

The life and times of the Hanoi drug user: Some recent insights from field research

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1. Introduction

The objective of this research is to improve the understanding of the life and environment of Injecting Drugs Users (IDU) herein also called “users” living in Hanoi.

Since the emergence of HIV in Vietnam in the early 90’s the follow-up of behaviour of the people using drugs is crucial as this practice is the main cause of infection (65% of the known HIV infected people in Vietnam are injecting drugs). Changes have been identified in HCMC (Giang 2000) among users in terms of age, gender, substances used and practices. In Hanoi, the HIV surveillance system, and field visit has reported the constant and rapid increase of users in the last four-five years. Police, media and politicians are all addressing this issue but from a different perspectives. The objective of this research is to study the users’ practices and to assess the social environment of the IVDU’s in the city of Hanoi. Only a few piece of outdated research have appraised the behaviour of the users (R.Power, 1993 and N.T.Hien 1997), since then Vietnamese society has changed fast and therefore it is essential to study the modifications among drugs users. In addition it is critical at its stage of the country’s development to support Vietnamese practitioners in addressing this new challenge based on more scientific findings.

Heroin was made available in Hanoi in the mid-90’s and has modified the practices of the users who earlier had access to the more traditional Opium’s smoking; the appearance of disposable syringes has also modified the sharing habit. In January 1993, a National Program on Drug Abuse Control was established. Since this date the demographic characteristics of IVDU’s have modified, they are younger, there are more female users and the injecting of pharmaceutical drugs plus opium or heroin is widespread. The consequences of easy access to drugs are clearly visible both in the city of Hanoi as well as in the entire country: delinquencies, police and mass campaign on “social evils”, overdose and others deadly outcome of the injecting of drugs.

2. Methodology:

The interviews for this research took place between 1st February and the 1st April 2001. The participants were recruited using the snowball technique. For the purposes of this study a user is defined as somebody who is either injecting drugs or has injected in the last three months. At the beginning of the research, four different sources were identified to meet drug users - a detoxification centre, a support group for former users, and an inhabitant of one area known for drugs use, and a street heroin-joint where the researchers used to work regularly. In the end, 37 users were interviewed (33 IDU and 4 smokers), referred from 16 different sources – i.e. somebody who introduced a participant to the study, five interviewees were referred by one

provider alone, and six interviewees coming from six different sources. The main referral sources were the interviewees themselves who introduced their peers. Parents in one case also asked the research team to interview one of their family members; a person in charge of a users group sent her brother and several other users; finally a doctor from a detoxification centre has sent a research participant to be interviewed.

The research team was composed of one Vietnamese national (NTH) with several years experience working in HIV prevention and with users, and a French public health researcher with over four years experience in HIV in Vietnam and able to communicate in good Vietnamese (SD). The interviews were conducted at a private home. As researchers, independent from any organisation, the protection of the interviewees' privacy was a priority. The research team consisting of a foreigner and a Vietnamese woman was thought to be rather less threatening for users who are often subjected to and worried about police harassment. The interviews lasted an average of two-two hours and a half. The authors had to meet two research participants twice and three were visited at home. Most of the time the interviews took place in the afternoon, around 2pm.

Each interviewee received VND100,000 (~ US\$7) in recognition of their time and effort plus a VND20,000 (~US\$1.4) incentive was available for each new participant they referred for interview. The average cost is VND165,000 (~US\$11.3) per interview including tea, cigarettes and small gifts of gratitude. The interview was conducted in Vietnamese, with both interviewers speaking Vietnamese; notes were taken and the interview was then transcribed into English. (One US\$ = VND14,600)

3. Results:

3.1 Gender:

Interviews were conducted with 7 women (21%) and 26 men (79%). A total of 37 users (8 women and 29 men) were interviewed but only the data collected from the 33 injecting drug users (IVDU's) are included in the report.

3.2 Average age at interview:

The average age of the participants interviewed was 27 years old (range 18-48 years) Eight (24.2%) interviewees were less than 21 years of age at the time of the interview.

Table1: Age at the interview.

Age group	18-21	22-25	26-28	29-31	>31
# 33(100%)	8(24.2%)	8(24.2%)	7(21.2%)	5(15.2%)	5(15.2%)

3.3 School and education:

Table 2: Education level of the interviewees. (Not necessarily completed)

Prima/level [5 th grade]	Secondary level [6 th – 9 th grade]	High secondary [10 th – 12 th grade]	- University
1	21	8	3
3%	64%	24%	9%
Woman	3	4	

Leaving school early is common when users begin to have a habit during school. This is especially the case if they have been denounced by their schoolmates or during a general urine test at the school. If people begin using while still studying then these respondents reported difficulty concentrating on their schoolwork. If the teacher or other schoolmates discovers their drug use the parents are informed and they are expelled from school. It seems from our interviews that both pupils and students have been trained to identify and denounce users.

