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HARM REDUCTION FOR SALE

Using needle and syringe social marketing
to prevent HIV and reduce drug-related harm
in Southern Vietnam

A HAARP Positive Practice Study:

In collaboration with DKT International Vietnam

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For more information about the Australian Government's international development program, contact:

Communications Section
AusAID
GPO Box 887
Canberra ACT 2601
Australia

Phone +61 2 6206 4000
Facsimile +61 2 6206 4880
Internet www.aid.gov.au

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on behalf of AusAID**

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Abbreviations

AIDS	acquired immunodeficiency syndrome
AusAID	Australian Agency for International Development
HAARP	HIV and AIDS Asia Regional Program
HIV	human immunodeficiency virus
VCT	voluntary counselling and testing

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Introduction



In January 2011, the Technical Support Unit of the HIV and AIDS Asia Regional Program (HAARP) signed an A\$300,000 agreement with DKT International Vietnam to implement a needle and syringe social marketing program in three Southern Vietnamese provinces along the border with Cambodia: Dong Thap, Long An and Kien Giang.

After seven months, the program had sold more than 600 000 needles to people who inject drugs. The success of this relatively new approach to harm reduction could have important implications for future programming, especially in light of its potential for self-sustainability.

This case study was commissioned by the HAARP Technical Support Unit as part of its positive practice series. The aim was to look at the reasons behind the program's early achievements to reveal any challenges it faced and ask whether the intervention could work in other settings.

Needle and syringe social marketing highlights

High distribution figures. More distribution channels mean broader reach, and a customer-focused approach increases service uptake.

Changing social norms. While free distribution aims to prevent needle sharing, social marketing uses promotional tactics to encourage people who inject drugs to buy their own needles and syringes and take responsibility for their health.

Sustainability. Social marketing is a low-cost intervention, as 50% of the needle cost is recovered. The project is creating a group of IDUs willing to pay for equipment and services.

Methodology

In August 2011, interviews in the project provinces of Dong Thap and Long An were conducted with the following:

- 21 people who inject drugs (11 in Long An and 10 in Dong Thap)
- DKT project staff
- staff from the two provincial AIDS centres
- representatives from peer educator and motivator networks
- pharmacists stocking subsidised needles and condoms.

As permission to conduct interviews in the field was not granted in Long An, these interviews took place at the provincial health department. In Dong Thap, visits were made to two pharmacies and two coffee houses or 'hot spots'.

Project activities were observed in both provinces, including a monthly peer educator meeting, group discussion for drug users, leaflet drop and karaoke competition.

The report draws on background information and statistics supplied by the HAARP Technical Support Unit and DKT.

Background

HAARP's goal is to stem the spread of HIV associated with drug use among men and women in South-East Asia and China. The program works with governments and communities to facilitate change and reduce HIV-related harm associated with drug use. The HAARP Vietnam Country Program, signed in 2009, provides a range of harm reduction services including HIV testing and counselling, outreach, and provision of free sterile injecting equipment.

Despite declining HIV prevalence since 2003, Vietnam's rate remains high among people who inject drugs. In 2009, the national average stood at 18.44%, with significant variation by province and cities.¹ See Table 1 for prevalence rates in the HAARP-DKT project provinces.

While harm reduction has been officially legal in Vietnam since 2006, detoxification in drug detention centres continues to be the main government response to drug dependence. An estimated 50% of drug users are in these centres. Persistent stigma around drug use and the fear of being identified as a drug user, means drug users are often wary about seeking harm reduction services.

Needle and syringe social marketing

Social marketing uses commercial marketing techniques to achieve behavioural goals for social good. The rationale for using this approach to distribute needles and syringes rests on three observations:

- The cost is low, as revenue is generated from needle sales.
- It encourages behaviour change through targeted communication campaigns.
- IDUs are less likely to waste equipment they have purchased than equipment they received for free.

¹ UNAIDS, Vietnam 2010 Country Progress Report, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/vietnam_2010_country_progress_report_en.pdf (Accessed 12 September 2011)

Table 1 HIV prevalence among people who inject drugs in project provinces

Item	Long An	Kien Giang	Dong Thap
HIV+ people (No.)	3 149	3 407	4 843
Injecting drug users (No.)	1 000	685	800
HIV+ injecting drug users (No.)	711	270	174
HIV+ injecting drug users (%)	71.0	39.4	21.8

Source: Provincial AIDS centre reports, 2009.

