ACRONYMS – LAO PDR

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drug
AIDS	Acquired Immunodeficiency Syndrome
ARHP	Asia Regional HIV Project
ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine Type Substance
CHAS	Center for HIV / AIDS / STIs
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDI	Illicit Drugs Initiative
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
INGO	International Non-Governmental Organization
LCDC	Laos Commission for Drug Control
NACCA	National Committee for the Control of AIDS
NGO	Non-Governmental Organization
STI	Sexually Transmitted Infection
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
WHO	World Health Organization

1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	**Gaps**
Political Commitment	Ministry of Health – Center for HIV and STIs (CHAS) Laos Commission for Drug Control (LCDC) UNODC UNAIDS WHO	HR has been acknowledged as a major strategy for controlling HIV and STI amongst drug users. Laos National AIDS Plan 2006-2010 targets: • 70% of IDU to be using clean injection techniques • 40% of IDU to be reached with behavioural change messaging	No clear plan for the delivery of HR services. Lack of technical assistance in all aspects of comprehensive service provision for injecting and non-injecting drug use. Real responsibility and leadership languishes between the various bodies without a clear plan of how injecting drug use surveillance, let alone service provision will be rolled out in Vientiane and further into the rest of the country.
Donor Commitment	AusAID transboundary desk (extension of ARHP and IDI) US Government Several international government donors UNODC	• US Government: - Demand reduction projects - Opium eradication, road building to access opium growing areas and crop substitution, for several years now but many of these funding options are drying up[3] • International government donors: Building nationwide collection of "Drug Treatment buildings" (functioning questionable) • UNODC: - Currently funding or securing funding for ongoing vocational training in Somsanga (the drug treatment centre in Vientiane) - Opium capsule detoxification to be evaluated in the next few weeks by a mission from Vienna (10,000-12000 registered opium addicts) • Friends International funding street children project	• Currently no projects that focus on reduction of HIV from IDU • No methadone treatment • No drug counselling • Borderline ATS medical management • Continued push for "drug treatment settings"

		• UNICEF remain committed to keep young people out of the drug treatment centers • UNAIDS/UNODC/WHO beginning to be more harmonized and active in pursuit of a more enabling environment as seen by recent November 06 stakeholder meeting where it was reported that IDU was increasingly becoming more common	
Costed National Strategy	National Committee for the Control of AIDS (NACCA)	National Strategy Plan for AIDS 2006-2010, signed by Minister of Health has costed the national strategy for HIV prevention: • US$ 26,445,785 for entire plan of which US$ 279,500 for drug use and HIV	It is not clear how exactly this money is going to be used. A strategy and rationale behind the allocation of resources missing. Costs of treatment or rehabilitation are not mentioned.
Legal Environment	Public Security Laos Commission for Drug Control Provincial Drug Control District Drug Control Police Military Village leadership structures including village militia (all involved in monitoring drugs law)	Article 135 of the criminal code on drug trafficking. Harsh penalties for possession of small amounts of drugs (over 2 grams of heroin: 1-5 years prison; up to 3 grams of ATS: 3 months - 3 years in prison or re-education without loss of freedom).	Predominantly law enforcement response. Increasing public health oriented response needed.
Policy Environment		• 1961, 1971, 1988 UN Drug Conventions • Signatory to ACCORD 'drug-free ASEAN by 2015' strategy: Overall goal is to eliminate opium production by 2005. However, in 2006 opium production had increased slightly as had the area under production (but is still well below the historical opium production). Probably, most of the opium production is either for local consumption or for use as a cash crop - given obvious shortage of other options.	

M & E Systems/ Research Capacity	UNODC LCDC Burnet Institute Laos Other researchers	• Surveillance is mainly done through seizure and arrest data • UNODC (with Government agencies) has funded and organized the majority of research/surveillance of drug use. • Studies have been conducted in Vientiane, Luang Prabang and Savannakhet. • Burnet Institute attempting to establish a technical drug use research unit within the Faculty of Medicine at the National University under the auspices of CHAS. • Other researchers (Chris Littleton from Macquarie University) continue to conduct excellent qualitative research around issues of drug use, opium reduction and dependence.	Cross border surveillance of IDU remains minimal. Attempts to collect this information have often met with difficulties.
Surveillance Systems	Mainly law enforcement agencies involved in national or regional projects or surveillance		Virtually no quantitative and qualitative survey or surveillance data is currently available related to illicit drug use and associated health risks.[1] Information and data are not always shared across narcotic or health agencies.
Multi-sectoral Involvement	(minimal)	The Government of the Lao PDR is in the very early stages of considering its response to the potential threat of HIV/AIDS transmission through the use of illicit drugs.	LCDC is the most senior agency of Government involved in this issue but does not yet have a collaborative mechanism with the Ministry of Health (MoH).
Law enforcement involvement	LCDC	LCDC are interested in detention “treatment centers”.	National and international bodies need to guide LCDC towards harm reduction commitment.
Involvement of IDUs in Response	(none)		
Capacity building			All aspects of harm reduction for both injecting and non-injecting drug use.