One interviewee reported that her smoking habit doesn't match with her school planning especially when there is exam. As a user, she used to smoke before going to school, during the class break, and after leaving school. But the examination day, once or twice a month she has no break to smoke in the school toilets, she has to prepare a syringe with heroin. She asks her

teacher for a short break goes and injects in the school toilets and returns to finish her exam. She is the only interviewee who reports smoking and injecting at the same time.

An interviewee won an Olympic of Maths and Russian, before going to the University. At the University he broke the rule of the university (gambling and playing cards) and then started drugs, and drug use did not improve his situation.

Another one was expelled from school because his urine was heroin positive. Now he is idling and prostituting himself simply to get his dose, but he is not included in the study because he is smoking only.

3.4 Average age at first use:

The average age at initiation into drug use was 21 years (range 12-42 years). More than half (58%) of the interviewees had started using by the age of 20. Almost three-quarters (73%) of the interviewees have started using drugs in the past 6 years, 23 of them by smoking - only one started by injecting.

Table 3: Age at first use.

Age	<18	18-22	23-25	26-28	29-31	>31
33(100%)	10(30.3%)	16 (48.5%)	2(6.1%)	2(6.1%)	2(6.1%)	1(3%)

3.5 Duration of smoking:

The average length of time that the study participants had smoked either heroin or opium was two years [range 0-5 years]. Two interviewees smoked and then progressed to injecting within the same year, 3 other participants smoked for 5 years before injecting. One interviewee has never smoked and began his using career by injecting. Twenty-three (69%) interviewees smoked for two years or more before they began injecting.

Table 4: by years of smoking before injection.

Years	5	4	3	2	1	0	Inject
33(100%)	3(9%)	3(9%)	9(27%)	8(24%)	7(21%)	2(6%)	1(3%)

3.6 Average age at first injection:

The average age at which the interviewees first injected was 23 (range 14-47 years). Twenty-seven (82%) interviewees began injecting in the past four years, eight (24.2%) of them in the previous twelve months.

Table 5: Year of the first injection.

Year of injection	<1994	1995	1996	1997	1998	1999	2000
33 (100%)	4(12.1%)	2(6.1%)	0	5(15.2%)	10(30.3%)	4(12.1%)	8(24.2%)

3.7 Duration of injection:

The average of duration of injection for participants in the study was 4 years, 16 (48%) interviewees have smoked for two years or less before they began injecting, one participant has been injecting for 15 years, and another for 11 years. Only one interviewee, smokes and injects at the same time, usually when the interviewees started injecting they stopped smoking.

Table 6: The year of first use of heroin (smoking and injecting).

Year	1994	1995	1996	1997	1998	1999	2000
33 (100%)	2(6.1%)	9(27.3%)	10(30.3%)	6(18.2%)	4(12.1%)	1(3%)	1(3%)

3.8 Detoxification:

Though detoxification occurred mainly after the user has started to inject, treatment could also take place before initiation into injecting drug use that is while the user is still smoking.

Detoxification:

The detoxification is the treatment period that can take place either at home, in a public or private treatment centre. A private centre is a venue run by a private medical practitioner, which offers bed and treatment against a fare for users wishing to detoxify. Though, during a stay at the *Ba Vi camp 05/06* they are not injecting, the respondents considered this period as incarceration not treatment. *Camps 05/06* are the camp created by the government to force the drug users to quit drugs: it is a compulsory detoxification.

A total of 28 (85%) interviewees had tried to detoxify (range 1-8 times), at some point two thirds of them (19) had detoxified on only one occasion. In total the study participants had gone through detoxification on 78 occasions, an average of more than 2.4 treatment episodes per person, (once every two years since they have started using drug). The average duration of remaining drug free (time before using again) was 182 days for those who have tried to detoxify (28) and the average duration of each drug free period is 67 days, some lasting only three to five days and others last between four and five months. One user had remained drug free for two

years, and another for four years before resuming their drug use. Each user has a free drug period of about one month per year since they began their using careers.