In 2010, DKT submitted a proposal to HAARP Technical Support Unit for funding to implement a social marketing project for needles, syringes and condoms in three Vietnamese provinces bordering Cambodia. The aim was to use private sector expertise to influence behaviour and make sterile injection equipment more available to drug users. Instead of distributing free needles, syringes and condoms, the project provides subsidised products and encourages people who inject drugs to purchase them.

The HAARP–DKT project builds on a three-year pilot, from 2006 to 2009, funded by the Alchemy Foundation of the United States. The pilot aimed to take DKT’s 20 years of experience in the social marketing of contraception and use it to sell subsidised needles and syringes to drug users. In three years, DKT sold over six million injecting sets in six pilot provinces, with the revenue generated covering the cost of the equipment.

Figure 1 HAARP–DKT project provinces in Southern Vietnam



Needle and syringe social marketing in practice

"The good thing about social marketing is that needles are readily available so they [drug users] don't share them. And it improves their understanding of HIV."

Le Thi Tuyet Ha, Motivator, Cao Lanh



Creating a supportive environment

After the project agreement was signed in January 2011, DKT mobilised quickly. The first step was to hold an advocacy workshop for key stakeholders, including district and provincial authorities. The workshop included representatives from the police, the Department of Labour Invalids and Social Affairs, people's committees, and provincial and district health officers. Bringing these stakeholders together provided an opportunity to clearly explain project aims and create a supportive environment for its activities. Early engagement with law enforcement agencies has been crucial to ensuring the project's smooth running.

Product development

In 2004 and 2006, DKT commissioned Teylor–Nelson–Sofres to carry out research in three small Vietnamese cities. The results helped shape project design and inform DKT's product strategy. For example DKT's decision to sell predominantly syringes with a capacity of three cubic centimetres is based on the finding that 77 per cent of people who inject drugs prefer them, although 1 ml needles and syringes are also available.

The DKT project sells four products:

- needles and syringes purchased locally and primarily available through pharmacies
- condoms available in a range intended to appeal to different market segments, the mass market OK brand targeting lower-income drug users and sex workers and premium brands including Rock and Premiere
- a combo pre-pack combining three OK condoms and one needle and syringe set to reinforce the message of safe sex
- a needle, syringe and distilled water pack.

All sterile injecting equipment is branded with the '24h/24h' project logo, which promotes the round-the-clock availability of needles and syringes. In addition to project products, a lot of promotional materials bearing the 24h/24h brand were produced, ranging from raincoats and backpacks to signs to hang outside pharmacies.

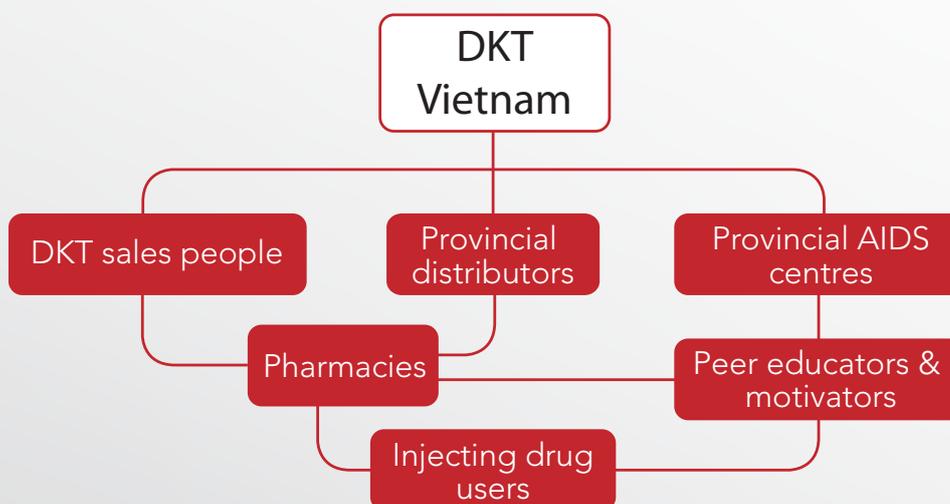


Setting up the distribution network

DKT uses a number of different channels to distribute its contraceptive products and injecting equipment (Figure 2):

- Sixty sales people are employed by DKT to supply pharmacies nationwide
- Provincial distributors are used in remote areas sales people cannot reach
- Peer educators and motivators managed through provincial AIDS centres distribute products and educate recipients on their use.

