better health, improved confidence and self-esteem, developing economic self-reliance and sustainable livelihoods. Above all, it is offering the possibility of an escape from a cycle of misery which characterise the lives of far too many young people around the world.

3. *World Education Report 2000. The right to education: towards education for all throughout life.*

4. *From Robert Chambers, quoted in Lawrence and Tate, Basic Education for Sustainable Livelihoods.UNDP 1997.*

Responding to Drugs as a Developmental Issue

While it may be conceptually or programmatically convenient to separate into discreet categories 'young people', 'drugs', 'poverty', or 'education', few would deny that these are inextricably linked, and that policy or programmatic responses targeting one should take into consideration implications and consequences for the others.

The Drug Abuse Prevention Programme for Marginalized Youth in Asia (DAPPA) Programme brings together a number of these different themes - young people, poverty, exclusion, and education - in an experimental umbrella programme, which focuses broadly on drugs. The DAPPA programme is consistent with UNESCO's strong policy focus upon marginalized young people, poverty and education and in particular its' conceptual focus on learning and capacity development.

Working with NGOs is another area of focus for UNESCO and a key strategy for the DAPPA Programme. NGOs have played a critical role in the elaboration of effective responses to the problems of drug use and the HIV epidemic in Asia. Professional development for health and social workers is also provided, and throughout the region NGOs are increasingly coming together to address common concerns through a growing network (Forum). Clearly, the scale of drug-related problems is vast. Nonetheless, by facilitating and encouraging these NGOs to do what they do best, and to share their skills and expertise with others within and beyond their own countries, and by careful documentation of the lessons learned, both successes and failures, UNESCO seeks to make its own contribution, one which is consistent with its' organisational mandate and which is complimentary to the activities of partners, within and beyond the UN system.

While there are clear and undisputed health dimensions to drug use (not least of which are the physical and psychological effects of drug use and addiction and the hazards of drug injecting), the potential consequences of drug use can be profound, extending far beyond the realm of health and therefore demanding responses which are appropriately broad.

Social and cultural exclusion, stigmatisation and marginalization are likely consequences of drug use in many societies. It follows then, that responses to the problem of drug use need to address several constituencies simultaneously: current users, potential users, communities, and former or stable users, drug practitioners, policy-makers and development agencies and practitioners. Education in its broadest sense has a clear role to play in working with each of these groups, and beyond, in identifying lessons learned and disseminating these within and beyond these immediate constituencies.

Elizabeth Reid[5], has argued that how a problem is conceptualised, and the language used to do so, will determine the way in which solutions are generated and implemented. Thus, a 'war against drugs' can all too easily become a war against **drug users** or 'abusers' as they are more commonly described in much of the documentation. The vilification of drug users may simply reflect a pervasive tendency to focus upon individuals and their behaviour without sufficient consideration of the socio-economic context in which drug production, supply and consumption occur. Selecting the level of the individual as the primary focus of problem elaboration obscures the fact that drug use is essentially a social and cultural phenomenon, perhaps the most

5. Former Director of the UNDP HIV and Development Programme

significant characteristic of which, in most settings, is its' illegality. In turn, this gives rise to a vocabulary of 'policing', 'control' and 'punishment' and in so doing risks widening ever further the gap between drug users and potential sources of support.

A large array of actors and agencies are involved in addressing the drug problem worldwide. These include several UN agencies including UNDCP, UNAIDS, WHO and UNDP together with a large number of individual Governments and local, national, regional and international NGOs.

It is increasingly acknowledged that sustainable action on drugs needs to take into consideration the structural, social, cultural and economic factors which leave people (and young people in particular) so vulnerable to drugs in the first place. Taking this kind of strategic view, UNESCO and other partners have been focusing upon the importance of education as a critical element of effective action against drugs through the eradication of poverty and the promotion of sustainable human development:

"Drastic measures are needed to arrest human poverty and degradation, and to improve social well-being as a product of socio-economic development. The role of education is an essential contributor to the global objective of social transformation that will reduce the gap between the rich and poor."
UNESCO, Education and Poverty Eradication. Co-operation for Action. October 1999. (p.29).

The effects of drug consumption can exacerbate existing development problems. For example, the cost of drugs, reduced productivity, unemployment and drug-associated crime all contribute to further poverty and social dislocation. Thus, complex linkages exist between drugs and more general socio-economic development problems.

According to DFID, poverty is a root cause of the drug problem in many developing countries and addressing poverty is central to delivering sustainable, long-term solutions to drugs production and consumption, for example, by providing support for the development of legitimate livelihoods for the poor.

"Changing economic, technological, social and cultural conditions, trade liberalisations, the opening up of border areas as well as improvements of the communications infrastructure have not only fostered progress, but also established the infrastructural, monetary and social platform for illicit drug production and trafficking, markets for drugs among new vulnerable population groups, and skills and facilities for money laundering, thereby leading to further escalation and regionalisation of the drug problem. This development is today visible in most parts of the subregion."[6]

Drug crops tend to be grown in remote, marginal, underdeveloped areas of poor countries, where government presence is weak or absent. Lack of alternative opportunities may push people towards the drug production industry and drug crop farming may appear to be an attractive option in comparison to existing (legal) alternatives for those living in remote areas with few natural resources. Nonetheless for those who do become involved in drug crop production, income tends to be unstable and offset by "insecurity, low levels of human development, environmental degradation and often violence". Farmers are potential victims to coercive policing, corruption, traffickers, criminal gangs and others such as terrorists. Increasingly, to realise the cash value of in-kind payment, farmers become enmeshed in a vicious circle of trafficking and consumption. Environmental consequences of illicit drug production include deforestation, soil degradation and water pollution.

6. Sub-Regional Action Plan on Drug Control. The Governments of the Kingdom of Cambodia, The People's Republic of China, The Lao People's Democratic Republic, The Union of Myanmar, The Kingdom of Thailand, The Socialist Republic of Vietnam and The United Nation International Drug Control Programme. May 1999

"At the country level, the short-term financial and employment benefits (or apparent benefits) of the illicit drugs trade have tended to obscure the long-term negative effects on the economy and the adverse social, environmental, governance and health impacts. The illicit drug trade can crowd out legitimate investment, shifting scarce resources towards high-risk short-term investment including the labour and saving of already vulnerable groups. Labour productivity may be lowered, and the risk of AIDS increased. Deforestation and water pollution often occur. Emerging financial markets may be destablised by money laundering activities, and fragile democracies damaged. In some countries, drugs are a significant source of finance for warlords, and therefore sustain armed conflicts. The security forces of some countries may have links with the drugs industry. All these effects are likely to have an adverse impact on the poor". [7] *(DFID)*

Drugs as a Gender Issue

Drug use, like poverty, is a gendered issue. Two thirds of the world's poorest people are women who are locked into a cycle of deprivation driven by social and cultural norms and values which denigrate girls and women with consequences extending into every area of life including health, education and development. Gender discrimination in education, social roles, employment and the economy, both causes and exacerbates the poverty of girls and women and gender-sensitive strategies, including education, are urgently needed to tackle this situation. These strategies need to challenge the negative attitudes that diminish girls and women, equipping them with social and economical independence through the development of productive capacities and increasing their ability and confidence to participate fully in all aspects of social, cultural and economic life.