Table 7: Detoxification sessions at home, public centre, or private centre n=28 interviewees

No. of treatment episodes	1	2	3	4	5	8	Total Interviewees
Home, No. of user	9	7	3	4	2		25
Public, No. of user	5	1					6
Private, No. of user	5					1	6
Total							28 (85%)

25 interviewees (89%) have attempted to quit drug-use at home, 58 home detoxification sessions (74%) were recorded amongst the 25 interviewees. An average of 70 drugs-free days follow each attempt. Those figures represent an average of 2.3 attempts by each interviewee since beginning drug-use

Eighteen (18) users have tried only at home, four (4) at home and at a private centre, two (2) at home and public centre, two (2) at public centre only, one (1) in private and public setting, one (1) in the three settings.

In the following table: the duration of each detoxification among interviewees having stopped at Home, in Public centre or Private house.

Table 8: Number of detoxification attempts and duration, by location.

#	Number of days free of drug	No. of session	# Interviewees
	% – Days per session	% – Session	
Home	77,5% – 162 days	74.4 % – 58	25
Public	11.9 % – 84 days	9% – 7	6
Private	10.6 % – 109 days	16.7% – 13	6

Alone or with the help of a doctor, 28 (85%) interviewees have tried to stop using drugs; at home, in a public detoxification centre or in a private venue with a private health practitioner. They have hired doctors working in public detoxification centre, but also people without clear expertise on detoxification were called to help the users to stop at home, those “doctor” don’t show any particular skills in assisting the user in their attempt to stop. In the three settings: home, public centre or private, many users received medical treatment without knowing the origin or name of the pharmaceuticals or traditional drugs used. Injection of these medical treatments

remains the rule for the administration of drugs during treatment, which is difficult to understand in a context of injecting drug addiction. There is no follow up or psychological support offered. Usually the detoxification follows the same process: for about two weeks, the user is cut off from the rest of the world meeting only with the family or a doctor. After the period of detoxification, the rehabilitation is more problematic because the user and his family do not receive any instruction and support concerning the period free of drug. During the period free of drugs the former-user is idle and easily lured by friends still using drugs.

Table 9: Cost* of detoxification by location.

*Cost for 16 (20% of the 78) sessions was obtained.

Location (#) of session	Public centre (5)	Private setting (6)	Home care (5)	Average (16)
# days	15	7	12	11
Cost per session in VND	1,350,000 (~US\$ 92)	1,242,000 (~US\$ 85)	1,435,000 (~US\$ 98)	1,337,500 (~US\$ 92)
Per day in VND	91,200 (~US\$ 6.2)	173,000 (~US\$ 12)	120,000 (~US\$ 8)	121,000 (~US\$ 8)

The average cost for one **home** detoxification is VND1,435,000 (~ US\$100) for an average of 12 days of treatment making the average cost VND120,000 (~US\$8)per day.

At the **public centre** the average cost is VND1,350,000 (~ US\$94) for 15 days of treatment, making the average daily cost around VND91,200 (~US\$6.2).

At the **private house** the average cost is VND1,242,000 (~ US\$86) for 7 days making the average cost VND173,000 (~US\$12)per day.

Five of the interviewees have never sought treatment for their drug use. They had used drugs for an average of 5 years each (range 2 to 8). This group was found younger than the average of the 33 participants (21 vs. 27)

3.9 Prison and incarceration

Drug users are likely to spend some time in prison. Breaking the law is an everyday risk for users (injecting drugs is illegal). One of the interviewees went to gaol at the age of 14 years where he used and shared injecting equipment for the first time— his initiation was in the high-risk environment of prison. The prison is a place of brutality where youths and adults are housed together. Some participants acknowledged that both heroin and thuoc phien were present but that clean syringes were rarely available. Drugs are smuggled into the gaol by the inmates working outside during the day, or by the parcels brought by family members to the inmates during visits. In addition, sexual relations between inmates occur with a mix of money for encounter and also rape.

Many interviewees reported that users have been sent to build the Ho Chi Minh Highway in Quang Tri. The users would spend up to 2 years away from their families building the highway. Both a ward police officer and a People’s Committee member have confirmed this information: if the user, having been detoxified once then relapses, he will be sent for 18/24 months “building the road”!!! For many of them, especially those who haven’t yet been sent there, Ba Vi is considered like a prison, a punishment centre, though one respondent acknowledged that his time in Ba Vi was an healthy period: resting, light work, exercise, regular life, he eventually put on weight. But the very day he came back to Hanoi after 6 months in Ba Vi, he was injecting again.