Figure 2 DKT needle distribution network in Vietnam



This is essentially a two-pronged distribution network.

1. Basic commercial sales through sales people and provincial distributors
2. Promotional distribution and education by peer educators and motivators targeting people who inject drugs.

When it came to the social marketing of needles and syringes, DKT was well aware that peer educators would be needed to gain access to drug users. It also recognised it would have to operate through provincial AIDS centres to avoid problems with local law enforcement agencies.

Both Dong Thap and Long An had been involved in the previous needle and syringe social marketing project,² and DKT had longstanding relationships with their provincial AIDS centres. This meant that work could start almost immediately.

Provincial AIDS centres selected peer educators and motivators from their existing networks based on criteria supplied by DKT. It is worth noting that the DKT project distinguishes between *peer educators* (drug users and sex workers who sell needles and share information with their peers) and *motivators* (who are not part of the groups they sell to and work with). The role of both peer educators and motivators is to target injecting drug users directly.

Whereas Long An province uses peer educators almost exclusively, Dong Thap and Kien Giang have equal numbers of peer educators and motivators. Both groups face challenges. People who inject drugs have a better understanding of their peers' needs but pose the risk of their arrest or relapse. Motivators may appear to be a more reliable option, but they need time to earn the trust of their clients.

In addition to selling needles, syringes and condoms to people who inject drugs, the project distributes subsidised condoms to sex workers and the guesthouses in which they work.

Training, outreach and activities



Woman who injects drugs performs in project provincial Karaoke competition in Dong Thap

Between March and June 2011, DKT trained 72 motivators and peer educators across the three provinces. Training included information on HIV and safe injection practices, social marketing skills, community approach methods and group discussions. Nguyen Hoang Viet, director of the Dong Thap Provincial AIDS Centre, noted the importance of training peer educators to explain why they were no longer distributing needles, syringes and condoms for free, as they need to be able to persuade recipients to buy.

This initial training for peer educators and motivators is reinforced by monthly meetings to share best practices, report on sales and buy stock for the coming month. In Dong Thap Province, local police attended these monthly meetings, providing them opportunities to get to know the peer educator network and address any operational issues.

2 Dong Thap was involved for the full three years, but Long An only joined the pilot for the final year, 2009.

The project carries out a range of activities to raise awareness of HIV and drug use among people who inject drugs and the communities in which they live.

- ➔ Group discussions and training sessions for people who inject drugs to educate them on topics such as HIV transmission, HIV prevention and how to inject safely.
- ➔ Leaflet drops distribute DKT leaflets and comic books to communities living near drug use hot spots.
- ➔ Competitions can be in karaoke, dance, aerobics or sports. People who inject drugs form teams by local area and compete at the provincial level for cash prizes and project-branded merchandise. During the competition, organisers pass on HIV prevention messages.

Since the HAARP–DKT project started, karaoke events have been organised in Long An and Dong Thap. Karaoke is extremely popular in Vietnam and requires little preparation to participate. The two events together attracted over 70 participants.

Monitoring

Key indicators for monitoring the project's success are sales and distribution data. This data can be used to pinpoint exactly where products have been sold, with repeat orders suggesting growing demand. This is by far the simplest means of evaluation, as the income received is directly attributable to sales.

In addition to this quantitative data, DKT is currently carrying out a baseline survey into the behaviour of people who inject drugs. This aims to chart any changes in behaviour and takes into account user perspectives of the project.

Figure 3 Steps in project set up



Achievements

“I like the idea of social marketing as it increases capacity. Also the beneficiary doesn’t receive an entirely free product.”

Nguyen Ngoc Linh, Director, Long An Provincial AIDS Centre

Rapid distribution of needles

The overarching achievement of the needle and syringe social marketing project is the sheer number of needles and syringes it has distributed. Within six months of signing the contract with HAARP, DKT had sold over 600 000 needles (Table 2). These figures significantly outstrip the coverage of the free needle program. For example, from January to June 2011, Dong Thap Province distributed 91 060 needles and syringes for free, or fewer than half of the 214 292 sold through the HAARP–DKT program from January to July of the same year (Table 3).

