Drug treatment in East and SE Asia:  
- the need for effective approaches

Professor Nick Crofts
Director, Turning Point Alcohol and Drug Centre
Director, UNODC Technical Resource Centre
for Drug Treatment and Rehabilitation
Melbourne, Australia
Drug use in SE and East Asia

- 19-20 million illicit drug users in the regions
- China: 15-fold increase in *registered* drug users from 1990 to 2003
  - Estimates: six to twelve million drug users.
- Four SE Asian nations: two million plus drug users
  - Indonesia, Thailand, Laos and the Philippines
- Four from 200,000 to one million
  - Malaysia, Vietnam, Cambodia and Myanmar.

**IDUs:**
- **China:** high estimate 3,500,000
- SE Asian over 100,000: *Indonesia, Malaysia, Vietnam, Myanmar*
- **Cambodia, Laos:** IDU prevalence low, growing - influx of heroin/ATS
- **East Timor:** IDU prevalence 3% among university students

→ Indicates number of drug treatment places necessary
Treatment of drug use in East and SE Asia

• Drug prevention and treatment in Asia in its infancy:
  – not keeping pace with rapid development of drug use trends and patterns
  – not adequately building on evidence of effectiveness.

• Prevention: reliance on ineffective approaches:
  – by national authorities on public awareness campaigns
  – by international bodies ‘life skills education’ in schools.

• Treatment: reliance on approaches for which there is little evidence of effectiveness:
  – traditional medicines, ‘boot camp’-style rehabilitation centres, imprisonment.
  – data collection poor or nonexistent
  – relapse rates for dependent opiate users released from residential treatment approach 100%
Treatment of drug use in East and SE Asia

• Far too few treatment/rehabilitation centres for the number of drug users:
  – 10% at best of all drug users access treatment, voluntary or mandatory
  – Most governments aware of shortage of treatment beds, expanding number of drug treatment programs available:
    • China: bed capacity quadrupled - massive surge in no. registered drug users
    • Vietnam: number of 05/06 Centres from 56 in 2000 to 74 in 2003.

• serious overcrowding is a major problem

  Vast majority of drug users do not get access to such programs
  Lack of opportunities after release stops their impact
  – relapse rates for dependent opiate users released from residential treatment approach 100%
Treatment responses to drug use

• Military ‘boot camp’ approaches commonest:
  – Drug Rehabilitation Centres, 05/06 Camps
  – little innovation: psychological and behavioural counselling rare
  – very rare: assisting reintegration into community following treatment

• Relapse rates high – quoted as 80%, but likely 100%
  • Increases in length of detention in treatment/rehabilitation centres
  • Increases in penalties linked to relapse
    – do not affect relapse rate

• Fees generally payable by those detained (by detainee or families)
  • for those unable to pay, prison is only option

• Few youth specific drug services in Asia:
  • young drug users are integrated with adults
“Boot camps” – Drug rehabilitation centres

- E.g. 05/06 camps in Vietnam, DRCs in Malaysia

- Evidence of effectiveness:
  - none

- Harmful effects
  - Reinforce reason for drug use
  - Build stronger peer groups – esp young
  - Promote HIV and HCV transmission
  - Lead to corruption of staff
Role in HIV/HCV transmission

• Injecting drug use driving HIV/AIDS epidemic in SE Asia
  • spread among IDUs
  • spread from IDUs to their sexual partners
  • especially where prostitutes are IDUs
• The two major ways of dealing with IDUs …
  • Boot camps
  • Prisons
• … act as “incubators” and “mixing machines” for HIV spread among and from IDUs

→ create, spread and DRIVE HIV/AIDS epidemics
Substitution therapy for opiate dependence

• Methadone, buprenorphine maintenance
  – only effective approach for large scale treatment of opiate dependence
• Programs expanding in some Asian countries
  • Hong Kong: only state with methadone of high quality, wide coverage
  • Methadone programs in China, Indonesia, Malaysia and Thailand
    • - often pilots, more recently private practice
• China: plan for 1,500 methadone programs by end 2007
  • reaching 35,000 heroin users

Must have real and effective social/economic reintegration programs
Drugs and development

- Social/economic development causes drug use:
  - Increasing disposable wealth
  - Increasing wealth inequities – increased poverty
- **Real** drug prevention must be part of development
  - education, social welfare, employment
- **Effective** drug treatment must be part of development
  - education, social welfare, employment

Law enforcement deals with criminals

Health and development deal with drug use