Five (15%) interviewees reported being incarcerated once (including army punishment) prior to their drug use, spending an average of almost 20 months (588 days) in jail, 11 (33%) interviewees reported being incarcerated at least once (including at the Ba Vi Education centre) after they had begun using drugs, spending an average of almost 21 months (611 days). This makes an average of almost three months (89 days) of gaol per year of using. One 19 year old interviewee reported having already been gaoled three times, spending a total 4 years (more than a quarter of his life in prison).

Prison is also a place where some of the respondents have been tested for HIV infection but the prison officers have still difficulty in disclosing the results to the concerned person though sometimes the family is told before the inmate.

4. Themes

4.1 Prevention, and needle sharing

Almost half of the respondents 16 (50%) acknowledged needle sharing but almost all have witnessed, recently, other users sharing needles. Since the needles are widely available at reasonable price (VND1,000-US\$0,06) the participants reported the increased use of disposable syringe; the fear of contracting diseases including HIV/AIDS is the principal deterrent to sharing. Though the awareness among the participants has increased because of the mass media campaign, sharing remains a problem on particular occasions such as the first time a user is injecting; s/he needs the help of somebody to show injecting technique and then the sharing could take place. One more reason for sharing equipment is the injecting with a lover, or with very good trusted friends. Another problem is the lack of equipment, which could lead to the sharing between two or three trusted users, especially during the night when clean equipment is not immediately available, and the craving for heroin is very strong.

Two interviewees acknowledged that they had shared equipment with friends but they always used the needle first, it wasn't they who used the 'dirty' needle, it was someone else.

Prison remains a place where drugs are sometimes available but safe injecting equipment is scarce. Two respondents explained how they were injecting thuoc phien in their detention centre. They made their own form of 'syringe' from a tiny plastic bottle used commonly by people to squirt eye drops. They shared this tool several times a day with other users.

Disposable equipment among users of thuoc phien is also a concern. The thuoc phien is generally injected at the seller's joint. The "black water" needs to be cooked and prepared in advance in a pot "lo" where the user is sucking up a certain quantity with equipment already "unwrapped". Glass needles were widely used before 1997-98. One respondent reported she was still injecting thuoc phien with glass syringe in 1998. More recently disposable syringes have been made available already filled with liquid opium. The IMPORTANT question is: are the needles new or re-used after each injection? Many of the interviewees told us that they have noticed stains of blood in their syringe!!! After the injection users usually abandoned their syringe on the ground and left the place, happy with their phe (high); but are the drug sellers re-using the needles? One key-informant, a drug dealer not included in the research told us that he was using clean needles for his clients, but that he knew other drug sellers who are not always using disposable syringes.

Though peer-educators are not many in Hanoi: only one respondent has known a peer educator, the users have changed their practice toward injection since 1995-96. Clean needles and syringes have become widely available at reasonable price at the pharmacists during opening hours. Before this sharing was routine, respondents now report that it is an exception. There is no denying that sharing still exists but users know the risks of blood borne virus transmission when sharing. The respondents reported receiving information on HIV prevention mainly through the mass media. One interviewee told us that the police in his ward also spread prevention messages and encouraged the use of clean needles.

One respondent complained that information available on drug users was too judgmental and portrayed an image from the users, which was different from those she knew herself. In her ward, only students and other young people are involved in HIV education and they feel is not accessible to the people who are injecting drugs.

4.2 Estimation of cost of the addiction:

Each user interviewed injects on average 2.4 times per day, spending VND 91,300 (~US\$6.2) per day (range 0- 5-6 times a day). Two respondents were not injecting at the moment of the interview because they were at a period free of drugs. The average cost of drug use per year for those interviewed is about VND ~28,290,000 (~ US\$1938). [VND37,953 (~US\$2.6) per injection] 726 times per year plus VND726,000 (~US\$50)for the syringes, cost for those using one syringe each time. The costs of stealing from the family, the human and financial loss of incarceration, detoxification and treatment, as well as the social costs of unemployment weren't taken into account in the calculation of these figures.

4.3 Family:

It is clear from the interviews conducted that the family plays a very important role in the life of the drug user. The relationship between parents and their children is critical in the development of a pattern of problematic drug use. The respondents often mention the relationships between parents and sons or daughters as either not very good or non-existent. Relations of abuse exist and domestic violence is common. The respondents mention alcoholism of the father as a deterrent to the development of good relations between them and their father. Respondents reported that their father seems reluctant and less responsive to the difficulties of the child and their mothers were more present. As a result when respondents were asked “with whom would you express your difficulties?” parents did not emerge as a common referral source; rather it was girlfriends, childhood friends and co-users who were considered the most reliable people.