Table 2 Equipment for safe injecting and safe sex distributed through the HAARP–DKT project, to 31 July 2011

Product	Dong Thap Province	Long An Province	Kien Giang Province	Total
Needles & syringes	214 292	34 192	434 400	682 884
Condoms	41 976	16 992	9 120	68 088

Table 3 Free distribution of needles and syringes in the three project provinces, to 30 June 2011

Year	Dong Thap Province	Long An Province	Kien Giang Province	Total
2008	372 678	0	357 670	730 348
2009	178 121	0	222 590	400 711
2010	92 995	2 122	289 062	384 179
2011	91 060	44 127	0	135 187

Source: Provincial AIDS centres.

Sorting out the supply chain played an important role in achieving these high distribution figures, because needles and syringes are now more readily available. Combining commercial and peer educator distributors has allowed DKT to optimise product availability. Unlike free needle and syringe programs, which rely on cycles of donor funding, the revenue from needles and syringes sold by DKT is fed back into the project to purchase more stock. Add to this DKT’s well-established and decentralised distribution network, and the likelihood of service gaps or discontinuation is minimal.

In interviews with people who inject drugs in Dong Thap and Long An, three words came up repeatedly: convenience, confidentiality and availability. Where free needle programs tend to be distributed through designated drop-in centres, the social marketing project supplies needles to pharmacies, coffee houses and shops near drug user hot spots, or sells directly through peer educators and motivators.

Nearly all the drug users interviewed said they had told their friends about the project. This was backed up by the two motivators in Sa Dec, in Dong Thap Province, who said their client base of 80–100 drug users had grown largely through word of mouth. It was clear the project provides a service drug users were willing to pay for. Perhaps being a buyer of needles and syringes puts drug users on a more equal footing with peer educators and project staff—they are no longer just recipients, but clients. The HAARP–DKT project has a clear ethos of customer service. While the purchaser–provider relationship may not be one that could be applied to other harm reduction services, this focus on the client’s needs and practices of taking regular customer feedback can inform and improve approaches used in other programs.

Case study 1: Le Thanh Hoang, male, 38, drug user, Tan An, Long An Province

“I have been injecting for 10 years. In the past I have shared needles. When I first injected I shared needles with a friend, but later I was more careful because I got married.”

“I sometimes get free needles, but most of the time I buy them. I already knew the Life Gap Project [funded by the US Centre for Disease Control and Prevention] and then found about this project. I now buy needles from peer educators and the pharmacy.”

“I prefer to buy from the pharmacy as it’s more convenient. If I suddenly want to inject and a peer educator is not around, I can go to the pharmacy. I would pay more for needles. There’s no option but to pay ... I inject, so I need needles.”

High client uptake suggests a previously unmet need. Those drug users who had previously received free needles said they struggled to get hold of enough to meet their injecting needs. The initial research by Teylor–Nelson–Sofres found that drug users injected on average three times a week. While only one of the interviewees admitted to having shared needles (case study 1), a number of drug users said they had reused needles, often when they could not get clean ones. It appears that the increased availability of clean needles is reducing reuse.

“I never shared needles, but I reused needles. I don’t do that anymore. I use clean needles because it is very easy to buy them and the cost is low. So I use clean needles to stop disease.”

Le Hoang Cuong, drug user, Cao Lanh

The project’s numerous distribution channels are also a success factor. Not only do drug users have a choice of where or from whom to buy, there is also round-the-clock availability, as per the project’s ‘24h/24h’ tagline. The importance of diverse distribution channels was clear when asking drug users where they preferred to buy needles. In Long An, 10 of the 11 interviewees said they bought from the pharmacy as it was more confidential and convenient, while in Dong Thap all 10 interviewees said they preferred to buy from motivators or peer educators as it was safer and they could call any time.

"I now buy from the motivator. I prefer to buy from her because she's always available. Even late at night, I can go to her house."

Vo Van Tan, drug user, Sa Dec, Dong Thap

"I prefer the pharmacy because I know needles are always available and also no one knows when I buy there."

Truong Than Thuy, drug user, Tan An, Long An

As Long An uses mainly peer educators, it was a little surprising that drug users preferred to buy from pharmacies. One possible explanation is that Dong Thap's needle and syringe social marketing program has been running longer, so local drug users have had more time to get to know and trust motivators.

