

Enhancing community reintegration for people with a history of substance use in Vietnam

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Outline

- Why we care about community reintegration for people with a history of substance use in Vietnam?
- The pilot project
- Looking at the project's impact through the lens of System change model







Why community reintegration for people with a history of substance use?

500,000 people with SUD being sent to compulsory rehab centers every year in EA & SEA

People released from drug rehab centers are in great needs for community integration

30-70% people released relapse within a year and are sent back to these centers

Stigma, unemployment, poor health, poor social support

Policy

Vietnam's new Drug Law
emphasizing
community-based
rehabilitation and recovery
services

Workforce

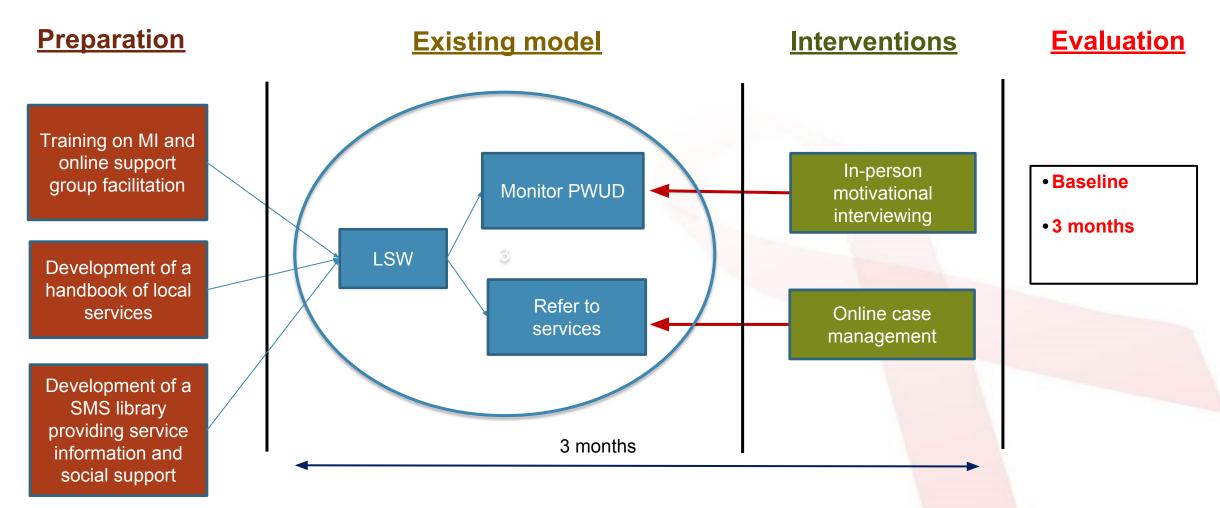
Limited capacity, provider stigma







INITIATIVE: Enhancing an existing model for community reintegration for PWUD











Developing intervention protocols



LSW brainstorming on the facilitators and challenges in working with PWUD



Gathering inputs for the handbook of local services







Training for LSW











Methods

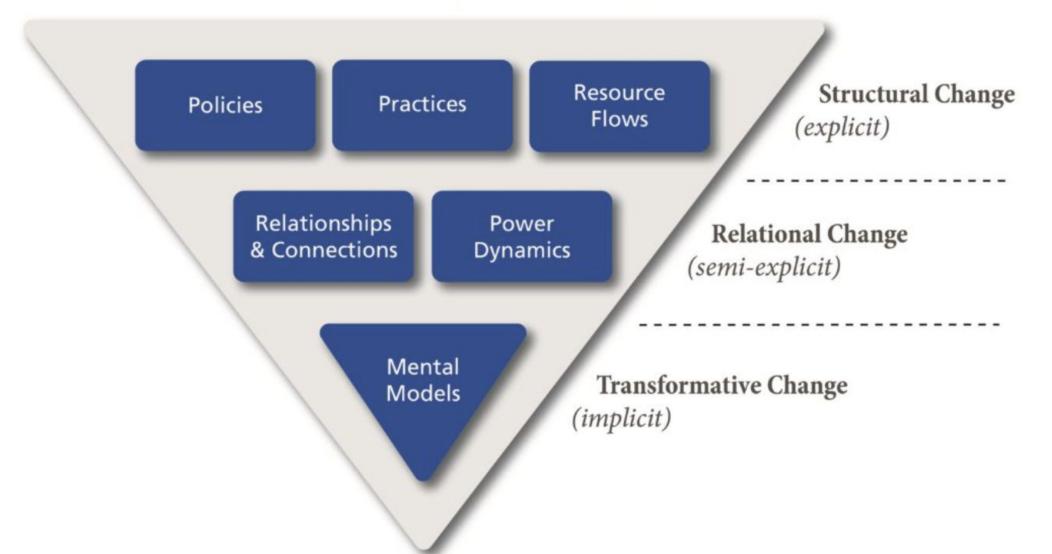
- 9 months: Oct 21 Jun 22
- Sites: 3 communes in Hanoi
- Interventionists: 15 LSW
- Participants: People with SUD who possessed a smartphone and consented to join