While the overall ratio of female to male drug users remains low, the number has been steadily increasing with this phenomenon coinciding with increased population mobility, disintegration of families, and collapsing communities.

While young people generally are vulnerable to drug use, young men and women are differently affected in terms of the ways in which gender roles and inequity determine the likelihood of respective roles of user, supplier, trafficker, carer and supporter, and breadwinner. Moreover gender dimensions of drug use are likely to be compounded, to varying degrees, by other factors such as age, race, class, ethnicity and geographical location. Since these factors may have a profound effect in terms of determining both patterns of drug use, and their causes and consequences, it is important that a sufficiently complex, social and gender-sensitive perspective be adopted in all project or programme activities.

Young women may be implicated in drug use in several ways: as drug producers, traffickers (e.g. as 'mules') as users, as sexual partners of male users, and as children, siblings, mothers and partners of drug users. Women have increasingly become involved in all forms of drug-related problems and are likely to suffer more severe consequences than men as a result of this involvement, in part because of the challenge it represents to gender roles and expectations.

With particular reference to injecting drug use, young women users who are dependent on men may agree to inject for fear of rejection by their partners should they refuse. Some may be dependent upon a partner to perform the actual injection, leaving them vulnerable to overdose when they have to inject themselves. For many young women around the world, sex is used as a currency to obtain or purchase drugs. Injecting drug use also presents significant risk of HIV infection when women have sex with (or share equipment with) someone who is infected.

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7. *DFID Strategy Paper. Drugs and the Development Assistance Programme. March 1999.*

Drug Use - The Asian Context[8]

The continent of Asia contains over one fifth of the world's population. With a 22% share of global population, Asia contains nearly 40% of the world's absolute poor and is fast emerging as the poorest, most illiterate, malnourished, and gender unequal – in short, the most deprived region in the world. With increasingly young populations in its countries, limited economic opportunities and high levels of unskilled young people, poverty is also becoming a youth phenomenon both in Asia and globally.

Increasing globalisation, expansion of the drug industry to the detriment of the many and the benefit of the few, disappointing results produced by law enforcement activities, all contribute, directly or indirectly, to growing income inequality and the gradual erosion of social cohesion and stability.

Within Asia, numerous countries are implicated in the drugs issue, whether in terms of involvement in production, trafficking or in actual drug use. The situation is constantly changing and local scenarios differ widely between and within countries.

Researchers have drawn attention to a new phenomenon: a shift in consumption from developed to developing countries. To the extent that producers are also regular users, they represent a lucrative long-term market. Their use binds them closely to future illicit production[9]. Long recognised as one of the world's largest drug **suppliers**, Asia now also has its own vast population of drug **users**. From being a transit point in the drug trade from Southeast Asia to the west, Asia has developed an internal market. The majority of drug users in Asia belong to the poorest sections of society.

Asia is the largest and most rapidly growing narcotic market in the world, accounting for 40% of global consumption. The sheer number of drug users in the region is staggering: a projected 1.2 million drug users in Thailand with an estimated 250,000 heroin users and the remaining ATS/amphetamine users, 400,000 in Burma, China has 500,000 registered heroin users[10], 100,000 in Bangladesh. There are an estimated 5 million drug users in India where intravenous injecting of heroin and high incidence of HIV infection are severely affecting the cities of Mumbai, Manipur, Calcutta and Madras.

Heroin use is a problem in other countries in the region: for example in Nepal, the Maldives and in Sri Lanka. In Laos, the majority of the country's annual opium crop (estimated at 200 metric tons) used to be destined for external markets. Nowadays, Laotian drug users consume almost half of this. Overall, at least 50% of the 3,000 metric tons of opium grown in Asia is consumed within the region.

Heroin was virtually unknown in Pakistan before the late 1970's. By the 1980's the country had become a major heroin exporter and consumer. Almost 80% of the opium processed in Pakistan is thought to come from neighbouring countries. Pakistan is now not only one of the main exporters of heroin, it has also become a net importer of drugs: at an estimated 50 tonnes of opium are smuggled into Pakistan for processing for domestic use. It is believed that almost 5% of the adult population are using drugs in Pakistan. As a proportion of overall drug use, heroin has risen from 7.5% in 1983 to 51% in 1993. The production of drugs for the domestic market in Pakistan is estimated at almost $1.5 billion.

8. *The source of much of this section was comes from SHARAN in New Delhi, the Asian Harm Reduction Network (AHRN) and The Challenge of HIV Spread among and from injecting drug users in Asia, Alex Wodak.*

9. *UNDCP Tech Paper 2, p. 41.*

10. *Estimates of the actual number range from 1-2 million.*

The erosion of traditional mechanisms of control is cited in relation to Laos, India and Thailand. In the Lao People's Democratic Republic, an UNRISD study reported that where the controls traditionally exercised by family and community had disintegrated, opium and heroin consumption became prevalent among young men, women and children, affecting as many as 10% of the population. A Thai study attributed increasing use of heroin and psychotropic substances to urbanisation, rapid cultural change and a breakdown in family cohesion.[11]

In a prophetic paper entitled 'The pro-heroin effects of anti- opium laws in Asia', the American psychiatrist, Joe Westermeyer (1976), described the transition from opium smoking among elderly men to heroin injecting among young men within a decade of the introduction of anti-opium policies in Hong Kong, Thailand and Laos. These policies, fostered by international advisers, inadvertently created the conditions for the spectacular HIV epidemic which is now taking place. Reliance on law enforcement measures to control illicit drug use has often inadvertently encouraged a transition from less harmful to more toxic drugs, as well as a shift from less dangerous to more dangerous routes of administration. This transformation is well illustrated in the shift from opium smoking in elderly men to heroin injecting in sexually active young men which took place in Asia over the course of a generation or two.

Although opium smoking was unattractive from public health and other perspectives, its health, social and economic consequences have been dwarfed by the prohibitive costs of heroin injecting. The injection of drugs is perceived by drug users to be a more efficient mode of administration. The higher the price of the drug, the more the desire to use expensive drugs efficiently. Sniffer dogs can more easily detect the pungent smell of bulky opium than the more compact and less odoriferous heroin. Needles and syringes are easier to conceal in a grass hut than large opium pipes. If needles and syringes are unavailable, makeshift injecting equipment is constructed from rubber tubing and ballpoint pens.

During British colonial times in South Asia, registered addicts were able to purchase opium from government maintained outlets. Some outlets still survive in the Indian states of Uttar Pradesh and Rajasthan. Similar outlets were closed in Pakistan in 1979. Following the closure of outlets in the Northwest Frontier Province by President Zia al Huq, heroin users were seen in the area for the first time within a few years.

Vigorous law enforcement in Calcutta brought about a transition from inhaling heroin vapour (chasing the dragon') to heroin injecting. A similar development occurred in the south Indian state of Tamil Nadu when customs and police officers managed successfully to reduce supplies of heroin. Heroin injecting is now spreading rapidly in China and India as well as many other countries in the region. Under the bridges, in the parks and on the footpaths of many modern Asian cities, drug users huddle together injecting each other or themselves with heroin.