In addition to the two main sales routes, there were some instances of informal secondary distribution networks, in which one drug user buys in bulk from a peer educator and sells needles on to his or her friends. This approach was particularly favoured by younger or newer injecting drug users, who were more wary of being seen by the local community or caught by the police.

Education plus distribution

A social marketing approach to selling needles and syringes recognises the symbiotic relationship between education and distribution. Education on using clean needles and syringes, and the need to do so, must be backed up by a distribution system that ensures regular availability.

The education activities organised by DKT and provincial AIDS centres appear to be both popular and enjoyable. Sessions use audience participation, which better engages participants. It is important that the momentum of these sessions and events continues throughout the project. There is some uncertainty whether provincial AIDS centres will be able to take over the project's education activities without ongoing donor funding.

In general, knowledge about condom use, clean injecting equipment and HIV prevention was good. Anecdotal evidence from provincial AIDS centres suggests that substance use related risk behaviour is improving, particularly in relation to using clean equipment.

Leaflets and comics on harm reduction and HIV prevention have been developed in both Vietnamese and Khmer. Providing multilingual materials acknowledges the project's proximity to the Cambodian border and the mobility of sex workers and people who inject drugs.

The project does not only educate people who inject drugs. From the outset, DKT has engaged with the police and provincial authorities to ensure the project's success. After making the case for social marketing at the initial advocacy workshop, DKT has followed a policy of dealing with implementation issues as they arise. There have been no major ones to date.



Project information education and communication materials in coffee house

Low cost and sustainable

In the first six months of 2011, DKT needle, syringe and condom sales in the three provinces brought in revenues of US\$33,951. This works out to 21 per cent of the project budget for the first year. As Vietnam approaches middle-income status and many international donors prepare to withdraw, the sustainability of services becomes an urgent issue. Free needle and syringe programs are costly to run, and it is unlikely that the government will be able to fund them once it takes over responsibility for the national AIDS prevention and care response budget.

Needle and syringe social marketing allows for a phased transition from free provision to a fully chargeable service. Communication activities inform drug users of the risk of HIV transmission from unsterile injecting equipment, while the sale of subsidised needles and syringes helps to create the habit of using sterile equipment. The logic is that when needles and syringes are no longer subsidised, drug users will be prepared to bear the cost of protecting themselves.

When scaling up this project to other settings, flexibility is needed regarding those drug users who cannot afford to buy needles and syringes, whether because they are poor or because they spend all their money on drugs. All future needle and syringe social marketing projects should be preceded by research into local injecting drug user habits and economic modelling to ensure that prices are locally acceptable. Programs need to ensure that People Who Inject Drugs who need a needle and syringe are not denied access on the basis of financial considerations.

Issues and areas for improvement

“How can you inject without a needle? We can always spare some money to buy a needle. I’m not sure I’d pay more though.”

Vo Van Tan, drug user, Sa Dec

Although drug use in Vietnam was decriminalised in 2009, it remains an administrative offence and people who inject drugs can be detained in drug detention centres, also known as 06 Centres. While the project aims to sell needles and syringes to prevent HIV, this equipment can be used as evidence by the Department of Social Evils Prevention. The main challenge for this project, as with many harm reduction interventions, was to get all the authorities on board—hence DKT’s initial focus on advocacy with the police.

“At first when I had just started as a peer educator I had trouble. But now the police know me, so they don’t trouble me.”

Hien, Peer Educator, Tan An

The project seems to operate with little interference from the police. While Long An peer educators mentioned they had occasionally been stopped by the police, a call to the provincial AIDS centre ensured their quick release. In Dong Thap, motivators have been operating for longer and are well known to the local police, so no issues with law enforcement were reported.



Peer educator distributes leaflets in Long An

Is the project reaching the most vulnerable?

Most of the drug users interviewed for this case study seemed relatively healthy and did not appear to suffer from acute poverty and marginalisation. While this could stem from a number of factors—from the type of drugs they inject to their frequency of injection as well as strong familial and community ties—it also raises a question for consideration : Is the project targeting only the better-off segment of the provinces' drug-user population? Are the most vulnerable being left out?