Tuan’s Mother *“Recently, I went to the police station to look for help about Tuan. The police officer told me he wanted to meet him, at the station. When my son arrived he was locked up immediately and soon after would have been sent to Ba Vi re-education centre 05/06 if had I not expressed my disapproval with their method. My son was released soon after”.*

Many respondents reported that their own families knew very little about their drug use and its impact. Parents’ first contact with their child’s drug use was often when they had already been using drugs for a long period of time. Sometimes the parents discovered the addiction of their child through neighbours or the police. An explanation outlined by several interviewees was that their families were too busy making a livelihood to have time to care for their child; others felt their families were just too poor.

A young interviewee explained that she discussed with her parents her need for affection from them, they agreed but nothing has changed. Her family was busy in earning between VND1-2,000,000 (~US\$68-137) a day. She explained that she decided to use heroin as a way to express her malaise. She wants the police to tell her parents about her addiction even though she is not yet known to be a user. She is 18 years old.

On the other hand, parents are paying a high price for their child’s addiction. Stealing and selling of the family property is one of the first ways in which respondents reported getting money for the drug use and sustaining their drug consumption. The parents also have to pay money also, when their children are arrested and fined, when they are sent to gaol, when their

children detoxify, and when they stay at home idle. Users also reported gambling, resulting on the loss of family property.

Tuan's mother called to have her son interviewed. She explained that her son is an IVDU and doesn't know what to do with him. There is a great discouragement in this family; after seven years of addiction and trouble, nothing has changed. Twice her son has failed to quit and it has disappointed her. They receive little support from the community.

Addiction has a different set of consequences if parents and families have the resources to take care of their drug-using child. For example, having money and resources enable families to bribe law enforcement officers, pay fines, and send their child abroad or even just outside Hanoi. A divorced mother with one child in gaol for selling drugs, has recently sold her meagre property, a piece of land, to pay a fine of VND2,000,000 (~US\$137) for her second son who was now buying and selling drugs. Now she has lost her money and her son did not get the support he needed. Poverty has an increased impact on people's addiction.

National campaign against social evils such as drug users makes families suffer twice. Once because of their sons or daughters' habit and then the social stigma on the family caused by the national campaign on drug prevention. Those campaigns show a lack of understanding and empathy towards the addiction of the users and the suffering of the parents. The impact of the ever-present campaigns against so-called 'social evils' does nothing to provide a humanitarian and effective approach required.

Among the respondents, eight of men (31%) and one of the women (14%) have already one child or more (range 1 to 4) making 27% of the total. If parents are suffering their child abuse of drugs; wives are also in the front-line of their husband or partner's addiction. As a result separation divorce are many among users.

One respondent's wife refuses to have sexual relationship without using a condom with him. This respondent is known to be HIV infected.

Another respondents reported that he eventually married in September 2000. He didn't inject drug for one month, not going out with friends. He felt as if he was able to stop definitely. He liked the sexual relationship with his wife. In October 2000, he started re-injecting drugs. And at the time he has injected more and more. Then he stopped having sex with his wife and didn't like any physical contact from her because it made him think about heroin. But he wants a

child. His wife doesn't know he has ever used or is using heroin now. As a Xe Om he gets up to 50-100.000VND per day. He is using heroin twice a day, between 60-100.000VND per day.

Families: parents or wives are at major risk of their relatives' behaviour.

4.4 Sexual activity:

Our interviews revealed that the use of opiate drugs (heroin and thuoc phien) reduced respondent's desire for sex, among both male and female users. They all report that sex is no longer a priority for them. Many have ended a relationship with a long term partner or their partner has abandoned them because of their drug use. Some men in the sample reported that their girlfriends had left them because they were more interested in injecting drugs with their friends than in having a sexual relationship. Several partners stayed and provided support only when there was a promise of detoxification.

Many of the male respondents reported sexual encounters with prostitutes. One interviewee told us he had sex with a prostitute three-four times a year. During those encounters he doesn't remember using a condom

4.5 Drug Use:

Many kinds of substances were identified as being used by the interview participants.