Asia's economic situation has also contributed to the problem as demand for narcotics increases with higher incomes and high incomes lead to more variety in drug consumption. While Hmong tribesmen in the Vietnamese highlands may still smoke raw opium, urban Asians can choose from a wide assortment of refined narcotics including heroin, cocaine, crystal methamphetamine ("ice"), and Ecstasy.

It seems clear that the drug industry has an almost infinite capacity to change in response to the external environments. It also seems to have considerable capacity to influence these external environments. Simplistic solutions have failed and the problem continues to grow. It is vital that the factors, which drive drug production and use, are identified and understood, and that meaningful, sustainable and locally generated solutions are implemented.

11. *Economic and Social Consequences of Drug Abuse and Illicit Trafficking. UNDCP 1998.*

Understanding a Rapidly Changing Situation

DAPPA Programme
Rapid Situation Assessment - SHARAN - New Delhi - India

General Objective

■ **To provide** comprehensive reports on Injecting Drug Behaviour through Rapid Situation Assessment in Delhi, Mumbai, Calcutta, Chennai and Imphal to examine:
– trends, patterns and context of drug use (especially by injection) and HIV infection (especially related to drug use) among youth who are not in any formal education service
– current and planned interventions, policies and strategies to address drug use and HIV infection among youth in these cities

■ **To stimulate and influence** policy decisions towards a change in focus from limited drug prevention and treatment services towards the pragmatic management of drug use problems and the control of HIV spread, through the dissemination of information during workshops in five cities, and at a national level workshop.

■ **To orient, network and forge** links with NGOs and GOs already working in the area so as to support and widen the scope of their activities

The city assessment reports would be used as the basis for workshops to be held in each city, geared towards the dissemination of the RSA findings and the participatory planning of appropriate, culturally specific interventions.

Specific Objectives

■ **To implement** an assessment of preventive education and intervention services for urban youth on drug use in five different locations

■ **To design** in a participatory manner the needed tools for prevention and intervention services in five cities and at the national level

■ **To produce** 200 city reports for each city and 500 reports of a five city report

■ **To update** the information on drug prevention and treatment and non-formal education services on a city-wide and national basis

■ **To design, develop and implement** six workshops (5 city & 1 national) for the dissemination of information gathered and facilitation of a process of appropriate responses in the field of drug prevention, education and treatment services. Included in this are tried and tested processes for implementation of assessments of IDU behaviour.

This project builds upon SHARAN's previous experience with rapid situation assessment methodologies and has come to include collaboration with UNDCP who are studying a further 9 national cities, expanding the scope of the project to 14 cities and resulting in a jointly produced report. This would be the first comprehensive Indian study of IDU's and HIV to date. The project is based on the recognition that one, definitive picture of drug use is an impossibility: the picture is constantly shifting and changing. From this perspective the task becomes one of identifying gaps and current trends.

So far, the research team have conducted a number of activities including 'mapping' drug use across different areas of New Delhi, initiating an ethnographic study of women users, interviewing officials and service providers and conducting in-depth interviews with drug users, including a number within the prison system. A glossary of drug use has been prepared both in English and in Hindi. Researchers keep detailed records of fieldwork which contribute to a weekly status report and the weekly team meeting. In order to increase the acceptability and credibility of the research team, some of the workers are ex users and non-using researchers are accompanied by current users. There have been some difficulties experienced in accessing new areas and networks of users. Workers have undertaken some training on violence and anger management. The inevitable problems of dealing with police have been encountered and managed by the use of letters of authorisation and identification. While the project clearly focuses upon young people field, experience demonstrates that this is difficult to do exclusively.

Motivating Behaviour Change through Outreach

DAPPA Programme
National Dangerous Drug Control Board (NDDCB) – Colombo – Sri Lanka

General Objective

■ **To provide** support to drug users in 4 specific locations of Colombo through a programme of peer education and referral

■ **To** ensure that counselling and treatment are provided to these marginalized youth, with a view to undergoing treatment and detoxification

■ **To** provide ongoing support to assist these youth to abstain, through behaviour change communication

■ **Identify** the context of the problems experienced by the young marginalized youth and potential mechanisms to support them.

This project seeks to replicate an outreach model in 10 locations of Colombo. In this model the outreach worker is viewed as a catalyst whose presence stimulates the possibility of change among a group (drug users) who do not receive much external support. Simultaneously the intervention enables local communities to recognise that they can bring about change within their community.

Outreach staff work alone and meet as a group twice weekly to share and discuss their experiences. Before initiating their work, staff make contact with local police and other gatekeepers. "We've gone from a very complex drug rehabilitation approach to a simple model. You don't have to be an expert to assist drug users."

Outreach is generally recognised to be an appropriate and effective method of working with drug users (assuming that user-friendly services exist for referral). However the extent to which individual workers can be expected to perform the catalytic role with drug users upon which this project is based requires some quite considerable empathy and access to appropriate treatment and rehabilitation programmes.

Young People, Drugs and Development

Young People & Drugs

Drug abuse (sic) continues to emerge as a strategy to cope with problems of unemployment, neglect, violence and sexual abuse. Marginalized youth are particularly susceptible to the enticement of drugs. Furthermore the number of marginalized young people is increasing, in particular, in the urban areas of developing countries where street life and all its aspects, including drug misuse and drug trafficking, is becoming the norm for a growing number of young people. Data from various studies confirm that drug misuse is high among young people living in vulnerable situations. Populations such as street children, working children, refugee and displaced children, children and youth in institutional care, child soldiers and sexually exploited children are particularly at risk of misusing drugs mainly for functional reasons (for example, to keep awake for work, to get to sleep, to reduce physical and emotional pain or to alleviate hunger).

......Whatever the specific reason for the use of their drugs of choice may be – and they vary greatly – the emerging trends in global drug misuse among young people should be seen against the backdrop of an environment where, in many countries, young people are increasingly being confronted with rapid social and technological change and a more competitive society, where the drive to succeed is high and personal self-fulfilment is emphasised. Additionally, a weakening of traditional values and family ties and increased needs for higher levels of stimulation are being experienced.[12]

Increasingly emphasis is being placed on the need to broaden the concept of poverty from a focus on quantitative measures of income to include diverse aspects of social exclusion such as: "voicelessness, powerlessness, vulnerability, volatility, discrimination of all kinds, and lack of dignity". Poverty has come to mean far more than material deprivation. It is now understood to include a process of institutionalised exclusion from the benefits of growth such as land, credit, communication, transportation, knowledge, participation and power.

By virtue of their numbers, limited economic opportunities and high levels of unskilled labour, poverty is increasingly becoming a youth phenomenon.[13]

> **"Severe unemployment among young people has imposed poverty on them. They have become prime targets for crimes, including drug abuse and trafficking. It has been difficult for them to find their place in both the national and global development contexts. Those who have left the primary level** *(of education)*, **and have not continued to secondary level, have been the missing group in the development process."**
> *UNESCO, Education and Poverty Eradication. Co-operation for Action. October 1999. (p.9).*

Action to promote sustainable livelihoods among young people needs to acknowledge their marginalized status[14], assess and build upon strengths rather than weaknesses, and reflect the complex reality of social

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12. *Economic and Social Council E/CN.7199/8. Youth and drugs: a global overview. Report of the Secretariat.*

13. *According to the UNDP Sustainable Livelihoods Programme: http://www.undp.org*

14. *Reflected in limited (and gendered) degrees of access to resources such as kinship networks, education, land and technology.*

and economic opportunities and constraints which young people face.