It was unclear during the project visit how large the gap is between those whose needs are being met and those who cannot afford to buy needles and syringes from motivators and peer educators. It is important to establish how many of those who do not buy needles and syringes from DKT receive free equipment and how many share or reuse it, and what the profile of such individuals is. Further monitoring and research in the three project provinces may help to answer this question.

Price and payment

One concern raised by the HAARP Technical Support Unit at project start-up was how the project would deal with drug users who could not afford to pay for needles and syringes. While most of those interviewed said they were able to pay, all peer educators and motivators reported cases of clients who could not pay on occasion. The response of peer educators to drug users who could not pay varied from person to person. Some were prepared to give free needles and syringes to them to prevent sharing, while others said that they would defer payment until the next time. One peer educator said that, if someone failed to pay once, she would not sell to them in future.

The current price of needles and syringes is subsidised by the project, with one set costing VND500, or less than US\$0.25. While the drug users interviewed accepted that they had to buy needles and syringes and were generally prepared to pay more in future, it was not clear how much more they were prepared to pay. One motivator in Dong Thap suggested a considerable rise in price would make sales difficult.

Case study 2: Vo Thi Ngoc Huong, female, 51, motivator, Sa Dec, Dong Thap Province

Vo Thi Ngoc Huong has worked with the project since 2003, first selling condoms and now selling needles and syringes as well. She has between 40 and 50 clients.

"At the beginning it was quite hard to meet the drug users, but I have a relative who was in a rehabilitation centre. When he was released he introduced me to lots of drug users. The drug users are okay with needle and syringe social marketing, but sometimes they can't pay so I give them free needles and syringes. The drug users call me and come to my house for needles. They call at all times, even on the New Year. Sometimes when the drug users with AIDS are sick and don't have any money, I collect donations from my friends to help.

Because this is a project, the police know about it. We have a monthly motivators' meeting that the police attend, so they know us. One local leader makes things difficult for me. He is unhappy that there is a drug user hot spot in his area. I explain they will still go there to inject even if I don't sell to them."

Establishing a referral network

It seems that more training is required for peer educators and motivators on the breadth of harm reduction and health services available to, and needed by, people who inject drugs. It is worth noting that pharmacists stocking subsidised needles and syringes do not offer advice or referrals. This is of particular concern in areas where the pharmacy is the main distribution channel to drug users. To some extent this can be alleviated by orienting pharmacists better to project goals and the harm reduction philosophy.

There is currently overemphasis on referring drug users for voluntary HIV counselling and testing (VCT). Many drug users said they were being referred for HIV testing and counselling every quarter, though an annual check would suffice. The Long An VCT clinic confirmed that most of its clients were people who inject drugs and most were referred by peer educators. There was little evidence of referring drug users to other services, though one Dong Thap motivator mentioned sending HIV+ clients for treatment services (case study 2).

While VCT is an important service, it is just one part of an effective referral network. For example, VCT without follow-up treatment services for those who test positive is of little use. Drug users have multiple needs including treatment, care and support. Needle and syringe sales offer opportunities to ensure that users are aware of all the services available to them, including overdose management, tuberculosis treatment, and hepatitis B and C prevention. Making these referral links will mean the project is no longer a standalone activity.

In the project proposal, DKT outlined a workshop to train doctors from private clinics on how to carry out health checks on drug users and what advice to give. This project component is still in the planning stage but may provide an opportunity to improve current referral links between health services and peer educators and motivators.

Case study 3: Dang Van Thanh, male, 25, drug user, Cao Lanh, Dong Thap Province

"I have been injecting for two years. I receive needles free or buy them from the motivator. My friend also buys them from the pharmacy. I don't want to go to the pharmacy because I am worried someone will recognise me."

"At first I was a little unsure why they were selling needles. I didn't fully trust them. I was approached by both the motivator and my friend. I trusted the motivator after my friend told me she was reliable."

"Sometimes I can't pay, but if I don't have money my friend will pay for me. I have never shared needles. I would pay more. There's no option—what about HIV?"

Disposal and collection of used needles

The collection of used needles for disposal is currently ad hoc. In Long An, the Life Gap Project funded by the centre for disease control and prevention pays peer educators to collect needles and syringes, while in Dong Thap, motivators supply some of their key clients with collection boxes for the safe return of used equipment. However, there are limited mechanisms in the place to ensure adequate and safe collection and disposal in the current model. This will need future planning and consideration.



