

Reintegrating residents of rehabilitation camps in Northern Vietnam

The Cactus Blossom support group for female ex-IDUs

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Cactus Blossom poster

Thousands of Vietnamese drug users and sex workers, many of whom are also HIV infected, are forcefully incarcerated in rehabilitation centres. Forced rehabilitation of drug users and sex workers in this country has been unsuccessful because the majority of released residents relapse within 18 months. This, therefore, calls for a new approach in addressing the plight of drug users and sex workers upon their release from incarceration. Together with the authorities and a group of returning female residents, the Medical Committee Netherlands-Vietnam (MCNV) piloted a voluntary community-based reintegration programme for women in Hanoi: the Cactus Blossom support group.

Intravenous drug use has been the main factor behind the spread of HIV in Vietnam. The highest rates of seropositivity (up to 80%) are found among intravenous drug users in the large cities, including Hanoi. The majority of these are men. The overall rate among female sex workers in 2005 was 6.5%. However, many female sex workers also inject drugs. Five rehabilitation centres in Ba Vi, 70 km from Hanoi, house roughly over 7000 ex-IDUs and sex workers, 700 of them being women. These rehabilitation camps are supposed to help people reduce their dependency on drugs and offer them vocational skills to make a living. All camps have voluntary and involuntary residents. The state pays for the involuntary residents while volunteers in the camps are supported by their families. ‘Volunteer’ does not necessarily mean that the individual has volunteered; it can mean that the family has ‘volunteered’ him or her and pays for the time spent by the family member in camp. Volunteers can, therefore, not always leave when they want but when their families desire that they leave. About 30% of those in the camps test HIV positive upon enrolment.

Returning residents of Hanoi receive mandatory state support upon rejoining their communities to enable them stay off drugs through the so-called B93 clubs. The clubs target male IDUs and their purpose is to provide a forum at community level for moral support to reduce the sense of isolation that causes ex-drug users to relapse into the old habit of drug taking. Only Hanoi, in the north of the country, has such clubs. Other provinces lack state mechanisms to support their ex-residents through such facilities.

It is not easy to trace female ex-residents and enlist them to the B93 clubs because many of them disappear almost immediately upon release. Their families and communities reject them because of stigma attached to sex work, drugs and possibly HIV-positive status. Also, some families prefer to keep daughters at home for fear of their likelihood to relapse when they meet other (ex) users at the B93 clubs. Some families even opt to take their daughters to a different province. Men, especially the eldest sons, easily return to their families. And as is always the case, stigma

associated with HIV is stronger among women than men.

From mandatory to voluntary community rehabilitation

In July 2005, the Medical Committee Netherlands-Vietnam (MCNV) and a group of state and parastatal agencies initiated a support group for female ex-IDUs called the ‘Cactus Blossom’, at the Red Cross in Dong Da, Hanoi. Unlike the B93 groups where membership is compulsory, the membership to the Cactus Blossom support group is voluntary. The programme chose to focus on female residents because this group was considered the hardest to reach by the authorities due to gender inequities and stigma in and outside the camps.

The emphasis of the project is on improving access to and quality of existing social and health services. Women elect core members who work in specific fields such as health, income generation or social support; presenting their job results and their plans is part of the election process. Through the group, individual members gain access to a range of services including antiretroviral therapy, loans and vocational trainings offered by state authorities in collaboration with the Women’s Union, the Red Cross, and a group of hospitals.

This multisectoral group receives feedback about their services from the core members of the Cactus Blossom group. Representatives of these agencies also visit the group to discuss their experiences. The

Lessons learned

- Women who cannot rely on their families find it hard to cope due to lack of community and state support structures. When families realize that their daughters intend to stay with them, they support their plans, therewith increasing their daughters' chances to succeed.
- Many women have brothers, boyfriends or male friends who were taking drugs together with them and who might still be doing so. If male partners do not receive the same support, it will be hard for women to stay off drugs.
- A voluntary approach that involves peers and families and focuses on accessing services is more successful in reaching female ex-residents than mandatory programmes that focus on crime control.

Department of Social Evils in Hanoi, the authority that is in charge of the B93 clubs, has been an active counterpart in this project. It facilitates visits of core members to the rehabilitation camps to inform potential members and share their experience working with recovering drug users. In order to build the capacity of the whole group, the leaders take part in courses on office management, leadership and facilitation, English, and proposal writing. Civil servants pursue the same courses as the core members and are sometimes surprised to learn that recovering drug users are as educated as themselves.

Understanding each other's needs

One assumption of the programme was that women who have been inside the camps understand each other's needs and want to help each other even when their personal backgrounds are diverse. A second assumption is that their families are isolated and need support. And thirdly, that support must be based on consent; only people who want help can be helped. These principles seem to work. The group is diverse and has seropositive and seronegative members, pregnant women, women with and without children, and women with and without male partners. Starting with two women, membership has grown to 35, of whom

half are seen weekly or bi-weekly and are either completely 'clean' or can manage their addiction. All women are supported to prevent mother to child transmission while those in need of antiretrovirals (ARVs) are able to access them.