The Sustainable Livelihoods Unit of UNDP suggests, as an effective policy intervention, a focus on the development of enterprise and entrepreneurial capacity.[15] These are particularly important for the majority of young people whose current or future economic existence will most likely be outside formal economic and learning institutions. Building enterprise capabilities helps young people to adapt to changing circumstances (both in relation to work specifically, but also in their lives more broadly), by taking control and initiative through the development of qualities and skills in self-determination and initiative, decision-making, creativity, strategic thinking and problem solving, conflict resolution, marketing and management.

This broader perspective is echoed in the **Education for All** declaration, which states that young people require opportunities to gain knowledge and to develop the values, attitudes and basic technical, vocational and entrepreneurial skills which will enable them to develop their capacities to work, to participate fully in their society, to take control of their own lives, and to continue learning. In stark contrast to these goals, the document also draws attention to the fact that young people today face risks and challenges on a scale which could not have been anticipated ten years ago: for example: exploitative labour, unemployment, conflict, violence, drugs, and HIV/AIDS.

15. *See the example below of 'Mukti Sadan', Mumbai, India.*

Building Self-Respect through Skills and Livelihoods

DAPPA Programme
Mukti Sadan – Mumbai – India

Purpose

■ **To provide** an enabling context for the young 'at risk' population including recovering substance users, to meaningfully participate in building their own capacities and enhancing the quality of their lives through appropriate vocational training and income generation activities.

Objectives

■ **To provide** on the job training in specialised areas of engineering for twenty-two young people, including recovering substance users from the slums and streets of Mumbai

■ **To develop** a Machine Shop/Fabrication Unit absorbing trainees and specialised personnel to manufacture simple components required by the local industries

■ **To provide** opportunities for enhancing business entrepreneurship in setting up micro-businesses to secure sustainable income

■ **To develop** a placement service to refer trainees to local industries

■ **To integrate** this training with the ongoing program for prevention of substance use and HIV/AIDS of the project

■ **To create** a professional work culture and work ethics in the trainees, especially the recovering substance users, through integration with non-users.

This project is ambitious but nonetheless realistic. Ambitious inasmuch as it focuses upon skills training and income generation for an exceptionally deprived group which includes a majority of recovering drug users (able to provide strong peer support), most of whom are from the slums and streets of Mumbai. The realistic nature of the project includes the location (within an industrial location rather than a centre for drug users) the mix of staff from industrial/business and social work backgrounds and the characteristics of the working day, including regulations and routines.

Expectations of trainees are made explicit through a contract. As much as possible, normal working practices are adhered to: for example regular beginning and ending times, regular payment (staff found that this had to be increased to a more realistic figure) and regular performance appraisals which are displayed on the communal notice board. Trainees appear to take all of these seriously and find the structure and discipline of the day beneficial both in occupying them (they had requested that the factory by open 7 days a week) and in helping them to acquire specific, marketable factory skills.

The atmosphere is professional and everyone seems fruitfully engaged in some task. Of the two women trainees, one is training to become a welder and wishes to start her own business. Another trainee has already found work in a factory with which the project has links while one more has gone into business with his father.

Reflecting upon their experience so far, project staff recognise a number of lessons for the future, in particular the need to ensure that the budget reflects realistically the anticipated needs of the project including equipment and trainee stipends. While their experience shows that this group of individuals have the capacity to learn and acquire new skills, this requires intensive supervision, at least at the outset.

From the perspective of an outsider, it appears that something therapeutic is also happening through the interactions that this project facilitates. Trainees are also learning life skills that allow them to interact both with their peers (and to use group pressure appropriately, as in the group's decision to ban anyone currently using drugs) and with centre staff. One particularly experienced member of staff described with obvious pride and delight at being addressed affectionately by one of his trainees. One trainee described to the supervisor his wife's shock and delight when he was able to buy her a sari with his first stipend. The gesture also profoundly affected the individual's sense of himself and his ability to provide for his family.

Clearly there have been difficulties. Three people have dropped out; sometimes attendance is irregular after trainees received their stipend. Nonetheless, there have been no thefts and on most days trainees come to work on time in presentable condition (including at least one of those who lives on the street). Staff appear to be realistic in assessing the likelihood of 'graduation' or continuing dependence of each trainee and in doing so seem to reflect the balance between altruism and entrepreneurial spirit which characterise this project.

Responses to the Drug Problem

In recognition of the complex linkages which exist across sectors and issues, the UN has encouraged its different agencies, in addition to UNDCP, to support drug control activities while pursuing their own mandated objectives, making connections between drugs and other cross-cutting developmental priorities, such as: poverty alleviation, education, training and employment, young people, health, HIV/AIDS, employment, crime, governance, peace building, and refugees.

Whether at local, national or international levels, responses to the issue of drugs need to be relevant and realistic. For example, DFID argue that drug eradication programmes, imposed from outside without the provision of alternative livelihoods, are likely simply to generate fear and insecurity, which, in turn, discourage investment.

Governments in the sub-region have expressed willingness to tackle drug trafficking and abuse, but so far, activities have tended to focus rather narrowly upon law enforcement and control, with some states e.g. Myanmar and Manipur (N.E. India) responding with particularly repressive measures.

Incarcerating drug users – a fairly typical response in many countries – can seriously exacerbate the problem. In prison, both established and new users inject, but with access to needles and syringes etc. severely limited, used, contaminated equipment has to be shared repeatedly. For most users, incarceration is a temporary condition with prisoners returning eventually to their communities of origin or establishing themselves elsewhere. With high levels of HIV infection among injecting drug users, subsequent equipment sharing and unsafe sexual behaviour provide ideal conditions for rapid diffusion of the epidemic.

Effective strategies to control HIV spread among IDUs were identified in developed countries by the late 1980s. These measures include the explicit and peer based education of IDUs, increased availability of sterile injecting equipment, and expanded and improved drug treatment and community development. These pragmatic measures have now been adopted in most developed countries (including Australia) with great success. At modest cost, HIV epidemics have been averted or early epidemics brought swiftly under control.[16]

These successful and sustainable measures nevertheless require an 'enabling environment' which includes political will and broad based support, an appropriate ethical, legal and human rights framework which effectively addresses issues of stigma and discrimination, and meaningful partnerships with local communities and their local organisations, private sector and others.

Of course, such an environment, in its entirety, rarely exists and needs to be developed over time. To this end, local, national and regional networks of interested groups have been established. Collectively these can prove a powerful force for change at programme and policy levels. Networks can be valuable sources of technical capacity-building, peer support and galvanising collective action (UNDP, 2000). The Asian Harm Reduction Network (AHRN) is the first project of its kind and among the best known of the networks that have been established to respond to the HIV epidemic. AHRN is a global information and support network linking people and programmes in Asia working to stop HIV among injecting drug users. Among its achievements is the 1998 report The Hidden Epidemic, a comprehensive overview of the situation concerning HIV and injecting drug use in Asia.

