

Substance Use in South-East Asia

Knowledge, Attitudes, Practices and Opportunities for Intervention

**Summary of baseline assessments in Thailand, the Philippines
and Viet Nam**

**WHO/UNDCP Global Initiative on Primary Prevention of
Substance Abuse "Global Initiative"**



**World Health Organization
Mental Health: Evidence and Research
Department of Mental Health and
Substance Dependence**

WHO/UNDCP Global Initiative on Primary Prevention of Substance Abuse.

Substance abuse in Southeast Asia : knowledge, attitudes, practices and opportunities for intervention : summary of baseline assessments in Thailand, Philippines and Viet Nam / WHO/UNDCP Global Initiative on Primary Prevention of Substance Abuse "Global Initiative".

1.Substance abuse - prevention and control 2.Substance-related disorders - prevention and control 3.Smoking - prevention and control 4. Tobacco, Smokeless 5.Alcohol drinking - prevention and control 5.Psychotropic drugs 6.Knowledge, attitudes, practice 7.South-East Asia I.Title.

ISBN 92 4 159079 3

(NLM classification: WM 270)

© World Health Organization 2003

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned.

Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Printed in Switzerland

PREFACE

In 1997, the World Health Organization (WHO) and United Nations International Drug Control Programme (UNDCP) jointly initiated a project on primary prevention of substance abuse among young people with the view of mobilizing communities and development of model projects for adaptation or replication in parts of South-East Asia and the world. Problems related to substance use are now a priority concern especially among young people and are linked to and often precipitated by adverse social economic factors. To date, most proven interventions remain underused and undervalued as often they may not necessarily be appropriate for developing countries.

Through the WHO/UNDCP Global Initiative local partners in the Philippines, Thailand and Viet nam are receiving support on planning and implementing evidence-based prevention strategies. The foundation of good primary prevention initiatives depends on a well thought out strategic project plan with monitoring and evaluation components. The baseline assessments carried out by local research institutions in each participating country provide reference points for impact assessments.

To permit easier access to information for a broad reader audience, only summaries of the findings are presented. However, detailed research information can be obtained from WHO. It is my sincere hope that the information presented in this document can contribute towards greater awareness and response to the problem of substance use among young people in these three countries.



Dr Shekhar Saxena
Coordinator, Mental Health: Evidence and Research
WHO, Geneva, Switzerland

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	xi
Section 1: <u>BACKGROUND</u>	1
<u>1.1 Introduction</u>	2
<u>1.2 Methodology of baseline assessments</u>	2
<u>1.2.1 Site selection</u>	2
<u>1.2.2 Variables/data</u>	3
<u>1.2.3 Data collection</u>	3
Section 2: <u>THAILAND</u>	5
<u>2.1 Site description</u>	6
<u>2.2 KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances</u>	7
<u>2.2.1 Demographic profile of respondents</u>	7
<u>2.2.2 Adult KAP Survey results</u>	8
<u>2.2.3 Youth KAP Survey results</u>	15
<u>2.3 Community Profile 1: Organizational and cultural context</u>	28
<u>2.4 Community Profile 2: Societal structures and processes</u>	29
<u>2.5 Intervention development</u>	34
<u>2.5.1 Key concerns</u>	34
<u>2.5.2 Intervention priorities</u>	35
Section 3: <u>PHILIPPINES</u>	37
<u>3.1 Site description</u>	38
<u>3.2 KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances</u> ..	38
<u>3.2.1 Demographic profile of respondents</u>	38
<u>3.2.2 Adult KAP Survey results</u>	40
<u>3.2.3 Youth KAP Survey results</u>	48
<u>3.3 Community Profile 1: Organizational and cultural context</u>	64
<u>3.4 Community Profile 2: Societal structures and processes</u>	65

3.5	Intervention development	70
3.5.1	Key concerns	70
3.5.2	Intervention priorities	71
Section 4: VIET NAM		73
4.1	Site description	74
4.2	Youth KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances	74
4.2.1	Demographic profile of respondents	74
4.2.2	Youth KAP Survey results	76
4.3	Community Profile 1: Organizational and cultural context	90
4.4	Community Profile 2: Societal structures and processes	92
4.5	Intervention development	96
4.5.1	Key concerns	96
4.5.2	Intervention priorities	97
Section 5: DISCUSSION AND CONCLUSION		99
BIBLIOGRAPHY		102

LIST OF TABLES

Section 2 THAILAND

Table 1:	Demographic profile of the participating communities in Greater Bangkok.....	6
Table 2:	Demographic profiles of the respondents in the Youth and Adult KAP Survey	7
Table 3:	Regular use of commonly used substances, alcohol dependence and consequences of substance use in the 12 months before the Adult KAP Survey	10
Table 4:	Gender differentiation among lifetime and past 12 months' users of the most commonly used substances in the Youth KAP Survey	16
Table 5:	Frequent (at least weekly) use of selected substances in the 12 months prior to the Youth KAP Survey by age and gender (N=617)	18
Table 6:	Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey.....	19
Table 7:	Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey (N=617), an ellipsis indicating data are not available	21
Table 8:	Organized social units' understanding of substance use (data collected through focus groups and key informant interviews).....	31
Table 9:	Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews).....	32
Table 10:	Status of trade in psychoactive substances (data collected through a desk review and key informant interviews).....	33

Section 3: PHILIPPINES

Table 1:	Demographic profile of the participating sites, an ellipsis indicating that no data were available	38
Table 2:	Demographic profiles of the respondents in the Youth and Adult KAP Survey, with an ellipsis indicating that data are not available	39
Table 3:	Regular use of commonly used substances (malt beer and wine), alcohol dependence and consequences of substance use in the 12 months before the Adult KAP Survey	43
Table 4:	Gender differentiation among lifetime and past 12 months' users of selected substances in the Youth KAP Survey	49
Table 5:	Frequent use (at least weekly) of selected substances in the 12 months before the Youth KAP Survey by gender (Manila City: N=300; Davao City: N=304).....	51

Table 6:	Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey, an ellipsis indicating that data were not available (Manila City: N=300; Davao City: N=304)	52
Table 7:	Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey (Manila City (N=300), Davao City (N=304)), an ellipsis indicating that data are unavailable.....	53
Table 8:	Organized social units' understanding of substance use (data collected through focus groups and key informant interviews).....	67
Table 9:	Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews).....	68
Table 10:	Status of trade in psychoactive substances (data collected through a desk review and key informant interviews)	69

Section 4 VIET NAM

Table 1:	Demographic profile of the participating sites	74
Table 2:	Demographic profiles of the respondents in the Youth KAP Survey (N=300)	75
Table 3:	Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey (N=300).....	77
Table 4:	Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey, an ellipsis indicating that data are unavailable (N=300).....	81
Table 5:	Organized social units' understanding of substance use (data collected through focus groups and key informant interviews).....	93
Table 6:	Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews).....	94
Table 7:	Status of trade in psychoactive substances (data collected through a desk review and key informant interviews).....	95

LIST OF FIGURES

Section 2 THAILAND

Figure 1: Alcohol and tobacco use in the Adult KAP Survey (N=222)	9
Figure 2: Use of substances other than alcohol and tobacco in the Adult KAP Survey (N=222).....	9
Figure 3: (Strong) approval of substance use in the Adult KAP Survey (N=222) – percentages	12
Figure 4: Substance use entails no or a slight risk in the Adult KAP Survey (N=222).....	13
Figure 5: View that substances are very of fairly easy to obtain in the Adult KAP Survey (N=222).....	14
Figure 6: Places/occasions where drinking normally takes place in the Adult KAP Survey (N=222).....	15
Figure 7: Substance use in the Youth KAP Survey (N=617)	17
Figure 8: The frequency with which the most commonly reported substances were used in the 12 months before the Youth KAP Survey (N=617).....	19
Figure 9: Substance use among significant others in the Youth KAP Survey (N=617).....	24
Figure 10: Knowledge of someone using substances in the Youth KAP Survey (N=617) – percentages	25
Figure 11: Approval of youth substance use in the Youth KAP Survey (N=617)	26
Figure 12: View that substance use is not or a slight risk in the Youth KAP Survey (N=617)	27
Figure 13: View that substances are fairly/very easy to obtain in the Youth KAP Survey (N=617) – percentages.....	28

Section 3: PHILIPPINES

Figure 1: Selected licit substance use in the Adult KAP Survey (Manila City: N=99; Davao City: N=100).....	41
Figure 2: Illicit substance use in the Adult KAP Survey (Manila City: N=99; Davao City: N=100)...	42
Figure 3: (Strong) approval of substance use in the Adult KAP Survey (Manila City: N=99; Davao City: N=100).....	46
Figure 4: Substance use entails no or a slight risk in the Adult KAP Survey (Manila City: N=99; Davao City: N=100).....	47
Figure 5: View that substances are very or fairly easy to obtain in the Adult KAP Survey (Manila City: N=99; Davao City: N=100).....	48
Figure 6: Substance use in the Youth KAP Survey (Manila City: N=300; Davao City: N=304)	50
Figure 7: Substance use among significant others in the Youth KAP Survey	

	(Manila City: N=300; Davao City: N=304).....	59
Figure 8:	Knowledge of someone using substances in the Youth KAP Survey (Manila City: N=300; Davao City: N=304).....	60
Figure 9:	(Strong) approval of youth substance use in the Youth KAP Survey (Manila City: N=300; Davao City: N=304).....	61
Figure 10:	View that substance use is not or a slight risk in the Youth KAP Survey in Manila City (N=300).....	62
Figure 11:	View that substances are fairly/very easy to obtain in the Youth KAP Survey (Manila City: N=300; Davao City: N=304).....	63

Section 4: VIET NAM

Figure 1:	Substance use in the Youth KAP Survey (N=300).....	78
Figure 2:	Frequency of substance use (alcohol, tobacco and painkillers) in the 12 months before the Youth KAP Survey in Lang Ha (N=300).....	79
Figure 3:	Frequency of substance use (alcohol, tobacco and painkillers) in the 12 months before the Youth KAP Survey in Phong Lai (N=300).....	79
Figure 4:	Substance use among significant others in the Youth KAP Survey (N=300).....	86
Figure 5:	Approval of youth substance use in the Youth KAP Survey (N=300).....	87
Figure 6:	View that substance use is not or a slight risk in the Youth KAP Survey (N=300).....	88
Figure 7:	View that substances are fairly/very easy to obtain in the Youth KAP Survey (N=300).....	89

ACKNOWLEDGEMENTS

We gratefully acknowledge the contributions of the following persons and agencies in the development and completion of the UNDCP/WHO Global Initiative's baseline assessments in South-East Asia:

- The Norwegian Government for funding the project.
- Dr Olav Angell for developing the methodology and providing technical support in the implementation of the baseline assessments and reporting of the findings.
- The persons and institutions that conducted the baseline assessments and reviewed first drafts of the present report, namely **Dr Leticia Penano-HO**, College of Education, ASEAN Training Centre for Preventive Drug Education, University of the Philippines (The Philippines), **Miss Abha Sirivongse na Ayudhya**, Chulalongkorn University Social Research Institute, Bangkok (Thailand) and **Dr Khaut Hai Oanh**, Market and Development Research Centre (MDRC), Hanoi (Viet Nam).
- Dr Vijay Chandra, World Health Organization, South-East Asia Regional Office, New Delhi (India), Ms Pascale Brundon and Dr Dominic Ricard, World Health Organization Country Office, (Viet Nam), Dr Linda Milan, World Health Organization Country Office, Manila (The Philippines) and Dr Helen Hermann (Formerly, Regional Advisor for Mental Health and Substance Abuse, the Philippines) Western Pacific Regional Office for providing administrative support to WHO, HQ and technical support to the research institutions.
- Ms Melissa Knight, United Nations International Drug Control Programme, Hanoi (Viet Nam) , for providing administrative support to the research institution in the region.
- The research assistants, young people and adults who provided the baseline data.
- Mrs Rosemary Westermeyer for providing the administrative support.

Secretariat

Mrs Mwansa Nkowane

WHO, Geneva

Dr Shekhar Saxena

WHO, Geneva

Ms Giovanna Campello

UNDCP, Vienna

Text

Ms Lee Rocha-Silva and Mrs Mwansa Nkowane

Layout and design:

Ms Annemarie Booyens

Copy-editing

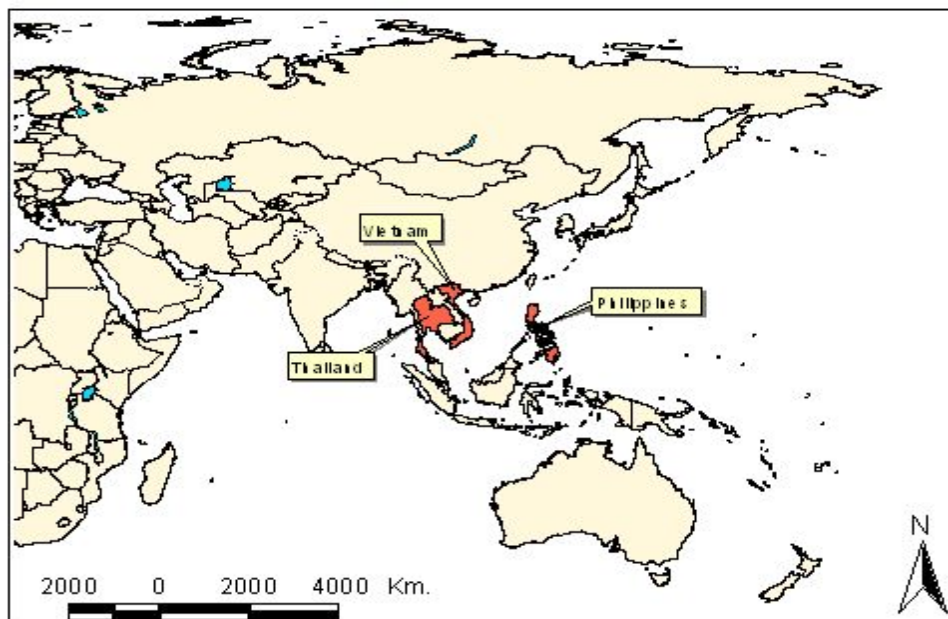
Ms Ina Stahmer (pre-final draft)

Contact address:

Mrs Mwansa Nkowane, Department of Mental Health and Substance Dependence, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland. Tel: +41 22 7914314/Fax: +41 22 7914160

Project website: http://www.who.int/substance_abuse/UNDCP_WHO_initiative

BACKGROUND



The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.

Source and Map Production:
Public Health Mapping Group
Communicable Diseases (CDS)
© World Health Organization, 2003

1.1 Introduction

The Global Initiative on Primary Prevention of Substance Abuse (Global Initiative) is jointly executed by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO). Implementation began in June 1997. The Global Initiative aims to prevent the use and abuse of all licit and illicit psychoactive substances by young people. The project is implemented in selected communities in eight countries in three regions of the world where rapid/dramatic social change is in progress. The regions are Southern Africa, South-East Asia and Central and Eastern Europe. Prevention activities of the project are based on the mobilization of local communities. The project comprises five sets of interrelated activities: (1) a baseline assessment, (2) training of local partners, (3) public health interventions, (4) monitoring of activities including information sharing, and (5) post-intervention assessment. Through these activities, local partners facilitate the mobilization of their communities towards preventing substance use and abuse. The results of the evaluation of the intervention activities will shade light on effective responses for use in other communities that also wish to address the problem of substance use among young people.

This report summarizes the key results of the first phase of the project (baseline assessment) in Thailand, the Philippines and Viet Nam, in 2001 and proposes the key interventions to be adopted by the sites. The summary is derived from country reports.

1.2 Methodology of baseline assessments

1.2.1 Site selection

Two sites were selected in each participating country. The sites had formal geographical boundaries. The respective sites' population size was such that the available intervention resources in the regions concerned would be adequate. Other key issues that influenced site selection included:

- (a) the extent of substance use/abuse among young people in the community,
- (b) whether the site was a rural or urban community,
- (c) the socioeconomic status of community members,
- (d) the feasibility of primary prevention, and
- (e) the extent to which the community was experiencing socioeconomic change.

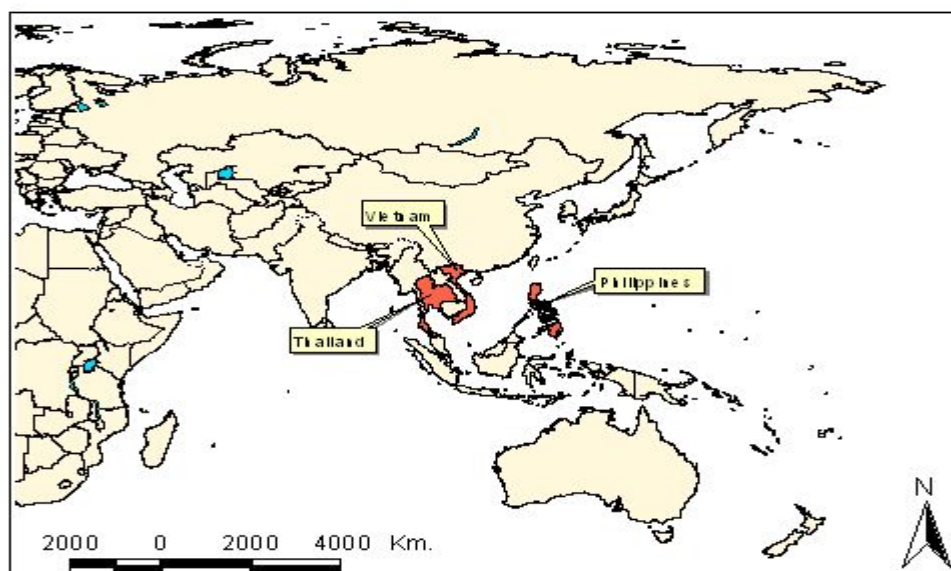
1.2.2 Variables/data

The baseline assessment comprised the generation of three main datasets:

- a) KAP Study. This component provided information on substance use among young people (10-21 year olds) and, where possible, adults (persons 22 years or older) at the community level. The study included a youth KAP survey and where possible, an adult KAP survey.
- b) Community Profile 1. This component provided information on the organizational or institutional and cultural context in which substance use occurred; relevant community organization resources and existing prevention efforts; and community understanding, beliefs, attitudes and customs with regard to substance use.
- c) Community Profile 2. This component provided information on structures and processes related to substance use particularly among young people in the community and society.

1.2.3 Data collection

Data were collected through a desk review of available secondary data, focus group discussions and key informant interviews, as well as a sample survey (KAP Study) that used an interview-administered and structured questionnaire. Basic descriptive analyses of data were performed using frequency distributions. Key findings from focus group discussions, key informant interviews and secondary data were collated and tabulated.



The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.

Source and Map Production:
Public Health Mapping Group
Communicable Diseases (CDS)
© World Health Organization, 2003

2.1 Site description

Greater Bangkok was selected as intervention site for the Global Initiative in Thailand, and more specifically two communities within this urban area that were more or less representative of the wider area, namely the ten-year old working class community of Wat Chaiyaprukmalā in the Talingchan District and the well-established Sulaw Jorakaekob community in the Prawes District. As shown in Table 1, these communities were about similar in population size and gender distribution, with the population in Wat Chaiyaprukmalā being older and of higher educational attainment level than the population in Sulaw Jorakaekob. The population in Wat Chaiyaprukmalā was largely of Buddhist background and the Sulaw Jorakaekob community of Muslim background.

Table 1: Demographic profile of the participating communities in Greater Bangkok

Variable	Wat Chaiyaprukmalā	Sulaw Jorakaekob
Gender distribution in the population		
1. Males	48.1%	48.2%
2. Females	52.0%	51.8%
Age distribution in the population		
1. 0-14 years	17.8%	26.7%
2. 15-25 years	13.0%	22.1%
3. 26-59 years	63.3%	46.7%
4. 60 years or older	5.8%	4.5%
Mean age of the population	36 years	30 years
Educational attainment in the population		
1. None	6.9%	18.2%
2. Primary school	31.2%	54.4%
3. Secondary school	20.0%	9.8%
4. Tertiary education	21.9%	1.2%
5. Studying	19.9%	16.4%
Households/families in the population		
Number (N)	358	329
Total population (N)	1 560	1 700

^x Figures relate to the year 2001 and to the wider Talingchan District and Prawes District within which the intervention communities were situated.

2.2 KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances

2.2.1 Demographic profile of respondents

Table 2 shows the key demographic characteristics of the respondents in the KAP survey. The respondents in the adult KAP sample were mostly female in the 22-39 years age group. Most were employed at the time of the adult KAP survey. The youth KAP survey included early adolescents (10-15 years) with similar proportions of males and females. Most (67.6%) of the young people lived with family other than parents and siblings, with some (0.6%) living on their own. In line with the wider population, the respondents in the adult and youth samples were either of Buddhist or Muslim Faith, and overwhelmingly indicated religion as being important in their lives.

Table 2: Demographic profiles of the respondents in the Youth and Adult KAP Survey

Variable	Adult KAP	Youth KAP
Gender distribution		
1. Males	38.3%	48.0%
2. Females.....	61.7%	52.0%
Age distribution		
1. 10-15 years	-	57.4%
2. 16-21 years	-	42.6%
3. 22-39 years	53.6%	-
4. 40-59 years	35.6%	-
5. 60 years or older	10.8%	-
Mean age	42.6 years	15.1 years
Employment status		
1. Employed	67.1%	17.8%
2. Unemployed	24.8%	7.5%
3. Studying.....	1.4%	74.7%
4. Other	6.8%	-
Religious affiliation		
1. Muslim.....	50.9%	50.2%
2. Buddhist.....	48.2%	49.6%
3. Christian.....	0.9%	0.2%
Religion considered		
1. very/pretty important	99.1%	98.7%
2. not important.....	0.9%	1.3%
Total N.....	222	617

2.2.2 Adult KAP Survey results

(a) *Lifetime and current (past 12 months' and past 30 days') substance use*

Figures 1 and 2 show the extent to which the respondents in the adult KAP survey admitted using psychoactive substances at particular periods in their life in the 12 months before the survey, and in the 30 days before the survey. Apart from over-the-counter pain relievers, alcoholic beverages (especially malt beer, hard liquor and wine) and cigarettes were the substances most commonly reported. For example, 79.3% of the respondents admitted lifetime use of over-the-counter pain relievers, 35.1% lifetime use of malt beer, 32.0% lifetime use of cigarettes and respectively 25.7% and 22.5% lifetime use of hard liquor and wine. Few respondents admitted lifetime use of illicit substances, with the use of cannabis (9.0%) and amphetamines (3.2%) somewhat of an exception. Lifetime use of sedatives was also fairly common (9.9%). Furthermore, a number of the respondents who admitted lifetime substance use also reported current substance use—i.e. in the 12 months and/or 30 days before the survey—at least with regard to the most commonly used substances (e.g. over-the-counter pain relievers, malt beer, cigarettes, sedatives).

It is also important to note that a number of respondents in the adult KAP survey indicated that their close associates, specifically their partners/spouses smoked cigarettes (35.5% of the 155 respondents with partners), got drunk at least once a week (22.6% of the relevant respondents), took sedatives (9.0% of the relevant respondents), and took tranquillizers (7.7% of the relevant respondents).

Figure 1: Alcohol and tobacco use in the Adult KAP Survey (N=222)

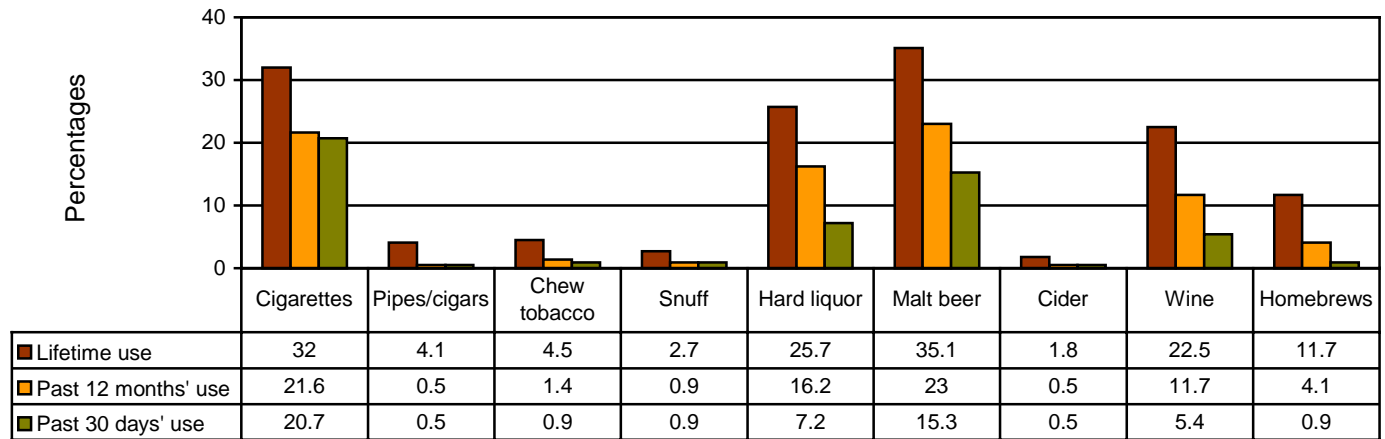
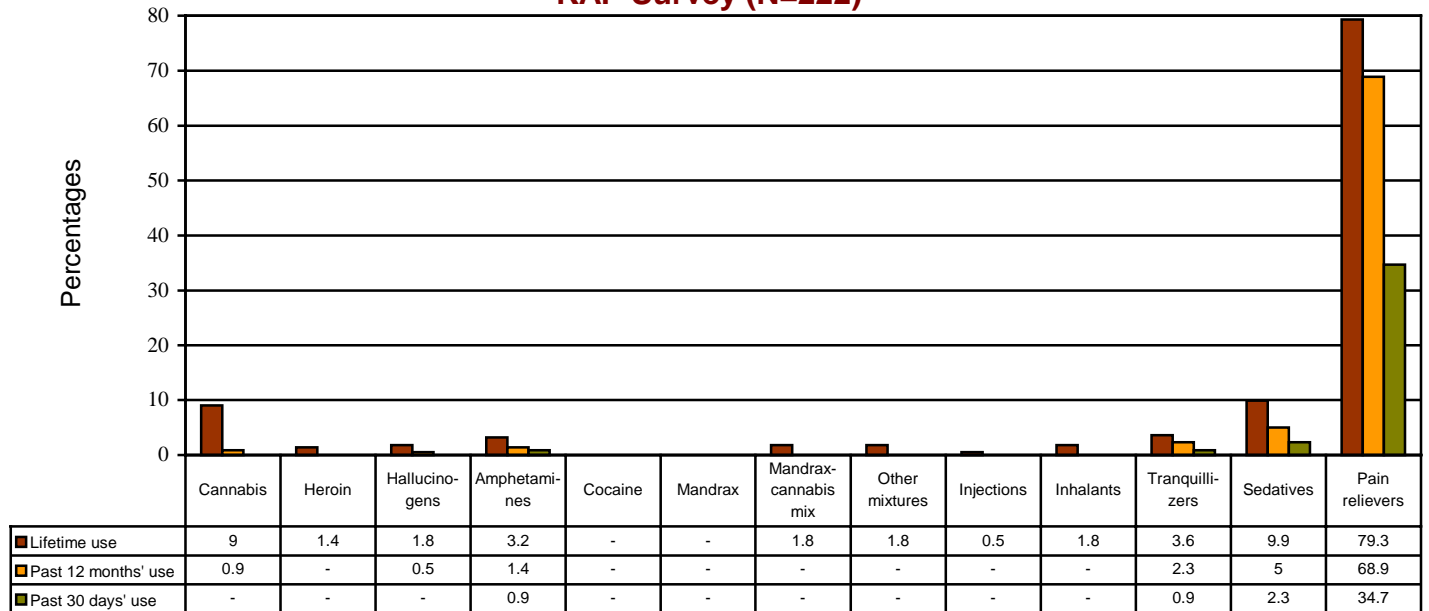


Figure 2: Use of substances other than alcohol and tobacco in the Adult KAP Survey (N=222)



(b) Regular substance use, alcohol dependence and substance use-related consequences

Table 3 presents the extent to which respondents in the adult KAP survey admitted (a) regular (at least weekly) use of the most commonly taken substances; (b) symptoms of alcohol dependence; and (c) experiences of substance use-related problems in the 12 months before the survey. Regular substance use was reported with regard to cigarettes, over-the-counter pain relievers and malt beer.

Table 3: Regular use of commonly used substances, alcohol dependence and consequences of substance use in the 12 months before the Adult KAP Survey

Variables	%
Regular (at least weekly) substance use	
1. Over-the-counter pain relievers	11.3
2. Malt beer.....	9.0
3. Hard liquor.....	3.3
4. Wine.....	1.8
5. Cigarettes.....	19.8
6. Cannabis.....	-
7. Sedatives.....	1.4
8. Amphetamines.....	0.5
Alcohol dependence	
1. Inability to stop after the first drink.....	3.3
2. Neglect of responsibilities due to drinking.....	4.6
3. Early morning drinking.....	1.4
4. Feelings of remorse/guilt after a drinking session.....	1.8
5. Memory lapse after/during a drinking session.....	2.3
Substance use-related consequences	
1. Someone injured because of respondent's drinking.....	2.3
2. Someone expressed concern about respondent's drinking.....	6.3
3. Driving under the influence of a substance.....	3.6
4. Poor performance at work/school because of substance use.....	5.1
5. Substance use-related disorderly behaviour.....	0.9
6. Substance use-related fights/arguments.....	2.3
7. Operation of a machine under the influence of a substance.....	3.6
Total N.....	222

Some respondents in the adult KAP survey admitted symptoms of alcohol dependence (between 1.4% and 4.6%). Experiences of problems related to substance use were also reported, particularly expressions of concern about respondents' drinking (6.3%), poor performance at work/school because of substance use

(5.1%), driving under the influence of a substance (3.6%) and operating a machine under the influence of a machine (3.6%).

(c) *Attitudes/views regarding substance use and knowledge/awareness of the legal status of substances*

Approval of substance use

Figure 3 shows that the respondents in the adult KAP survey mostly did not approve of substance use—especially the use of cannabis and cocaine. Approval was expressed with regard to adults taking one or two drinks several times a week (46.8%); young people smoking 10 or more cigarettes a day (26.2%) and taking amphetamines—occasionally (5.9%) or once or twice (6.8%). Substantial proportions (between 2.3% and 5.9%) also approved youth taking small amounts of heroin, mandrax and hallucinogens.

View that substance use entails no or a slight risk

Figure 4 illustrates the extent to which respondents in the adult KAP survey believed that substance use entailed a risk. Substance was viewed as a risky activity—whether users were adults or young people—although generally to a greater extent if users were young people. Activities such as regular or weekend use of alcohol (taking one or two drinks several times a week or 5 or more drinks once or twice each weekend), heavy cigarette use (taking 10 or more cigarettes a day), and to a lesser extent occasional cannabis use as well as using amphetamines/hallucinogens once or twice were to some extent an exception. For example, 30.2% of the respondents believed that regular use of alcohol by adults entailed no or slight risk; 23.0% believed that young people who used alcohol regularly incurred no or slight risk.

View that substances are easy to obtain

Figure 5 presents the views of the respondents in the adult KAP survey on the availability of substances in their communities. The respondents identified tobacco and alcoholic (malt beer, hard liquor, wine) products as very or fairly easy to obtain in their communities (between 41.5% and 95.9%). With regard to illicit substances, the respondents indicated amphetamines (22.6%), hallucinogens (13.1%) and cannabis (12.7%) rather than other substances as very/fairly easy to obtain. Many (34.7%) respondents were of the view that sedatives were very/fairly easy to obtain in their communities.

Awareness of the legal status of substance use

By far the majority (between 95.0% and 100.0%) of respondents in the adult KAP survey knew that the use of cannabis, mandrax, cocaine, heroin, amphetamines, and hallucinogens was illegal, and were of the view that the use of these substances should remain illegal (between 95.5% and 100.0%). Smaller numbers indicated that the non-medical use of prescription medicine and specifically sedatives (40.5%) and tranquillizers (80.2%) was illegal, and substantial numbers were of the view that the non-medical use of tranquillizers (19.8%) and especially sedatives (54.5%) should be legal.