2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Political environment 1.2 Technical capacity 1.3 Fund allocation	UN agencies including WHO/UNAIDS/UNODC CHAS LCDC	Major effort being made to secure an enabling environment. The key will be to provide culturally relevant support, technical support and funding.
2. Community commitment	2.1 Stigma 2.2 Technical capacity of sufficient community NGOs for adequate coverage 2.3 Most NGOs work on issues of non-injecting drug use from an abstinence model and a drug demand reduction perspective.		
3. Legislative / policy	3.1 Legal framework 3.2 Public security remains committed to drug control.	Law enforcement Public security	There is a movement of people and institutions trying to push a harm reduction agenda.
4. Comprehensive Services	4.1 Technical capacity 4.2 Funding 4.3 Surveillance 4.4 There are currently no local NGOs, and only a very limited number of INGOs, operational in the Lao PDR, none of which provide any form of harm reduction programme delivery.	INGOs and UN have a responsibility to ensure that harm reduction for IDU receives more attention, adequate technical capacity is being built, and that injecting drug use surveillance is carried out in order to inform the responses.	
5. Resources	5.1 US policy on provision of needles 5.2 Lack of resources	Donors UN Organisations	
6. Affected community involvement	6.1 In closed settings 6.2 Fear of identification	Drug users ATS users are often involved in local prevention groups in the city	
7. Commodities	7.1 IEC 7.2 Needles /syringes		
8. Scaling up plans	8.1 Policy and money		Ongoing efforts
9. Capacity Building	9.1 Technical capacity	INGOs and NGOs	

3. Program Implementation

Estimated IDU Population:
UNODC Lao information suggests around 35,000 current ATS users in the country. LCDC have stated that there are approximately 10,000 opium-dependent people in the Lao PDR at present.[1]

Service Coverage[4]:

	Available Data							**NSP coverage (B/A)**
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach	Only in **Bokeo province** (out of 4 provinces surveyed) – part of general outreach and prevention programs that also reach some IDUs.[2]			5 women 2 men				
Drop-in Centres								
VCT								
Linkage to HIV Care and Support								
ARV								
Primary Health Care								
Needle and Syringe Programs								
Substitution Programs								
Linkage to Rehabilitation and Detoxification								
Peer education programmes								
Targeted IEC								
Plans for Scale Up								

Services in Closed Settings[4]:

Estimated Prisoner Population: Not Available

Estimated % of Drug Offenders: Not Available

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	NONE
Needle and Syringe Programs	NONE
Peer Education Programs	NONE
Substitution Maintenance	NONE
Post-release Follow-up	NONE
Primary Health Care	Not available
Condoms	NONE
Total	Not available

Workforce

Estimated Required Workforce: **3000 people**[4].
Including closed settings, scaled up drop-in and outreach, medical service providers (*personal assessment given background knowledge).*

	Available Data **NA – to estimate is difficult**						**Standardised Training Programs in Place**	**Capacity Assessment (low/medium/high)**
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
Plans for Scale Up								

4. Gap Analysis

1. Quantification of extent of injecting / drug use behaviour.
2. Support to continued investigation of non-injecting drug use, particularly ATS.
3. Development of action plan for implementation of harm minimization initiatives / workforce capacity building programs.

5. Recommendations

1. Rapid assessment of drug use behaviour.
2. UN agencies to continue advocacy for integration of drug related interventions as part of country strategic plan.
3. Provision of technical assistance to review comprehensive national approach to addressing HIV.

6. References

[1] Shaw G. Report on the WHO, UNODC, UNAIDS consultative meeting with the Government of the Lao PDR on harm reduction needs in the country held on November 2, 2006, as part of the development of a SIDA-funded 3-year sub-regional harm reduction intervention.
[2] USAID and CARE (2006). Mapping HIV/AIDS Service Provision for Most At-Risk and Vulnerable Populations in the Greater Mekong Sub-Region, July 2006. Washington, DC: CORE Initiative.
[3] Nick Thomson, personal communication with US embassy and UNODC Laos.
[4] Nick Thomson, personal communication.