Pharmacist in Dong Thap who stocks subsidised needles and condoms

Product and packaging issues

The drug users interviewed were happy overall with the project and the service provided. There were, however, a few complaints that the needle could be sharper and the plunger smoother. A few drug users favoured the more expensive 'German needle' made by Braun, saying it had a sharper tip, which made injecting less painful. There may be the perception that imported needles are better than locally made ones. However, it is worth noting that few wanted to pay the extra cost.

The combo pack of three condoms and one needle-and-syringe set is proving less popular than the other products. Some clients said that they didn't need as many condoms as needles and syringes, and most preferred to buy condoms and injecting equipment separately, depending on their need at the time. While selling condoms and injecting equipment together is an important step toward acknowledging that people who inject drugs are sexually active, DKT is currently reviewing the composition of the pack to better meet clients' expressed needs.

In Dong Thap there have been some requests to add sterilised water to the range of subsidised products. Drug users currently pay the full price for sterilised water from the pharmacy or use tap water.

Case study 4: Mai, female, 30, Peer Educator, Thu Thua, Long An Province

Mai started off as a cigarette promotion girl before becoming a sex worker. Later she began injecting drugs. She has been a peer educator for five years.

“In the past when needles were free there weren’t enough for the IDUs to use, so they still had to buy them. Now that we have social marketing it’s more convenient for them. At first drug users questioned why it was free before and not any more. I explained that needles couldn’t be free forever, and they were happy when they found that equipment was still cheap.”

“I distribute needles in many different ways. I know the hot spots where people inject. I leave my phone number in places so people can call me. I also leave needles at shops close to the hot spots. I have had problems with the police stopping me. Once I had to call the director of the provincial AIDS centre to get him to explain what I was doing.”

“The good thing about this project is that it helps people who inject drugs to prevent HIV, as they have needles available. And it helps them to keep their families HIV free, too.”

Recommendations

The social marketing of needles and syringes presents a real opportunity to transition from donor-funded free needle programs to helping people who inject drugs take responsibility for buying their own sterile injecting equipment. This transition will take time. DKT understands that the 18-month HAARP grant will not allow enough time for the project to become self-sustaining in the three provinces. DKT will need to seek further funding to ensure that the project is embedded in the three provinces and to roll out social marketing in other provinces.

While needle syringe social marketing is new, it should not be considered an alternative approach. It is, instead, one component of the wider harm reduction response where diversified service delivery models allow better coverage and sustainability.

The following recommendations suggest how to build on the initial success of the project both in Vietnam and in other countries.

Conduct more training

- Train peer educators and motivators to refer clients to a range of harm reduction services.
- Carry out training for medical professionals, as per the DKT proposal, to ensure that the health services provided for people who inject drugs are appropriate to their needs.
- Train pharmacists who stock subsidised equipment in outreach and referral.

Standardise procedures

- Consider an incentive system to motivate peer educators to refer clients to a range of services. Ensure peer educators report all referrals to the provincial AIDS centre.
- Be flexible about providing free needles and syringes to those who cannot afford to pay. Look into methods for reimbursing peer educators and motivators when they distribute free needles.
- Ensure that provincial AIDS centres follow the criteria for selecting peer educators who are current or former injecting drug users.

Ongoing evaluation

- ➔ Use the completed project baseline survey to monitor any behavioural changes in the project stakeholders and clients.
- ➔ Ensure thorough research is carried out before raising prices and making other changes to packaging and its contents.

Further research

- ➔ As the DKT project may be reaching only better-off drug users, further research is needed to ensure more vulnerable drug users are reached through current project distribution networks.
- ➔ When considering needle syringe social marketing in other contexts, detailed research should be conducted into drug user habits and injecting needs and assessing affordability to determine the extent of subsidy needed. The needle syringe social marketing model may not be appropriate for all contexts.
- ➔ Additional economic modelling can help determine how the price of needles and syringes affects demand in different project contexts.



HAARP Technical Support Unit

Chamnan Phenjati Building
19th Floor, 65/159 Rama 9 Road
Huay Kwang, Bangkok 10310, Thailand

Tel: + 66 2 643 8191-2

Fax: + 66 2 643 8193

www.haarp-online.org