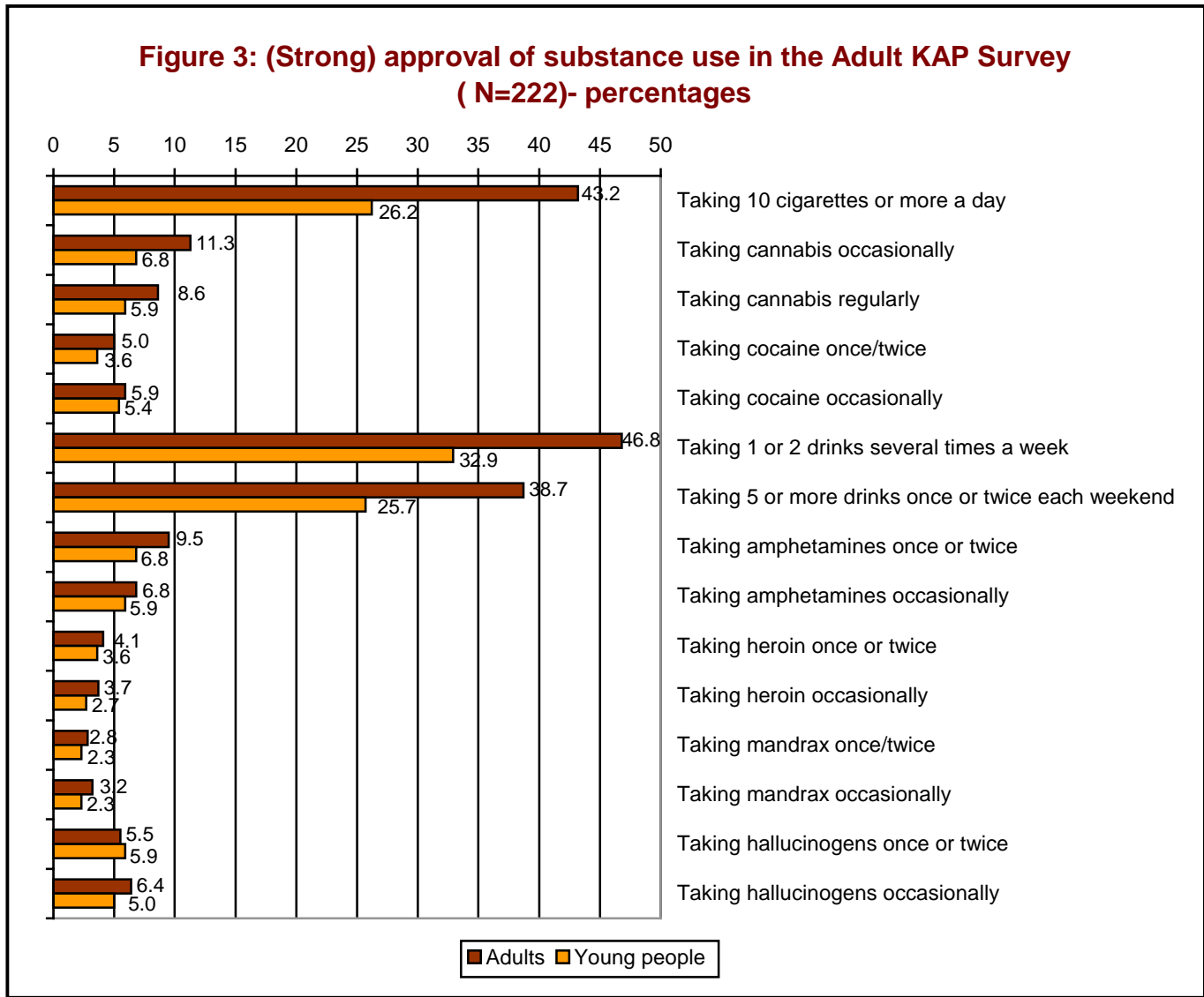


Figure 4: Substance use entails no or a slight risk in the Adult KAP Survey (N=222)

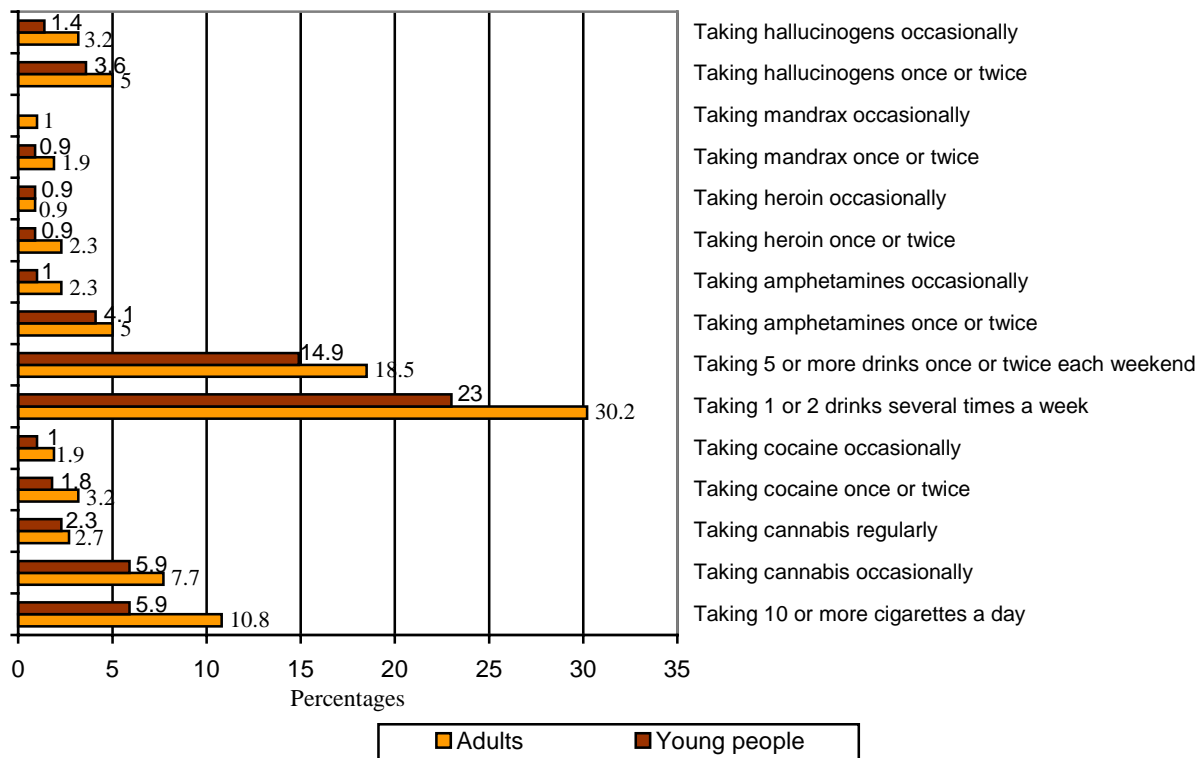
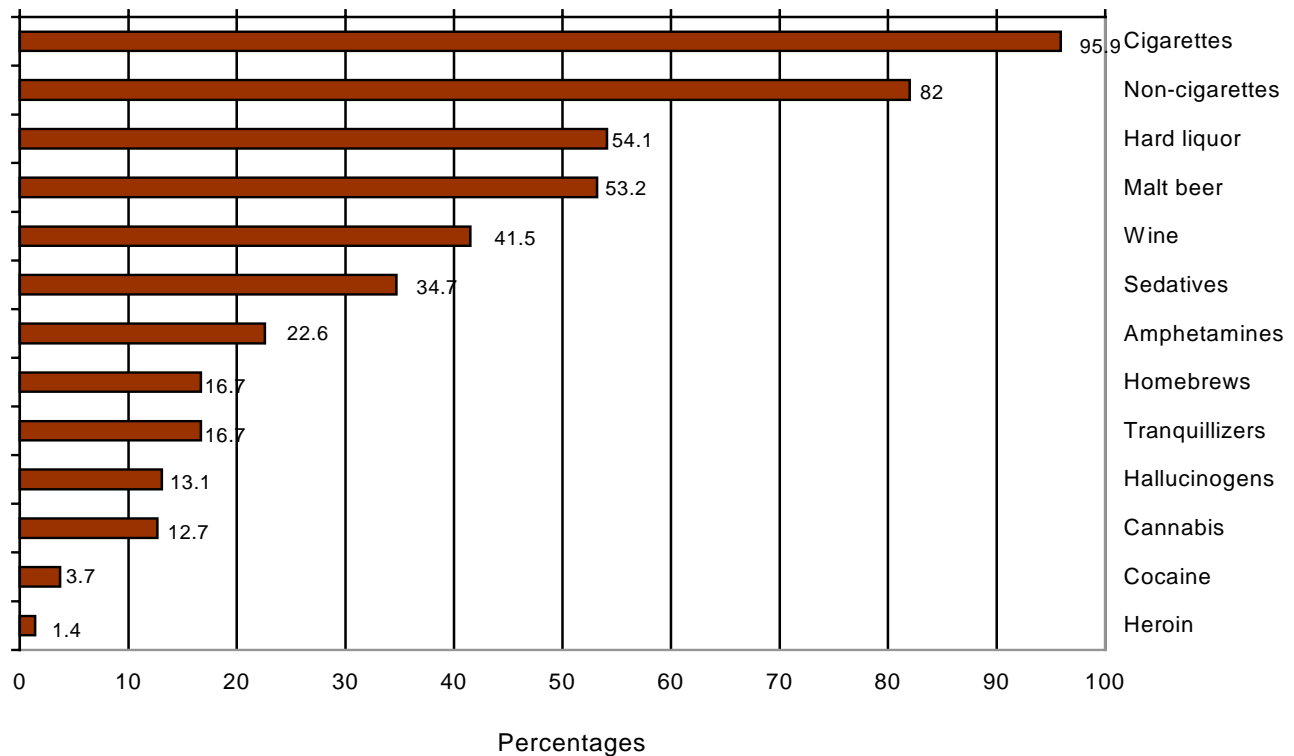


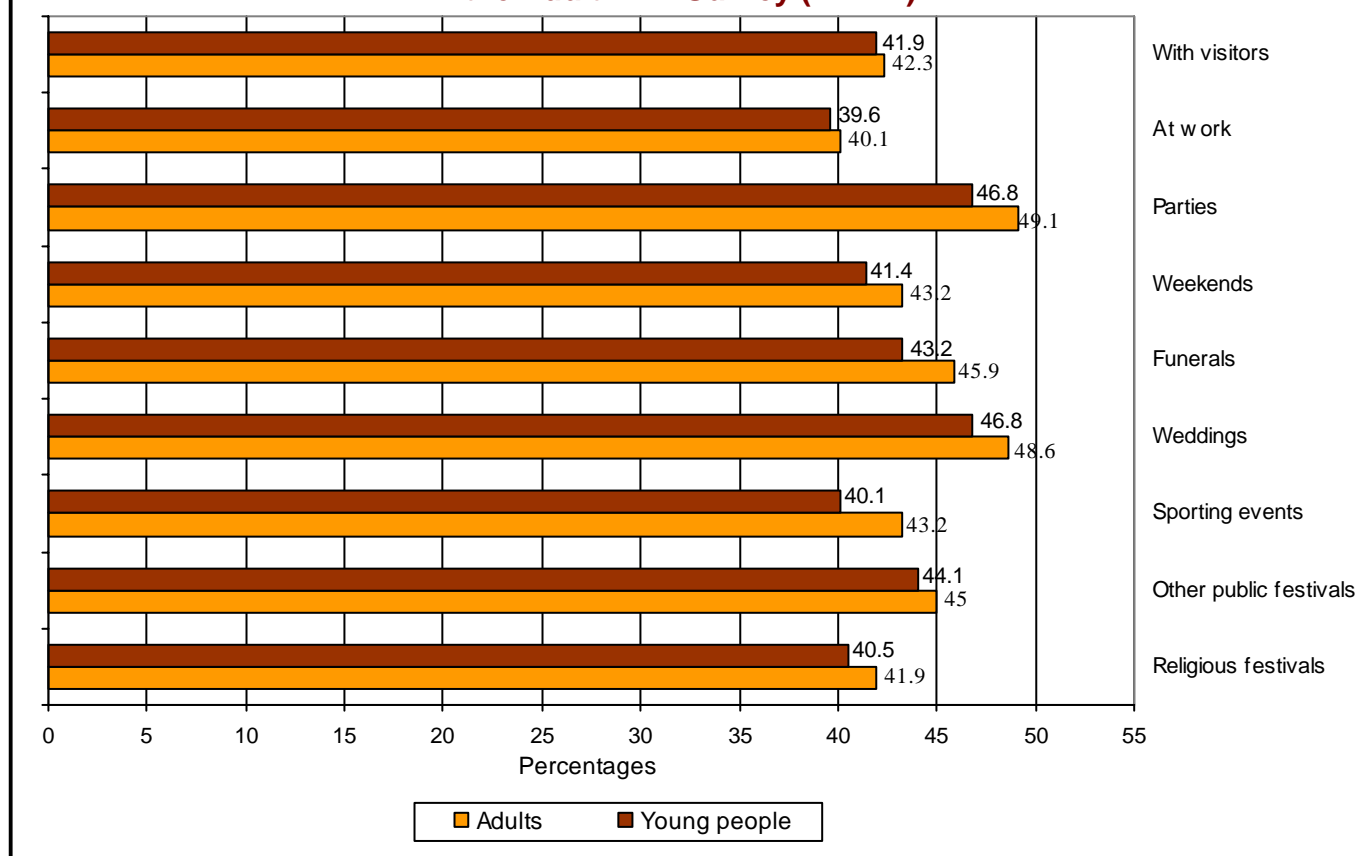
Figure 5: View that substances are very or fairly easy to obtain in the Adult KAP Survey (N=222)



Views on the places where substances are normally used

Figure 6 shows that the respondents in the adult KAP survey identified a variety of social gatherings or places where drinking normally took place. Illicit substance use seemed to be restricted to certain places/gatherings. For example, some respondents indicated that adults normally used cannabis (0.5%) and amphetamines (0.9%) at sporting events, and that some adults normally used cannabis (0.5%) and amphetamines (4.1%) at work. A few respondents believed that young people normally used cannabis at religious festivals (0.9%); some believed that young people used this substance when they have visitors (0.5%), while some believed that young people normally used the substance during weekends (0.5%). Youth use of amphetamines was believed to take place at sporting events (1.4%) and/or at work (3.6%); youth use of heroin at sporting events (0.5%), weddings (0.5%), funerals (0.5%), parties (0.5%), at work (0.5%), and with visitors (0.5%).

Figure 6: Places/occasions where drinking normally takes place in the Adult KAP Survey (N=222)



2.2.3 Youth KAP Survey results

(a) Lifetime and current (past 12 months' and past 30 days') substance use

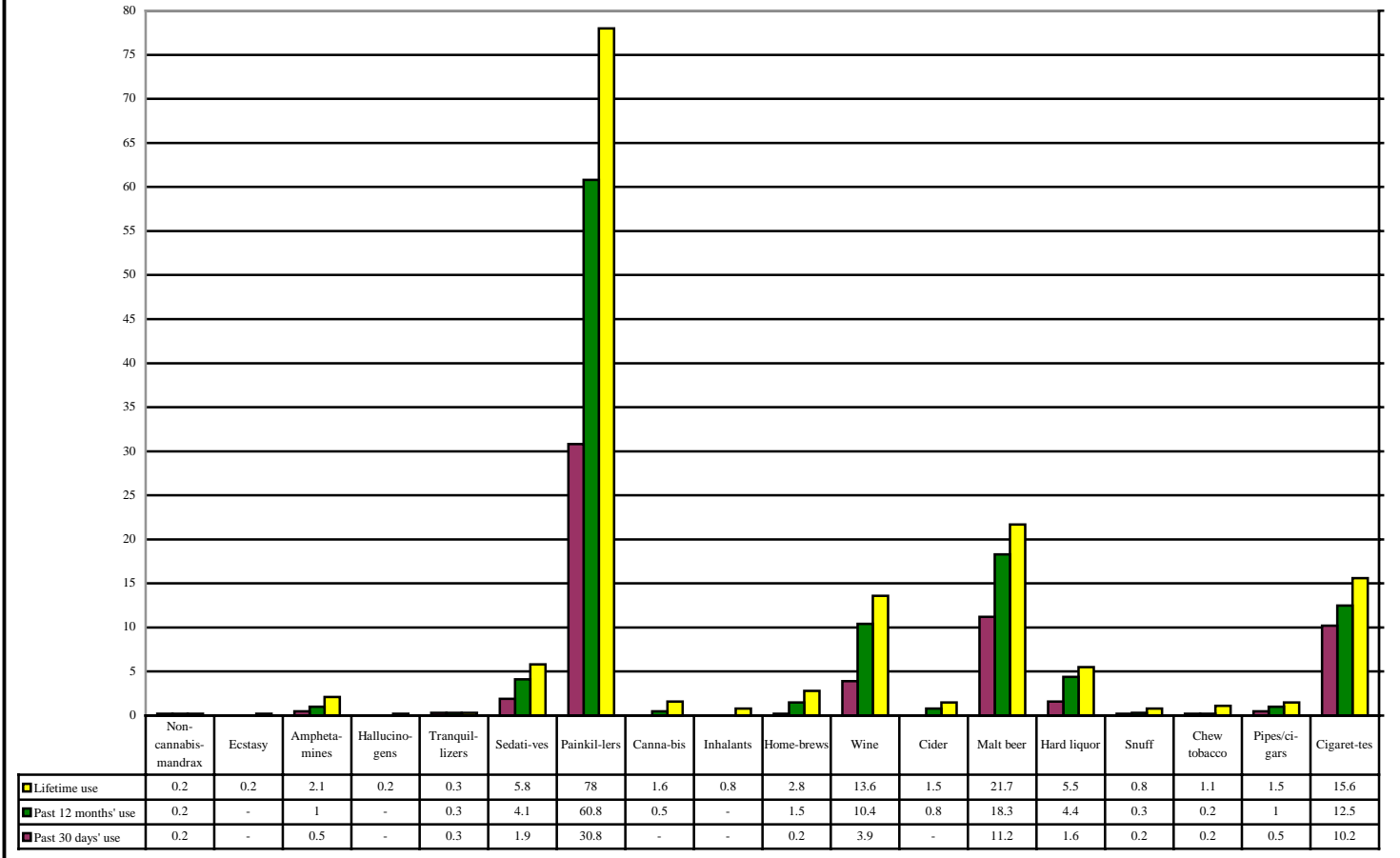
Figure 7 illustrates the extent to which the respondents in the youth KAP survey admitted substance use. Use of a variety of substances was reported, with the use of over-the-counter pain relievers, alcoholic beverages, and cigarettes most commonly reported. For example, 78.0% of the respondents admitted using over-the-counter painkillers at some time in their life; the corresponding percentages for malt beer, cigarettes and wine were 21.7%, 15.6% and 13.6% respectively. Regarding illicit substances, respondents reported the use of amphetamines on a lifetime as well as past 12 months' basis.

Table 4 differentiates between male and female respondents who most commonly admitted substance use on a past 12 months' and lifetime basis. Males predominated among users. The use of over-the-counter pain relievers was an exception: more females than males admitted usage, although gender difference was small. The average ages of respondents who admitted lifetime use of the most commonly used licit and illicit substances were 15.2 years for over-the-counter pain relievers, 16.1 years for wine, 17.1 years for amphetamines, 17.4 years for malt beer, 17.6 years for cigarettes, and 18.5 years for cannabis.

Table 4: Gender differentiation among lifetime and past 12 months' users of the most commonly used substances in the Youth KAP Survey

Substance	Males (%)	Females (%)	Total N
Over-the-counter painkillers			
1. Lifetime	47.8	52.2	481
2. Past 12 months.....	47.2	52.8.....	375
Malt beer			
1. Lifetime	66.4	33.6.....	134
2. Past 12 months.....	67.3	32.7	113
Cigarettes			
1. Lifetime	91.7	8.3	96
2. Past 12 months.....	93.5	6.5	77
Wine			
1. Lifetime	48.8	51.2.....	84
2. Past 12 months.....	48.4	51.6.....	64
Amphetamines			
1. Lifetime	84.6	15.4.....	13
2. Past 12 months.....	83.3	16.7	6
Cannabis			
1. Lifetime	90.0	10.0.....	10
2. Past 12 months.....	100.0	-	3

Figure 7 : Substance use in the Youth KAP Survey (N=617)



(b) Regular/heavy substance use, alcohol dependence and substance use-related consequences

Figure 8 presents the responses in the youth KAP survey on the frequency with which respondents used the most commonly reported licit and illicit substances in the 12 months before the survey. Few youngsters (between 0.2% and 9.8%) admitted regular substance use, i.e. usage on at least a weekly basis. Regular use was particularly reported for cigarettes (9.8%). Table 5 suggests with regard to the most commonly reported licit and illicit substances that usage tended to be reported by males rather than females and older rather than younger youngsters.

Table 5: Frequent (at least weekly) use of selected substances in the 12 months prior to the Youth KAP Survey by age and gender (N=617)

Age and type of substance	Males (%)		Females (%)	
	10-15 years	16-21 years	10-15 years	16-21 years
Over-the-counter painkillers.....	1.6	1.4	2.1	3.6
Malt beer	0.5	5.5	-	1.0
Cigarettes.....	1.0	8.8	-	0.2
Amphetamines.....	0.2	0.3	-	2.0

Heavy use of cigarettes and alcohol was also reported in the youth KAP survey. For example, 12.5% of the respondents admitted smoking at least five cigarettes a day in the 12 months before the survey; with regard to taking five or more drinks in a row in the two weeks before the survey, the corresponding percentage was 8.4%.

Table 6 shows that few respondents (between 1.2% and 3.1%) admitted experiencing symptoms of alcohol dependence in the 12 months before the survey. Experiences of consequences related to substance use regarding poor work/school performance (3.2%) and expressions of concern about respondents' drinking (2.4%) were rarely reported.

Figure 8: The frequency with which the most commonly reported substances were used in the 12 months before the Youth KAP Survey (N=617)

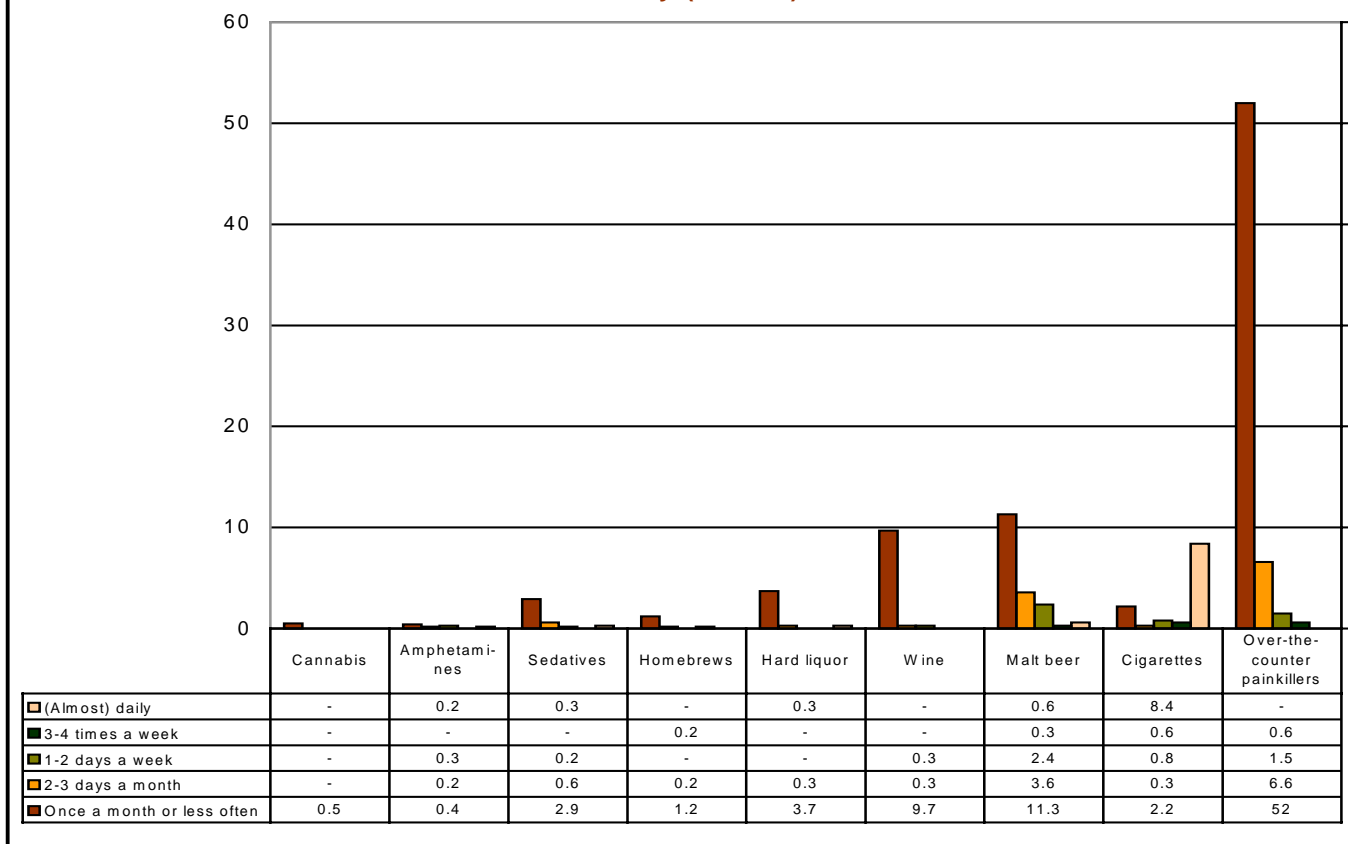


Table 6: Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey

Variables	%
Alcohol dependence	
1. Inability to stop after the first drink.....	2.1
2. Neglect of responsibilities due to drinking.....	2.2
3. Early morning drinking.....	1.2
4. Feelings of remorse/guilt after a drinking session.....	3.1
5. Memory lapse after/during a drinking session.....	1.3

Variables	%
Substance-related consequences	
1. Someone injured because of respondent's drinking	0.8
2. Someone expressed concern about respondent's drinking	2.4
3. Driving under the influence of a substance	0.5
4. Poor performance at work/school because of substance use	3.2
5. Substance-related disorderly behaviour.....	0.5
6. Substance-related fights/arguments	1.6
7. Operation of a machine under the influence of a substance	0.5
Total N.....	617

(c) *Context of substance use, onset age and reasons for first use*

Table 7 presents the responses in the youth KAP survey regarding the context within which first use and past 12 months' use took place, including the reasons for first use. Concern is with the most commonly reported licit and illicit substances. Figures 9 and 10 respectively show the extent to which significant others in the lives of the youth used substances and the extent to which the respondents admitted knowing someone who used psychoactive substances.

Age of first use of substances

First use of cigarettes and wine tended to be earlier than first use of malt beer and amphetamines. For example, the median age of onset was 14.83 years for cigarettes, 15.70 years for wine, 16.04 years for malt beer, and 16.50 years for amphetamines.

Reasons for first use of substances

Whereas physical needs (e.g. treatment of health, relief from cold/hunger/fatigue, relief from stress) played a role in the initiation of the non-medical use of over-the-counter pain relievers and sedatives, curiosity and expectations of enjoyment did so in first use of malt beer, wine and amphetamines. Curiosity, relief from stress and social acceptance motivated the onset of cigarette use.

Providers of first substances and place of first use

The respondents in the youth KAP survey mostly indicated friends as the providers of their first try at malt beer, cigarettes, wine, sedatives and amphetamines. First use of amphetamines also tended to be at a friend's home, however first use of malt beer tended to be in a public place (e.g. tavern), cigarettes at

school/college or work and to a lesser extent a private home, and wine also at a private home, specifically that of family members of the respondents.

Place of use and type of company chosen by past 12 months' users

Onset patterns of substance use with regard to the most commonly reported substances were continued in later use. For example, past 12 months' use of malt beer typically took place in a public place (e.g. tavern), and wine and amphetamines as well as cigarettes in the privacy of a private family home. Furthermore, past 12 months' use of malt beer, cigarettes and wine occurred in company rather than in isolation, with friends making up the company. Past 12 months' use of amphetamines tended to occur in either the company of friends or in isolation.

Table 7: Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey (N=617), an ellipsis indicating data are not available

Context/reasons	Painkillers %	Malt beer %	Cigarettes %	Wine %	Sedatives %	Amphetamines %
Age at 1st use						
≤10-12 years		2.6	4.2	3.4		0.5
13-14 years		4.1	3.9	2.1		0.3
15-16 years		8.1	4.7	3.7		0.3
17-18 years		5.2	1.8	3.1		0.6
≥19 years		1.8	1.0	1.3		0.3
Reasons for 1st use						
Religious custom	-	0.2	-	0.2	-	-
Social acceptance	-	4.7	2.1	2.0	0.2	0.4
Enjoyment	0.2	7.0	1.1	4.1	0.2	0.8
Curiosity	0.2	7.1	8.1	5.2	-	1.0
Treat health	72.4	0.2	-	-	2.1	-
Stress relief	0.8	1.5	2.9	0.8	1.1	-
Relieve cold/hunger/fatigue ...	1.6	-	-	-	-	-
Improve performance	0.3	-	-	-	-	-
Other	1.3	1.0	1.0	1.0	1.3	-
Don't know	1.1	0.2	0.3	0.5	1.0	-

Context/reasons	Painkillers %	Malt beer %	Cigarettes %	Wine %	Sedatives %	Amphetamines %
Provider of 1st substance						
Friend	13.5	8.8	6.0	1.9	-	-
Family	1.9	-	2.6	-	-	-
Acquaintance	1.0	0.3	0.3	-	-	-
Dealer	0.2	-	-	-	-	-
Health practitioner	0.2	-	-	-	-	-
Unspecified	5.0	6.0	4.5	0.2	-	-
Don't know	-	0.5	0.2	-	-	-
Place of 1st use						
Friend's home	7.1	3.7	3.1	1.5	-	-
Family home	6.0	3.1	6.5	0.2	-	-
School/college/work	0.8	5.0	1.6	0.3	-	-
Public place	7.3	2.8	2.1	0.2	-	-
Open/street/bush/bridge	0.3	0.8	0.3	-	-	-
Other	0.2	0.2	-	-	-	-
Past 12 months: Place of use						
Friend's home	5.2	1.1	2.6	0.2	-	-
Family home	4.9	5.7	4.4	0.5	-	-
Public place	6.5	1.9	1.6	0.2	-	-
School/work	1.1	2.1	1.0	0.2	-	-
Open/bush/bridge	0.3	0.8	0.5	-	-	-
Other place	0.3	0.8	0.3	-	-	-
Past 12 months: Company						
Friends	11.5	4.7	5.2	0.3	-	-
Acquaintances	0.5	0.6	0.5	0.2	-	-
Family	2.1	0.3	3.2	-	-	-
Work/school/college mate	3.4	1.6	0.5	0.2	-	-
Other	0.2	0.2	0.3	-	-	-
Alone	0.6	5.0	0.6	0.3	-	-

Substance use among significant others

Figure 9 shows that with a few exceptions, close friends and fathers were mostly the significant persons in the youngsters' lives who used psychoactive substances. The use of mandrax and inhalants mainly occurred among close friends and mothers, and the use of sedatives among closest friend fathers and mothers of the young people.

Knowledge/awareness of substance users

Figure 10 shows that respondents generally knew someone who used cigarettes (90.4%) and malt beer (67.6%). Substantial proportions knew someone who used inhalants (46.0%), amphetamines (37.4%), cannabis (20.6%) and mixtures of substances other than the cannabis-mandrax mix (18.2%). A fair proportion knew someone who used ecstasy (11.5%).