16. *The challenge of HIV spread among and from injecting drug users in Asia, Alex Wodak.*

Building Capacity to Understand and Respond

DAPPA Programme
Forum

General Objective

■ **To formalise and concretise** an active network of voluntary grassroots drug treatment agencies committed to co-operation, collaboration, sharing of expertise, technical assistance, review and evaluation, innovation and advocacy.

Specific objectives

■ **To forge** links between service providers, donor agencies and relevant governments in the area of drug treatment and prevention through this active network

■ **To improve** the quality of drug treatment services in Asia through information sharing, exchange visits and training of personnel

■ **To engage** in advocacy on human rights violations and abuse of drug users through sensitive comment and dialogue

■ **To provide** a forum of expression to grassroots agencies through a regular newsletter

Representing a broad network of NGOs involved in treatment and rehabilitation across the Asian continent, FORUM presents exciting opportunities to build capacity within the region, south to south cooperation, to share regionally relevant expertise and advice within and across countries, and to play a critical advocacy role within the region.

A Holistic Approach to Working with Drug Users

DAPPA Programme
SHARAN[17] – New Delhi – India

The SHARAN group of programmes in New Delhi addresses the needs of HIV positive and negative injecting drug users from poor areas of the city. For all drug users there are outreach services which promote the benefits of the Drop-In Centre and drug treatment services, and which provide sterile injecting equipment and condoms. Peer educators discuss with users less risky ways to inject and safe sex.

Users are invited to the SHARAN Drop-In Centre (situated close to a large drug-using population), where they can access peer education, counselling, first aid and basic medical care (most commonly care of abscesses), referral to drug treatment, housing and other services, pre and post-test HIV counselling, needle exchange for those who continue to inject, and substitution therapy for those who want to stop injecting and gain greater

control over their drug use. There are also group meetings of current and ex-users. Beyond Appearances is a newsletter which provides a voice to drug users and allows them to talk with other users and to address issues such as discrimination. A support group specifically for users living with HIV/AIDS has begun, as has a family support group in which family members are educated about addiction, treatment, relapse, ways of helping drug users, and where family members provide support to each other.

When Centre clients want to be referred for HIV testing, or any other referred service, they are usually accompanied by a SHARAN staff member. Through any of the above programmes, users may be found to be HIV positive. If they are staff or volunteers of SHARAN or they are at great health risk, HIV positive men can sleep at a shelter called the SHARAN Crisis Care Shelter. This shelter provides assistance to PLWHA in crisis: with no social support, deteriorating health, more chaotic drug use, no access to hospital care because of their HIV status and/or drug use history. It was intended to provide 15 days of shelter to stabilise health, assess needs and then refer to appropriate services. However many residents have been too ill to move and have stayed for several months. As well as medical care, shelter staff provide support through counselling, personal interaction, information and education In most instances, the residents return to their previous environments - on the streets, under bridges, etc. They may move on to Sahara House - a residential treatment facility, or even to Michael's Care Home (see below). Whenever possible, they are linked into some form of support service and follow up is provided.

Through the Drop-In or outreach programmes, drug users may request drug treatment. The first step is detoxification, carried out either in the SHARAN detoxification centre or a detoxification camp or centre. After detoxification, the user is encouraged to attend Narcotics Anonymous meetings. Users may leave the drug scene in Delhi at this point or they may return to drug use (detoxification, relapse and treatment are often repeated many times before a drug user stops using altogether), and therefore to the Drop-In Centre's services or enter drug treatment.

If the user enters drug treatment other than through Sahara House, SHARAN staff will try to keep track of them and visit them to ensure that they are not mistreated in the treatment centre and to encourage the person to stay abstinent from drugs. If they enter Sahara House, they usually stay for 3-12 months in treatment. While there, they receive vocational training, often for work within the expanding SHARAN organisation. If they are ill (especially with HIV-related disease), they are moved from Sahara to Michael's Care Home (or if very ill to a hospital or hospice), from which they can return to Sahara whenever they are well enough. There is no segregation according to HIV status but there is now a separate programme and accommodation for women and children (with Sahara only accepting men). If the person is in hospital or hospice, they are visited by SHARAN staff.

Upon completing treatment, users are encouraged to stay at a Sahara halfway house for six months to assist them with their return to outside society. If a person uses drugs while at Sahara or in the halfway house or when employed by Sahara/SHARAN, they are counselled and if they keep using they are required to leave, at which point they return to either the Drop-In Centre programmes or the detoxification centre.

Within the DAPPA Programme, SHARAN is co-ordinating a rapid situation assessment of injecting drug use in several cities including New Delhi, in order to identify contexts, trends and patterns of drug use and HIV infection among out-of-school young people with a view to informing future policy and strategy in this area. The activity is being conducted in collaboration with UNDCP. SAHARA House is providing technical assistance to a partner agency in Manipur in support of rehabilitation of male and female drug users in this state heavily affected by both drugs and HIV.

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17. *Adapted from Personal communications (via Dave Burrows) Dorabjee J, Samson L, Thapa D, Aulich D, 1999.*

Social and Economic Rehabilitation for Drug Users in Asia

DOH International

A project built a car repair workshop next to its' drug rehabilitation centre, providing centre users with a constant visual incentive to complete their treatment successfully in order to progress to the much desired skills training which accompanies apprenticeships in the car repair workshop.

Social and economic factors, such as exclusion, marginalization, and poverty, are known to facilitate drug use. Similarly, social and economic considerations can play a critical role in sustainable maintenance and recovery. Sustainable income generation enterprises, of the kind described above and elsewhere in this paper, achieve several purposes. Fundamentally, they contribute to building self-esteem, confidence and dignity. On a practical level, they facilitate the acquisition of much-needed skills for economic survival as well as providing an opportunity for recovering users to demonstrate to potential employers and local communities more broadly, their ability and commitment to engage in productive and structured activity. These initiatives promote sustainable recovery through anticipating and addressing some of the factors that may have contributed to involvement in drug use in the first place.

However the scope and vision of **Social and Economic Rehabilitation for Drug Users in Asia** includes not only individual users, but also NGOs and their services, with enterprise initiatives offering the possibility of fund-raising which might reduce over-dependence on externally driven funding.

To date, contracts have been secured with five NGOs in Pakistan, five in India, one in Sri Lanka, one in Nepal and two in Cambodia with plans for expansion to include NGOs in Thailand, Malaysia and Nepal. Thus, fourteen NGOs have initiated a range of income generation and skill development enterprises that provide employment and business start-up opportunities for recovering drug users.