Six Conditions of Systems Change









Conditions of System Change: POLICIES

Favorable legal framework but lack of guidelines for implementation

- Revised Drug Law (2021): emphasis on community-based support for PWUD
- Hanoi's target: in 2025, 100% communes having implemented a model to support people released from compulsory drug rehab;
- No implementation guidelines yet

- ✓ The pilot supported Hanoi in achieving its target.
- ✓ The pilot demonstrated a promising model for supporting community reintegration of PWUD.







Conditions of System Change: PRACTICES

Drug use is the attention focus, reluctance to reach out

- LSW only care about clients' drug use status,
- LSW do not reach out to PWUD to provide information, while PWUD are reluctant to approach LSW and government officials.

Since we have this group, participants come see me more often. They say: 'I want to get a loan', 'I want to be provided with health insurance'. (Dept. of social affairs staff)

- ✓ LSW conducted a comprehensive assessment on clients' needs
- LSW used MI to build trust and promote clients' positive changes
- Online support groups provided information about available services to PWUD/family.







Conditions of System Change: RESOURCE FLOWS

Existing resources

- Gov-funded network of LSW in most communes
- No financial guidelines for models of community-based support for PWUD
 no funding for government-led pilots yet.

- ✓ We leveraged the government-funded LSW in the model.
- ✓ Training for all LSW in Hanoi.







Conditions of System Change: RELATIONSHIPS

Silo relationships between social and medical sectors

 LSW do not collect health-related information and do not understand correctly MAT.

Before, whenever he saw me, he would turn away to avoid me. Now he no longer does. (LSW)

Because I joined [the online group] that I got into methadone treatment. (PWUD)

- ✓ LSW were equipped with information related to methadone/HIV treatment services to provide to clients.
- ✓ A more truthful relationship between LSW and PWUD
- Strengthened relationship between LSW, Hanoi Dept. Social Vice Prevention and Vietnam ITTC.







Conditions of System Change: POWER DYNAMICS

Unfavorable power dynamics for public health

- The police is mandated to monitor drug-related issues.
- Public health approach struggles to expand its impact.

What we changed

✓ We trained LSW to assess PWUD's needs for healthcare and provide information related to SUD and HIV treatment ② emphasize the importance of public health approach.







Conditions of System Change: MENTAL MODELS

Existing mental models

- Abstinence is the ultimate goal of community reintegration of PWUD.
- Persistent stigma towards PWUD

- We couldn't do much to change this mindset but somewhat changed LSW's view of the problem.
- ✓ LSW were instructed to assess comprehensive needs including employment, medical care, not just drug use.







Lessons learnt

 LSW would welcome and practice EBI that make their work easier and more rewarding.

LSW are a great resource for community support for PWUD.

Policy makers would welcome initiatives that assist their goals.

 PWUD responded well to being given social and information support beyond drug-related matters.







What we hope to achieve in the future

- Workforce & Data collection:
 - Training more LSW on EBI
 - Enhance the government's existing information system to cover non-drug related needs of PWUD.
- Intervention:
 - Further update our SMS library for online support groups
- Mental model:
 - Shifting from abstinence-focused to QoL-focused
- Relationships
 - Greater collaboration between social & medical sectors