(d) *Attitudes/views regarding substance use and knowledge/awareness of the legal status of substances*

Approval of substance use

Figure 11 shows that although respondents mostly did not approve of youth substance use, many did approve the use of licit substances. About two fifths (42.6%) of the respondents expressed approval of regular drinking (taking one or two drinks several times a week) among young people, and one third (33.3%) approved heavy cigarette use (smoking at least ten cigarettes a day). Approval of youth use of illicit substances was rare—between 1.8% (taking heroin occasionally) and 8.4% (taking cannabis occasionally) of the respondents approved youth use of these substances.

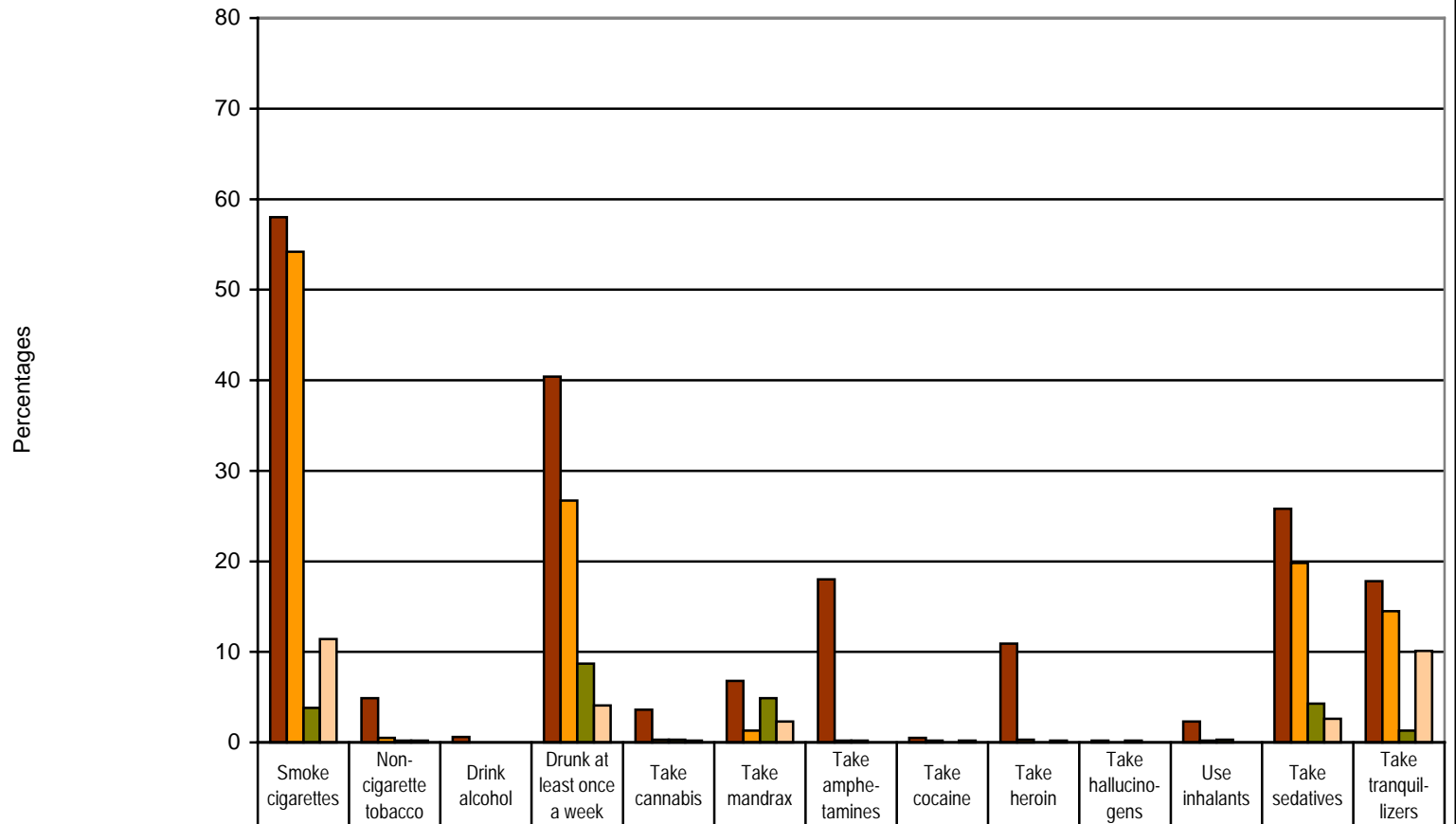
View that substance use entails no or a slight risk

Figure 12 shows that few youngsters (between 1.0% and 7.5%) believed that youth use of illicit psychoactive substances entailed no or a slight risk. This was considerably less the case with regard to regular drinking (one or two drinks several times a week). A substantial number (27.7%) of young people were of the opinion that regular drinking among young people entailed no or a slight risk. Few (8.2%), however, felt the same about heavy smoking of cigarettes (10 cigarettes or more per day).

View that substances are easy to obtain

Figure 13 shows that youngsters believed that it was fairly or very easy to obtain tobacco and alcohol products—with the exception of wine and homebrews—as well as over-the-counter pain relievers and sedatives. Illicit substances seemed to be more difficult to obtain, with amphetamines being an exception (27.2% of the respondents indicated that the latter substances were fairly or very easy to obtain).

Figure 9: Substance use among significant others in the Youth KAP Survey (N=617)



■ Substance use by closest friend	58	4.9	0.6	40.4	3.6	6.8	18	0.5	10.9	0.2	2.3	25.8	17.8
■ Substance use by father	54.2	0.5	-	26.7	0.3	1.3	0.2	0.2	0.3	-	0.2	19.8	14.5
■ Substance use by mother	3.8	0.2	-	8.7	0.3	4.9	0.2	-	-	0.2	0.3	4.3	1.3
■ Substance use by older siblings	11.4	0.2	-	4.1	0.2	2.3	-	0.2	0.2	-	-	2.6	10.1

Figure 10: Knowledge of someone using substances in the Youth KAP Survey (N=617)-percentages

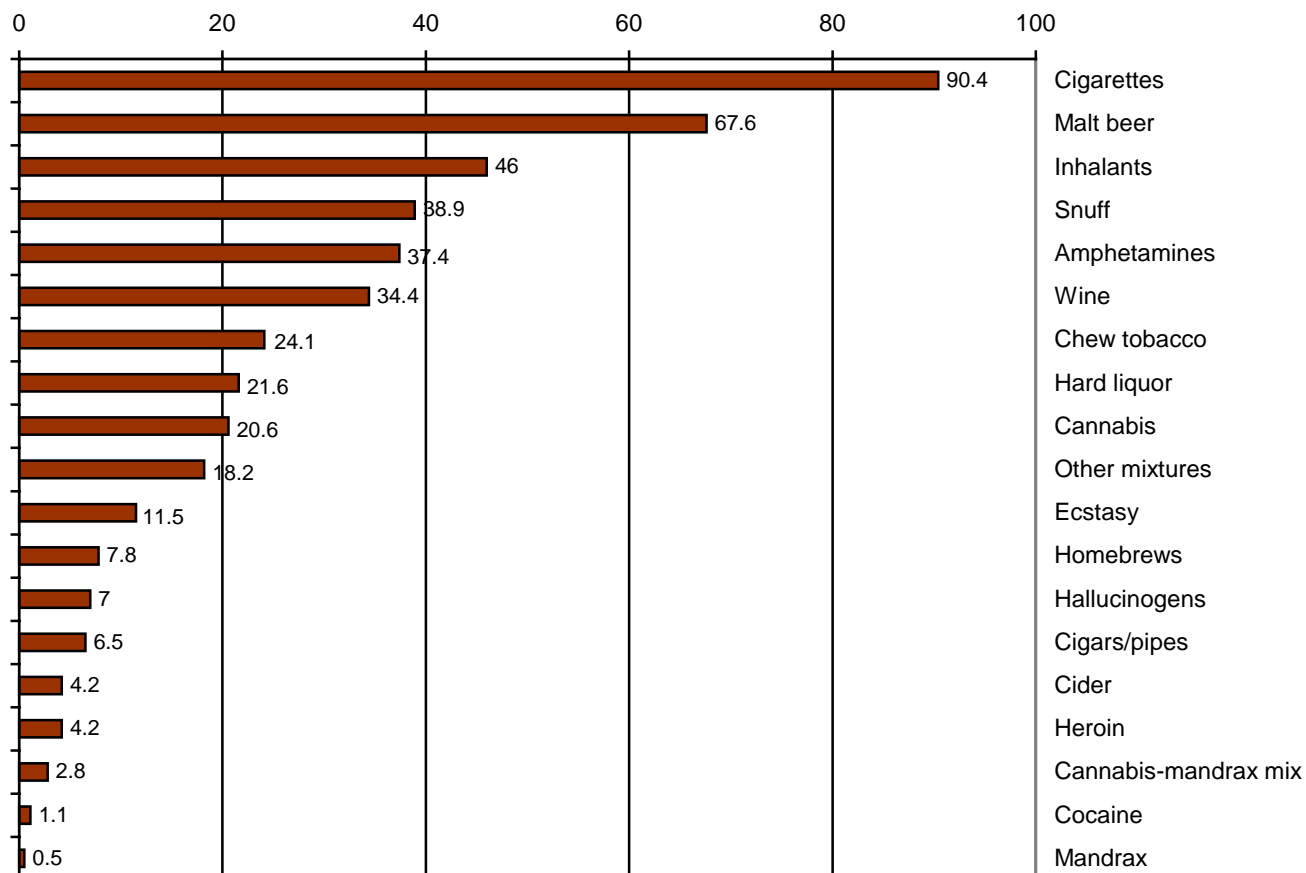
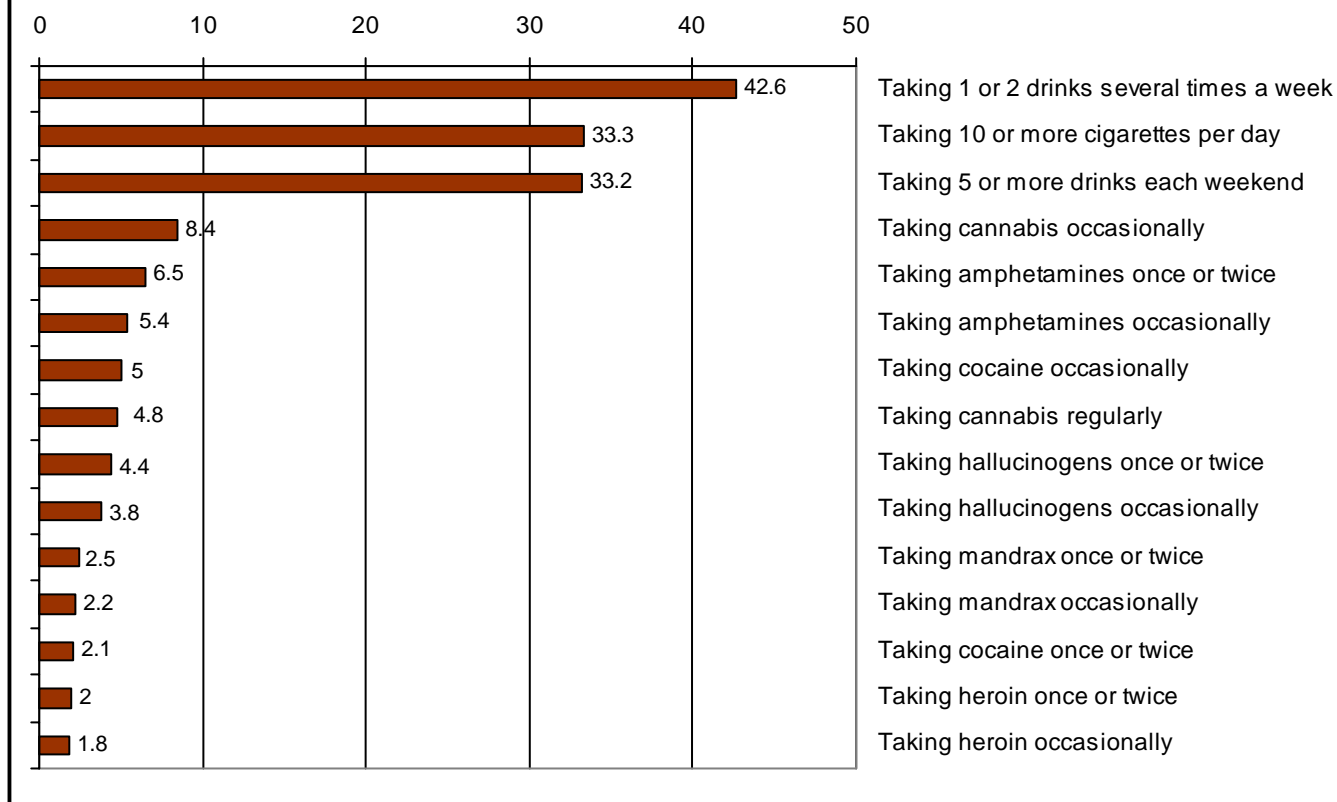


Figure 11: Approval of youth substance use in the Youth KAP Survey (N=617)



Awareness of the legal status of substance use and views on changing this status

The youth KAP survey showed that young people were well informed about the legal status of psychoactive substances in their communities. Between 96.1% and 99.2% of the survey respondents indicated that the non-medical use of psychoactive substances was illegal, 37.9% did so with regard to sedatives, 85.4% with regard to tranquillizers and 10.9% with regard to over-the-counter painkillers. The vast majority also indicated that the non-medical use of psychoactive substances should remain illegal (between 96.3% and 99.0%), and also the non-medical use of tranquillizers (89.3%). However, substantial proportions favoured the legalization of the non-medical use of sedatives (52.0%) and by far the majority (83.0%) of the respondents indicated that the non-medical use of pain relievers should be legal.

Figure 12: View that substance use is not or a slight risk in the Youth KAP Survey (N=617)

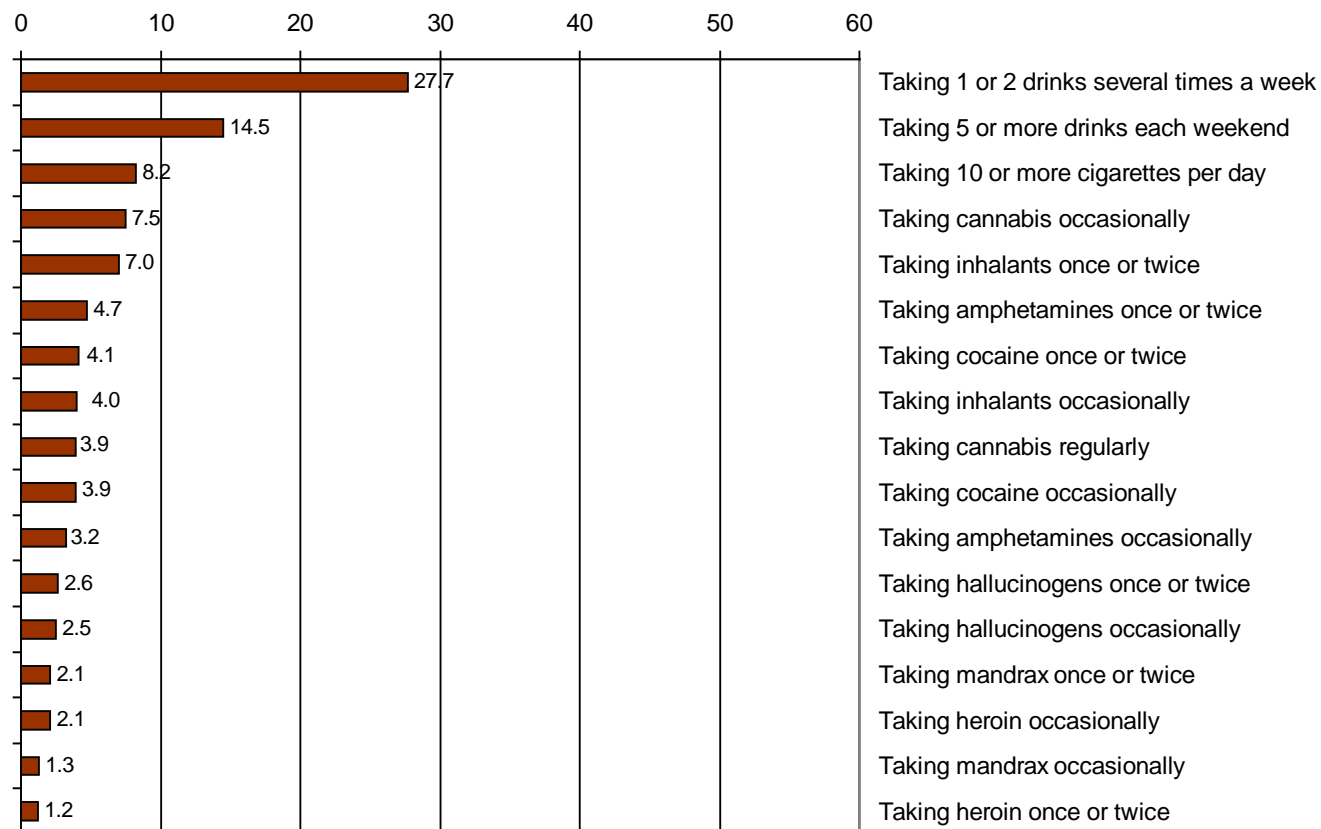
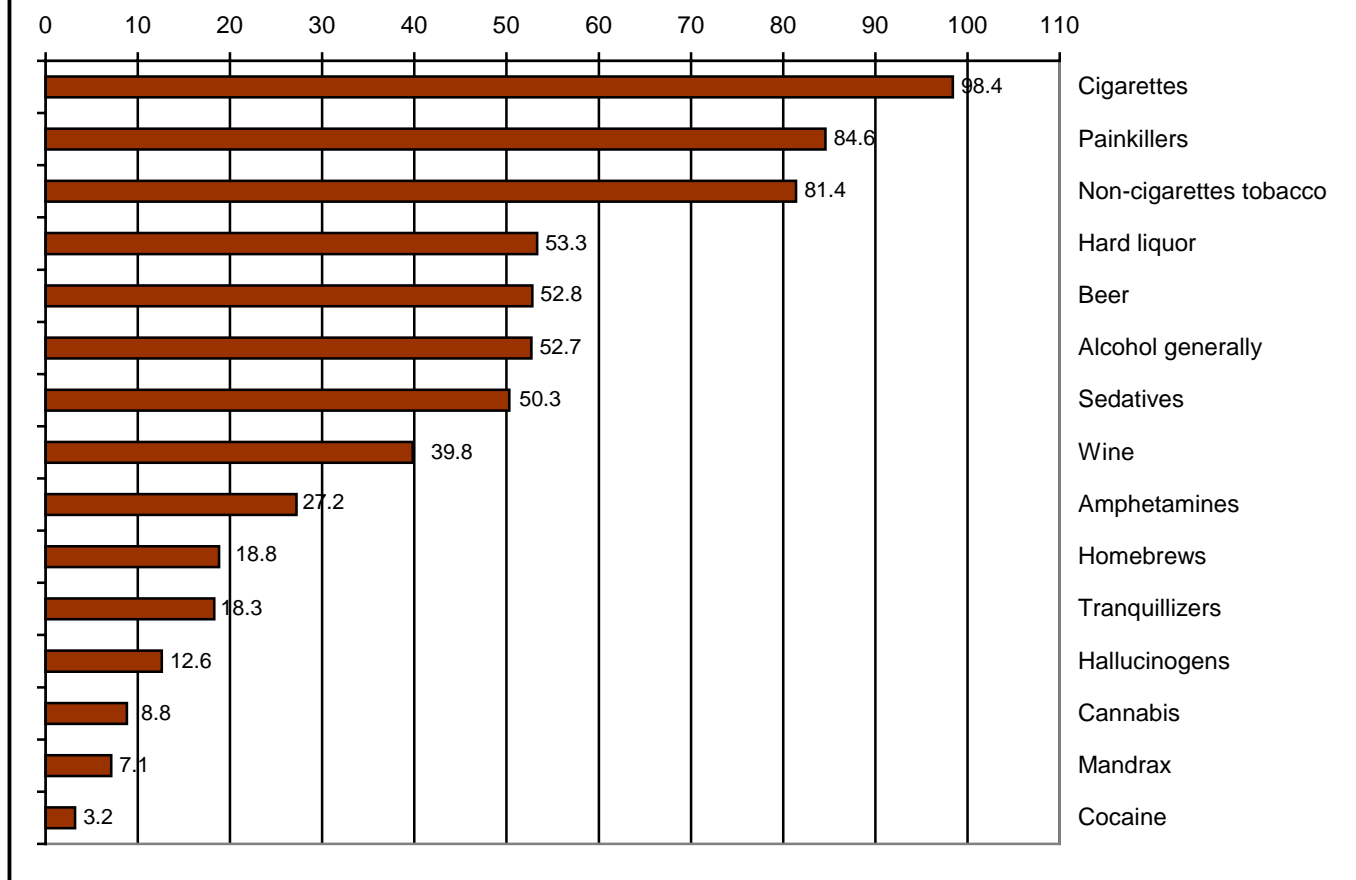


Figure 13: View that substances are fairly/very easy to obtain in the Youth KAP Survey (N=617)-percentages



2.3 Community Profile 1: Organizational and cultural context

Tables 8 and 9 underline that although psychoactive substance use—particularly licit substances and to some extent illicit substances (especially amphetamines)—has historically been part of day-to-day life in the Global Initiative intervention communities in Thailand. A drastic decline in use has emerged in the latter part of the 1990s. Since the launching of Project Chalerm Phra Kiat Plod Ya Septhid (Project Civil Society/Villages Against Substance Use) in the latter part of the 1990s in Thailand, the Global Initiative

intervention communities in Greater Bangkok have been merited as “villages freed from psychoactive substances in honour of the king”. The country report noted with regard to Wat Chaiyaprukmalā that since the implementation of the said project “the drug situation in Wat Chaiyaprukmalā has changed for the better ... drug users decreased in number and drug dealers did not dare to openly sell drugs.” Through Project Civil Society/Villages Against Substance Use government agencies engaged civil society on a district level in concerted action against substance use, giving attention to the reduction of substance demand and supply as well as to forestalling substance use and arresting long-term use, apart from accelerating socioeconomic development and strengthening “patriotism” or a sense of community. The emphasis on socioeconomic development related to the historically observed relationship between illicit substance use, trafficking in illicit substances and material need.

Preventive measures, however, have been less successful in countering cigarette and alcohol use than illicit substance use, especially among males (late adolescents and adults) in Wat Chaiyaprukmalā. In Wat Chaiyaprukmalā young male use of cigarettes was associated with material independence; alcohol use was tolerated—if not accompanied by rowdiness—as a “safe substitute” for illicit substance use. Group drinking was part of the life of motorcyclists. It is also important to note that community agencies seemed to find it difficult to counter the spill-over effect of trafficking in illicit substances in neighbouring districts.

2.4 Community Profile 2: Societal structures and processes

Socioeconomic conditions in the Global Initiative intervention site should be viewed against the progressive socioeconomic improvement that has set in since the late 1980s and concern that substance use would impede future development in Thailand. The country report noted that Thailand had become “a better educated place ... civil society organizations [have emerged] ... [the] quality of (private) health services [has improved], and good social protection and welfare for public employees (but not for low-paid workers outside of government) [existed] ... [T]he national poverty indicators showed a marked decline since the late 1980s ... The ... 1997 Asian economic crisis ... has [however] exacerbated personal and social stress and tensions. Since the crisis, the government has initiated a large number of community-level ... activities ... [with the king’s] new proposal for self-sufficiency and self-reliance ... [impacting positively on development targets] ... there has also been a growth in urban community networks and membership. The current Thaksin Shinawatra government has furthermore made illicit drug use and dealing a major political issue and concern thus facilitating preventive action programs and communities themselves ... responding effectively to the obstacles the problem of substance abuse poses to socioeconomic development.”

The Wat Chaiyaprukmalā community was a ten-year old working-class community with adequate basic facilities, maintained by the government. The country report noted: “Despite being slum environment”, the Wat Chaiyaprukmalā community was considered to enjoy more public facilities than other similar communities.” Most houses were two-storied and closely clustered together, with a network of concrete walkways. Every house had pipe water with a meter system. Whereas every household did not have direct access to the electricity system, most were connected to their neighbours’ electrical lines. The community had two primary schools, Kusolsuksa School and Wat Chaiyaprukmalā School, providing six years of compulsory education. The children did not have to travel far to attend school. It also had a Youth Centre that opened every day and offered various activities and facilities such as a library, physical training, classical Thai dances, training in food preparation, training in innovative thinking, and outdoor sports. Adjacent to the youth centre was a well-equipped public Health Centre. Workers were either in general or unskilled jobs or engaged in small-business enterprises with an uncertain income. Only about eight percent of the population had regular income. The average monthly income of 90.0% of the households was lower than 10,000 baht (i.e. approximately US\$ 222) in 2001, with 50.0% earning only 5,000 baht per month.

Sulaw Jorakaekob was a well-established Muslim community with a history going back fifty years. Workers were mostly casual construction labourers and small business traders. Household incomes were comparatively low—92.0% of the households earned less than 10,000 baht per month. Three to four of the households of Jorakaekob community owned land. Sulaw Jorakaekob was not a slum area. Houses were built apart, mostly built of wood and two-storied. Every house had access to electricity and water. Households were, furthermore, comparatively small, i.e. an average of 5 persons. About 54.0% of the Sulaw Jorakaekob population finished compulsory elementary school, 10.0% secondary school, and 1.0% completed a tertiary education course. There was one government school providing education up to grade 6, and three Muslim schools in the community.

Table 8: Organized social units' understanding of substance use (data collected through focus groups and key informant interviews)**Status, development and consequences of psychoactive substance use**Types of substances commonly used

- Wat Chaiyaprukmalā: alcohol and cigarettes are currently the most popular psychoactive substances; amphetamine and to some extent cannabis and inhalant use
- Sulaw Jorakaekob: licit psychoactive substances, specifically cigarettes, indigenous tobacco (dry tobacco leave cut in tiny pieces), and to some extent inhalants - alcohol is forbidden in this predominantly Muslim community; illicit psychoactive substances such as heroin and amphetamines

Substance use patterns/trends

- In Wat Chaiyaprukmalā there is a drastic decline in substance use, especially in illicit substance use; licit substance use (alcohol and cigarette use) was especially common among older male youngsters who earned their own living and among male adults; youngsters drank after sports gatherings, during festive periods, and at social meetings with their friends; adults mostly drank after community meetings; alcohol dependence was rare in the community; illicit substance users tended to also to be involved in trafficking
- In Sulaw Jorakaekob a drastic decline in the use of licit as well as illicit substances was also occurring; cigarette use was mainly a male phenomenon, especially among those older than 20 years, although onset sometimes took place in early adolescence (12-14 years); inhalants and heroin were mostly used by young people, especially inhalants; amphetamines (smoked or injected) tended to be used by labourers and youngsters playing football to increase their energy and usage was also common among the unemployed

Contributors to substance use

- In Wat Chaiyaprukmalā licit substances were used for social reasons and enjoyment, with young male cigarette use being associated with independence from family; social acceptance of licit substance use; trafficking in illicit substances and intimidation of community members by traffickers; material need; limited community mobilization against substance use and trafficking in illicit substances
- In Sulaw Jorakaekob material need and the need to survive contributed to substance use; so also parental recruitment of youngsters into trafficking in illicit substances

Consequences of substance use

- In Wat Chaiyaprukmalā: unruly behaviour, unemployment, criminal activities, early death
- In Sulaw Jorakaekob: criminal activities, abuse of children, increased criminal activity (e.g. to support substance use habits), breakdown in family life, increase in domestic and industrial injuries, health compromises, decreased labour productivity and early death.

Table 9: Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews)

Type of units	Main services	Primary prevention programmes/projects, objectives, targets, strategies, resources, level of commitment
<p><u>Government</u></p> <ul style="list-style-type: none"> • Departments and local authorities responsible for health, welfare, safety and security, and drug supply reduction (Office of Narcotic Control Board) <p><u>Non-government</u></p> <ul style="list-style-type: none"> • Wat Chaiyaprukmala has groups of volunteers (mobilized with the material/ training support of relevant government departments) within the sectors of public health, economics, safety and security and religion; the community also is merited as a “Village/community freed from psychoactive substances in honour of the king” • Sulaw Jorakaekob has groups of volunteers (e.g. housewives) within economic and career development, supported by the government where needed, and Muslim volunteers against substance use -related consequences; it is also merited as a “village/community freed from psychoactive substances in honour of the king” • Project “Chalerm Phra Kiat Plod Ya Septhid” facilitates concerted action against substance use, with government in partnership with civic society. Action comprises the following general steps: <ul style="list-style-type: none"> ○ “Build the process of civic society’s resistance of substance via the Village Committee ... to mobilize resources and collaboration of the community members. ○ Prepare a plan to campaign and request collaboration from religious institutions, including teachers and students within the community ... ○ Analyse the situation of problems of psychoactive substances within the community, classify target groups and set the program ... ○ Visit targeted households with ... addicts for ... rehabilitation purposes. ○ Collaborate with government agencies as well as non-government organizations to work together ... ○ The civic society jointly set a plan and relevant activities, each of which is under the responsibility of community members ... ○ The civic society extends its responsibility to work on substance use suppression, by giving relevant information and carefully watching to prevent production, sale and consumption ... within the community. ○ Monitor and evaluate the results ... ○ After completing the project’s cycle, the civic society asks for the consent of community members to announce it as ‘Village/Community Freed from psychoactive substances in Honour of the King’ ...” <p><u>Networks</u></p> <ul style="list-style-type: none"> • Various partnerships between community agencies/members and government representatives as well as between government sectors exist 	<p><u>Government</u></p> <ul style="list-style-type: none"> • Provide basic needs services • Provide supply-reduction and treatment services • Mobilize community support/extension of government services <p><u>Non-government</u></p> <p>Volunteer groups in Wat Chaiyprukmala</p> <ul style="list-style-type: none"> • Public Health group (a) disseminates information on contagious diseases and ways of accessing public health, and (b) dispenses medicine after hours on behalf of government health centre • Group of the aged promotes communal activities • Aerobic Group and Sports Committee organize sport activities and train younger generation • Housewife and small shop groups promotes the generation of income among the indigent • Police group assist the police service in community surveillance • Conduct control group oversees the conduct of and psychosocially guides persons on bail/parole • Religious association directed at guiding Buddhists in good conduct • Anti-substance initiative raises awareness and takes collective action against substance use-related problems <p>Volunteer groups in Sulaw Jorakaekob</p> <ul style="list-style-type: none"> • Muslim group provides substance use -related preventive and rehabilitative services, mobilizing community material resources where needed 	<p><u>Overall objective</u></p> <p>To “promote unity, mutual assistance and ... to build a good society” in which civil society and government work in close partnership to counter substance-related problems as part of the government’s broader Eighth National Economic and Social Development Plan</p> <p><u>Main target group</u></p> <p>Illicit substance users and dealers</p> <p><u>Main strategies</u></p> <p>Mobilization of comprehensive community action against substance use-related consequences</p> <p><u>Programme/project resources, efficacy and sustainability</u></p> <p>Constraints</p> <p>Substance trafficking in neighbouring districts</p> <p>Strengths</p> <p>Concerted community actions against substance use-related consequences, e.g. on the part of business, police, community members generally</p>

Table 10: Status of trade in psychoactive substances (data collected through a desk review and key informant interviews)

Marketing medium	Content and intensity of marketing	National, provincial, local government and non-government policy	Legislative and other regulatory measures
<ul style="list-style-type: none"> • Increase in legitimate alcohol trading companies in Thailand—particularly beer breweries (e.g. Carlsberg Brewery, Heineken, Miller and Anheuser-Busch)—and successful marketing as indicated by the increase in the overall adult (age group 15 years and older) per capita alcohol consumption (especially with regard to beer) in the 1990s in Thailand • Trafficking in illicit substances was common in the early 1990s 	<ul style="list-style-type: none"> • <i>Social drinking (particularly if not accompanied by rowdiness) is condoned, particularly after sports meetings and at festive times</i> • <i>Discrimination against alcohol use on the part of Muslim religious leaders, specifically in Sulaw Jorakaekob, offsets the marketing efforts of liquor traders</i> • <i>Awareness campaigns against cigarette use in Sulaw Jorakaekob has resulted in a decrease in cigarette sales; traders even keep their goods out of site, specifically as the site has been declared as substance free</i> 	<ul style="list-style-type: none"> • As part of the National Economic and Social Development Board’s Eighth National Economic and Social Development Plan that has prioritized the prevention of substance use-related problems as a health priority, various departments at various levels of government (e.g. Ministry of Public Health, Office of Narcotic Control Board, Drug Abuse Prevention and Treatment Division of the Bangkok Metropolitan Administration) have plans, strategies and activities related directly/indirectly to countering substance use • Government agencies work in partnership with one another, with non-government agencies at national, provincial and local level, and with relevant international agencies • Psychoactive substance use-related prevention programs are integrated within wider development initiatives • The policies of the current Thaksin Shinawatra government, as specified in a speech delivered to the National Assembly on 26 February 2001, in relation to illicit substance use, production and trafficking are to accelerate efforts to establish substance use rehabilitation centres concurrently with implementing substance use suppression and prevention • Specific policy decisions include the strict enforcement of the law; the initiation of special measures for suppressing trafficking; harsher penalties for trafficking among political and government officials; rewards and special protection to public officials and citizens cooperating with the government in drug trafficking suppression; strict controls on the importation of chemicals that may be used in the manufacturing of illicit substances; a strengthening of the government’s capacity for controlling the manufacturing of illicit substances; fostering of cooperation with international agencies concerned with controlling the production and distribution of illicit substances; amending laws posing obstacles to people with substance use dependence problems to access treatment/rehabilitation 	<ul style="list-style-type: none"> • Purchase of alcohol by persons younger than 17 years is illegal • Alcohol advertising on television is banned • No detailed information on legislative or regulatory measures with regard to substances other than alcohol is available

2.5 Intervention development

2.5.1 Key concerns

The baseline findings suggest the key intervention concerns listed below.