Twenty-four (72%) interviewees started using drugs in the past five years; 1995 represents a threshold in the use of drugs in Hanoi. It is our impression from looking at the data that heroin has mainly arrived in the years 1994-95 and changed the habit of opium smokers. Several reasons for the change were identified including: the smoking of "thuoc den" (lamp) was time consuming, police harassment became more and more evident, the changing society and lifestyle, a more "speedy" rhythm, and the emergence of heroin made "thuoc den" (lamp) unfashionable. It seems that by 1996 "thuoc den" (lamp) had disappeared, and the injecting of 'thuoc phien' (black liquid) replaced it.

At around the same time, the smoking of heroin became trendy and more practical; users could smoke at home and almost anywhere. Prior to 1995 interviewees reported that the smoking of heroin was unknown to the common people and users could smoke heroin – more or less - openly in public places without being noticed

The process of *thuoc phien* injection was explained as follows: initially a pot of “*thuoc phien*”, kind of “Milo” can, was ready and the user had to use a syringe to suck up the quantity of drug he could afford. Sometimes this was also mixed with other pharmaceutical drugs. Disposable needles at affordable prices were rare and notions of infection were barely known, then people were sharing needles. Basically, the same glass syringes and needles for many users.

The appearance of affordable disposable syringes in 1995-97 changed this practice; after this date, the required quantity of *thuoc phien* was prepared in single disposable syringes ready for sale and to use. Many interviewees reported that they used syringes tainted with other users blood. Heroin has also changed the injecting practices, users are now able to inject themselves almost anywhere again mixing with pharmaceutical drugs or not.

Within a few years injecting *thuoc phien* also became less practical as the preparation, requires “cooking”, which is not necessary for the injecting of heroin. Despite this, sharing needles among heroin users continued.

To increase the effect of the opium or heroin many interviewees reported that they mixed it with pharmaceutical drugs such as Seduxen (Diazepam®), Pipolfen (Promethazine®) and Dolargan (Pethidine®).

Drugs such as Morphine (®), Gardenal (Phenobarbital®), Opiroic (Opium®), Novocain (Procaine®), were also mentioned. The research team was able to buy Novocain, drug use for recreational by injecting drug users, over the counter at the nearest pharmacist, for VND500 per vial.

Respondents reported that the Seduxen they used came from a variety of countries including China, Hungary, and France. This was also the case with Dolargan. These pharmaceutical drugs have clearly been illegally imported from neighbouring countries.

Interviewees reported knowing that the injecting of pharmaceutical drugs damages their veins and increases the risk of overdose. All of them know at least one other user who has personally been affected this way.

Two respondents reported sometimes they were using only pharmaceuticals drugs such as Novocain or Dolargan.

In 1996 one respondent used a pink pill called “hong phien” (amphetamine ATS). The method of use was as follow: breaking the pill and mixing it with water before injection, costing VND250,000 (~US\$17). One pill per day injecting five times a day, sometimes he used heroin, five goi, at a cost of VND250,000 (~US\$17) per day too.

4.6 Friends and acquaintances, “Peer”:

When asked about using drugs for the first time, interviewees reported that they always initiate with another dugs user; and it was always a self-initiated decision. These co-users were usually around the same age or a little older. The buying and selling is still clearly an activity, which requires knowing people. At the starting point there is one friend who has already used drugs and can show others where to buy and how to smoke or inject. One respondent said “The sharing of heroin smoking has become a trendy entertainment”. And rapidly, youth associate with other young people using drugs. They smoke together, but after some time the user might smoke alone, especially when use of drugs has replaced mere entertainment.

An interviewee reported smoking three times a day, twice alone in the morning and always with her friends in the afternoon. In Hanoi friends might include people you go to school with, neighbours of your own age, and co-users. After a period of drug use, people interviewed showed a tendency to mix only with other users, and limit the contact they have with non-users for fear of being discovered. They feel that they are living in another world, one that is not well understood, especially by adults and officials.

Such an environment makes rehabilitation very difficult. In addition, preventive campaigns continue to separate users from mainstream society, the consequence of which is that they mix almost exclusively with other users and dealers. If users have money nobody would reject them from the world of drugs use.

Only one respondent reported having an encounter with a “peer”, her peer educator. This man who was twice her age advised her not to share syringes with her group of friends. As this man was experienced she complied with his counsel. Now she is requesting him to buy heroin because she fears being arrested by the police.

4.7 Police:

The role of the police is diverse: repression, prevention, counselling and corruption. Their impact may be viewed as a factor in the spread of HIV and heroin use; alternatively, it may be seen as one way of reducing the number of people who start to use drugs. We remain doubtful about the police role in demand reduction.

