Improved access to services and quality of life for people returning from drug treatment centers in HCMC, Vietnam

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What's the current situation?

By end of 2009, as many as 123 drug treatment centers:

- 80 MOLISA/DOLISA
- 10 Youth Union/Youth Force
- 14 district peoples’ committee
- 19 private-owned centers

45,000 residents (out of a total of 153,000 registered drug users)
Policy dialogue background in HCMC since 2001

• **2001**: HCMC launched the “Three Reductions” campaign
• **2003**: National Assembly Resolution #16: increase from 2 to 4-5 years of stay in 06 centers
• **2005**: As many as 15,080 residents were eligible to be released
• **End 2005**: HCMC PAC asked for support from PEPFAR:
• **2006**: A pilot program was granted by PEPFAR to support Nhi Xuan center residents in reintegrating into the community:
  – FHI Vietnam provides technical assistance and program implementation
The transitions program

Objectives:

• To increase accessibility, acceptability and utilization of HIV prevention and care services in Nhi Xuan drug treatment center and 4 districts in the community

• To assist returnees’ reintegrate into family and community to help them reduce the likelihood of relapse
We are committed to engaging with the treatment centers in Vietnam. We recognize the complexities of engagement but are driven by the desire to improve health outcomes for this extremely vulnerable population. We believe that our engagement can help improve the residents’ access to basic medical services and HIV prevention interventions.
The best approach to achieving positive changes is one of respectful discussion with a commitment to support and facilitate change rather than demand change.
Nhi Xuan Centre

- Run by the HCMC Voluntary Youth Force since 1994
- Nearly 1,500 residents (5% are female) (both mandatory and voluntary)
- 7 housing clusters, each with own small dispensary
- Serve as training and staging area for residents from surrounding centers
## Checkbox of services

<table>
<thead>
<tr>
<th></th>
<th>Peer Edusat°</th>
<th>VCT</th>
<th>OPC</th>
<th>Home based care</th>
<th>MMT</th>
<th>Social support group</th>
<th>Drug counseling</th>
<th>Case management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nhi Xuan Center</td>
<td>✓</td>
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<td>Dist. 8</td>
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<td>Late 2010</td>
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<td>Binh Thanh</td>
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1. Objectives:
To measure and track trends in 4 major outcomes:
   • Relapse rates
   • Behavioral outcomes including injecting and sexual behaviors
   • Health-related outcomes including quality of life, mental health
   • Use of community-based services

2. Method: prospective cohort design, sampled from source population

3. Sample size: 820 residents

4. Duration: 12-24 months (data collected for 6 months)
Follow up: # of participants

- Center: 800
- 1 month: 600
- 3 months: 500
- 6 months: 400

Participation rates:
- 72%
- 65%
- 52%
Drug use (and loss to follow up)

- Smoking heroin
- Injecting heroin
- Sharing needle
## Mental Health Status

<table>
<thead>
<tr>
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<th>Center</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
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</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>43.81%</td>
<td>18.76%</td>
<td>20.44%</td>
<td>29.84%</td>
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<tr>
<td><strong>Difficulty controlling violence behavior</strong></td>
<td>32.6%</td>
<td>11.39%</td>
<td>9.94%</td>
<td>11.66%</td>
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<tr>
<td><strong>Suicidal thoughts</strong></td>
<td>9.10%</td>
<td>1.68%</td>
<td>2.21%</td>
<td>2.56%</td>
</tr>
</tbody>
</table>
Percentage of participants referred to support services

- VCT
- ARV
- DIC
- Clean needle program
- Condom program

1 month, 3 month, 6 month
Percentage of participants used support services

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%

1 month 3 month 6 month

VCT ARV DIC
Clean needle program
Condom program
Conclusions based on the cohort study results

• The transition from a confinement setting to the community is a difficult process:
  – Low rate of service referral, maybe due to high case load for case managers and staff burnout
  – High relapse rate of ~90% after 6 months suggesting that the centers are not successful in preventing relapse, even after 4 years of confinement
  – Low rate of key harm reduction service utilization (NSP, condoms)

• Learning lessons for more targeted intervention for improvement
Next steps

• Staff training and development to maintain the technical integrity of the program:
  – provision of clinical supervision
  – burnout prevention training
  – train government social workers to expand the workforce to address the high level of unmet needs for more manageable case load

• Expand the availability and accessibility of services:
  – NSP and condoms
  – Methadone maintenance treatment
Thank-you Slide

1. Tran Vu Hoang, Program Manager, Research Unit, FHI/VN
2. Simon Baldwin, Senior Technical Officer, FHI Regional
3. Le Truong Giang, Vice Chairman, HCMC Provincial AIDS Committee
4. Stephen Mills, Country Director, FHI/VN
5. Nguyen To Nhu, Co-Program Manager, Drug Use Interventions Unit, FHI/VN
6. All members of the Drug Use Interventions Unit and staff in the field, clients and their families