Key concerns: Community Profile 1 (including the adult KAP survey)

- Adult use of over-the-counter pain relievers, alcoholic beverages (especially malt beer, hard liquor and wine), cigarettes, sedatives, cannabis and amphetamines
- Spouse use of cigarettes, sedatives and tranquillizers as well as spouse drunkenness
- Using alcohol at a variety of social events; using amphetamines and cannabis at sporting events and at work
- Adults driving under the influence of psychoactive substances, and poor work performance related to substance use
- Adult approval of drinking, cigarette use, cannabis and amphetamine use, and youth use of illicit substances
- Adult approval of the legalization of the non-medical use of tranquillizers and sedatives
- Belief among community members that licit substances, sedatives and to a lesser extent amphetamines and cannabis are easy to obtain
- Spill-over effect of trafficking in illicit substances in neighbouring communities

Key concern: Community Profile 2

- Continuation of socioeconomic development programme, with special emphasis on economic development and sustaining substance use-related counter measures

Key concerns: Youth KAP survey

- Substance use among 15-21 year old males—especially the (heavy) use of alcohol and cigarettes as well as the use of amphetamines—and the female use of over-the-counter pain relievers
- Poor school/work performance related to substance use
- Early (10-16 years) first use of cigarettes and wine

-
- Initiating substance use because of curiosity, expectations of enjoyment and physical need
 - Pressure from peers (friends) to use substances
 - Various persons in youngsters' lives—especially close friends and fathers—setting an example of substance use
 - Initiating first use of alcohol (malt beer) at places of entertainment (e.g. taverns), first use of cigarettes at school/college/work, and first use of wine at a private home
 - Approval of licit substance use (e.g. regular drinking and heavy smoking), including the belief that regular drinking posed no or a slight risk
 - Belief that licit substances and to some extent amphetamines are easy to obtain
 - Advocacy for the legalization of the non-medical use of sedatives and over-the-counter pain relievers

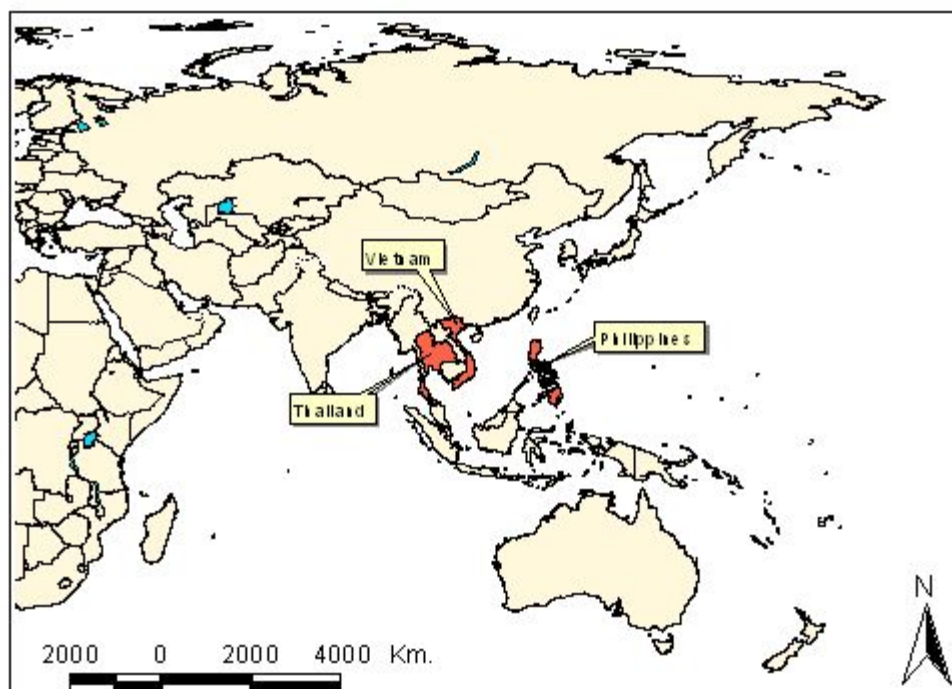
2.5.2 Intervention priorities

The above concerns and preferences expressed by community leaders suggest the following intervention priorities in which young people should participate:

- Facilitating continuation of existing socioeconomic development programmes; continuation of existing programmes countering the availability of substances; and increasing non-approval of licit substance use, amphetamine use and the use of sedatives and over-the-counter pain relievers; as well as reducing substance use (especially licit substance use) among adults.
- Motivating and teaching 15-21 year old males through awareness campaigns and peer education not to succumb to social enticement to use substances, and insisting on a reduction in youth substance use (especially early first use of wine and cigarettes), as well as increased awareness of the consequences (e.g. poor school/work performance) arising from substance use.

Section 3

PHILIPPINES



The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.

Source and Map Production:
Public Health Mapping Group
Communicable Diseases (CDS)
© World Health Organization, 2003

3.1 Site description

Two urban communities were selected as intervention sites in the Philippines, namely Manila City (Paco and Pandacan Districts) and Davao City (Mintal, Santo Niño, Tagakpan and Tugbok Districts). In both sites, males and females were evenly distributed. In the Manila City site most people (58.5%) were 24 years or younger. Population figures on the wider region, Southern Mindanao, suggested that in Davao City the 25-44 years age group was well represented among persons 15 years and older, in fact the younger 15-24 years age group (31.1%) and the older 45 years and older age group (28.6%) comprised each about three tenths of the age group 15 years or older, and the 25-44 years age group (40.3%) about four tenths.

Table 1: Demographic profile of the participating sites, an ellipsis indicating that no data were available

Variable	Manila City (May 2001)	Davao City (2000 census)
Gender distribution in the population		
1. Males	50.3%	50.4%
2. Females	49.7%	49.6%
Age distribution in the population		
1. 0-14 years	38.3% .....	.....
2. 15-19 years	11.0% .....	.....
3. 20-24 years	9.2% .....	.....
4. 25-59 years	36.2% .....	.....
5. 60 years or older	5.3% .....	.....
Mean age of the population	26.0 years .....	.....
Total population (N)	19 369	34 110

3.2 KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances

3.2.1 Demographic profile of respondents

Table 2 presents the key demographic characteristics of the respective sets of respondents in the KAP survey. The respondents in the Manila City sample of the adult KAP survey were older than the respondents in the corresponding Davao City sample—the mean age was 47.8 years in the Manila City sample and 35.4 years in the Davao City sample. Males and females were evenly distributed in the Davao

City sample. In the corresponding Manila City sample females were in the majority. The Davao City sample in the youth KAP survey included mostly males (55.3%), and the corresponding Manila City sample about similar proportions of males (48.3%) and females (51.7%). The respondents in the Davao City youth KAP survey were older than those in the corresponding Manila City survey—the mean age of the respondents in Davao City was 17.0 years and 15.0 years in Manila City. Many young people in the youth KAP survey lived with both their parents (38.0% in Manila City and 38.6% in Davao City). In Davao City about one tenth (27.4%) of the young people youth KAP survey were living in households that not only included their parents but also siblings. Some youngsters (8.3%) in the Manila City survey lived within even larger households, i.e. their parents, siblings and other relatives were present. A few respondents in both samples lived alone (3.3% in Manila City and 2.3% in the Davao City). By far most of the respective sets respondents in the adult and the youth KAP surveys were of Christian faith and regarded religion as important in their life.

Table 2: Demographic profiles of the respondents in the Youth and Adult KAP Survey, with an ellipsis indicating that data are not available

Variable	Manila City		Davao City	
	Adult KAP	Youth KAP	Adult KAP	Youth KAP
Mean age	47.8 years.....	15.0 years.....	35.4 years.....	17.0 years
Gender distribution				
1. Males	41.4%	48.3%	50.0%	55.3%
2. Females.....	58.6%	51.7%	50.0%	44.7%
Employment status				
1. Employed.....	62.6% .....	.....	53.0% .....	.....
2. Unemployed.....	37.3% .....	.....	47.0% .....	.....
School/tertiary institution attendance				
1. Full time student .....	.....	62.0% .....	.....	73.4%
2. Part time student .....	.....	11.7% .....	.....	3.3%
3. Not a student.....	.....	24.3% .....	.....	22.0%
Religious affiliation				
1. Christian.....	89.0%	82.7%	98.0%	94.4%
2. Other	10.1%	12.6% .....	.....	4.3%
3. None.....	1.0%	2.0% .....	.....	1.3%
Religion considered				
1. very/pretty important	91.0%	92.0%	82.0%	92.1%
2. not important/no response.....	9.0%	8.0%	18.0%	7.9%
Total N.....	99	300	100	304

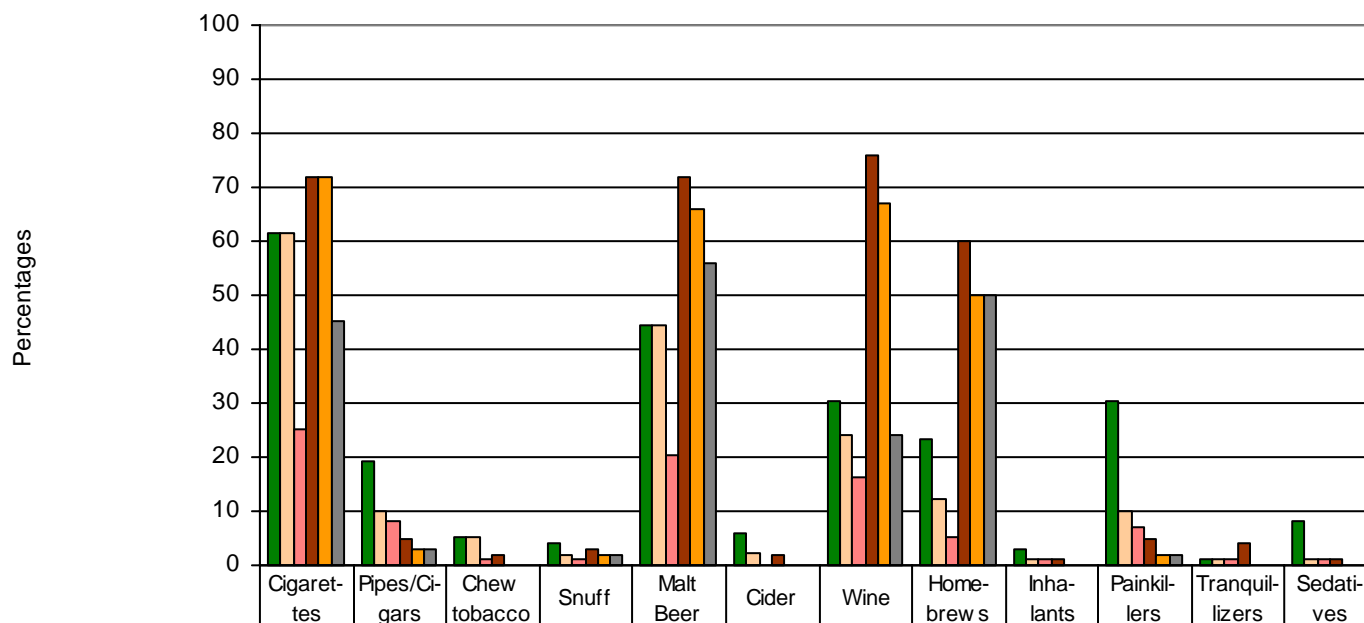
3.2.2 Adult KAP Survey results

(a) *Lifetime and current (past 12 months' and past 30 days') substance use*

Figures 1 and 2 show the extent to which the respondents in the adult KAP survey admitted using psychoactive substances at particular periods in their life, i.e. at some time in their life (lifetime use), in the 12 months before the survey, and in the 30 days before the survey. Many respondents in both sites admitted the use of cigarettes and alcohol, on a lifetime and past 12 months' basis. For example, in Manila City 61.6% reported lifetime use of cigarettes, 44.4% lifetime use of malt beer, 30.3% lifetime use of wine, and 23.2% lifetime use of homebrews; the corresponding percentages in Davao City were higher, namely 72.0%, 72.0%, 76.0% and 60.0%. Cannabis was the most commonly reported illicit substance in both sites on a lifetime basis (16.2% in Manila City and 23.0% in Davao City) and past 12 months' basis (9.1% in Manila City and 21.0% in Davao City). In the Manila City sample amphetamines was the second most commonly reported illicit substance; in Davao City the use of hallucinogens and cocaine were mostly admitted, besides cannabis.

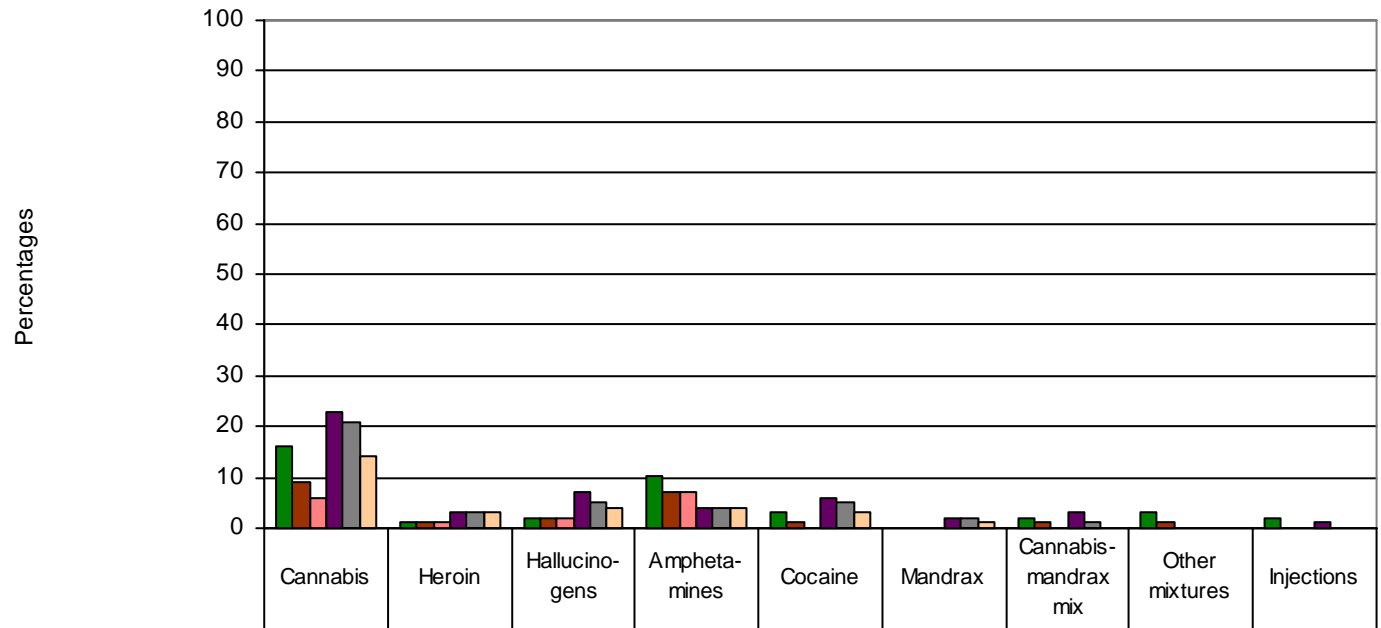
It is also important to note that a number of respondents in the adult KAP survey indicated that their close associates and specifically their partners/spouses smoked cigarettes (41.1% in Manila City and 16.0% in Davao City), consumed alcohol (34.3% in Manila City and 23.0% in Davao City), and got drunk at least once a week (26.3% in Manila City and 14.0% in Davao City).

Figure 1: Selected licit substance use in the Adult KAP Survey (Manila City: N=99; Davao City: N=100)



	Cigarettes	Pipes/Cigars	Chew tobacco	Snuff	Malt Beer	Cider	Wine	Homebrews	Inhalants	Painkillers	Tranquilizers	Sedatives
■ Manila City: Lifetime use	61.6	19.2	5.1	4	44.4	6.1	30.3	23.2	3	30.3	1	8.1
■ Manila City: Past 12 months' use	61.6	10.1	5.1	2	44.4	2.1	24.2	12.1	1	10.1	1	1
■ Manila City: Past 30 day's use	25.3	8.1	1	1	20.2	-	16.2	5.1	1	7.1	1	1
■ Davao City: Lifetime use	72	5	2	3	72	2	76	60	1	5	4	1
■ Davao City: Past 12 months' use	72	3	-	2	66	-	67	50	-	2	-	-
■ Davao City: Past 30 days' use	45	3	-	2	56	-	24	50	-	2	-	-

Figure 2: Illicit substance use in the Adult KAP Survey (Manila City: N=99; Davao City: N=100)



■ Manila City: Lifetime use	16.2	1	2	10.1	3.1	-	2	3	2
■ Manila City: Past 12 months' use	9.1	1	2	7.1	1	-	1	1	-
■ Manila City: Past 30 day's use	6.1	1	2	7.1	-	-	-	-	-
■ Davao City: Lifetime use	23	3	7	4	6	2	3	-	1
■ Davao City: Past 12 months' use	21	3	5	4	5	2	1	-	-
■ Davao City: Past 30 days' use	14	3	4	4	3	1	-	-	-

(b) Regular/heavy substance use, alcohol dependence and substance use-related consequences

Table 3 presents the extent to which respondents in the adult KAP survey admitted (a) regular (at least weekly) use of commonly taken substances (malt beer and wine); (b) symptoms of alcohol dependence; and (c) experiences of substance use-related consequences in the 12 months before the survey. About one tenth of the respondents in Manila City admitted regular use of malt beer (13.1%) and wine (12.1%) in the 12 months before the survey. In Davao City about three tenths of the respondents reported regular use of malt beer (33.0%) and some admitted regular use of wine (5.0%).

Many respondents in the adult KAP survey admitted taking five drinks or more in a row in the two weeks before the survey, i.e. 49.5% in Manila City and 45.0% in Davao City. Many respondents, furthermore, reported heavy use of cigarettes in the 12 months before the survey, i.e. 31.3% in the Manila City and 67.0% in Davao admitted smoking at least five cigarettes a day.

Table 3: Regular use of commonly used substances (malt beer and wine), alcohol dependence and consequences of substance use in the 12 months before the Adult KAP Survey

Variables	Manila City (%)	Davao City (%)
Regular (at least weekly) use of malt beer and wine		
1. Malt Beer	13.1	33.0
2. Wine	12.1	5.0
Alcohol dependence		
1. Inability to stop after the first drink	19.8	29.0
2. Neglect of responsibilities due to drinking	26.3	18.0
3. Early morning drinking.....	26.3	11.0
4. Feelings of remorse/guilt after a drinking session	-	24.0
5. Memory lapse after/during a drinking session.....	-	10.0
Substance use-related consequences		
1. Someone injured because of respondent's drinking	13.1	-
2. Someone expressed concern about respondent's drinking	22.2	35.0
3. Driving under the influence of a substance	20.2	11.0
4. Poor performance at work because of substance use.....	22.2	19.0
5. Substance use-related disorderly behaviour	16.2	4.0
6. Substance use-related fights/arguments.....	31.3	16.0
7. Operation of a machine under the influence of a substance	19.2	13.0
Total N.....	99	100

A number of respondents in the adult KAP survey admitted symptoms of alcohol dependence. For example, 19.8% in Manila City and 29.0% in Davao City admitted experiencing an inability to stop after their first drink in the 12 months before the survey. Experiences of problems related to substance use were also reported, particularly fights/arguments (31.3%) in Manila City and expressions of concern about respondents' drinking (35.0%) in Davao City.

(c) *Attitudes/views regarding substance use and knowledge/awareness of the legal status of substances*

Approval of substance use

Figure 3 shows that approval of psychoactive substance use was rare in the adult KAP survey, except with regard to cigarette and alcohol use among adults, especially in the Davao City. For example, 55.0% of the respondents in Davao City and 27.3% in Manila City approved of adults taking one or two drinks several times a week; 54.0% of the respondents in Davao City and 27.3% in Manila City approved of adults taking 5 or more drinks each weekend; and 33.0% in Davao City and 26.3% in Manila City approved of adults taking 10 or more cigarettes per day. Approval of illicit substance use—though rare—tended to be expressed with regard to young people rather than adults in respect of (a) the use of mandrax, (b) taking heroin once or twice, (c) taking heroin occasionally (respondents in Manila City), (d) taking hallucinogens (respondents in Manila City), as well as using amphetamines and taking cannabis regularly (respondents in Davao City).

View that substance use entails no or a slight risk

Figure 4 presents the extent to which respondents in the adult KAP survey believed that substance use entailed a risk. In fact, substance use was viewed as a risky activity, to a lesser extent in Manila City and with regard to drinking and smoking. Nearly one quarter of the respondents in both sites (24.2% in Manila City and 23.0% in Davao City) viewed the regular use of alcohol (taking one or two drinks several times a week) by adults as of no or a slight risk. Respondents in Manila City also regarded the use of illicit substances by young people as less risky than if adults use these substances.

View that substances are easy to obtain

Figure 5 presents the views of the respondents in the adult KAP survey on the availability of substances in their communities. The respondents in both sites viewed tobacco and alcohol products as very or fairly easy to obtain in their communities. For example, 69.4% in Manila City and 70.0% in Davao City stated that it was very or fairly easy to obtain cigarettes in their communities. Between 36.1% and 58.1% of the respondents in Manila City, and between 61.0% and 65.0% in Davao City indicated various alcoholic

beverages as very/fairly easy to obtain in their communities. Illicit substances and prescription medicine seemed to be difficult to obtain in both sites. Between 6.0% and 16.0% in Davao City stated that it was very or fairly easy to obtain illicit substances in their community; the corresponding percentages in Manila City were 2.1% and 17.4%. Less than 10.0% of the respondents in both sites indicated that it was very/fairly easy to obtain tranquilizers and sedatives in their communities.

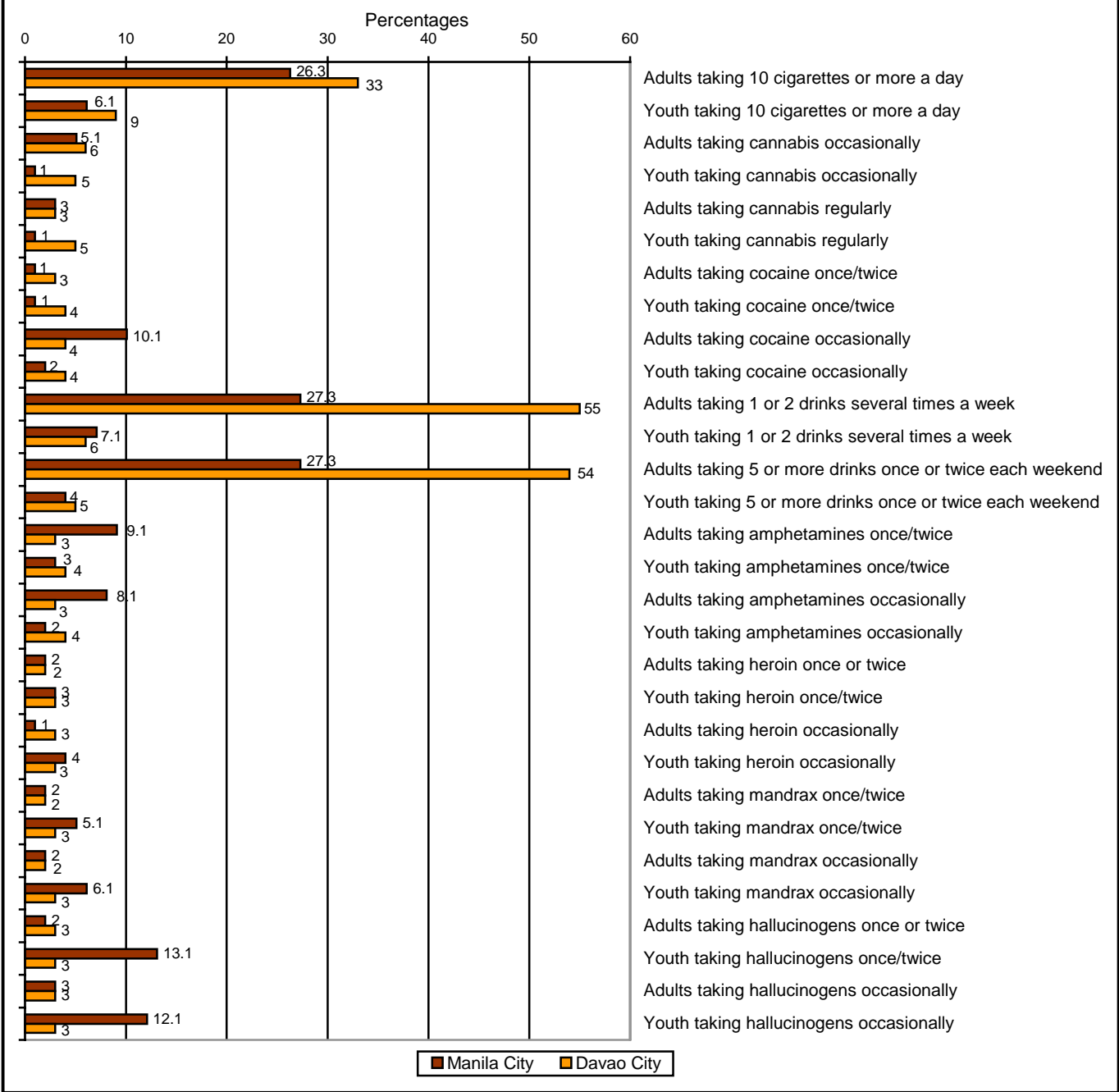
Views on the places where substances are normally used

The respondents in both sites in the adult KAP survey identified a variety of social gatherings or places where drinking normally took place, whether young people or adults participated in the events concerned. At least 78.3% of the respondents in Manila City and 62.0% in Davao City identified adult drinking as normally taking place at religious and other public festivals, weddings, funerals, at work, at parties, when visiting and at weekends. Illicit substance use seemed to be a more isolated activity.

Awareness of the legal status of substance use

By far the majority (at least 86.0% in Manila City and 93.0% in Davao City) of the respondents in the adult KAP survey knew that the use of cannabis, cocaine, heroin, amphetamines, mandrax and hallucinogens was illegal in their respective communities. At least 81.8% in Manila City and 95.0% of the respondents in Davao City were of the view that the mentioned substances should remain illegal. The respondents in Davao viewed the non-medical use of prescription medicine (sedatives and tranquilizers) and over-the-counter pain relievers as illegal and as needing to remain illegal. The non-medical use of sedatives, tranquilizers and pain relievers was regarded as illegal by respectively 83.0%, 77.0% and 68.0% in Manila City, and 95.0%, 90.0% and 90.0% in Davao City.