It is clear that the practices of users have changed alongside the police campaigns: from smoking opium to injecting heroin. Users reported that the smoking of opium was becoming increasingly unsafe because of police raids on the opium joints and therefore, users shifted to smoking and then injecting heroin. Smoking heroin was easier and more practical for users because they could smoke alone at home, the smell was not as obvious and it took much less time.

The police have hardly reduced the number of users but certainly have changed the behaviour of users: users are consuming drugs in more hidden and out of the way place. One of the respondents said that since the police crackdown there are still places where people can commonly buy their drugs but they can no longer consume them there. However, the impact of police raids on visible drug distribution spots is limited and has had little impact on reducing the number of current users. Thanh Nhan, the well-known place in Hanoi where heroin and opium were sold openly, has re-opened recently after being closed down (October 2000 to Tet 2001), and users reported still going there to buy their drugs.

The police work hand in hand with the community to put pressure on drug users. The police play a role in forcing users to be tested for HIV, but the police are not trained to deliver counselling and the results to those found out they are HIV positive.

Users reported being arrested and fined for drug use and also for other reasons related to drug, i.e. carrying a goi of heroin. Large fines are an increasing financial pressure for parents but much less so for the users themselves. The mother of one respondent lost all of her property just to have her son released from the police station. Now she is destitute, but her son is still using drugs.

Previously the police could arrest any users and send them on 6 months detoxification at the Ba Vi re-education centre without notice to the users. The research team heard that strategy has changed but the respondents considered Ba Vi as force detoxification centre.

Of the 33 interviewees, only few reported no trouble with the police. Two young women living in well off families, one man who holds down a normal job. If the users inject at home and do not create any public disturbance they appear able to continue their addiction without severe consequences.

4.8 Drugs, money and illegal activities:

4.8a Professional activities:

Only 30% (11) of the respondents have a legal form of income, including xe om (moto driver working as a taxi), small business, working in a factory and selling clothes. Other ways of getting money but which are not illegal include: borrowing money from the bank, working extra hours on Sundays.

For the others their main source of income is by illegal means.

Financing the drug habit:

4.8b Money:

Money is vital for users to obtain their drugs. Addicted users have a high need for money to purchase their drugs and they are ready to do anything to get their daily injections. The users have cited a long list of illegal activities to buy drugs including stealing money and property from their own family. Then they are stealing property from other peoples' houses, from construction sites, selling drugs, forging university diplomas, prostitution, pick pocketing, clandestine lottery, gambling, stealing and selling other peoples motorbike or clothing, selling drugs (mainly marijuana) to foreign tourists.

Apart from the purchasing of drugs, users reported spending a great deal of money on fines, and bribes the police and other law enforcement officers to stay out of trouble. If they are arrested during a robbery or other illegal activities, parents or friends often have to pay for their release. If they are caught buying drugs for themselves or for other people interviewees reported being fined up to VND5,000,000 (~US\$342). As a result it is the families with money who have more chance to get their children out of trouble than poorer people. A sex worker had to bribe the police around VND400,000 (~US\$27)per month just for her to be able to work freely without harassment. A key informant interviewed prior to the research was a thuoc phien dealer, reported

that he had to pay the police around 70% of his total monthly income (~one hundred millions of VNDD) to stay out of trouble.

The life of the drug user is seemingly an endless cycle of breaking the law. The first line of which is the smoking or injecting of illegal and forbidden substances, or using pharmaceutical drugs as for recreational purposes. Usually the users know that what they are doing is illegal, though at the beginning of the change of policy in 1995-97 the police and society were more tolerant on smoking *thuoc phien*, which was considered a kind of Vietnamese tradition.

The second stage in the law breaking cycle is the need for money to sustain the use of drugs. Men and women reported different illegal activities. Men mainly are stealing: motorbike, the whole or parts; bike; pick pocketing or snatching money or jewellery. The breaking into other people's houses and stealing properties, including TV and audiocassette is becoming also very common, both in Hanoi and in the surroundings provinces. The stealing of clothes or shoes from outside private houses was also reported, as well as pilfering from construction sites to grab and sell construction equipment. The pawning of their own or other's property, gambling and playing cards were also reported as a way to get quick money. Buying drug in "phan" (bulk) and selling it small quantity (*goi*) gives some benefit to sustain drug consumption. Acting as a drug courier for others is another a way to get a share of the drugs for injection. Finding client for sex worker or mating with a sex worker is also a way to get the *phe* (high) without much work. Fighting, standing over and protection were reported by interviewees as ways to make money.