Examples of enterprises include:

- Leather goods and furniture manufacture, retail and export (employing more than 140 former drug users)
- Carpentry and screen printing workshops
- Garment manufacture and export
- House building drawing on both modern materials and traditional mud design
- Reconditioning of jeeps (providing valuable experience and training in vehicle maintenance and repair)
- Farm and marketing produce outlet
- Consultancy in design, printing and promotional materials for business
- Retail outlets for the sale of recycled clothes and furniture/goods
- Job agency and recruitment bureau providing basic training and orientation for former users before placing them inopen employment (eight people have been successfully placed so far)
- Credit Union Bank, bakery, tailoring and repair shop (within Afghan refugee camps)

Achievements

Already a number of achievements have been made. Treatment programmes are being revitalised by increased motivation on the part of both service providers and users. NGOs are establishing training and job opportunities in support of the social and economic reintegration of drug users. The process of business planning has led to the formulation of realistic goals and is likely to be reflected in more effective management of treatment programmes. The regional nature of the project is encouraging cross-country dialogue and may, in future, facilitate marketing and trade.

The HIV Epidemic and Injecting Drug Use

At the XIIIth International AIDS Conference in Durban (July 2000) Mr. Justice Edwin Cameron of the High Court of South Africa quotes the late Jonathan Mann:

> **"Those people who were marginalized, stigmatised and discriminated against – before HIV/AIDS arrived – have later become over time those at highest risk of HIV infection."**

To date, HIV infection among drug injectors has been reported in 114 countries. In 1998, 136 countries reported the existence of injecting drug abuse: a significant increase compared to 1992, when 80 countries reported injecting (UN System 2000). At the end of 1999 UNAIDS estimated that there were 5.5.million (and possibly up to 10 million) injecting drug users in the world and that roughly 22% of the world's total number of people living with HIV became infected through sharing infected drug using equipment.

The proportion of people living with HIV who became infected through injecting drug use is estimated to be as high as 80% in Thailand, 66% in Myanmar and 25% in India. In Thailand, injecting drug users are now the only 'risk group' with rising HIV rates: HIV prevalence increased from 38 to 42% between 1996-1998.

Syringe sharing is determined by a number of factors not least of which is the policing and legal contexts which determine the nature and operationalisation of drug paraphernalia laws (e.g. possession of needles/syringes used as incriminating evidence) and the availability of injecting equipment (UNDP 2000).

Other factors determining the practice of sharing include cost or scarcity of needles and syringes, lack of information and awareness about the associated risks (including Hepatitis viruses) and cultural practice including social acceptance, injecting while intoxicated or within the context of a sexual relationship. Fear of arrest or harassment may lead users to use available needles and syringes in the locations where drugs are purchased. This, in turn, gives rise to 'shooting galleries', locations where needles and syringes are provided by the drug dealer, and used in rapid succession by many individuals with inadequate dis-infection between use. Professional injectors also exist in many countries. For a fee they will inject users with the drugs they have purchased.

Several macro-level factors create the environmental conditions for new and continuing epidemics of HIV infection. These include:

- Diffusion in drug use and increases in the number of injecting drug users
- Shifts towards drug injecting which is associated with law enforcement and activities to restrict drug production and supply
- Transitions towards drug injecting associated with the transference of new drug production and distribution technology
- Transitions towards drug injecting associated with the 'globalisation' of drug markets and distribution networks
- Population migration, mobility and interaction
- Absence of a public health tradition
- Revenue and infrastructures
- Lack of structures or resources for non-government and community organisation
- Rapid transitions in economic, health and welfare status[18]

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18. *Rhodes et al, 1999B/UNDP 2000.*

Facing Up to the Reality of Drugs & HIV

According to the World Bank:

"The most politically popular way to deal with the problem of drug use has been to reduce the availability of drugs. However, drug interdiction may simply rearrange the problem or make it worse. For example:

■ Addicts may switch to other substances. In India, when the government tried to restrict the heroin trade, the price of heroin rose and addicts switched to synthetic opiates: injecting behaviour was unchanged.

■ Users may switch from smoking to injecting, which requires a smaller dose to produce euphoria but greatly raises the risk of HIV. For example efforts to control opium smoking in Bangkok and Calcutta were followed by an increase in heroin injecting.

■ The drug trade may shift to other areas where people not previously exposed to drug may begin injecting. For example as a result of efforts to halt drug trade in other regions, West Africa has emerged as an important transit point for cocaine from South America and heroin from Southeast Asia.

If restricting the supply of injectable drugs does not effectively reduce risky injecting behaviour and may actually increase it, what about attempts to reduce demand? Because most injecting drug users are chemically dependent, prohibition and threat of punishment are notoriously ineffective in reducing their demand for drugs.

A survey of 450 injecting drug users in Manipur State in India, where addicts are incarcerated, found that only 2 percent regarded the threat of imprisonment as a reason to stop injecting. And far from reducing HIV transmission, imprisonment may very well have the opposite effect. Unable to obtain syringes, prisoners frequently resort to shared, improvised equipment, such as ballpoint pens, which would be very difficult to sterilise, even if bleach were available. Mandatory drug testing is likely to be even less successful in ending drug use than voluntary treatment, since patients entering such programmes presumably have very little desire to change such behaviours.

In summary, efforts to raise the cost of injecting drugs through drug interdiction or the punishment of injecting drug users may increase rather than decrease risky injection behaviour. Although the data on the impact of such efforts on HIV incidence are fragmentary, the available evidence suggests that harm reduction programs, including information about HIV, sterile injection equipment or bleach kits, and referral for voluntary treatment programs will be more effective and less costly in reducing risky injection behaviour than interdiction or incarceration of addicts."[19]

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19. World Bank. Confronting AIDS, Public Priorities in a Global Epidemic, Oxford University Press, 1999.

Harm Reduction

"By far the most important element (of a comprehensive package of measure to prevent HIV spread among injectors) is to provide sterile injecting equipment to injectors." *(UNAIDS)*

Harm Reduction

According to the Centre for Harm Reduction, the approach is:

"a pragmatic philosophy, which recognises that the risks to social and public health associated with some stigmatised, antisocial or illegal behaviours are so great that they must be reduced by whatever means possible. Perhaps the best example of this is the widespread use of needle exchange programs in Australia. Governments in some countries oppose this approach, arguing that to provide clean injecting equipment promotes drug use and therefore is immoral; however, needle exchange has helped keep rates of HIV/AIDS among Australian drug injectors at very low levels by global standards, saving the lives of thousands of young people. A major aim of the Centre for Harm Reduction is to encourage development of rational, evidence-based drug policies which eschew judgements about personal behaviour and have the minimisation of harm as their primary aim".[20]

20. *Center for Harm Reduction. http://www.chr.asn.au*

Drug use has played an important role in many of the Asian HIV epidemics. Fortunately, it is still possible to learn from the experience in other parts of the world which reveals a number of highly effective measures which can be taken, often in very difficult circumstances. These programmes have not been without their critics who accuse implementers of condoning and even encouraging drug use. The evidence of effectiveness of such programmes is strong. In contrast, the evidence for claims of condoning and encouraging drug use is not.

The public health approach to HIV infection among IDUs is referred to as 'harm reduction', which focuses primarily on reducing the adverse health, social and economic consequences of drug use without necessarily attempting to reduce the consumption of drugs. Successfully controlling HIV among and from IDUs is an achievable objective. Most attempts to reduce or eliminate illicit drugs production and consumption have been expensive and unsuccessful exercises, often accompanied by serious unintended negative consequences.