**Figure 3: (Strong) approval of substance use in the Adult KAP Survey
(Manila City: N=99; Davao City: N=100)**



**Figure 4: Substance use entails no or a slight risk in the Adult KAP Survey
(Manila City: N=99; Davao City: N=100)**

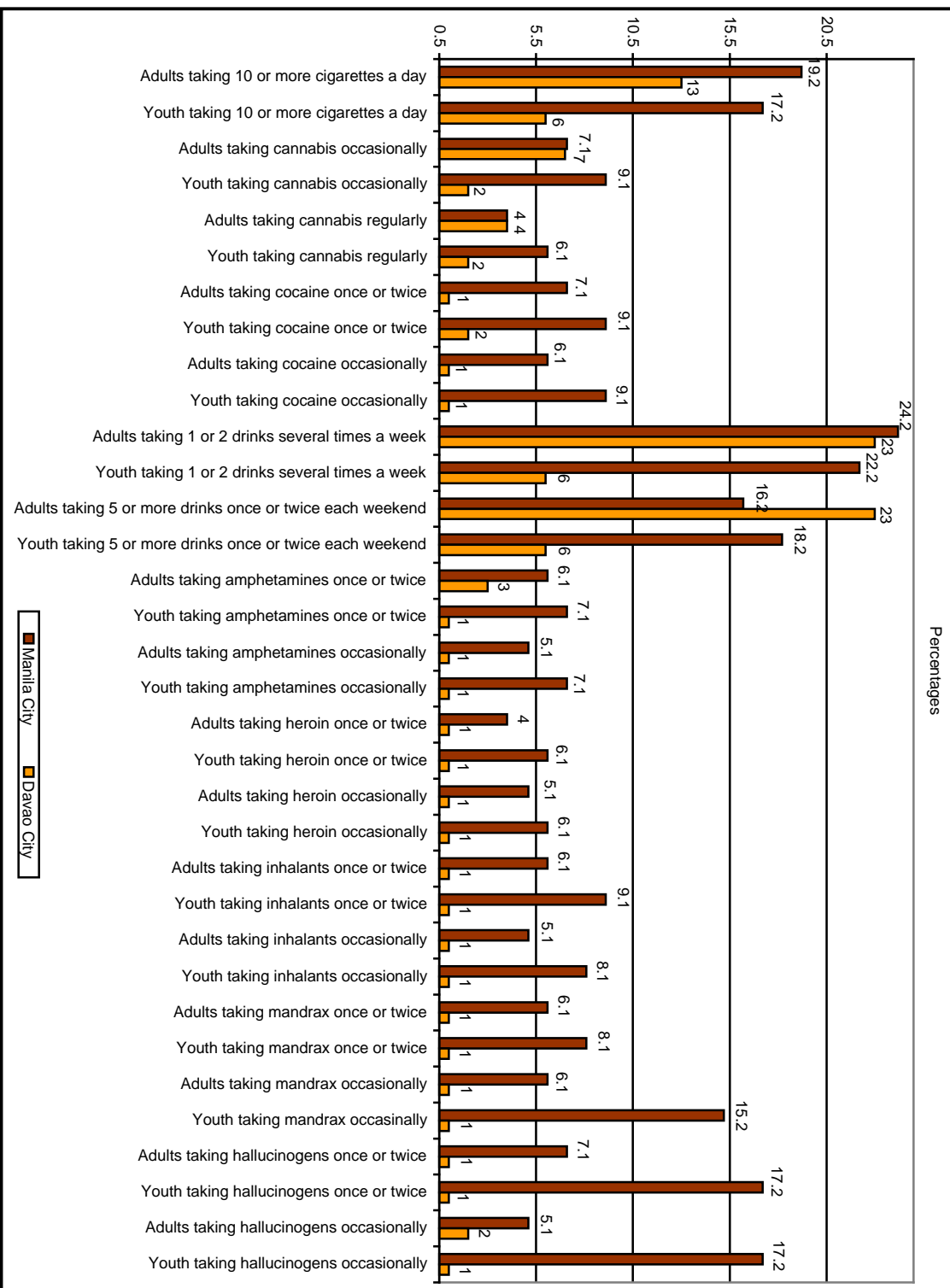
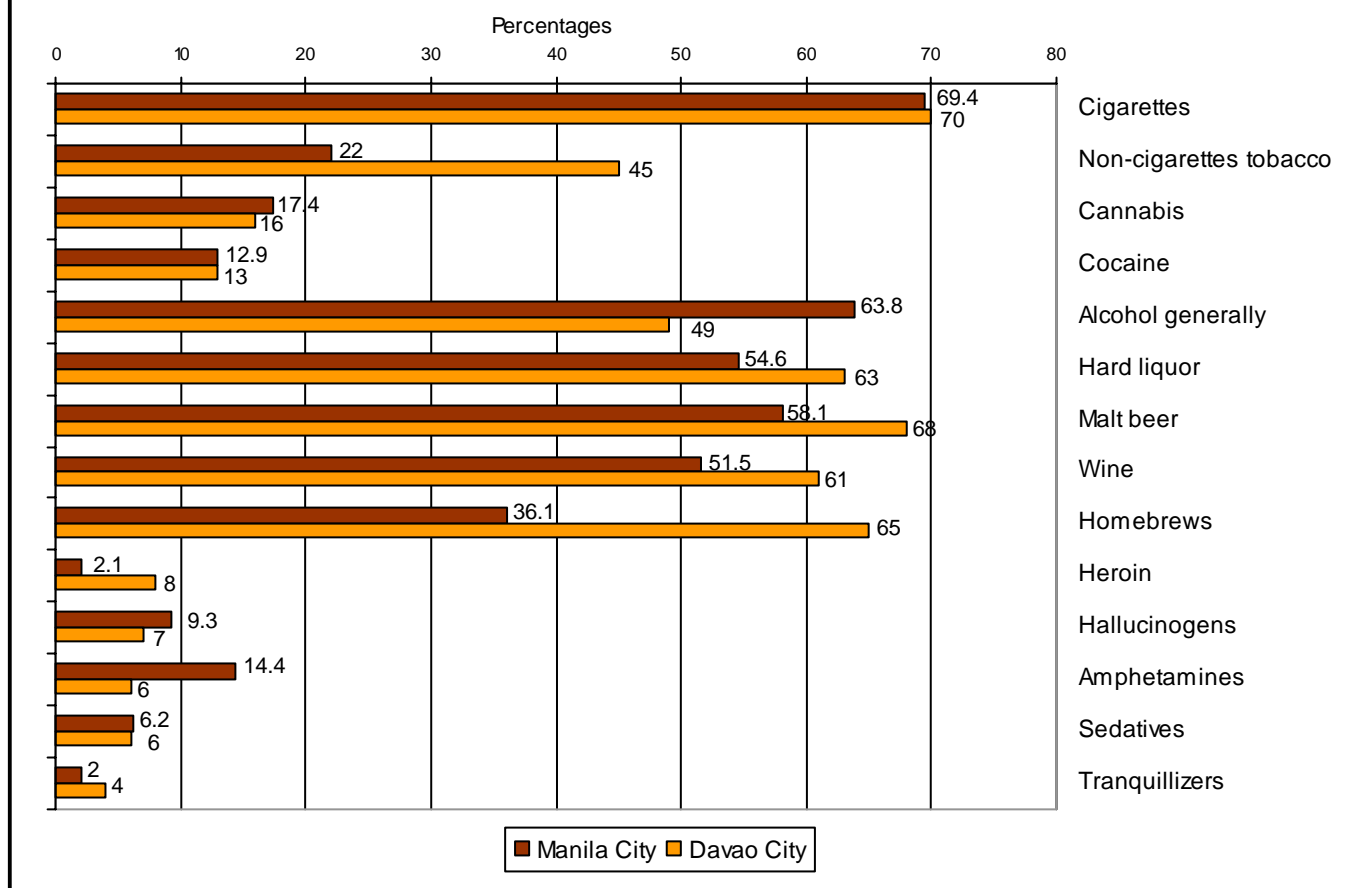


Figure 5: View that substances are very or fairly easy to obtain in the Adult KAP Survey (Manila City: N=99; Davao City: N=100)



3.2.3 Youth KAP Survey results

(a) *Lifetime and current (past 12 months' and past 30 days') substance use*

Figure 6 shows reported substance use in the youth KAP survey. Use of a variety of substances was reported—particularly cigarettes, alcoholic beverages, cannabis and, in Manila City, over-the-counter pain relievers and to a lesser extent tranquillizers and sedatives. At least one fifth of the respondents admitted lifetime use of cigarettes and various alcoholic beverages—i.e. in Manila City 31.7% reported the use of hard liquor, 24.3% the use of malt beer, 23.7% the use of cigarettes, 22.0% the use of wine and 20.7% the use of homebrews; in Davao City 32.9% admitted the use of cigarettes, 28.3% the use of

homebrews, 27.3% the use of malt beer and 15.8% the use of hard liquor. In Manila City, 7.0% admitted lifetime cannabis use and 12.2% in Davao City; 5.9% in Davao City reported lifetime use of hallucinogens, and 4.7% in Manila City the use of injections.

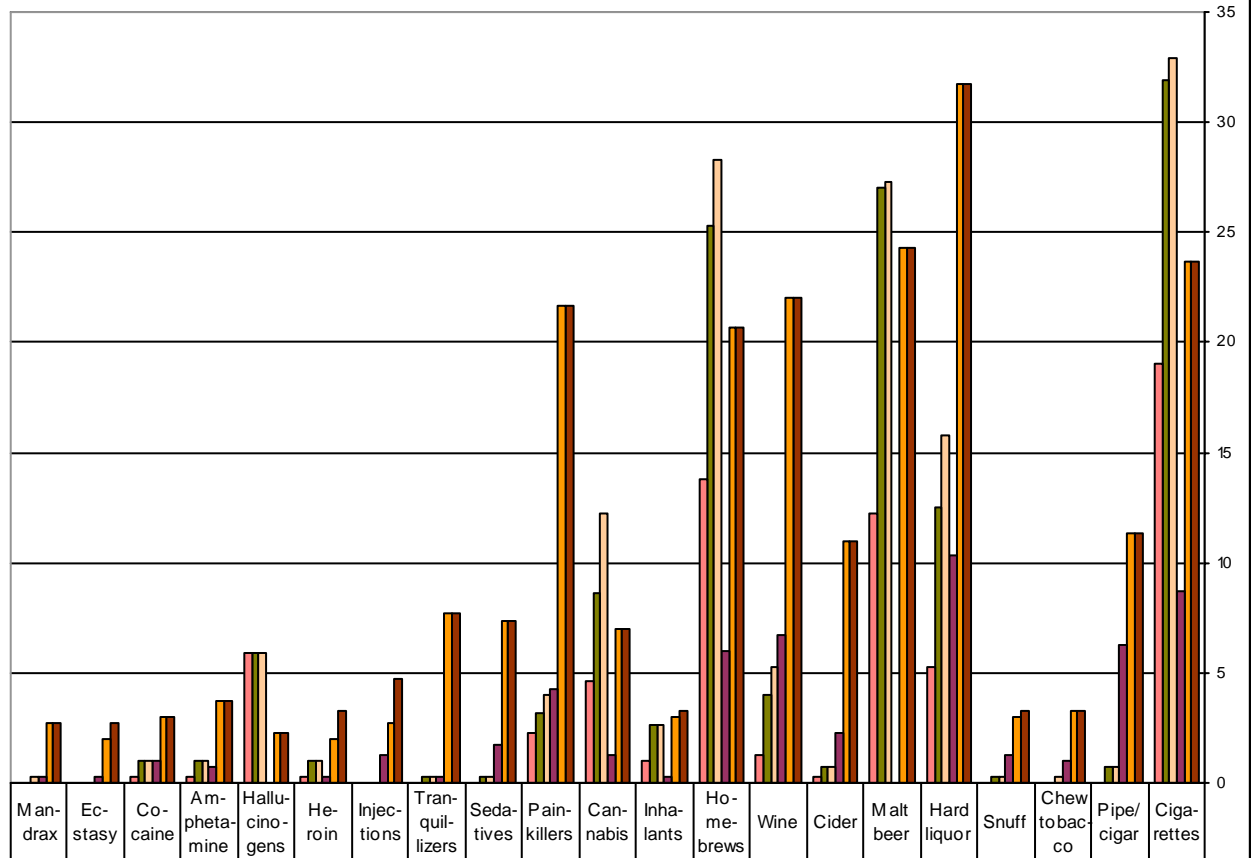
Table 4 shows the gender differentiation among past 12 months' users of most commonly reported substances. Males generally predominated, particularly in Davao City. In Manila City male predominance was less marked among past 12 months' than lifetime users (except in the case of hard liquor and cannabis); past 12 months' users of homebrews did not differentiate in terms of gender. Gender difference was small among wine users; and females predominated among past 12 months' users of cannabis.

Table 4: Gender differentiation among lifetime and past 12 months' users of selected substances in the Youth KAP Survey

Substance	Manila City		Davao City	
	Males (%)	Females (%)	Males (%)	Females (%)
Cigarettes				
1. Lifetime	64.3	35.7	78.0	22.0
2. Past 12 months.....	56.8	43.2	79.3	20.7
Hard liquor				
1. Lifetime	63.2	36.8	77.1	22.9
2. Past 12 months.....	69.8	30.2	81.3	18.7
Wine				
1. Lifetime	55.0	45.0	62.5	37.5
2. Past 12 months.....	55.0	45.0	66.7	33.3
Malt beer				
1. Lifetime	67.3	32.7	63.9	36.1
2. Past 12 months.....	56.1	43.9	61.3	38.7
Homebrews				
1. Lifetime	70.3	29.7	72.1	27.9
2. Past 12 months.....	50.0	50.0	80.5	19.5
Cannabis				
1. Lifetime	78.6	21.4	81.2	18.8
2. Past 12 months.....	44.4	55.6	92.3	7.7

Figure 6: Substance use in the Youth KAP Survey (Manila City: N=300; Davao City: N=304)

Percentages



	Man-drax	Ec-stasy	Co-caine	Am-pheta-mine	Hallu-cino-gens	He-roin	Injec-tions	Tran-quil-izers	Seda-tives	Pain-killers	Can-nabis	Inha-lants	Ho-me-brews	Wine	Cider	Malt beer	Hard liquor	Snuff	Chew toba-c-co	Pipe/cigar	Ciga-rettes
■ Manila City: Lifetime use	2.7	2.7	3	3.7	2.3	3.3	4.7	7.7	7.3	21.7	7	3.3	20.7	22	11	24.3	31.7	3.3	3.3	11.3	23.7
■ Manila City: Past 12 months' use	2.7	2	3	3.7	2.3	2	2.7	7.7	7.3	21.7	7	3	20.7	22	11	24.3	31.7	3	3.3	11.3	23.7
■ Manila City: Past 30 days' use	0.3	0.3	1	0.7	-	0.3	1.3	0.3	1.7	4.3	1.3	0.3	6	6.7	2.3	-	10.3	1.3	1	6.3	8.7
■ Davao City: Lifetime use	0.3	-	1	1	5.9	1	-	0.3	0.3	4	12.2	2.6	28.3	5.3	0.7	27.3	15.8	0.3	0.3	0.7	32.9
■ Davao City: Past 12 months' use	-	-	1	1	5.9	1	-	0.3	0.3	3.2	8.6	2.6	25.3	4	0.7	27	12.5	0.3	-	0.7	31.9
■ Davao City: Past 30 days' use	-	-	0.3	0.3	5.9	0.3	-	-	-	2.3	4.6	1	13.8	1.3	0.3	12.2	5.3	-	-	-	19

(b) Regular/heavy substance use, alcohol dependence and substance-related consequences

Table 5 shows that regarding the substances most commonly used in the 12 months before the youth KAP survey, young people reported regular use (at least weekly use) of cigarettes rather than other substances. Furthermore, males rather than females admitted regular substance use, especially in Davao City.

Table 5: Frequent use (at least weekly) of selected substances in the 12 months before the Youth KAP Survey by gender (Manila City: N=300; Davao City: N=304)

Substance	Manila City (%)		Davao City (%)	
	Males	Females	Males	Females
Cigarettes.....	13.0	3.7	22.7	2.3
Hard liquor	5.7	2.7	4.9	0.7
Wine	3.0	2.0	1.3	-
Malt beer	5.7	3.7	6.6	1.0
Homebrews.....	3.0	1.0	9.9	0.7
Cannabis.....	1.7	1.7	3.3	-

Table 6 shows that a number of the young people in the youth KAP survey—especially males—admitted experiencing symptoms of alcohol dependence in the 12 months before the survey, i.e. between 5.7% and 24.0% in Manila City and between 6.2% and 15.4% in Davao City. Experiences of an inability to stop after the first drink were fairly common among young people in Manila City, i.e. 13.0% males and 11.0% females reported such experiences. Some young people admitted experiencing substance use-related consequences in the said period, particularly in Manila City. For example, 22.7% males and 20.3% females in Manila City reported involvement in substance use-related fights/arguments in the 12 months before the youth KAP survey.

(c) Context of substance use, onset age and reasons for first use

Table 7 presents the responses in the youth KAP survey regarding the context within which first use and past 12 months' use took place, including the reasons for first use. Figures 7 and 8 show the extent to which significant others in the lives of the youth used substances and, more generally, the extent to which the respondents admitted knowing someone who used psychoactive substances.

Table 6: Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey, an ellipsis indicating that data were not available (Manila City: N=300; Davao City: N=304)

Variables	Manila City		Davao City	
	Males %	Females (%)	Males %	Females (%)
Alcohol dependence				
1. Inability to stop after the first drink.....	13.0	11.0	11.2	4.0
2. Neglect of responsibilities due to drinking.....	7.3	4.0	12.8	2.6
3. Early morning drinking.....	3.7	2.0	5.9	0.3
4. Remorse/guilt after a drinking session.....	5.0	4.0	10.2	2.6
5. Memory lapse after/during a drinking session.....	5.3	5.0	7.2	1.5
Substance use-related consequences				
1. Someone injured because of drinking.....	1.3	3.3	3.0	0.3
2. Someone expressed concern about drinking.....	3.3	8.0	4.9	1.7
3. Driving under the influence of a substance.....	3.3	5.0	.....	15.1 ^x
4. Poor work/school performance.....	6.7	5.0	.....	2.3 ^x
5. Substance use-related disorderly behaviour.....	3.0	4.7	.....	2.0 ^x
6. Substance-related fights/arguments.....	22.7	20.3	.....	4.9 ^x
7. Operation of a machine under the influence.....	2.7	4.7	7.2	2.3 ^x

^x Figures apply to the overall number of respondents, data on gender differentiation not being available.

Age of first use of substances

In both sites and with regard to the most commonly used substances, the respondents in the youth KAP survey indicated that first use of the relevant substances commenced within mid-adolescence (15-16 years age group). In Manila City the median age of onset was 15.8 years for cigarettes, 16.0 years for hard liquor and malt beer, 16.4 years for homebrews, 16.6 years for wine and 16.8 years for cannabis. In Davao City the median onset age for cigarettes was 15.4 years, for homebrews 15.4 years, for wine 16 years, for malt beer 16.2 years, for hard liquor and cannabis 16.6 years.

Table 7: Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey (Manila City (N=300), Davao City (N=304)), an ellipsis indicating that data are unavailable

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt Beer (%)	Wine (%)	Homebrews (%)	Cannabis (%)
Manila City						
Age at 1st use						
≤10-12 years	3.0	1.7	2.0	1.3	2.0	0.7
13-14 years	5.0	7.7	7.0	2.3	2.0	-
15-16 years	8.0	9.0	8.0	9.3	9.0	2.3
17-18 years	5.0	6.7	5.0	5.0	5.0	1.7
≥19 years	1.3	3.0	2.0	4.0	2.0	0.7
Davao City						
Age at 1st use						
≤10-12 years	4.3	1.7	3.6	1.3	6.3	-
13-14 years	9.5	2.6	4.0	0.3	5.3	1.3
15-16 years	10.9	3.6	11.2	1.3	9.5	4.9
17-18 years	4.9	4.6	6.6	1.3	3.0	3.0
≥19 years	2.3	0.7	3.0	0.3	3.3	0.7
Manila City						
Reasons for 1st use						
Social acceptance	5.0	6.0	4.0	4.7	3.3	0.7
Curiosity	5.3	4.0	3.3	4.0	6.3	2.3
Enjoyment	9.3	16.0	16.3	11.3	9.7	1.3
Religious ritual	1.0	0.3	-	0.3	-	-
Boosting sex	0.7	1.0	0.3	0.3	0.3	0.3
Improve performance	0.3	-	-	0.3	-	-
Relieve cold/hunger/fatigue/stress	1.0	0.3	-	0.3	0.7	1.3

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt Beer (%)	Wine (%)	Homebrews (%)	Cannabis (%)
Davao City						
Reasons for 1st use						
Social acceptance	3.6	2.0	2.9	0.3	1.0	-
Curiosity	16.5	6.3	13.9	2.6	13.2	6.9
Enjoyment	9.2	5.3	10.5	0.7	10.5	3.0
Boosting sex	0.3	-	-	-	-	-
Improve performance	0.3	-	0.3	-	-	-
Relieve cold/hunger/fatigue/stress	1.0	0.7	0.7	0.3	0.3	-
Religious ritual	0.3	0.3	0.3	0.3	-	-
Manila City						
Provider of 1st substance						
Friend	15.7	18.0	17.0	...	...	3.3
Family.....	2.7	2.3	3.3	...	...	1.7
Dealer	1.3	0.3	0.7	...	...	0.7
Acquaintance.....	1.3	4.7	3.0	...	...	-
Davao City						
Provider of 1st substance						
Friend	28.0	10.2	17.1	2.6	13.2	5.3
Family.....	2.3	0.3	6.3	1.0	7.6	0.3
Dealer	0.7	-	-	0.3	0.7	2.3
Acquaintance.....	-	1.0	0.7	-	-	-
Manila City						
Place of 1st use						
Friend's home.....	11.3	19.3	17.3	...	...	...
Family home.....	3.7	4.0	5.0	...	...	...
Public place	1.3	1.0	1.0	...	...	...
College/school/work place	3.3	1.7	1.0	...	...	...
Open/street/bush/bridge	1.7	1.3	1.0	...	...	...

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt Beer (%)	Wine (%)	Homebrews (%)	Cannabis (%)
Davao City						
Place of 1st use						
Friend's home.....	13.8.....	8.6.....	12.5.....	1.6.....	9.9.....	.....
Family home.....	5.6.....	2.3.....	8.6.....	1.0.....	8.6.....	.....
Public place.....	3.6.....	0.7.....	1.6.....	1.0.....	1.3.....	.....
College/school/work place.....	5.6.....	-.....	1.0.....	-.....	0.3.....	.....
Open/bush/bridge.....	2.6.....	-.....	0.3.....	-.....	0.3.....	.....
Manila City						
Past 12 months: Place of use						
Friend's home.....	7.7.....	17.0.....	16.0.....	12.3.....	13.0.....	3.7.....
Family home.....	7.4.....	4.7.....	5.3.....	3.7.....	5.3.....	0.7.....
Public place.....	1.3.....	2.3.....	2.0.....	3.7.....	0.3.....	0.3.....
College/school/work place.....	1.3.....	3.0.....	1.3.....	1.3.....	0.3.....	-.....
Open/bush/bridge.....	1.7.....	0.7.....	0.7.....	0.3.....	0.3.....	-.....
Davao City						
Past 12 months: Place of use						
Friend's home.....	10.5.....	7.9.....	11.2.....	1.3.....	9.2.....	5.6.....
Family home.....	9.2.....	4.3.....	11.2.....	1.3.....	14.8.....	0.3.....
Public place.....	3.3.....	1.0.....	3.3.....	1.0.....	0.7.....	0.7.....
College/school/work place.....	5.9.....	0.3.....	1.3.....	0.3.....	0.3.....	1.0.....
Open/bush/bridge.....	2.3.....	-.....	-.....	-.....	0.3.....	0.7.....

Reasons for first use of substances

In both sites curiosity and expectations of enjoyment and social acceptance motivated first use of commonly used substances. Various other issues also played a role in the onset of substance use such as relief of cold/hunger/stress in the case of cigarettes and, in the case of Manila City, cannabis; as well as the boosting of sex in the case of first use of hard liquor in Manila City.

Providers of first substances

With regard to the most commonly reported substances, the respondents in the youth KAP survey mostly indicated friends as the providers of their first substances (between 3.3% and 18.0% in Manila City and between 2.6% and 28.0% in Davao City). Family members also featured prominently as the providers of the youngsters' first cigarette and malt beer; as well as wine and homebrews in the case of Davao City; and cannabis in the case of Manila City. Dealers featured fairly prominently in the first use of cannabis in Davao City.

Place of first and past 12 months' use

Onset of substance use and usage in the 12 months before the youth KAP survey typically took place in the privacy of private homes. Schools, colleges or places of work also featured fairly prominently as the places where cigarettes were first used.

Substance use among significant others

Figure 7 shows that many close associates of the young people in the youth KAP survey used cigarettes and alcohol, particularly close friends and fathers and especially in Davao City (i.e. between 32.3% and 55.6% in Manila City, and between 43.1% and 61.2% in Davao City). Regular drunkenness among close friends (13.3% in Manila City and 15.1% in Davao City) and fathers (33.4% in Manila City) was also fairly common. A number of young people Davao City reported close friends who used cannabis (16.8% in Davao City and 9.0% in Manila City). A few youngsters in Manila City (between 1.6% and 5.7%) and none in Davao City indicated various close associates as using amphetamines.

Knowledge/awareness of substance users

Figure 8 shows that the young people generally knew someone who used an alcohol or tobacco product. For example, in Davao City many youngsters said that they knew someone who used hard liquor (48.4%), malt beer (51.3%), homebrews (64.8%) and cigarettes (73.3%). In Manila City most young people knew someone who used hard liquor (73.3%), wine (63.3%), malt beer (61.7%), homebrews (50.7%) and

cigars/pipes (59.0%). Comparatively few youngsters in Manila City knew someone who used cigarettes (16.3%). Many youngsters knew someone who used cannabis—50.0% in Manila City and 44.8% in Davao City—with a number (35.0%) of young people in Manila City and a few (2.6%) in Davao City stating that they knew someone who used amphetamines. Whereas a small number of young people in Davao City (between 1.1% and 3.3%) knew someone who used an illicit substance other than cannabis and amphetamines, quite a large number did so in Manila City (between 12.3% and 19.0%).

(d) *Attitudes/views regarding substance use and knowledge/awareness of the legal status of substances*

Approval of substance use

Figure 9 shows that approval of youth substance use was rare—though less so in the case of regular cannabis use in Manila City (22.0% approved this practice), regular drinking (young people taking one or two drinks several times a week) in Davao City (21.7% approved such drinking), and the use of mandrax in Manila City (21.0% approved taking this substance once or twice and 20.0% approved occasional use). About one tenth of the respondents approved of young people taking 10 cigarettes or more per day (15.5% in Davao City and 11.3% in Manila City), and taking 5 or more drinks each weekend (13.2% in Davao City and 11.3% in Manila City). Whereas very few respondents in Davao City (between 0.3% and 1.7%) approved youth use of illicit substances other than cannabis and mandrax, about three times more did so in Manila City (between 5.0% and 7.0%). None in Davao City approved youth use of mandrax.

View that substance use entails no or a slight risk

Consistent with the general tendency not to approve youth substance use—less so in some instances—the young people in the youth KAP survey generally indicated youth substance use as a risky practice, as illustrated in Figure 10 with regard to youngsters in Manila City. At the most one tenth (between 8.0% and 10.7%) of the young people in Manila City stated that youth use of illicit substances entailed a slight or no risk. Somewhat higher percentages believed that young people who drank alcohol regularly (one or two drinks several times a week) (17.7%) and smoked 10 cigarettes or more per day (13.6%) exposed themselves to no or a slight risk.

View that substances are easy to obtain

In line with reported substance use practices, Figure 11 shows that youngsters in both sites generally believed that licit (alcohol and tobacco products) rather than illicit substances were fairly or very easy to obtain in their communities. Between 16.7% and 46.0% in Manila City and between 26.3% and 45.7% in Davao City indicated various licit substances as very/fairly easy to obtain in their communities; the

corresponding percentages with regard to illicit substances were 1.7% and 9.0% in Manila City and 1.0% and 5.6% in Davao City. Over-the-counter pain relievers also seemed reasonably easy to obtain, 19.7% of the youngsters in Manila City indicated these substances as fairly/very easy to obtain.

Awareness of the legal status of substance use and views on changing this status

The youth KAP survey showed that young people were well informed about the legal status of psychoactive substances in their communities. In Manila City between 90.3% and 92.3% of the respondents indicated that the non-medical use of psychoactive substances was illegal; slightly lower percentages did the same with regard to sedatives (89.7%), tranquilizers (87.0%) and over-the-counter pain relievers (73.7%). In Davao City the corresponding percentages were lower with regard to psychoactive substances—i.e. between 79.9% and 90.5% of the respondents regarded the non-medical use of psychoactive substances as illegal, 84.2% did so with regard to sedatives, 84.5% with regard to tranquilizers, and 84.5% with regard to over-the-counter pain relievers. A number of respondents favoured the legalization of illicit substance use (between 13.7% and 16.7% in Manila City and between 11.2% and 36.2% in Davao City) and especially prescription medicine and over-the-counter pain relievers (between 17.7% and 39.3% in Manila City and between 30.9% and 31.6% in Davao City).

Occasions on which substances are normally taken

The youth KAP survey also showed that young people normally used alcohol at a variety of social gatherings—between 35.7% and 42.3% (weekend drinking) in Manila City and between 29.0% and 78.6% (drinking at parties) in Davao City indicated religious festivals, public festivals, weddings, funerals, sporting events, parties, weekends, and visiting times as drinking occasions. The use of illicit substances took place at more restricted occasions. For example, in Manila City the use of cannabis took place at public festivals; amphetamines, heroin and cocaine at sporting events; and hallucinogens at weddings. In Davao City youngsters stated that cannabis use normally took place at sporting events, weddings, parties, and at visiting times; heroin use took place at parties and cocaine use at funerals.

Figure 8: Knowledge of someone using substances in the Youth KAP Survey (Manila City: N=300; Davao City: N=304)

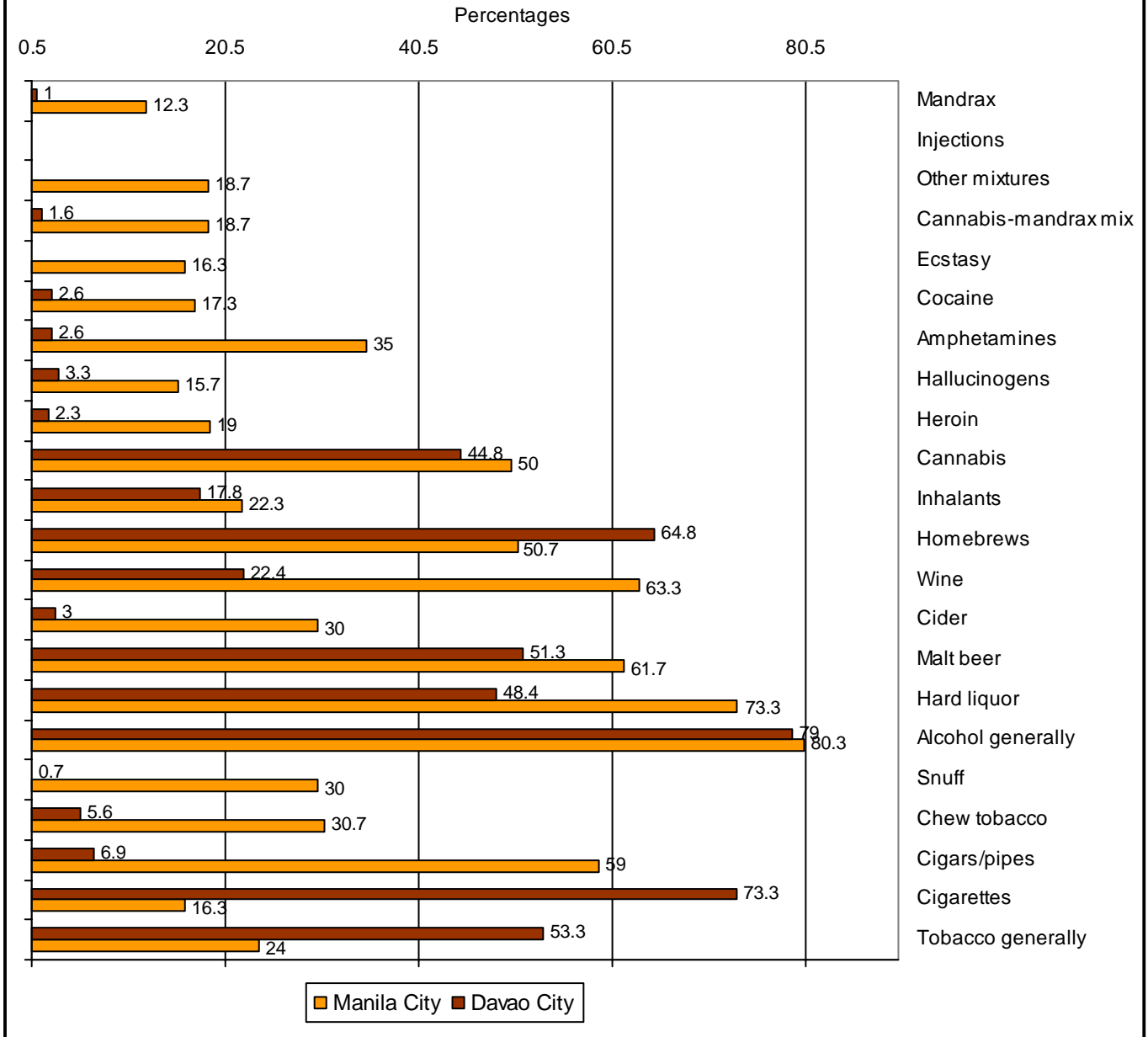


Figure 9: (Strong) approval of youth substance use in the Youth KAP Survey (Manila City: N=300; Davao City: N=304)