The direct language, the bold fashion styles and manners that are exhibited during interpersonal communication in the Cactus Blossom group are unusual for ordinary Vietnamese women. But it is clear that members can offer appropriate peer support. For example, with job seeking, group members share job advertisements and advise each other. This helps members to find jobs that are realistic such as selling swimming pool tickets for the ex-drug user with coloured teeth, or selling make-up products for the glamorous former sex worker. Some women take loans together or share resources such as sewing machines.

Families of group members are more understanding and supportive to their daughters. When families realize that their daughters intend to stay with them, they support their plans, therewith increasing their daughters' chances to succeed. When one member who dropped out of school because of drug use received a letter of invitation to a management training course from the project, her whole family was so happy that her mother called her husband asking him to come back from the remote suburbs to share the excitement.

The authorities gain confidence and experience working with this group. Dialogue between families, authorities and members initiated by the project clarified that families' restrictions on their daughters movements were well intentioned but ineffective. Authorities heard directly from



the families that lack of services, fear of relapse and desire to remain anonymous were behind the lack of support for B93 programmes. This year, based on the results of this project, the Department of Labour, Invalids and Social Affairs will assess the strengths and weaknesses of both the MCNV voluntary system and the state-supported B93 approaches in order to adapt their community rehabilitation strategy.

The health dangers of relapses

Lack of a comprehensive national harm reduction programme, especially substitution drugs, is a main challenge. Methadone has become legally available in 2006 but is not yet accessible in Hanoi.¹ Although the support group agrees that its ultimate aim is to enable members stay off drugs, relapses do happen. Relapses have immediate social and medical consequences. Members who stay off drugs and whose health is good enough to start ARVs adhere well. But members who relapse also are at risk of failing to adhere to their ARV prescriptions. One member received ARVs but relapsed, started stealing and after a few weeks as a sex worker on the street near the family's residence, was 'volunteered' by her family back to the camp. ARVs are not available in the camp and it is therefore highly unlikely that she will survive her two-year sentence.

Women who cannot rely on their families find it hard to cope due to lack of community and state support structures. Reintegration into their families is difficult. Sex work, by contrast, pays enough for those in the trade to rent a room with (former) colleagues, many of them active drug users. Given the difficulties in accessing cheap housing without family



Resources

on women living with HIV

ICW News

Newsletter of the International Community of Women living with HIV/AIDS

ICW News has been produced quarterly since 1996. It has proved an important tool in reducing the isolation of HIV-positive women. Currently it is distributed to over 5,000 ICW members and other organizations involved in HIV/AIDS work. It is also available online.

www.icw.org/publications



WomenLead in the Fight Against AIDS

CEDPA, 2006 (36 p.)

In 2005, CEDPA organized a workshop entitled 'WomenLead in the Fight Against AIDS' in Washington DC. A collection of stories of 12 women leaders attending that meeting was published by CEDPA to help understand how the pandemic affects the lives of women and their families, and the way forward.

www.cedpa.org/files/871_file_WomenLead_in_the_Fight_Against_AIDS_CEDPA.pdf

Meeting the reproductive health needs of HIV-positive women: Using evidence to advocate for change

Target of Opportunity Final Report
POLICY Project, 2006

This advocacy tool was designed and implemented by the Swaziland Sikanyekanye core package project in partnership with ICW in South Africa and Swaziland. The tool aims to build HIV-positive women's capacity to raise awareness of their reproductive health needs by creating and implementing advocacy plans to reduce policy and operational barriers at facility, community, and national levels. Another objective was to synthesize and facilitate the sharing of tools and the lessons learned across countries striving to meet the reproductive health needs of HIV-positive women.

www.policyproject.com/pubs/corepackages/TOO RH Swaziland and South Africa.pdf

support and the cultural importance of the family in Vietnam, it is not surprising that the most successful women are those who have family support. Insufficient support for male drug users and male returning residents is another key issue. Many women have brothers, boyfriends or male friends who were taking drugs together with them and who might still be doing so. If male partners do not receive the same support, it will be hard for women to continue alone. Suicide, overdose or arrests of a male partner have all caused women who were determined to quit to relapse.

The pilot programme only started in July 2005 and given the fact that drug rehabilitation is a long process, it is prudent to avoid premature conclusions. However, it appears to be possible to develop relationships with female ex-residents of rehabilitation camps based on their own free will using the existing state structures. A voluntary approach that involves peers and families and focuses on accessing services is more successful in reaching female ex-residents than mandatory programmes that focus on crime control. ■

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1. Methadone is a rigorously well-tested medication that is safe and efficacious for the treatment of narcotic withdrawal and dependence. Taken orally once a day, methadone suppresses narcotic withdrawal for between 24 and 36 hours. Because methadone is effective in eliminating withdrawal symptoms, it is used in detoxifying opiate addicts.