Preventing the Transmission of HIV among Drug Abusers

A position paper of the United Nations System[21]

8. Drug abuse treatment is one approach that may have an impact on preventing HIV infection. Many large-magnitude studies have shown that patients participating in drug substitution treatment such as methadone maintenance, therapeutic communities, and outpatient drug-free programmes decrease their drug consumption significantly. Several longitudinal studies examining changes in HIV risk behaviours for patients currently in treatment have found that longer retention in treatment, as well as completion of treatment, are correlated with reduction in HIV risk behaviours or an increase in protective behaviours. However, studies have found more effectiveness for changing illicit drug use than changing sexual risk behaviour.

9. Drug abuse treatment is not chosen by all drug abusers at risk for HIV infection, or may not be attractive to drug abusers early in their injecting career. In addition, recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. Relapses to drug abuse and risk behaviour can occur during or after successful treatment episodes. Various **outreach activities** have been designed to access, motivate and support drug abusers who are not in treatment to change their behaviour. Findings from research indicate that outreach activities that take place outside the conventional health and social care environments reach out-of-treatment drug injectors, increase drug treatment referrals, and may reduce illicit drug use risk behaviours and sexual risk behaviours as well as HIV incidence.

10. Several reviews of the effectiveness of **syringe and needle exchange programmes** have shown reductions in needle risk behaviours and HIV transmission and no evidence of increase into injecting drug use or other public health dangers in the communities served. Furthermore, such programmes have shown to serve as points of contact between drug abusers and service providers, including drug abuse treatment programmes. The benefits of such programmes increase considerably; if they go beyond syringe exchange alone to include AIDS education, counselling and referral to a variety of treatment options.

21. United Nations System. Annex to the Report of 8th Session of ACC Subcommittee on Drug Control 28-29 September 2000. Preventing the Transmission of HIV Among Drug Abusers. A position paper of the United Nations System.

A World Health Organisation study of cities with stable and low HIV prevalence among injecting drug users concluded that several factors were associated with such low rates:

- Early implementation of prevention initiatives while HIV prevalence was low
- Community outreach to IDUs which provided HIV/AIDS information and helped develop trust between IDUs and health care providers
- Widespread provision of sterile injection equipment

(Stimson et al, 1998).

Specific measures implemented in these cities included: needle and syringe exchange programs; drug substitution; sale of clean injecting equipment through pharmacies and other outlets; peer support and outreach; together with policy advocacy and skills building in support of these activities. UNAIDS also highlights the need for a supportive environment which means reducing poverty and creating opportunities for education and employment, the lack of which often leads people to drug use through despair.

Where harm reduction programmes have been introduced among injecting drug users, there has been a positive impact in terms of slowing the rate of spread of HIV. Nonetheless, introduction of harm reduction programmes is almost always controversial and presents considerable challenges to communities and governments who are particularly sensitive to accusations of being 'weak' or 'soft' on drugs and crime.

Harm reduction should be seen as complementary to, and a critical part of an overall demand and supply reduction approach. While it is true that eliminating the demand for drugs will prevent the harm which can result from their use, this is unlikely to be realised in the foreseeable future. In the meantime, given the speed with which the HIV epidemic spreads when drug injecting is a mode of transmission, HIV prevention must be a clear and immediate priority. At the same time the longer-term development goals of demand and supply reduction remain critical challenges for sustainable human development.

Harm reduction fits in well with the traditional public health notion of 'never letting the best become the enemy of the good'. Setting out to achieve sub-optimal goals has proven to be far preferable to failing to reach Utopian goals. Achieving a valuable silver medal is far better than failing to achieve an improbab e gold medal and missing out on medal prospects entirely. Deng Ziaoping once noted that 'it does not matter whether the cat is black or white as long as it catches the mouse'. This is very much the spirit of harm reduction. Although there is now compelling scientific evidence of the effectiveness of harm reduction approaches in controlling HIV among IDUs, many countries at risk of an epidemic have failed to adopt and implement these programs in time or on a sufficient scale. This is particularly true in the developing world where there is much greater pressure on scarce resources. A major reason for the failure to implement evidence based, public health approaches to HIV infection is perceived conflict with an entrenched belief in the effectiveness of law enforcement.[22]

22. *The challenge of HIV spread among and from injecting drug users in Asia, Alex Wodak.*

Treating and Preventing Alcohol Addiction

DAPPA Programme
TKK – Chennai – India

General Objective

■ **Creating** an environment which promotes healthy living and discourages use of drugs and alcohol through a comprehensive community development programme

Specific Objectives

■ **Creating** awareness in the community by organising education programs in slums

■ **Conducting** specific programs that help improve quality of living of the community

■ **Creating** awareness amongst various target groups like psychologists, social workers, medical, nursing students and clergymen and empowering them with skills for identification and early intervention of drug addicts

This project focuses upon two distinct spheres of activity. The first involves training for professionals since issues relating to addiction are insufficiently addressed in their professional educational curriculum. Between August 1999 and February 2000 TTK has provided 28 separate training events of one or two days duration for doctors, nurses, teachers, clergy, community workers and social workers and psychologists. In preparation for this training, a number of materials have been produced including, posters, leaflets, monographs and training curricula. TTK is highly regarded as a source of technical expertise. Materials produced are extensive and impressive.

The second sphere of activity involves community work in a poor village within travelling distance of Chennai. The village, which has a history of piecemeal development activities, is a divided community both according to socio-economic status and caste. Services and amenities are divided and largely inadequate or neglected. The project seeks to integrate alcohol and addiction issues within a broader framework of community development (addressing for example health, education, environment, employment, savings and gender) and this has required a lengthy process of trust building between TTK staff and villagers. Partnerships have also been established with several local partner agencies. Already alcoholism and violence have been cited as important concerns: in recent weeks a village woman immolated herself in response to domestic violence precipitated by alcohol. A village temple celebration leading to drunken behaviour erupted into violence.

TTK has extensive experience in community detoxification activities and this project appears to be a new direction in terms of addressing alcohol abuse within a context of community development, moreover by an organisation whose primary focus is alcohol abuse rather than community development. The fractured nature of the community together with the apparent history of incomplete development efforts make this a particularly challenging initiative for TTK and one which could benefit from careful monitoring and supervision - the learning generated through this initiative could be substantial both for TTK and for the DAPPA project as a whole. Sustainability and partnership with existing resources will be critical issues.

Building Local Capacity Through Study-Tours

DAPPA Programme
AIDSNET – Chiangmai – Thailand

General Objective

■ **To strengthen and develop** the capacity of community organisations, NGOs and government agencies in the north and north-east of Thailand in regard to the design and implementation of harm reduction activities for prevention of HIV infection among injecting drug users and vulnerable youth

Specific Objectives

■ **To provide** technical support for organisations in regard to the design and implementation of harm reduction activities for prevention of HIV infection among injecting drug users and vulnerable youth

■ **To increase** awareness **and support** for harm reduction activities among institutions at the local, provincial and regional levels

■ **To facilitate** opportunities for organisations in the north and the north-east of Thailand to learn from the experience of organisations from Thailand and elsewhere in the region in regard to the implementation of harm reduction activities

Participants have been selected according to agreed criteria with a number of participants selected from and NGOs and government agencies, both to strengthen the capacity of these agencies and to foster collaboration across organisations. Facilitators and resource persons have met on a number of occasions and have prepared the necessary material and presentations for the training with the study tour to follow several weeks later.