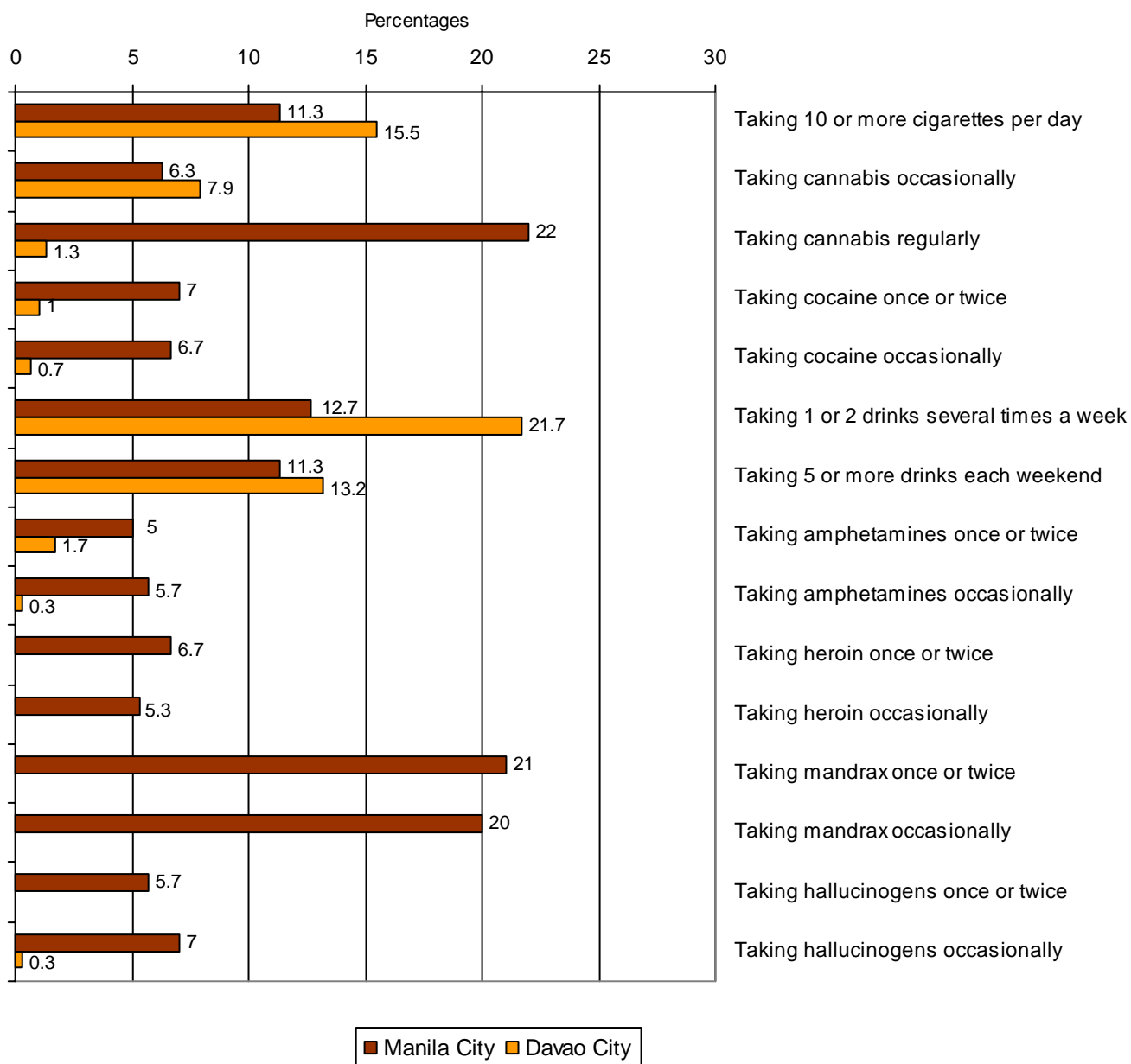


Figure 10: View that substance use is not or a slight risk in the Youth KAP Survey in Manila City (N=300)

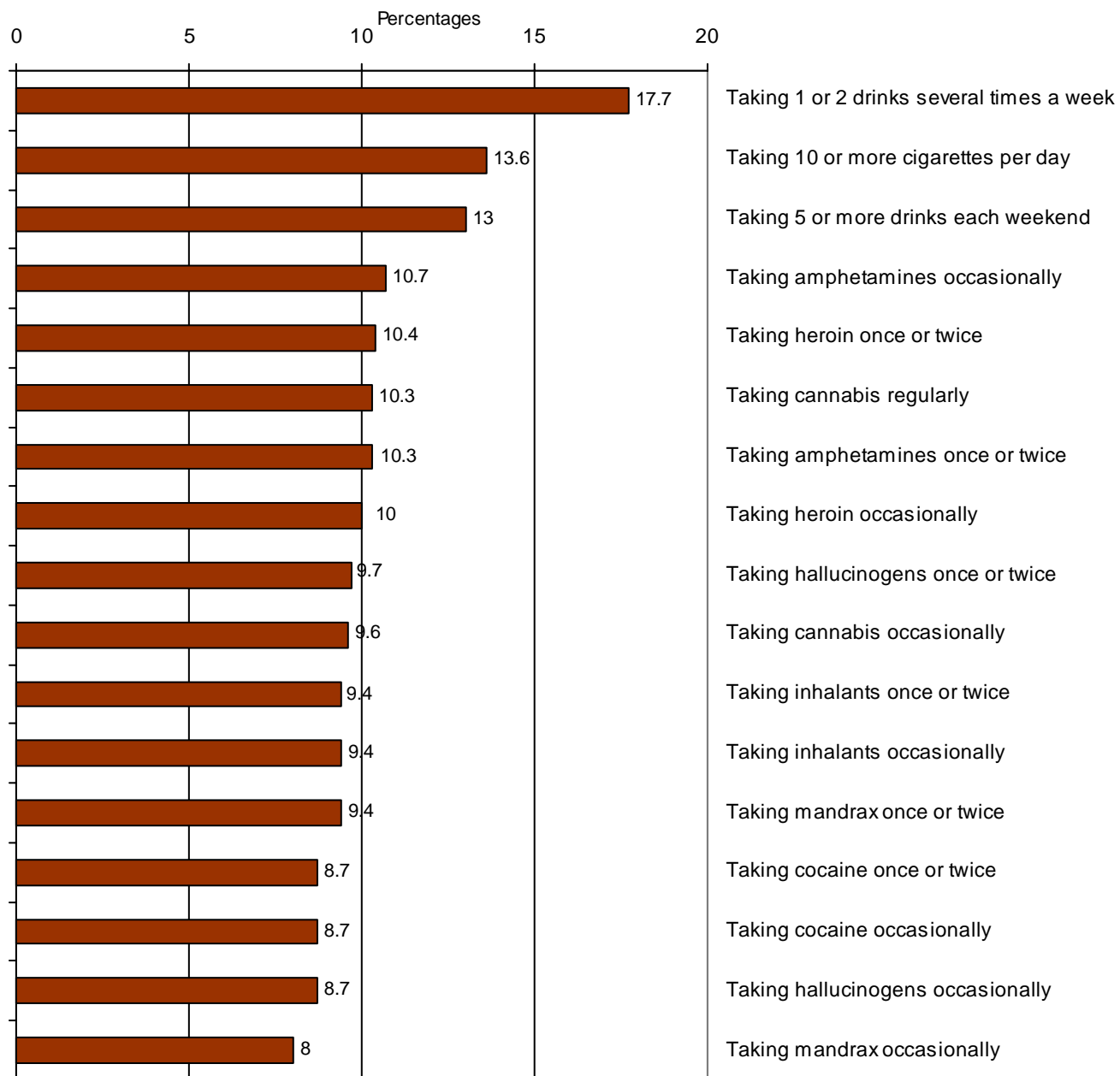
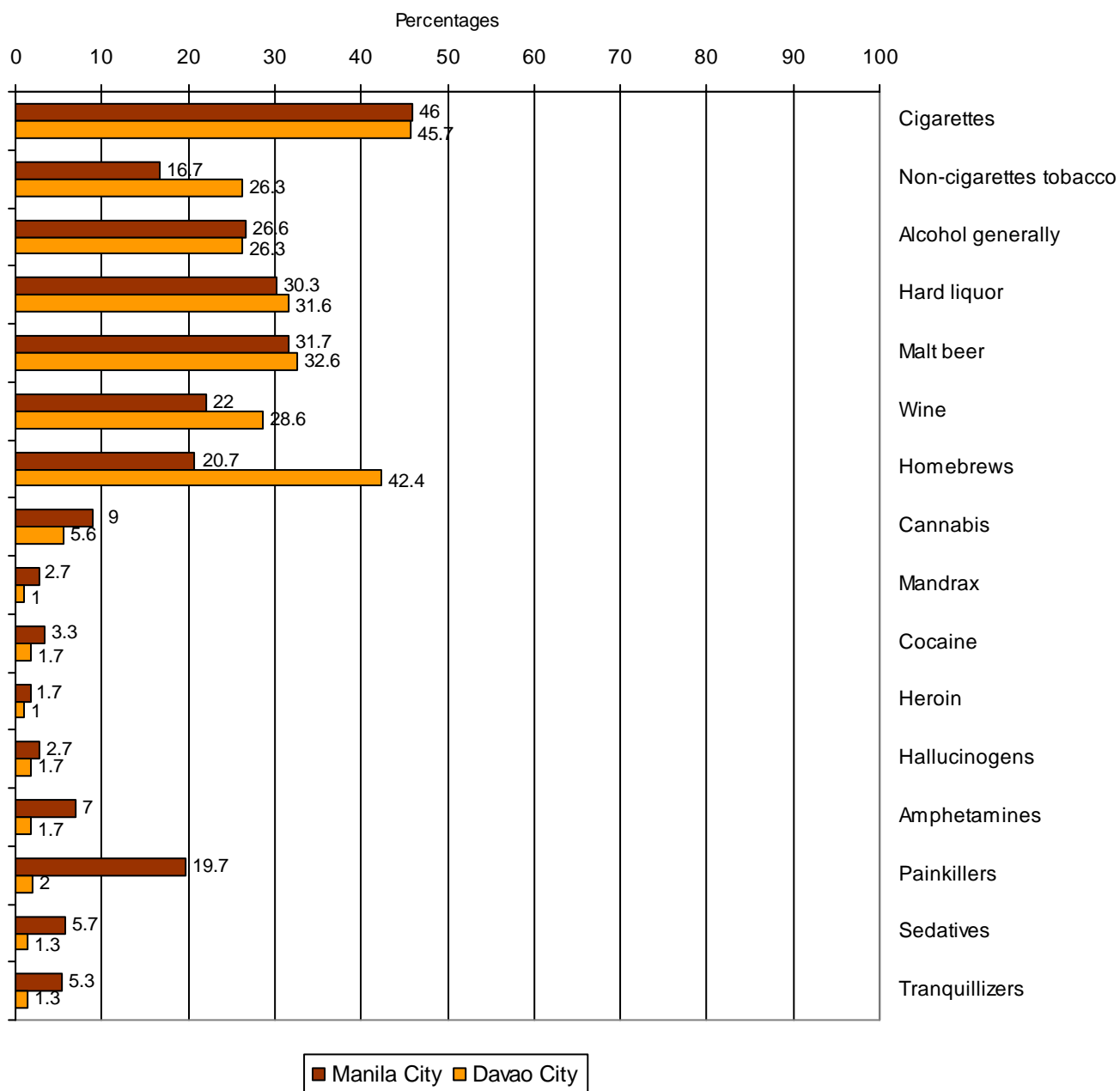


Figure 11: View that substances are fairly/very easy to obtain in the Youth KAP Survey (Manila City: N=300; Davao City: N=304)



3.3 Community Profile 1: Organizational and cultural context

The use of the licit substances, alcohol and tobacco—was part of day-to-day life, to a lesser extent in Davao City (Table 8). Substance use practices/norms were also changing, with the range of substances used widening. Whereas cannabis used to be the most popular illicit substance, metamphetamine hydrochloride—or “shabu”— was increasingly taking the place of cannabis.

Substance use was particularly a male and low socio-economic group phenomenon, except that “shabu” tended to be common among the affluent. Heavy cigarette use was common among young street vendors, binge drinking among senior students (e.g. high school and college students), and solvent use among the homeless and street vendors. Drinking was associated with negative experiences such as trouble with the law, damage to property and injuries, occurred over the weekend, specifically Sundays. The country baseline assessment report, for example, showed with regard to Manila City: “[On] Sundays, many people ... start the day with preparations for drinking sprees ... meetings ... are set during the morning while people, especially the males are still sober. In the afternoons people are already drunk or high on drugs. For most of the people, there is hardly time for serious worship.” In Davao City cigarette use was generally tolerated, whether participated in by young or old. Illicit substance use in Davao City was associated with persons visiting rather than residents, thus was regarded as a “foreign” practice. The country baseline assessment report noted: “[The] majority of the users are not bonafide residents of the barangay. They are from other places that happen to be in the area being that the place is the crossroad of many other interior barangays.”

In Davao City the rise in substance use was attributed to issues such as family disintegration, poor parental monitoring and guidance as well as poor communication with children. The country baseline report noted in this respect: “Many parents place more time and concern over their work and career and when in their respective homes, they prefer to sit down with their televisions showing their favourite soap operas.” Financial gain through trade in substances also lured persons into substance use. Peer pressure also played a contributory role in the onset and continuation of substance use. The country report, noted: “Because of the non-availability of parents, children are deprived of opportunities to share and/or consult their parents over their problems or concern. As an alternative, they resorted to make use of their peers to listen to their concerns.” Furthermore, community members generally associated dependence on substances with negative issues such as stubbornness, lack of self-control, untidiness, irritability, impetuosity and unreasonableness. However, within certain circles such as gangs, dependence had a positive meaning, i.e. was associated with joy and happiness together with friends.

In Manila City the rise in substance use was attributed to broader socioeconomic conditions such as rapid urbanization and a consequent rise in population density and informal settlement, increased access to substances, moral degeneration, weak and inappropriate parental guidance to young people with regard to substance use, weak law enforcement and a lack of sustained government support to the prevention of

substance use. Some parents traded in illicit psychoactive substances and adults generally set an example of substance use even though they were aware that such use was potentially harmful. The baseline assessment country report stated: "...some of the informants and interviewees vehemently disclosed their opinions that the drug scenario in their respective barangays had become a public health issue as well as a deterrent to their development and quality of life." Illicit substances such as Metamphetamine Hydrochloride ("shabu") were locally produced, with law enforcement officers believed to cooperate with traders. The country baseline report noted: "[Key informants believed] ... that no matter what they do to protect their families from drug abuse, they are in for a futile battle and that drug dealers are part of a hundred of billion dollars worth of international conspiracy to take control of the minds of the youths. Some of the community leaders echoed that they see television shows and read newspapers that reveal a well-organized and well-protected network of local drug syndicates linked to regional/international cartels. The young key informants admitted that the government is outgunned, and outspent by narcotics traffickers ... According to them law enforcement was a very expensive undertaking which had become ineffective due to corruption [in the] ... police force. No doubt there is grave danger that the whole fabric of the Paco and Pandacan communities is weakened by the drug abuse problem if not properly dealt with and soon."

The lower incidence of substance use in Davao City was inter alia linked to the strong preventive efforts and commitment among non-government organizations, (including religious agencies), local and national government units (e.g. law enforcement officers), parent-teachers' associations, and the media. The country baseline report indicated: "The community possesses both the organizational structures and the human resources that can be harnessed to address the over-all goal of implementing intervention programs aimed specifically at preventing the use and abuse of all psychoactive substances."

Manila City largely lacked the highly committed and numerous prevention agencies characteristic of Davao City (Table 9). Service delivery was constrained by (a) limited interagency coordination and interaction, particularly between government and civil society structures, and (b) feelings of hopelessness among non-government agencies.

3.4 Community Profile 2: Societal structures and processes

Households in Manila City were generally small (i.e. on average 4.6 persons), and were generally living in deteriorating socio-economic circumstances. The incomes of families in Manila City were decreasing because of deteriorating economic conditions in the country, even though most families were engaged in formal and informal business activities. Dwellings were sub-standard, with about 18.0% made of cardboard and other improvised materials. Because of limited space, informal dwellings were increasingly erected along railroad tracks and riverbanks, under bridges, and in government and private lots. In terms of educational facilities, residents in Manila City were well provided for, i.e. the majority had access to local educational institutions. The leading causes of morbidity in Manila City were

diarrhoea, bronchitis, tuberculosis, influenza, and pneumonia. The leading causes of death were heart diseases, diseases of the vascular system, pneumonia, malignant neoplasm, all forms of tuberculosis, pulmonary diseases, diabetes mellitus and nephritis. Conditions for trading in and accessing psychoactive substances were also positive.

In Davao City, households were also generally small, i.e. comprised on average five persons per household. Homeless persons were rare because of the culture of affluent families taking in orphaned or abandoned relatives as household members or household employees. Dwellings had adequate sanitary, cooking, water and electricity facilities and well built single detached buildings. Most roads were of gravel, with residents having easy access to the national road network. Davao City had the reputation of being a pleasant place to live in. Households observed environmental friendly refuse disposal practices. The community was also well provided for in terms of educational facilities. Although the average household income was lower than the national average, it was increasing. Prevalent diseases were upper respiratory tract infection, bronchitis, pneumonia, pulmonary tuberculosis and hypertension. Respiratory-related illnesses were the primary causes of death. Alcohol-related injuries and motor vehicle accidents also prevalent.

Conditions for obtaining and trading in psychoactive substances (especially licit substances) were positive in both sites. In Davao City cigarette smoking was tolerated at home and in public places, even for children as young as ten years old. Outlets of alcohol and tobacco (e.g. street vendors) were accessible to the majority of residents.

Table 8: Organized social units' understanding of substance use (data collected through focus groups and key informant interviews)

Status, development and consequences of psychoactive substance use

Types of substances commonly used

- Cannabis second most popular illicit substance
- Inhalants, especially “rugby” (cheap plastic cement) and cough syrups (e.g. Phydol, Pseudoflex, Methodex)
- “Club” substances (e.g. Ecstasy)
- Metamphetamine Hydrochloride (“Shabu/ice”) (most popular illicit substance)
- Licit substances such as alcohol and cigarettes

Substance use patterns/trends

- Substance use less prevalent in Davao than in Manila
- Multiple substance use
- An increase in substance use, e.g. illicit substance use
- (“Heavy”) substance use among all socio-economic sectors, but particularly among the very poor and the young
- Metamphetamine Hydrochloride (“shabu”) has become more popular than cannabis which used to be the most popular illicit substance
- “Shabu” is taken by all ages, males and females, in fact it is a “family” pass time, but more common among the affluent
- Inhalants (especially “rugby”) are popular among poor youngsters and street vendors because they are affordable
- “Club” substances (ecstasy) particularly popular among night-club visitors/workers
- Cannabis and inhalant use are popular among school pupils and on school premises
- Alcohol is the most popular licit substance and usage is common in Manila, with “binge” drinking being common among senior school pupils/college students, and with “heavy” drinking generally occurring on Sundays; cigarettes are quite popular among males, especially among street vendors;
- “Addictive” use not uncommon

Contributors to substance use

- Broader socio-economic conditions: High population density, slum conditions, poverty, rapid urbanization; intense trade in illicit substances, increased access to substances (e.g. to “shabu”), weak law enforcement (police support to traders in illicit substances)
- Small-group conditions: Family/peer support/modelling of substance use (e.g. through involvement in trade); family breakdown; parental neglect; limited involvement in religious activities
- Substance users’ participation in trade in illicit substances to support their habit
- Organized trade in illicit substances

Consequences of substance use

- Violence, criminal activity, corruption within the formal sectors, family breakdown

Table 9: Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews)

Type of units	Main services	Primary prevention programmes/projects, objectives, targets, strategies, resources, level of commitment
<p><u>Government</u></p> <ul style="list-style-type: none"> • Dept of Health • Dept of Social Welfare & Development • Dept of Education • National police service, e.g. Philippines Narcotics Command (NARCOM) • Philippine Dangerous Drugs Board • Barangay Drug Abuse Councils <p><u>Non-government</u></p> <ul style="list-style-type: none"> • Political parties (e.g. the political support group of the mayor in Davao City) • Barangay Councils for the Protection of Children (Davao City) • Mass media agencies • National Red Cross • KKK (Alay-Kapwa, Kabalikat ng Bayan sa Kaunlaran) • Interfaith agencies (e.g. El Shaddai) • Church groups (e.g. Catholic Church’s “Leaders of Communities” and “Singles for Christ” groups in Davao City) • Child Hope • Philippine Mental Health Foundation • Foundation for Drug Information and Communication • Citizens Drug Watch Foundation • Parent-Teachers Associations • Youth groups (e.g. Pagasa Youth Association in Davao City) <p><u>Networks</u></p> <ul style="list-style-type: none"> • Liaison between local drug prevention agencies, between the latter and government agencies and between latter and international bodies • No information available on advocacy initiatives 	<p><u>Government</u></p> <ul style="list-style-type: none"> • Free medical services (hospitals, health centers) for substance-related rehabilitation services (6 centers/clinics in Davao City) as well as specialized rehabilitation services (3 centres in Davao City) • Financial aid for life skill development and training in parenting to counter youth substance use • “Cops on the Block” (e.g. civilian volunteers) and other control efforts • Data collection <p><u>Non-government</u></p> <ul style="list-style-type: none"> • Substance -related awareness programs • Aid at time of environmental disaster • Life skill information • Spiritual programs • Comprehensive programs, including for example education and nutrition services, livelihood development, and counselling 	<p><u>Overall objectives</u></p> <p>Comprehensive strengthening of family relationships Promote socioeconomic support Promote a “drug-free” community, i.e. knowledge, attitudes and practices (KAP) that will prevent onset of and/or continued substance use</p> <p>An “integrated, people-oriented, long-term, comprehensive, and socio-ecological approach”</p> <p><u>Main target group</u> Young people</p> <p><u>Main strategies</u></p> <ul style="list-style-type: none"> • Local government and non-government “guidance and protection” to young people to avoid substance use, with the Philippines Dangerous Drugs Board collaborating with international agencies, e.g. World Health Organization (WHO), United National Drug Control Program (UNDCP), UNESCO, European Communities (EC), “Colombo Plan Bureau” • Specific strategies: Education (information sharing, enhancement of skills and values to resist substance use and increase social competence, reinforcement of attitudes against substance use, role modelling), law enforcement/control, opportunities to participate in drug-free activities (e.g. constructive recreational activities), socioeconomic development <p><u>Programme/project resources, efficacy and sustainability</u></p> <p>Various government and non-government initiatives</p> <p><u>Constraints</u></p> <ul style="list-style-type: none"> • National programs do not filter through to grass roots, especially in Manila City • Limited sustained senior (government) management commitment to effective program implementation, especially in Manila City • “Narrow” program development, e.g. a focus on individuals rather than on environmental issues such as the trading/marketing of substances, and on “specialist” rather than general civil society involvement, indeed limited involvement of the general public (especially young people) in program development • Limited funding available to youth groups (e.g. in Davao City) • Advocacy initiatives limited <p><u>Strengths</u></p> <ul style="list-style-type: none"> • Grass root (e.g. religious agencies) concern and willingness to mobilize against substance use, especially in Davao City • Support of international preventive agencies, and local educational structures (e.g. schools) that have time/facilities and ability to successfully change attitudes and behaviour • Viable programs include those that are people-oriented, long-term, comprehensive and integrated, and give equal attention to individuals, families and broader socio-economic pressures; school-based preventive programs supported by educational authorities and implemented as part of the school curriculum; religious-based preventive programs; programs in which youth participate (e.g. as peer group counsellors); enhancement of parenting skills; environmental “engineering”, e.g. adequate street lighting

Table 10: Status of trade in psychoactive substances (data collected through a desk review and key informant interviews)

Marketing medium	Content and intensity of marketing	National, provincial, local government and non-government policy	Legislative and other regulatory measures
<p><u>Tobacco/alcohol</u></p> <ul style="list-style-type: none"> • Radio (advertisements) • Television (advertisements) • Newspapers/magazines, especially international papers/magazines (advertisements) • Raffles • Sponsorships of various events, e.g. sport, adventure activities, live shows • Street vendors <p><u>Substances other than alcohol and tobacco</u></p> <p>Street vendors; visitors from neighbouring areas (e.g. in Davao City)</p>	<p><u>Tobacco/alcohol</u></p> <p>Television advertisements</p> <ul style="list-style-type: none"> • 3-4 times per 1-hour newscast per day at peak time in afternoon • 1-4 times a day during commentaries at peak time in morning • Target groups: Educated adults, sports fans, housewives <p>Radio advertisements</p> <ul style="list-style-type: none"> • 3-4 times per hourly newscast at peak time in morning • 3-4 times per hour during sports programs • 1-2 times per hour during dramatic shows • Target groups: Educated adults, sports fans, housewives • Target groups: Educated adults, sports fans, housewives <p>Newspapers and magazine advertisements</p> <ul style="list-style-type: none"> • Seldom • Target groups: Male adults (female models in scanty attire) <p><u>Substances other than alcohol/tobacco</u></p> <p>No information available</p>	<ul style="list-style-type: none"> • Various government departments have plans and strategies for countering substance use, but lack sustained commitment and implementation (e.g. National Police Narcotics Command's control activities; Department of Education's preventive training of parents and national education program; Department of Social Welfare and Development's empowerment efforts • Educational and awareness programmes in media by various non-government service agencies and local authorities as part of wider development and life enrichment programmes 	<ul style="list-style-type: none"> • Warning labels in tobacco advertisements • Sale of alcohol to persons younger than 18 prohibited • Drug Trafficking Act

3.5 Intervention development

3.5.1 Key concerns

The baseline findings suggest the key intervention concerns listed below.

Key concerns: Community Profile 1 (including the adult KAP survey)

- Use of the licit substances, alcohol and tobacco products, including heavy drinking (especially over weekends), and heavy cigarette use in Davao City
- Use of alcohol at a variety of social gatherings
- Use of cannabis and metamphetamine hydrochloride (“shabu”)
- Tolerance towards cigarette use in Davao City
- Adult approval of youth use of illicit substances
- Adults in Manila City favouring the legalization of illicit substance use
- The belief that it is easy to obtain substances
- Spouse use of cigarettes and alcohol in Manila City
- Limited sustained preventive efforts in Manila City
- Little interagency activity, especially between government and non-government agencies
- Limited involvement of target group in the development and implementation of prevention programmes

Key concerns: Community Profile 2

- Health burdens such as respiratory illnesses; poverty-related illnesses such as diarrhoea in Manila City; injuries related to alcohol and to traffic accidents
- Many households in Manila City without access to adequate housing, without a stable income and with a small support network
- Family disintegration in Manila City
- Substance-crime connections
- High density of liquor and tobacco trade outlets, organized crime networks
- Adult residents’ participation in trade in illicit substances in Manila City

Key concerns: Youth KAP survey

- Use of alcohol, tobacco and cannabis
- Males, 15-16 years age group, and cannabis and wine use among females
- Heavy cigarette use in Davao City
- Use of alcohol at parties in Davao City and over weekends in Manila City
- Alcohol dependence in Manila City (e.g. inability to stop after the first drink)
- Early first use of substances in Davao City
- Initiating substance use because of curiosity, expectations of enjoyment and social acceptance; starting cigarette and cannabis use to relieve cold, hunger or stress; starting the use of hard liquor to boost sex in Manila City
- Pressure from peers and fathers to use substances
- Approval of youth substance use, particularly heavy and regular drinking in Davao City, heavy cigarette use in Davao City, illicit substance use in Manila City
- Advocacy of the legalization of illicit substances in Davao City

3.5.2 Intervention priorities

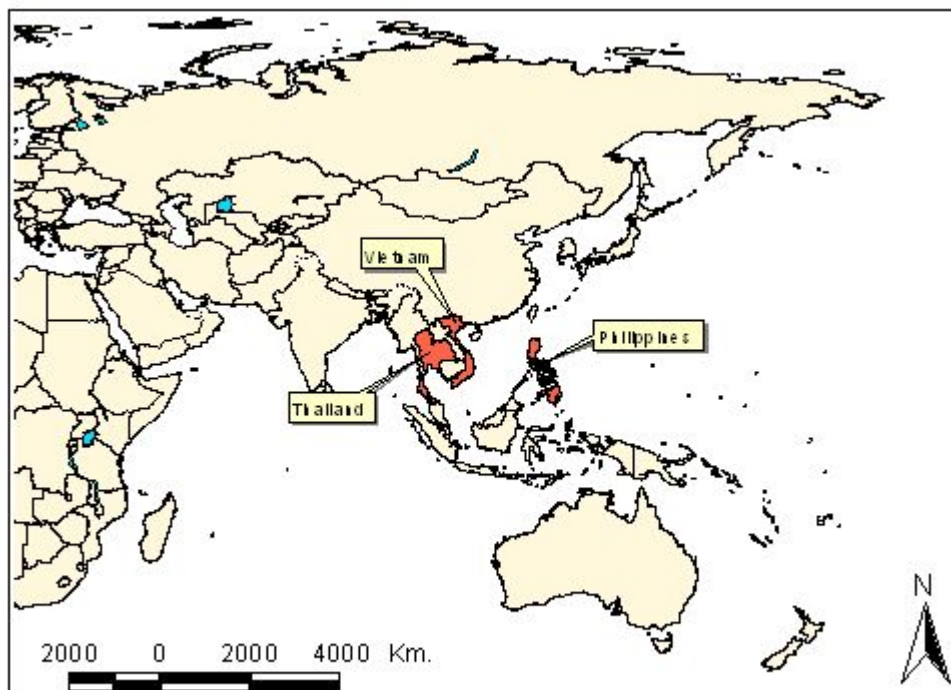
The above concerns and preferences expressed by community leaders suggest the following intervention priorities in which young people should participate:

- facilitating economic development (giving special attention to housing conditions in Manila City), building social cohesion (especially strengthening family networks), strengthening parenting skills, reducing the availability of substances, increasing non-approval of substance use, disentangling the substance-crime connection, and enhancing cooperation between psychoactive substance-related preventive agencies (e.g. between government and non-government agencies)
- mobilizing community groups, holding educational campaigns (especially school-based programmes that are launched in cooperation with educational authorities), collaborating with international preventive agencies, and
- strengthening social support groups (e.g. among religious organizations), a reduction in the number of liquor and tobacco outlets, stricter alcohol and tobacco trade regulations, increased deterrence of trafficking in illicit substances, non-approval of substance use, and increased interagency activity.

- Motivating and teaching 15-16 year olds in particular and males generally through awareness campaigns and peer education not to succumb to social/psychological/physical enticement to use substances, and insisting on a reduction in youth substance use, as well as increased awareness of the harm arising from substance use.

Section 4

VIET NAM



The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.

Source and Map Production:
Public Health Mapping Group
Communicable Diseases (CDS)
© World Health Organization, 2003

4.1 Site description

An urban and a rural community were selected as intervention sites for the Global Initiative in Viet Nam. The urban site, Lang Ha, was a large newly developed urban area in the Dong Da District of the Vietnamese capital, the City of Ha Noi. The rural site, Phong Lai, was a small community in the Thuan Chau District in the Son La province in the mountainous North Western part of Viet Nam. Males and females were fairly evenly distributed in both sites (Table 1). Available data also suggested that residents were in the younger rather than older age groups in both sites. Residents in Phong Lai were, furthermore, from H'mong, Thai and Kinh (migrants) background. In Lang Ha 3.0% of the people were of respectively Tay, Nung and Muong background (migrants), and the rest were of Kinh background.

Table 1: Demographic profile of the participating sites

Variable	Lang Ha	Phong Lai
Gender distribution in the population		
1. Males	49.0%	49.0%
2. Females	51.0%	51.0%
Age distribution in the population		
1. 0-14 years	^x	32.8%
2. 15-35 years .....	.....	39.2%
3. 36 years or older .....	.....	28.0%
Total population (N)	27 098	4 630

^x The 10-19 years age group comprised 33.7% of the population.

4.2 Youth KAP study: Knowledge, attitudes and practices related to the use of psychoactive substances

4.2.1 Demographic profile of respondents

Table 2 presents the key demographic characteristics of the two sets of respondents in the youth KAP survey. The youngsters were in the older rather than younger age groups, particularly in the Lang Ha sample. The mean age was 17.9 years in the Phong Lai sample (rural site) and 18.2 years in the Lang Ha sample (urban site). Whereas males and females were evenly distributed in Phong Lai, females were in the majority in Lang Ha. By far the majority (88.9%) of the young people in the Lang Ha sample attended an educational institution on a part time or full time basis in the 12 months before the survey. In contrast,

the majority of the young people in the Phong Lai sample were in part time or full time employment (84.7%), (65.6%) did not attend an educational institution in the said period.

Very few youngsters professed affiliation (0.7% in the rural site and 8.0% in the urban site) to a religious denomination. The young people also generally stated that religion was unimportant in their daily lives, especially in the rural site.