It is clear that the implementation process of this project has been given careful consideration in terms of its conceptualisation, selection of participants and their continuing support after the study tour. The process seems to have been designed in such a way as to maximise the possibility that the learning produced by the training and tour will result in its application on returning to the workplace. This has the potential to be of significant benefit for the northern Thai responses to drug use and the HIV epidemic.

Conclusions and Ways Forward

It is clear that the drug problem is one of incredible complexity, driven simultaneously by numerous overlapping factors. The production, trafficking and use of drugs pose a threat to the social and economic stability of many Asian countries. As well as significant involvement in drug production, an increasing number of countries have also become involved in consumption, a consequence of the growing populations of drug users within these same countries. Simultaneously the HIV epidemic has spread rapidly in many Asian countries, with drug use a significant factor in the diffusion of the epidemic in several.

The relationships between the drug industry, drug use, poverty and social and economic marginalization are highly complex. Nonetheless, it does seem reasonably clear that effective interventions need to do a number of different things: some simultaneously and some sequentially.

First and foremost, it is essential to reduce the immediate harm associated with drug use. Not only is this an end in itself, it can be the foundation of constructive engagement with drug users, particularly those who are most marginalized and difficult to reach. The specific means of harm reduction are by now well known and their efficacy is well established. Undoubtedly sensitive, harm reduction programmes have been implemented successfully in a broad range of political and cultural settings. They have prevented countless HIV infections and saved many lives.

A range of treatment modalities need to be established in response to the changing needs of different groups of users. For some abstinence will be the goal, while for others a better-managed drug problem may be a more realistic goal, at least in the short and mid-term. Whatever the goal, users and ex-users will need personal, social and economic skills and resources to survive and contribute to their own communities.

Individual and personal factors obviously play a part in determining whether or not people will become drug users. It is no coincidence that those most vulnerable to drug use (or the worst effects of it) tend also to be those who are both young and (or feel themselves to be) socially excluded and marginalized. The constant threat of arrest and incarceration presumably contribute little to self-esteem and social solidarity, except, of course, among isolated and marginalized peers.

Too narrow a focus on the level of the individual, however, obscures the broader social, political and economic factors that determine the social, economic and cultural characteristics of drug production and consumption in different settings. Poverty fuels the drug trade and is both a cause and a consequence of drug consumption. Programmes designed to eradicate poverty potentially have much to contribute on the macro level. Programmes which support sustainable livelihoods, entrepreneurial skills and income generation can provide participants not only with the means to survive, but also with a restored sense of dignity and meaning to their lives. For women there is an additional challenge not only of providing entrepreneurial skills but also of developing skills for survival in a gender-unequal workplace.

While it may be conceptually convenient to separate 'young people', 'drugs', 'social exclusion', 'poverty', 'gender' and 'education', few would deny that in real life these are inextricably linked, responses in one area needing to be taken into consideration in terms of the implications and consequences for the others.

It is particularly important to increase our understanding of the gender dimensions of drug use including the identification of social, legal, cultural and political barriers which affect women (and men) as drug users and as carers of drug users. In particular it is essential to develop and evaluate approaches to

rehabilitation and education for drug users which are gender sensitive.

Decisions about action on drug use are, of course, practical decisions. They are also moral decisions, inasmuch as they reflect particular ways of seeing the world and the place of different groups of people, and their conduct, within it. Drug users are stigmatised and marginalized in many countries. Sadly this status is all too often reinforced by measures taken to address the drug problem. Fortunately some, usually NGOs, have had the courage and foresight to challenge drug-related discrimination and marginalization. The NGO community has played a critical role in the development of pragmatic and sustainable responses to the needs of drug users. If it is to continue to do so, the NGO community will need assistance, financial and technical, to strengthen and expand its' capacity to meet new challenges as they emerge. The European Commission in this regard has supported a number of projects across Asia, with some astonishing pilot interventions, which now need scaling up.

The long-term goals of sustainable development, poverty eradication, security and freedom must continue to inspire our responses. In the meantime, one pressing challenge is to find ways of responding to the drugs problem which place those most directly affected i.e. drug users, their partners, families and communities, at the centre of the response. In this way, issues of treatment (including substitution) social and economic rehabilitation, harm reduction and living with HIV are likely to be of central importance.

UNESCO has a strong policy focus upon young people, poverty and education. Following the World Education Forum in Dakar, Senegal (April 2000) the organisation has committed itself to the achievement of 'education for all'. It is within the context of these organisational priorities that UNESCO, with EU support, has initiated the DAPPA Programme: an experimental and innovative, umbrella project which, through its component activities, addresses the institutionalised exclusion faced by vulnerable and marginalised young people in a number of Asian countries. Understandably, NGOs and CBOs are the most (or only) accessible point of contact for such groups of young people, including drug users and others affected by drugs, and supporting these civil society organisations to build their capacity through exchange and networking are critical aspects of the DAPPA Programme.

Through this relatively short project, UNESCO has supported pilot interventions, established a regional network and provided technical assistance for human resource development. In short, the project is a process for moving the dependant to independence.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AHRN	Asian Harm Reduction Network
DAPPA	Drug Abuse Prevention Programme in Asia for Marginalised Youth
DFID	Department for International Development
EFA	Education for All
HIV	Human Immunodeficiency
MOST	Management of Social Transformations
NGO	Non-governmental Organisation
SL	Sustainable Livelihoods
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WEF	World Education Forum
WHO	World Health Organisation

The UNESCO DAPPA Programme

In recognition of the complexity of the developmental determinants and consequences of drug use, the DAPPA Project has been conceptualised in such a way as to take into consideration both macro (contextual) and micro (individual and local) factors relating to drug use. DAPPA is the result of innovative collaboration between UNESCO, the European Commission and in partnership with a number of NGOs.

Building upon the extensive resources which already exist within the region, the overarching goal of DAPPA is to address the poverty which marginalised young people often experience. Towards this overall goal, specific project activities focus upon critical areas such as the need for suitable policy environments, building capacity (e.g. vocational skills training for drug users, training and learning opportunities for NGO staff), harm reduction, as well as networking mechanisms designed to enhance south to south co-operation (at intra- and inter-country levels) peer learning and dissemination of good practice within and beyond the project. In this way, the overall project is far more than the sum of individual country-level activities.

In recognition of the need for cross-country collaboration and transfer of know-how, the project also supports three 'regional' projects: one focusing on the formalisation of an existing network among NGOs working in the field of Drug Treatment and Rehabilitation (Forum), and the others focusing on strengthening institutional capacity within the region through training, technical assistance and study tours (DOH and AIDSNet).

Functioning simultaneously at different levels 'upstream' and 'downstream', the DAPPA project has the potential not only to improve the wellbeing and livelihood of individual beneficiaries in participating countries, but also to create a more enabling environment nationally and sub-regionally through the promotion of sound policy development, harm reduction and institutional strengthening, all of which are consistent with UNESCO's focus on poverty eradication and education.

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