Table 2: Demographic profiles of the respondents in the Youth KAP Survey (N=300)

Variable	Lang Ha	Phong Lai
Mean age	18.2 years.....	17.9 years
Age distribution		
1. 10-12 years	-	-
2. 13-14 years	9.7%	1.3%
3. 15-16 years	25.3%	41.0%
4. 17-18 years	25.7%	25.7%
5. 19 years or older	39.3%	32.0%
Gender distribution		
1. Males	46.0%	50.0%
2. Females.....	54.0%	50.0%
Ethnic status		
1. H'mong and Thai.....	100.0%	21.0%
2. Kinh (migrants).....	-	79.0%
Employment status (past 12 months)		
1. Employed (part/full time)	13.9%	84.7%
2. Unemployed.....	86.1%	15.3%
School/tertiary institution attendance		
1. Full time student	87.6%	27.4%
2. Part time student	1.3%	7.0%
3. Not attending educational institution.....	11.1%	65.6%
Religious affiliation		
1. Buddhist.....	6.0%	0.7%
2. Christian.....	1.7%	-
3. Caodaism	0.3%	-
4. Other	-%	-
5. None.....	92.0	98.7%
6. Can't say	-	0.7%
Religion considered		
1. Very/pretty important	12.7%	0.3%
2. Little/no importance	86.7%	97.3%
3. Can't say	0.7%	2.3%

4.2.2 Youth KAP Survey results

(a) *Lifetime and current (past 12 months' and past 30 days') substance use*

Figure 1 shows the extent to which the respondents in the youth KAP survey admitted using a psychoactive substance at some time in their life (lifetime use), in the 12 months before the survey (past 12 months' use) and in the 30 days before the survey (past 30 days' use). The youngsters mostly reported the use of licit substances, i.e. alcohol products and to a lesser extent cigarettes and over-the-counter pain relievers. Whereas young people in Lang Ha most commonly reported the use of malt beer (70.3%) and wine (42.7%) on a lifetime basis, their counterparts in Phong Lai admitted using hard liquor (39.0%) and malt beer (31.7%) on a lifetime basis. Few (2.0%) youngsters in Phong Lai reported lifetime use of wine. The use of cigarettes was common in the rural site, on a lifetime, past 12 months and past 30 days basis. An analysis of gender and age differentiation among lifetime alcohol and tobacco users showed that usage was common among males and older age groups in both sites. Youngsters in the urban site reported a wider range of licit substances (specifically with regard to alcoholic beverages) than their counterparts in the rural site. A few (0.3%) youngsters in the rural site admitted lifetime use of illicit substances.

(b) *Regular/heavy substance use, alcohol dependence and substance use -related consequences*

Figures 2 and 3 present the responses in the youth KAP survey on the frequency with which respondents used the most popular substances in the 12 months before the survey. In Phong Lai regular use (usage on at least a weekly basis) was particularly common among past 12 months' users of cigarettes and hard liquor, and in Lang Ha among past 12 months' users of cigarettes and malt beer. A heavy intake of cigarettes and alcohol were also reported, especially in the rural site. In fact, 1.0% of the youngsters in the rural site and none in the urban site reported smoking at least 5 cigarettes a day in the 12 months before the youth KAP survey; 17.0% in the rural site and 4.3% in the urban site admitted taking five or more drinks in a row in the two weeks before the survey. Table 3 also shows that some youngsters (between 0.6% and 3.0% in Lang Ha and between 0.7% and 3.3% in Phong Lai) admitted experiencing symptoms of alcohol dependence in the 12 months before the youth KAP survey. Experiences of problems related to substance use—especially poor work/school performance—were more commonly reported in Phong Lai (between 0.7% and 5.6%) than in Lang Ha (between 0.7% and 2.0%).

Table 3: Alcohol dependence and consequences of substance use in the 12 months before the Youth KAP Survey (N=300)

Variables	Lang Ha (%)	Phong Lai (%)
Alcohol dependence		
1. Inability to stop after the first drink.....	0.6	1.7
2. Neglect of responsibilities due to drinking.....	1.3	3.3
3. Early morning drinking.....	0.3	0.7
4. Feelings of remorse/guilt after a drinking session.....	3.0	1.3
5. Memory lapse after/during a drinking session.....	2.0	1.0
Substance use-related consequences		
1. Someone injured because of respondent's drinking.....	0.7	-
2. Someone expressed concern about respondent's drinking.....	1.3	1.3
3. Driving under the influence of a substance.....	1.3	1.7
4. Poor performance at work/school because of substance use.....	2.0	5.6
5. Substance use-related disorderly behaviour.....	0.3	0.7
6. Substance-related fights/arguments.....	1.0	1.7
7. Operation of a machine under the influence of a substance.....	-	-

(c) Context of substance use, onset age and reasons for first use

Table 4 presents the responses in the youth KAP survey regarding the context within which first use and past 12 months' use of the most commonly used substances (cigarettes, hard liquor and malt beer) took place, including the reasons for first use. Figure 4 shows the extent to which significant others in the lives of the youth used substances.

Age of first use of substances

First use of the most commonly used substances—cigarettes, hard liquor and malt beer—particularly took place in the mid-adolescent years (15-16 years). The onset of malt beer, however, was earlier than the onset of cigarettes and hard liquor in Lang Ha, and in Phong Lai the onset of hard liquor tended to be earlier than the onset of cigarettes and malt beer. In Lang Ha the median age of onset was 15.6 years for malt beer, 16.3 years for cigarettes and 17.2 years for hard liquor; in Phong Lai the median age of first use was 16.0 years for hard liquor, 16.8 years for malt beer and 16.9 years for cigarettes.

Figure 1: Substance use in the Youth KAP Survey (N=300)

Percentages

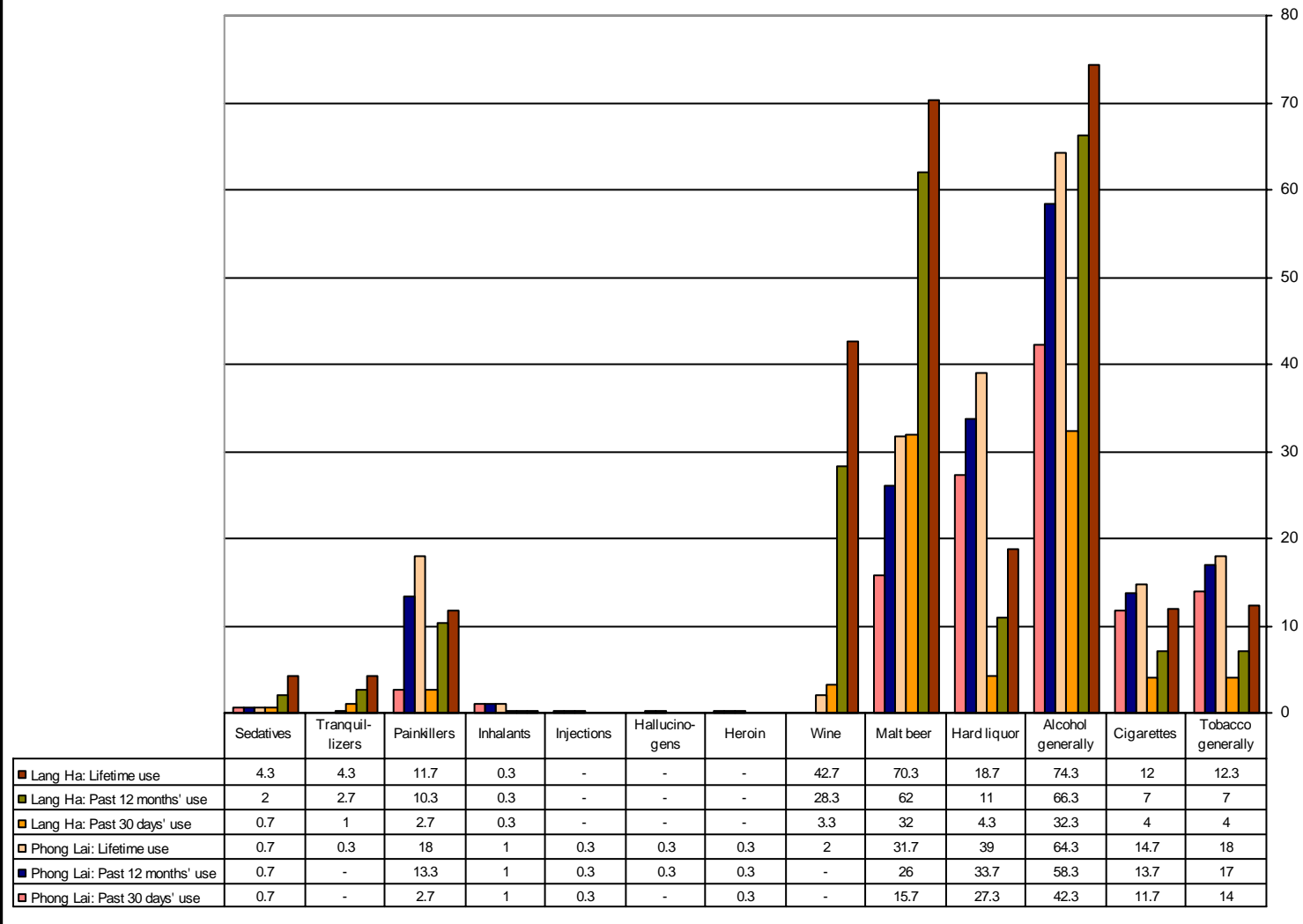


Figure 2: Frequency of substance use (alcohol, tobacco and painkillers) in the 12 months before the Youth KAP Survey in Lang Ha (N=300)

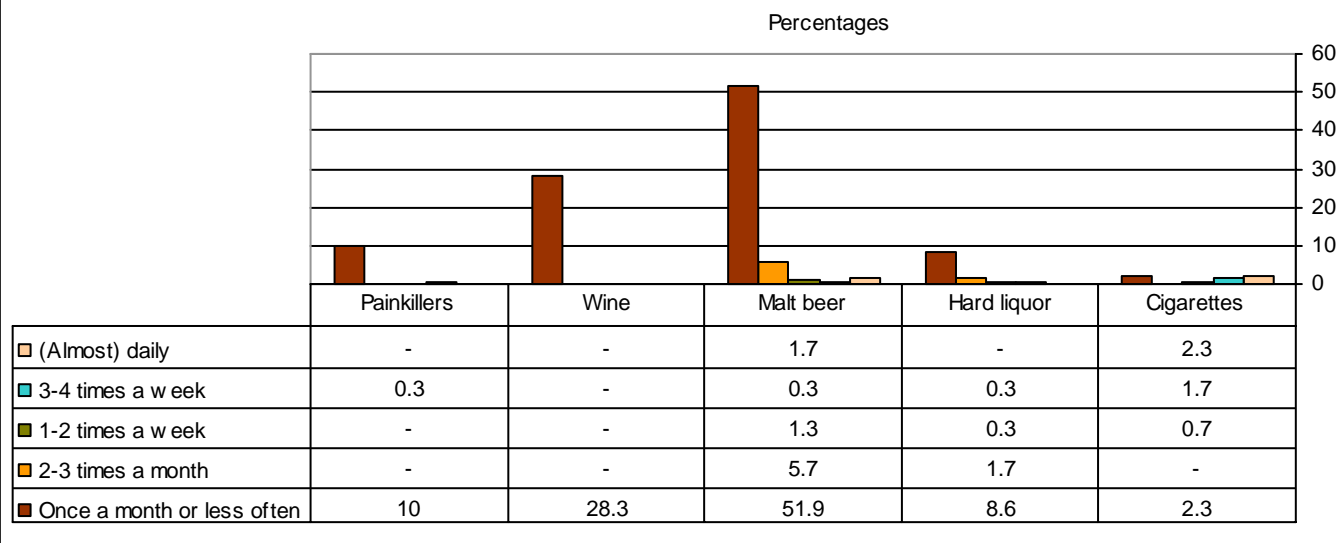
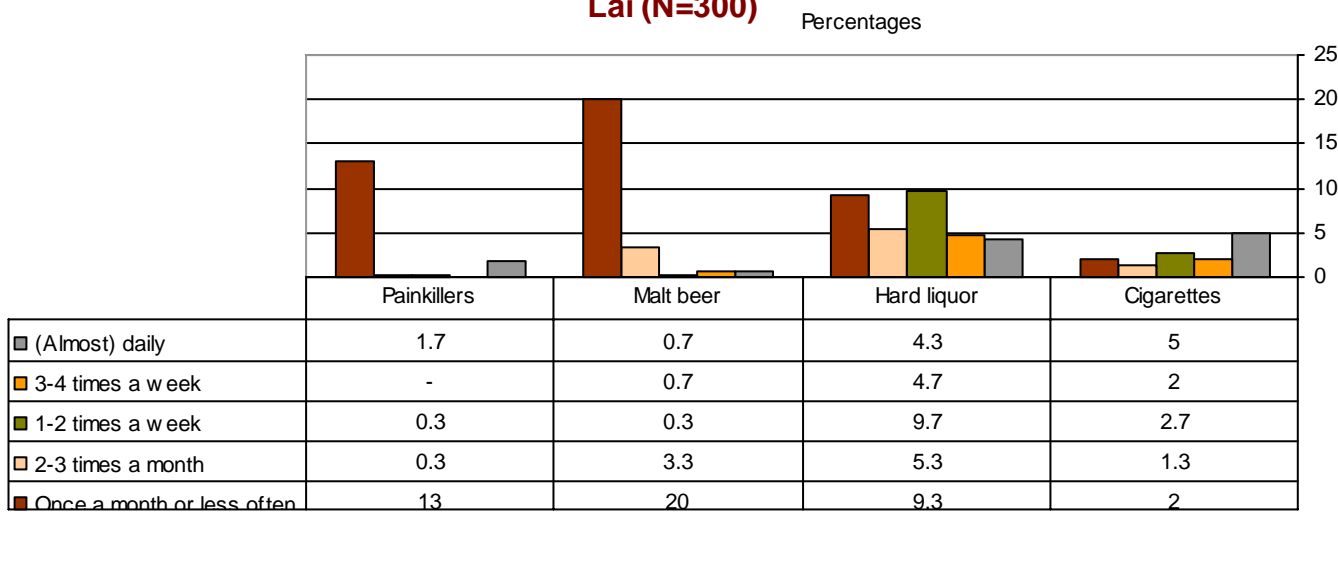


Figure 3: Frequency of substance use (alcohol, tobacco and painkillers) in the 12 months before the Youth KAP Survey in Phong Lai (N=300)



Reasons for first use of substances

In the rural site, a need for social acceptance particularly motivated first use of cigarettes and hard liquor, with enjoyment and curiosity also playing a fairly prominent role. Whereas the need for social acceptance was also prominent in the urban site for beer, curiosity rather than social acceptance motivated first use of cigarettes in this site.

Providers of first substances

The youngsters in the KAP survey in Lang Ha (urban site) indicated friends as the providers of the first cigarettes and hard liquor, and family members (to a lesser extent friends) as the providers of the first malt beer. It is also important to note that family members were also fairly prominent as providers of the first hard liquor in the urban site. In Phong Lai (rural site) friends consistently were the providers of the first cigarettes, hard liquor and malt beer, although family members were also prominent in the case of first use of hard liquor and malt beer.

Place of first use of substances

Whereas first use of cigarettes occurred at school/college or work in the urban site, first use of commonly used alcoholic beverages (malt beer and hard liquor) tended to occur in the privacy of a private home, specifically the homes of family members. In the rural site first use of cigarettes and hard liquor both took place in a private home belonging to a family member or friend. First use of malt beer in the rural site took place at a public place of entertainment (e.g. tavern).

Place of use and type of company chosen by past 12 months' users

Onset patterns of substance use were continued in later use. For example, past 12 months' use of hard liquor and malt beer in the urban site typically took place in private homes, and cigarettes at school/college or work. In the rural site past 12 months' use of cigarettes and hard liquor especially occurred in a private home, and malt beer in a public place of entertainment. Furthermore, past 12 months' use of the commonly used substances occurred in company rather than in isolation, with school/college or work mates making up the company in the rural site with regard to the use of cigarettes and malt beer; and family members in the case of the use of hard liquor. In the urban site, cigarettes were used in the company of friends (including school/college and work mates); malt beer in the company of family members and to a lesser extent friends (including school/college and work mates); and hard liquor in the company of friends (including school/college and work mates) and/or family members.

Table 4: Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey, an ellipsis indicating that data are unavailable (N=300)

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt beer (%)
Lang Ha			
Age at 1st use			
≤10-12 years	2.3	1.0	13.7
13-14 years	0.7	2.0	14.7
15-16 years	4.7	5.0	16.7
17-18 years	2.0	5.7	17.3
≥19 years	2.3	3.7	2.7
Phong Lai			
Age at 1st use			
≤10-12 years	1.0	5.0	1.3
13-14 years	0.3	6.7	4.0
15-16 years	6.0	12.0	11.0
17-18 years	5.3	8.0	10.0
≥19 years	1.3	2.3	3.7
Lang Ha			
Reasons for 1st use			
Social acceptance	3.3	9.3 .....	...
Curiosity	5.3	4.3 .....	...
Enjoyment	1.0	2.3 .....	...
Relieve stress/cold/hunger.....	0.3	0.3 .....	...
Treat health.....	-	0.3 .....	...
Religious ritual	-	0.3 .....	...
Boosting sex	1.0	0.7 .....	...
Other.....	1.0 .....	- .....	...
Phong Lai			
Reasons for 1st use			
Social acceptance	6.3	18.3 .....	...
Curiosity	3.3	4.7 .....	...
Enjoyment	3.3	9.0 .....	...
Relieve stress/cold/hunger.....	-	0.3 .....	...
Treat health condition.....	- .....	- .....	...
Religious ritual	-	2.3 .....	...
Boosting sex	1.0	0.3 .....	...
Other.....	-	0.3 .....	...
Lang Ha			
Provider of 1st substance			
Acquaintance	1.3	0.3	0.3

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt beer (%)
Friend	7.0	8.0	10.3
Family.....	-	6.7	48.7
Health practitioner.....	1.3	0.3	-
Dealer	-	0.3	0.3
Other.....	2.0	2.0	8.7
Phong Lai			
Provider of 1st substance			
Acquaintance.....	0.7	0.7	-
Friend	10.0	20.0	19.0
Family.....	0.3	12.0	7.7
Health practitioner.....	0.3	0.3	-
Dealer	-	-	0.3
Other.....	1.7	2.3	1.7
Lang Ha			
Place of 1st use			
Friend's home.....	1.3	2.0	6.7
Family home.....	1.3	6.7	56.0
Public place	2.7	2.0	3.0
School/college/work place	6.0	0.3	2.0
Open/street/bush/bridge.....	0.3	0.3	0.7
Other.....	-	-	0.7
Phong Lai			
Place of 1st use			
Friend's home.....	4.0	13.3	5.0
Family home.....	3.0	22.0	10.7
Public place	2.7	2.3	13.0
School/college/work place	1.0	0.3	-
Open/bush/bridge	1.7	-	-
Other.....	0.7	-	-
Lang Ha			
Past 12 months: Place of use			
Friend's home.....	0.7	3.0	5.0
Family home.....	1.7	6.7	50.7
Public place	0.7	2.0	4.0
School/college/work place	3.3	0.3	-
Open/bush/bridge	0.7	0.3	1.7
Other.....	-	-	0.3

Context/reasons	Cigarettes (%)	Hard liquor (%)	Malt beer (%)
Phong Lai			
Past 12 months: Place of use			
Friend's home.....	0.7	5.7	3.0
Family home.....	7.0	26.7	7.7
Public place.....	4.0	10	14.7
School/college/workplace.....	1.0	0.3	-
Open/bush/bridge.....	0.3	-	-
Other.....	-	-	-
Lang Ha			
Past 12 months: Company			
Friends.....	3.0	2.7	6.0
Work/school/college mate.....	2.7	4.3	11.0
Acquaintances.....	-	-	1.7
Family.....	0.3	3.7	42.7
Alone.....	1.0	0.7	0.3
Phong Lai			
Past 12 months: Company			
Friends.....	4.0	7.3	5.7
Work/school/college mate.....	5.0	5.3	11.0
Acquaintances.....	2.0	3.7	2.7
Family.....	0.7	16.7	6.3
Alone.....	1.3	0.3	0.3

Substance use among significant others

Figure 4 shows that in both sites a variety of close associates (close friends, fathers and mothers as well as older siblings) in the youngsters' lives generally drank alcohol: In Phong Lai (rural site). Between 29.7% and 81.7% of the youngsters in the Lang Ha sample and between 45.3% and 84.3% in the Phong Lai sample reported that their closest friends, father and mothers and older siblings used alcohol. In Lang Ha cigarette use was common among the youngsters' fathers (53.0%) and to a lesser extent older siblings (15.7%). Cigarette use was common among a wider range of close associates in Phong Lai, i.e. fathers (51.0%), closest friends (39.0%) and older siblings (34.0%). Moreover, in Phong Lai many young people reported that their closest friends (20.3%) and particularly their fathers (41.0%) used tobacco products other than cigarettes. Youngsters in Phong Lai rather than in Lang Ha reported drunkenness among close associates. Furthermore, young people seldom reported illicit substance use among their close associates, except to some extent in Lang Ha with regard to amphetamines. In Lang Ha 8.3% of the young people admitted that they had mothers who used amphetamines and between 0.3% and 3.3% reported such use

among respectively their fathers, older siblings and close friends. A number of young people in Lang Ha also reported close associates who used tranquillizers (between 1.7% and 9.7%).

(d) Attitudes/views regarding substance use and knowledge/awareness of the legal status of substances

Approval of substance use

Figure 5 shows that approval of youth substance use was rare, except in the case of alcohol use and to a lesser extent among the young people in Phong Lai. The majority (67.0%) of the young people in the Phong Lai and about half (49.7%) in Lang Ha approved regular drinking among young people (young people taking one or two drinks several times a week). Many (42.7%) youngsters in Phong Lai and some (13.0%) in Lang Ha also approved heavy weekend drinking. In Lang Ha very few youngsters approved youth use of heavy cigarette use (1.0%) and the use of pipes (1.7%). In Phong Lai the corresponding percentages were substantially higher, 5.3% and 12.0%. Between 0.7% and 4.3% of the respondents in Phong Lai respectively and 0.7% in Lang Ha approved youth use of illicit substances. Regarding illicit substance use, some youngsters in Phong Lai expressed approval of “using opium occasionally” and “using hallucinogens once or twice” rather than in respect of other types of illicit substance use.

View that substance use entails no or a slight risk

In line with the tendency among young people in the Youth KAP survey not to approve substance use, Figure 6 shows that youngsters generally viewed substance use as a risky practice. The youngsters, however, once again seemed to be quite tolerant towards alcohol use. For example, the majority viewed regular drinking (one or two drinks several times a week) as entailing no or a slight risk, 71.0% in Phong Lai and 51.0% in Lang Ha.

View that substances are easy to obtain

Figure 7 shows that youngsters in both sites—especially in Lang Ha (urban site)—generally believed that it was fairly or very easy to obtain licit substances as well as over-the-counter pain relievers and prescription medicine (sedatives/tranquillizers) in their communities. In Phong Lai wine and to some extent prescription medicine were exceptions (11.0% in the sample viewed wine as very/fairly easy to obtain in their community, and 36.0% said the same with regard to sedatives/tranquillizers).

Awareness of the legal status of substance use and views on changing this status

The youth KAP survey showed that young people were generally well informed about the legal status of psychoactive substances in their communities. In Lang Ha between 97.7% and 98.7% of the respondents indicated that the non-medical use of psychoactive substances was illegal, 42.3% did so with regard to sedatives, 42.8% with regard to tranquillizers and 39.5% with regard to over-the-counter pain relievers. In Phong Lai between 50.5% and 72.2% of the respondents regarded the non-medical use of psychoactive substances as illegal, 63.0% did so with regard to sedatives, 64.2% with regard to tranquillizers, and 62.5% with regard to over-the-counter pain relievers. Youngsters also did not favour the legalization of psychoactive substance use and the non-medical use of prescription medicine. In Lang Ha nearly all the respondents (between 99.3% and 100.0%) were against the legalization of psychoactive substance use, and the majority were against the non-medical use of sedatives (76.6%) and tranquillizers (72.6%). In Phong Lai considerably lower percentages (between 46.5% and 62.5%) were against the legalization of psychoactive substance use; and in Lang Ha 58.5% were against the legalization of the non-medical use of sedatives and (57.5%) tranquillizers.

Figure 4: Substance use among significant others in the Youth KAP Survey (N=300)

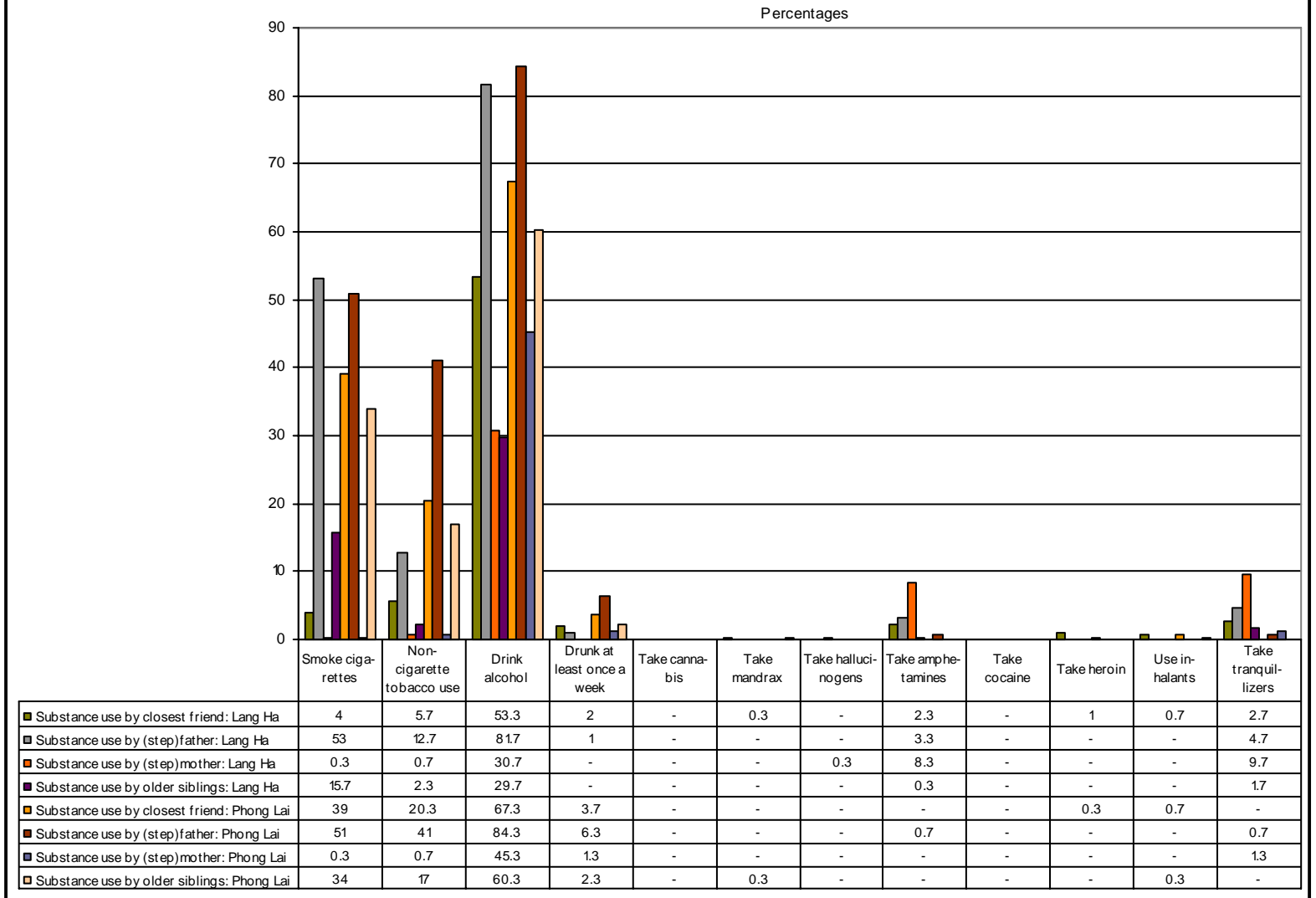


Figure 5: Approval of youth substance use in the Youth KAP Survey (N=300)

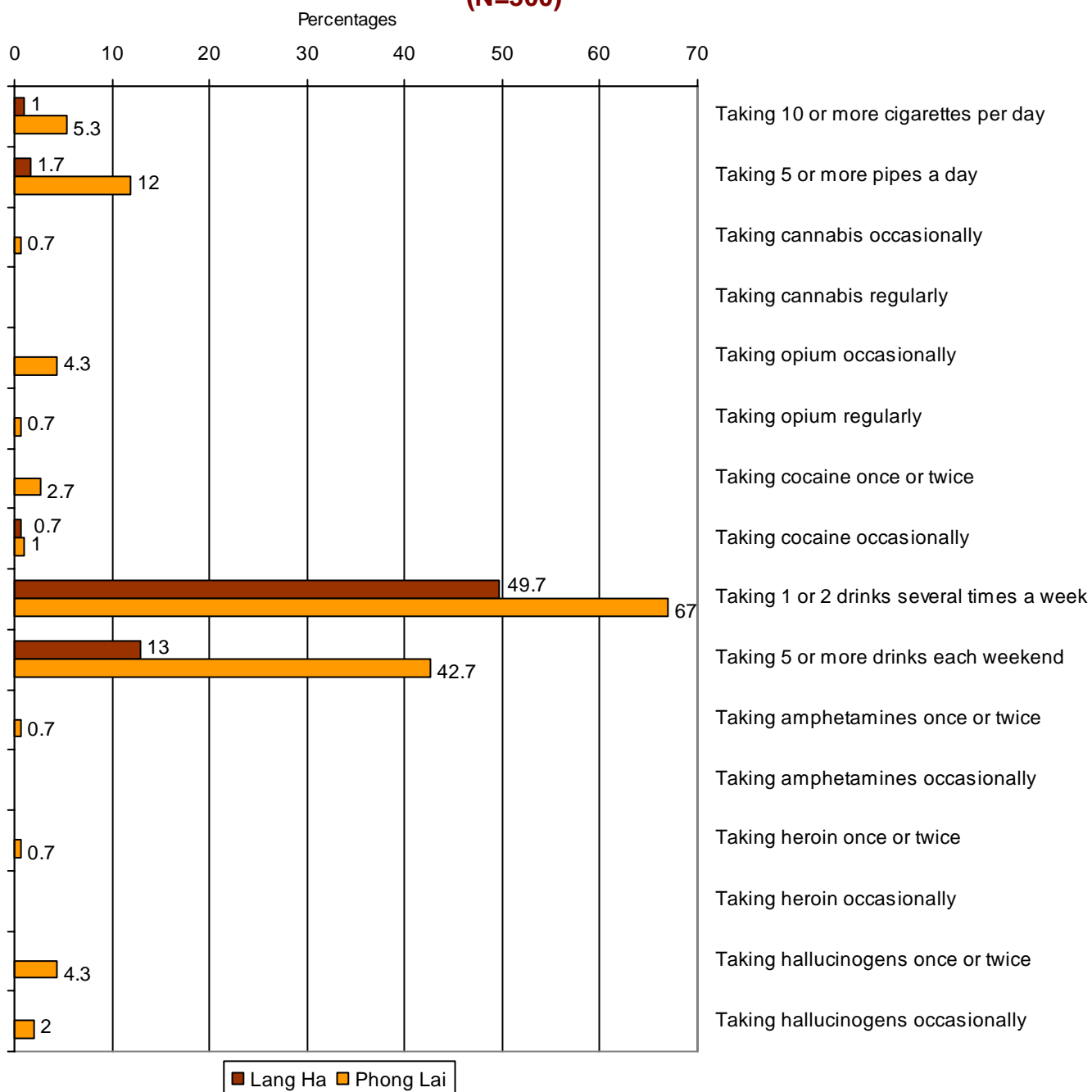


Figure 6: View that substance use is not or a slight risk in the Youth KAP Survey (N=300)

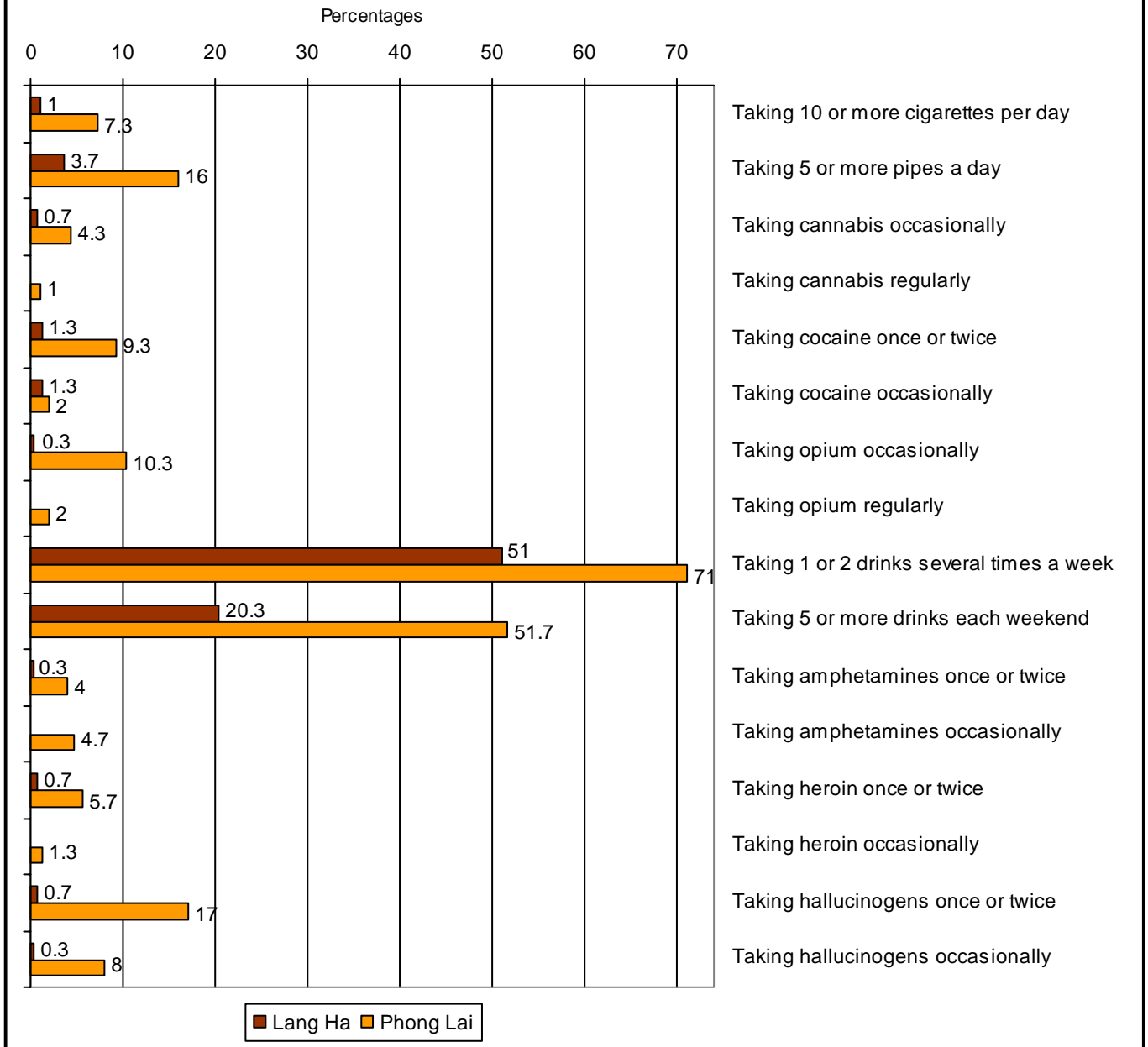
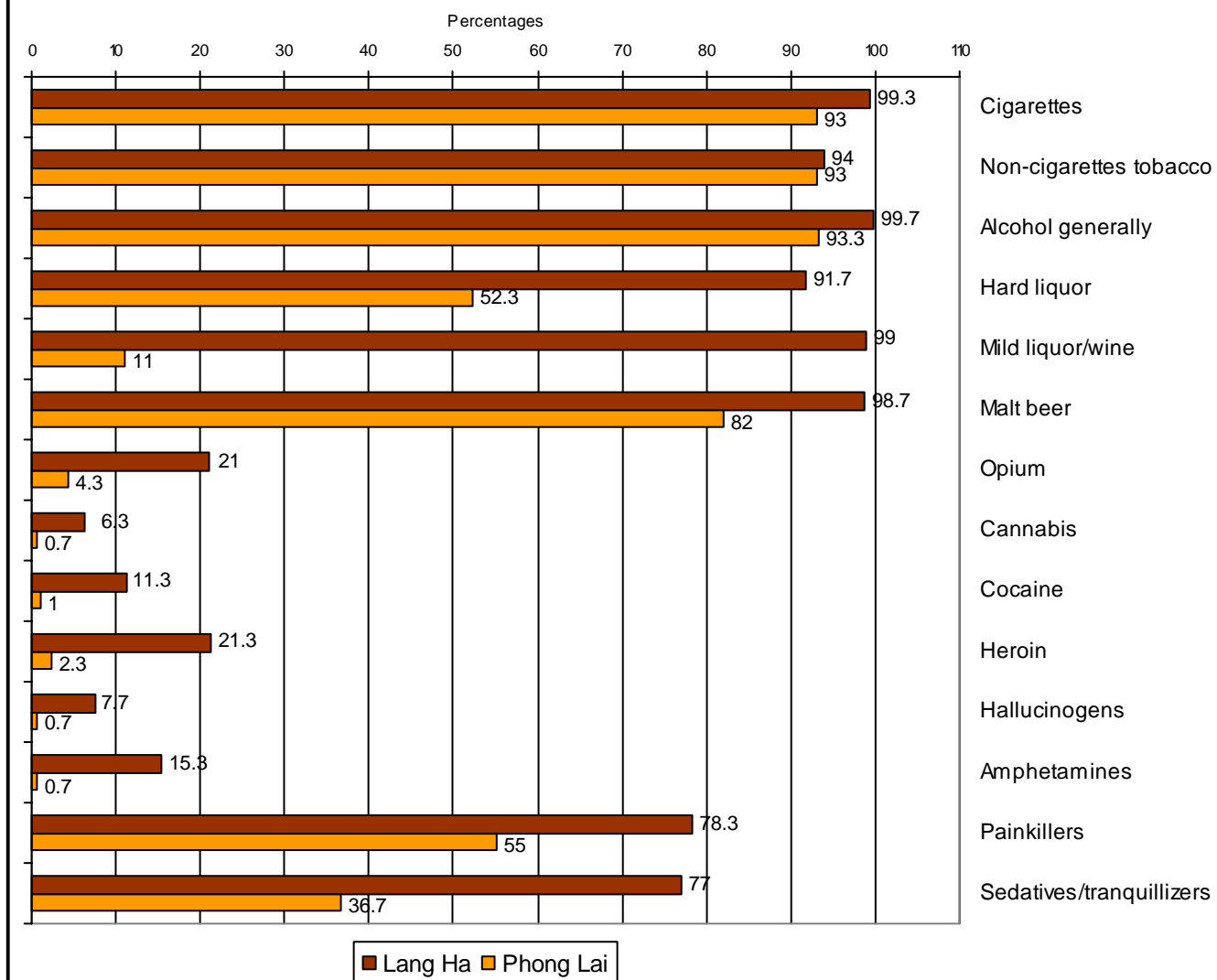


Figure 7: View that substances are fairly/very easy to obtain in the Youth KAP Survey (N=300)



4.3 Community Profile 1: Organizational and cultural context

Licit substances—alcohol and to a lesser extent tobacco—were part of day-to-day life in both sites, especially in the rural community (Table 5). In both sites alcohol use was part of most formal and informal social gatherings, especially among men. The country report noted:

“Alcohol was the most common substance to be taken ... [and was commonly taken at occasions such as a] wedding, party, public festivals or even funeral ... [In the rural site] drinking one or two cups of liquor every meal was common for men. Drinking when receiving guests was a must no matter if it was a normal meal or a festival or New Year. It was considered impolite not to offer liquor to guests and a guest was seen as not open or as impolite if he refused a drink. Drinking competitions were common when men get together, especially among youths. Women also needed to drink when receiving guests to show hospitality but must not get drunk.”

Illicit substance use was a rarity, traditionally restricted to opium. The country report, for example, noted: “[Traditionally] opium ... was used more or less as tobacco today. Opium was offered to guests and men enjoyed smoking opium during festivals or when they gathered together. Opium was given as a gift to friends and guests.” Currently illicit substances tend to be associated with sports events, public festivals and social gatherings over the weekend.

Substance use was largely an adult male phenomenon, with female use generally restricted to socially marginalized sectors such as commercial sex workers and tavern workers. In the urban site malt beer tended to be part of the lifestyle of affluent groups and homebrews part of the lifestyle of lower socio-economic groups.

Community agencies also pointed out that substance use practices/norms were changing and that substance use was becoming more intense (Table 5). The range of substances used, the size of the user group, and the categories of users were widening. New segments were taking the place of traditional user segments. In fact, an increase in the use of alcohol and tobacco emerged over the past 5 years, especially among young people. Cigarette use decreased among older and professional people and increased among young people. In the urban site the range of alcoholic beverages used increased, specially among the affluent. Opium users in the rural site have started to switch to alcohol, believing alcohol use can help to get rid of opium use.

The use of illicit substances was on the increase; so, too, was the variety of illicit substances. Illicit substance use was spreading from the traditional use of opium to the use of substances such as heroin and newly appeared amphetamines (especially in the urban site). In both areas, heroin is the most common used illicit substance among youngsters. Most of users started with inhaling then shift to injecting. Substance use was also expanding from older to younger persons and from males to females. Within particular sectors, such as offenders, use was increasing.

Community agencies related the changing substance use patterns to the wide-ranging changes that were occurring within the communities and in Viet Nam generally (Table 5). Youth substance use was seen as an outflow of the following factors:

- Individual-oriented issues such as curiosity, boredom, peer pressure, and a need to be fashionable and independent;
- Cultural and small-group issues such as (a) the traditional social acceptability of alcohol and opium use, and (b) substance use by significant others (e.g. parents, friends), limited/inappropriate parental guidance;
- Broader societal influences such as (a) the general economic improvement in the country, (c) poor sectors with limited access to constructive activities (e.g. constructive relaxation/entertainment, employment), (b) the past government-supported practice of cultivating and exporting the poppy plant, (c) the government's current focus on countering opium use has contributed to an increase in heroin use, especially also because it was easier to hide heroin; (d) weak/inconsistent law enforcement with regard to illicit substances, (e) strong networks for trafficking in illicit substances that were very skilled in marketing substance use, intimidating law enforcement and preventive agents as well as clients into recruiting new users, (f) the numerous and densely situated trade outlets for licit substances that also functioned as distributors of illicit substances, (g) the affordability of commonly used substances (e.g. homebrews and homemade tobacco); (h) advertising of alcoholic beverages in the media, and (i) the ineffectiveness of treatment agencies in rehabilitating persons dependent on substance use.

Under the leadership of the government a comprehensive network of institutional structures for preventing psychoactive substance use was put in place during the latter part of the 1990s in Viet Nam and thus in the Global Initiative sites in Viet Nam (Table 6). The rural site had, however, no specialized residential facility for the treatment of substance use; in fact the province in which the rural site was situated had only one such a centre. General commitment, within government as well as civil society circles, towards sustained and effective countering of psychoactive substance use, has however not materialized as yet. Effective service delivery was constrained by, for example, weak law enforcement, a tendency within civil society to protect/hide substance users, and a lack of skill among preventive agencies in effectively rehabilitating of individuals dependent on substances.

4.4 Community Profile 2: Societal structures and processes

In both sites households were small, comprising on average three to four people in the urban site and five to six people in the rural site. Most dwellings in the urban site were made of brick and were equipped with a variety of basic amenities such as electricity, water (in some cases residents use communal wells), a toilet and a bathroom. Dwellings in the rural site were made of either brick or wood and mostly lacked various basic amenities. The rural site also did not have a well-developed road system of the urban site; some areas in the rural site had no formal roads. About one tenth of the households in both sites lived below the poverty line (12.8% in the rural site and 10.0% in the urban site). Both sites were well provided for in terms of educational institutions and had a 100.0% enrolment rate on at least a primary school level. The rural site had, namely, a primary and secondary school, and the urban site a primary and a secondary school and 2 high schools. Both sites had adequate health services (e.g. health centres), provided by the government as well as the private sector. Social services are provided mostly by mass organizations, which are basically governmental organizations.

Prominent illnesses in the rural site included goitre and respiratory infections as well as malaria; and in the urban site respiratory infections, diseases of the digestive system, hypertension and arthritis were prominent.

The sites had many trade outlets for tobacco and liquor (e.g. more than 20 outlets in the rural site and 18 registered outlets in the urban site whereas unregistered outlets are outnumbered) that were accessible to most residents and also used for trading in illicit substances. Organized crime networks facilitated trade in illicit substances (Table 7).

Table 5: Organized social units' understanding of substance use (data collected through focus groups and key informant interviews)**Status, development and consequences of psychoactive substance use**Types of substances commonly used:

- Alcohol (homemade liquor and to a lesser extent beer in the case of the mountainous site, Phong Lai) and tobacco (cigarettes and home-made tobacco)
- In Phong Lai the use of opium and heroin occurs
- In Lang Ha the use of heroin and Dolargan rather than opium occurs; use of amphetamine has also been reported

Substance use patterns/trends

- Cigarettes are particularly popular among the males and the young, who tend to start in their early teens at for example special social events such as weddings, house warming parties, and continue under peer pressure
- Most males 18 years and older smoke cigarettes
- Cigarette use takes place among socially marginalized women, e.g. those working as prostitutes or in bars
- An increase in cigarette use over the past 5 years, especially among young adults (inter alia because of the improved economic situation in the country), with a decrease among older people and especially professional people because they believe in the risks associated with smoking
- An early onset age (early teens) for drinking is common, particularly among males, with drinking tending to start earlier than smoking in the case of the more urban site, Lang Ha
- The use of alcohol among high school students is common in Phong Lai and does occur in Lang Ha
- Drinking is part of everyday life in particularly the mountainous site, Phong Lai, e.g. at meal time, when having visitors, although drunkenness and other forms of alcohol use -related harm seldom occur
- An increase in alcohol use the past years, mainly because of the improvement in the economic situation
- An increase in the range of alcoholic beverages consumed among the wealthy in the more urban site, Lang Ha
- Tendency among opium users in the mountainous site, Phong Lai, to substitute opium with alcohol when trying to quit opium use
- The majority of illicit substance users in Phong Lai are older than 25 years. However, the new users can be as young as 17-18 years old. With those over 40 years mostly using opium and the younger ones mostly using heroin (inhaling or injecting); in the more urban site, Lang Ha, users of illicit substances are increasingly in the younger rather than older age groups
- Illicit substance users in Lang Ha are mostly males and in younger rather than older age groups (i.e. youngest is 14 years old and the oldest 39 years, with 93.0% of the recorded users being younger than 35 years) – the age of substance users have lowered over the past couple of years
- Substance users who start with heroin, tend to progress from inhaling the substance to injecting it, after which opium distiller is injected, and thereafter opioic anti-diarrhea medicine

Contributors to substance use

- High supply and demand for the licit substances, alcohol and tobacco (social acceptance of alcohol and tobacco use, especially among males; youngsters associate drinking/smoking with adulthood and independence; adults regard alcohol as having health advantages; improved economic circumstances have made alcohol/cigarettes affordable)
- Past customs (e.g. the social acceptability of opium use) and the past government-supported practice of cultivating and exporting the poppy plant
- Onset among youngsters through curiosity, peer pressure, boredom, and a need to be fashionable and/or independent
- Current government sanctions against opium use contribute to heroin use, because it is easier to hide heroin
- Strong underground networks for trafficking in illicit substances with good marketing practices and which pressurize clients into wider recruitment
- Lack of success in rehabilitating substance users

Consequences of substance use

- Limited reported negative consequences associated with alcohol/tobacco use
- Illicit substance use associated with criminal activities, e.g. stealing to support substance use

Table 6: Community resources for the prevention of substance use-related consequences (data collected through a desk review and key informant interviews)

Type of units	Main services	Primary prevention programmes/projects, objectives, targets, strategies, resources, level of commitment
<p><u>Government</u></p> <ul style="list-style-type: none"> • Anti-illicit drug committees at all levels of government • Anti-tobacco committees at national level • Health agencies • Rehabilitation centre for substance users in almost every province <p><u>Non-government</u></p> <ul style="list-style-type: none"> • Viet Nam Fatherland Front – coordinating body of civil society • Village health workers in support of government health centres • Anti-drug committee (Communal Committee for Drug Prevention and Control) in each commune in which government and civil society participate • Youth Unions • Women’s Unions <p><u>Networks</u></p> <ul style="list-style-type: none"> • Various integrated/networking groups in community in which government as well as civil society participate • No information on extent of activism or advocacy initiatives in communities • No activism or advocacy initiative in the community 	<p><u>Government</u></p> <p>Supply and demand reduction regarding especially tobacco and illicit substance use</p> <p>Mobilization and support of communities against illicit substance use</p> <p>Referral to in/outpatient treatment (e.g. detoxification) for substance dependence</p> <p>Awareness programs and anti substance education and information included in primary school curriculum</p> <p><u>Non-government</u></p> <ul style="list-style-type: none"> • Health promotion support to government health agents • Mobilization of community members against substance use • Substance-related awareness campaigns, focusing on information and education of community members to resist substance use • Support of government law enforcement efforts with regard to substance use <p>Support to (rehabilitated) individuals who are dependent on substances and to their families</p>	<p><u>Overall objectives</u></p> <p>Comprehensive supply and demand reduction (especially with regard to illicit substances and tobacco) programmes, with government and communities working in close partnership</p> <p><u>Main target group</u></p> <p>All age groups with special attention to the very young (e.g. primary school pupils)</p> <p><u>Main strategies</u></p> <ul style="list-style-type: none"> • Mobilization of communal support for government efforts at substance-related supply/demand reduction • Comprehensive preventive care, i.e. on primary (forestalling onset of substance use, e.g. through educational programs and information dissemination), secondary (early identification and intervention) and tertiary (specialized and non-specialized treatment/rehabilitation and aftercare) level • Integration and anti-substance and anti-social evils programs <p><u>Programme/project resources, efficacy and sustainability</u></p> <ul style="list-style-type: none"> • Active Communal Drug Prevention and Control Committee facilitating comprehensive anti-drug initiatives with the support of the government • Rendering of treatment facilities at district/provincial level <p>Constraints</p> <ul style="list-style-type: none"> • Opportunities for using trade outlets for licit substances (e.g. small shops selling inter alia tobacco and alcohol) as outlets for trade in illicit substances • Legitimate agencies (e.g. law enforcement agencies) ineffective in countering illicit substance trade • Limited (non-)government efforts at concretely preventing licit substance use -related consequences • Traditional substance use customs of, for example, using tobacco to demonstrate mutual respect in daily conversations (e.g. in urban districts) or opium (e.g. in the mountainous districts) • Family protection/hiding of illicit substance use among members • Government’s resolution to counter substance use-related problems has not filtered through to the general public • High relapse rate among persons who have been in treatment for substance use <p>Strengths</p> <ul style="list-style-type: none"> • Civil society support for partnerships with the government, e.g. with regard the latter’s national anti-drug program • An established, comprehensive and integrated network of partnerships between civil society and government agencies <p>Viable programmes</p> <ul style="list-style-type: none"> • Comprehensive, integrated and sustained measures against substance use with special efforts being made to regularly evaluate the efficacy of programmes and adjusting where and when necessary • Improving current law enforcement efforts against trafficking in illicit substances • Improving efforts at rehabilitating substance users and mobilizing wider and more sustained commitment to/participation in substance prevention programmes in civil society

Table 7: Status of trade in psychoactive substances (data collected through a desk review and key informant interviews)

Marketing medium	Content and intensity of marketing	National, provincial, local government and non-government policy	Legislative and other regulatory measures
<p><u>Tobacco/alcohol</u></p> <ul style="list-style-type: none"> • Many small local breweries producing beer in small quantities very cheaply • Since the beginning of the 1990s a number of foreign brewers established joint ventures with local breweries (e.g. Heineken, Carlsberg, Tiger, San Miguel), modernizing and promoting local ventures • Alcohol/tobacco sold at various unregistered small outlets in communes • Alcohol advertised on radio, TV and in newspapers and through sponsorships of sports events <p><u>Psychoactive substances other than alcohol and tobacco</u> Illicit substance trafficking through illicit networks</p>	<ul style="list-style-type: none"> • The Phong Lai commune is situated in a province historically known for poppy cultivation and opium smoking, even though this practice is against the law and the use of this substance is currently viewed in at least government circles as a “social evil” • Access to licit and illicit substances facilitated through numerous unregistered/unlicensed small shops and hidden individual dealers in communes, although government action against trade in illicit substances has increased • Homemade liquor is particularly affordable in the mountainous site, Phong Lai and so also homemade tobacco 	<ul style="list-style-type: none"> • Recently (August 14, 2000) a national government policy on the prevention and control of the harmful effects of tobacco announced • Recently (December 2000) a Law on the Prevention and Control of Drugs instituted • A national anti-substance program in place since 1996 as well as anti-substance committees at all levels of government (e.g. in each commune a Committee for Drug Prevention and Control) in which government (e.g. the police) as well as non-government agencies and representatives from civil society participate • Since 1996 in many communities one salaried government official in charge of substance prevention and control, inter alia assisting the Committee for Drug Prevention and Control in the commune 	<ul style="list-style-type: none"> • Tobacco use in public places is prohibited; advertisements banned; sale to persons under 18 years prohibited • No limits on free sampling of alcohol, billboard or broadcast alcohol advertising, on social sponsorships to market alcohol, or on opening/closing hours of liquor outlets

4.5 Intervention development

4.5.1 Key concerns

The baseline findings suggest the key intervention concerns listed below.

Key concerns: Community Profile 1

- Male adult use of psychoactive substances, especially alcohol and tobacco
- The tradition of using alcohol at social gatherings and insisting on usage
- The belief that the use of alcohol has a lower potential for causing in social and health consequences than does the use of opium
- The use of opium, heroin and amphetamines
- Parents setting an inappropriate example and providing little guidance to young people with regard to substance use
- Little sustained and effective preventive activity

Key concerns: Community Profile 2

- Limited access to basic amenities in Phong Lai
- Youth-crime connections
- High density of liquor and tobacco trade outlets and organized crime networks

Key concerns: Youth KAP survey

- Substance use among males and 15-16 year olds
- Use of hard liquor and cigarettes in Phong Lai and alcoholic beverages generally in Lang Ha
- Illicit substance use in Phong Lai and Lang Ha
- Substance use-related poor work/school performance in Phong Lai
- Early first use of malt beer in Lang Ha and hard liquor in Phong Lai
- Approval of youth drinking

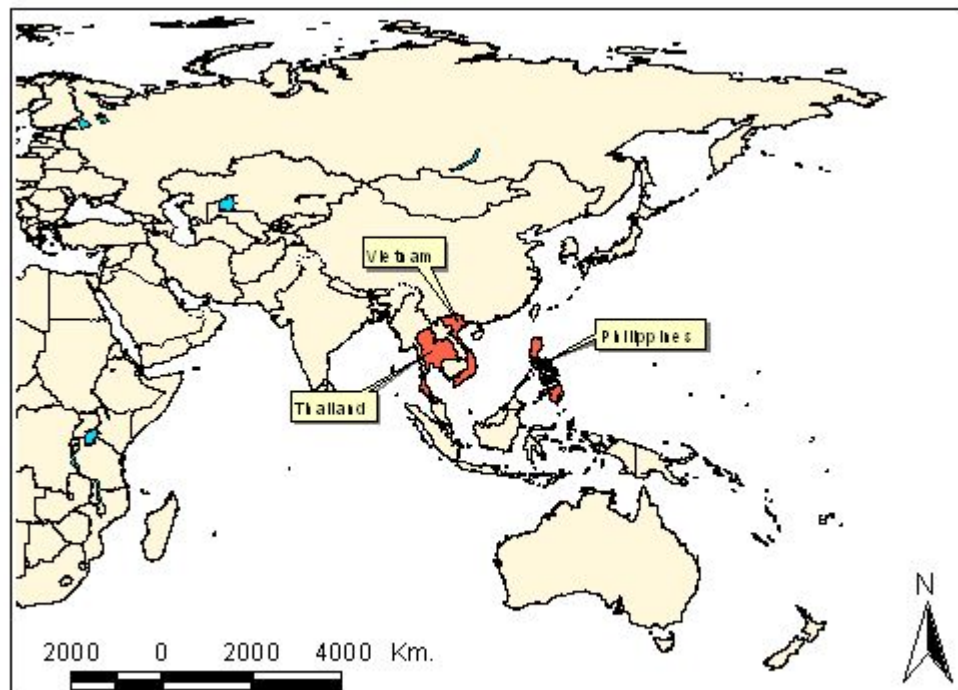
- Approval of youth use of cigarettes in Phong Lai
- Approval of illicit substance use in Phong Lai
- Pressure from peers and relatives to use substances, particularly in Phong Lai
- Belief that psychoactive substances are easy to obtain
- Advocacy of the legalization of illicit substances in Phong Lai

4.5.2 Intervention priorities

The above concerns and preferences expressed by community leaders suggest the following intervention priorities in which young people should participate:

- Facilitating better access to basic amenities, reducing the availability of substances, increasing non-approval of substance use, disentangling the substance-crime connection, and enhancing commitment and effectiveness among preventive agencies
 - through mobilizing community support/prevention groups and holding educational campaigns, and
 - insisting on the strengthening (e.g. improving effectiveness) of social support groups, a reduction in the number of liquor and tobacco outlets, stricter alcohol and tobacco trade regulations, increased deterrence of trafficking in illicit substances, and non-approval of substance use.
- Motivating and teaching 15-16 year olds in particular through awareness campaigns and peer education not to succumb to social enticement to use substances, and insisting on a reduction in youth substance use, as well as increased awareness of the problems arising from substance use.
- Initiating a movement against alcohol use in youngsters.

DISCUSSION AND CONCLUSION



The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.

Source and Map Production:
Public Health Mapping Group
Communicable Diseases (CDS)
© World Health Organization, 2003

The young people were vulnerable to substance use and related consequences in many ways. They were living in circumstances conducive to trade in licit and, to some extent, illicit substances. They were also socially exposed and even encouraged towards substance use, ever so often by close associates. Social “pressure” towards substance use was strengthened by positive attitudes among young people towards such use, e.g. social approval of substance use, a belief that substance use did not entail risks, a belief that usage was gratifying and social censure against the use of substances was limited and thus that it was easy to obtain substances. This all contributed to tolerance towards substance use, especially in respect of licit substances. Substance use was also intensifying in the communities concerned. The range of substances used and the categories of users were widening, e.g. illicit substance use and the variety of illicit substances were expanding, and “traditional” adult male predominance among users of substances was fading. Lack of effective (primary) prevention efforts by civil society and government institutions further increased the young people’s vulnerability.

Substance use and especially the use of alcohol and tobacco products was common among the young peoples’ seniors and peers in all sites, particularly among males and among young people in the sites in Viet Nam. In the Philippine sites young people used a wider variety of substances than youngsters in the sites in Thailand and Viet Nam, especially in respect of illicit substances. For example, with regard to illicit substance use on a lifetime basis the young people (between 2.3% and 7.0%) in the Philippine sites admitted the use of cannabis, injections, amphetamines, heroin, cocaine, mandrax and ecstasy. In the sites in Thailand only very few youngsters (between 0.2% and 2.1%) reported the use of illicit substances, namely amphetamines, cannabis, hallucinogens, ecstasy and mixtures. Even fewer young people and only in one site (0.3%) in Viet Nam admitted illicit substance use, namely heroin, injections and hallucinogens. The predominance of males among substance using young people was less marked in all sites.

Substance use in the close social circles within which youngsters lived increased opportunities for using substances. In all the sites, for example, close friends and fathers ever so often smoked cigarettes and used alcohol. In the sites in Viet Nam a particularly wide variety of close associates (close friends, fathers/mothers, older siblings) generally used alcohol.

In all the sites, onset of the commonly used substances generally occurred at a time when the young people were vulnerable, i.e. during mid-adolescence (more or less 15-16 years). At this time young people are often in the process of moving away from the “secluded” environment of the parental home into the less regulated public domain with its variety of social influences. Some adolescents were not only exposed to the wide array of influences in the public domain but were also offered substances in the “parental”/family home, especially in the sites in Viet Nam. Across sites the onset of the fairly popular alcoholic beverage, malt beer, tended to take place at public places of entertainment such as taverns where the emphasis would be on drinking. Taking the first cigarette at school/college or work was also quite common across all the sites.

In line with their own substance use practices, youth approval of alcohol and to a lesser extent cigarette use among their peers was fairly common, especially in the rural site in Viet Nam (Phong Lai) and in Thailand. For example, between 42.7% and 67.0% of the young people in the youth KAP survey in the rural site in Vietnam and between 33.2% and 42.6% in Thailand approved drinking among young people. Approval of illicit substance use, although fairly rare, tended to be more common in the urban Philippine site (Manila) than in the other sites. Across sites and especially in Viet Nam and Thailand, many young people believed that it was easy to obtain alcohol and tobacco products, particularly the products that were most commonly used by their peers. Youngsters generally viewed illicit substances as difficult to obtain, although to a lesser extent in the urban sites in Viet Nam and the Philippines.

Against the above background, broad-based interventions seem essential in the communities concerned, i.e. programmes that give equal weight to supply and demand reduction, target young people as well as their associates (e.g. adults), and ensure that community agencies mobilize towards and unite in preventive action on a long-term basis.

BIBLIOGRAPHY

This report represents a summary of the baseline assessments conducted in the three countries in South-East Asia. The research institutions participating in the studies carried out literature reviews before the primary data were collected. The bibliography below is a compilation of selected key documents and articles used in the literature review and referenced in the Thailand report.

Thailand

- DSW (1999). *The Survey of homeless children and beggars in 1999*. The Department of Social Welfare.
- MLSW (2000). The Report of working group to Prepare National Report on Strengthening Policies on Social Safety Nets, established by the Ministry of Labour and Social Welfare on October 18, 2000.
- MOI (1999). *The Statistic of Population in 1999*. Administrative and Civil Registration Divisions, Department of Local Administration. Ministry of Interior.
- MPH (1996 , 1997 , 1998 and 1999). *The Monthly Epidemiological Surveillance Report of 1984-1996, 1997, 1998 and 1999*. Division of Epidemiological of Public Health, Ministry of Public Health.
- MPH (1998). *The Statistic of The Ministry of Public Health, 1984-1997*. The Registration Administration Bureau, Ministry of Public Health.
- NESDB (1997). *The Eight National Economic and Social Development Plan (1997-2001)*, Office of the National Economic and Social Development Board.
- NESDB (unknown). *The life expectancy projections 1990-2015, Human Resource Planning Division*. Office of the National Economic and Social Development Board.
- NSO (1990 and 1996). *Population and Housing Census and Report on Housing Survey*. National Statistical Office.
- NSO (1994 , 1996 and 1999). *Report of the 1994, 1996 and 1999 Household Socio-Economic Survey*. National Statistical Office.
- NSO (1997). *The Report of the Health and Welfare Survey 1996*. National Statistical Office.
- ONCB (unknown). *The statistic of admissions for drug dependence treatment and number of treatment centres 1980-1998*. Office of Narcotic Control Board.
- Royal Thai Police (2000), *The Statistics of Reported Crimes of Thailand*.
- Thai Rak Thai Party (2001). Policy of the Government of H.E. Prime Minister Thaksin Shinawatra Delivered to the National Assembly, 26 February 2001.

The Philippines and Viet Nam -For references contact country researchers:

Dr Leticia Penano-Ho, College of Education, ASEAN Training Centre for Preventive Drug Education. University of the Philippines, 1101 Diliman, Quezon City, The Philippines.

Dr. Khuat Thi Hai Oanh, Head, Research Division, Market and Development Research Centre, 231 Ton Duc Thang, Hanoi, Socialist Republic of Viet Nam.