4.9 Sex and money:

Sex for money is highly prevalent among the seven women interviewed, five (71%) have worked or still work as sex workers. Only one young man reported getting money through sex with men though he is not included in the survey as he was smoking heroin.

It is interesting to note that for all the five women working in prostitution, this activity preceded the use of drugs. The working environment for these young and “attractive” women puts them in situations where they meet drug users. Profiteers are pimping these women and spend their money to sustain their own addictions. Vulnerable young sex worker are easily lured and enticed into drug use as compensation for the stress of their working activity. Respondents reported that at the beginning of their sex work they could raise a lot money and have enough heroin to use and also to distribute to friends around them. One interviewee who began working as sex worker at the age of 16 in karaoke and dancing-clubs ended her trade as street-worker. She is HIV+, she always used condoms with her clients but never with her numerous boyfriends. She got one unwanted pregnancy. She shared a needle three times with her best girlfriend who died of AIDS shortly after.

Unwanted pregnancy is problems for the women interviewed; two of them have undergone many abortions, up to four in one case.

4.10 Testing and HIV:

Five (15%) of the respondents know they are infected with HIV, 20 interviewees (60%) had previously had an HIV test; though not all returned for the results. Often these tests were made during incarceration at Ba Vi or Loc Ha or at the detoxification centre in Thuy Ai. Others reported going to 50c Hang Bai for voluntary testing, especially the sex workers. An international hotel company, employing two of the interviewees, obliges its karaoke and dancing girls to have an HIV test every three months. The women paid VND50,000 (~US\$3.4) for the test.

One respondent reported that he was tested in Ba Vi; he had been tested before and knew his result was positive. In Ba Vi nobody informed him of the result, he was tested a second time and knew intuitively that was not good. He left Ba Vi after 6 months without being told, the same day he came back home he was injecting again with friends. Three days after returning

home he discovered that his parents had been informed about his HIV status through the ward health centre.

One respondent, who went for a test at 50C Hang Bai, found out that he was HIV infected. He told the result to his partner who was a sex worker and who was also sharing needles with him. She went to the same place for testing and found that she too was positive then they decided to continue sharing needles and having sex without any precaution. The police lately arrested his sex partner during a raid against sex workers.

Whilst the research team was privately informed that two respondents are HIV infected they did not disclose the result of their blood test. While Tuan, Hien and Trung two men and one woman reported to us during the interview that they were infected and described the process of how they were tested. The first two were tested in a detention centre while the last one went voluntarily for a test at 50c Hang Bai.

Parents' behaviour towards their children changes when they are told about their son's blood test result. The son infected with HIV was separated from the family activities: meals, and bedroom. Even after being informed that there is no risk of transmission in normal daily life, the parents continue to avoid unnecessary contact with their HIV+ child. The road from the status of "social evil" drug user to victims of HIV infection is not an easy trip.

The family has suffered a miserable life as a result of their child's addiction and then they have to support the equally difficult situation of caring an HIV infected child. Vietnamese society does not well readily forgive a young drug-user who becomes HIV positive.

4.11 Injection sites:

Most of the users reported injecting into the vein of the arms, but other part of the body are mentioned include: the groin, behind the knee; and on the neck. They understand the danger of injecting into arteries and they have also reported that injecting pharmaceutical drugs such Dolargan, Pipolfen can rapidly damage and cause collapsed veins, to prevent that they regularly shift to larger veins. The groin is the vein of choice for people who fear being identified as a drug injector. One female respondent who injects in the groin told us that she has to turn off the lights when she has sex with her customers. People injecting only heroin don't have this problem.

4.12 Self Mutilation:

Two of the interviewees chopped up their little finger in order to show their families that they were serious about giving up using drugs. Unfortunately this mutilation didn't help much and they relapsed to heroin use some time after.

5. Conclusion and summary:

This research has questioned 33 injecting drug users about the new epidemic of heroin injecting in Hanoi. The appearance of heroin in Hanoi among new users as well the availability of cheap, disposable syringes has been documented since the mid 1990s. Hanoi has seen an increasing number of users, and a corresponding change in drug use practices among users. This can be linked to many causes, which are outlined below.

This research has identified that drugs users live in three different and overlapping spheres:

- Individual psychology:

Young adults are easily attracted by their peers and group pressure means that they have difficulty in identifying the risks and are unable or unwilling to refuse such temptation. This can be termed curiosity. After detoxification, the users play a major and critical role in the relapses of the user who has decided to quit. The isolation of the drug user from the mainstream society is factor, which reduces their self-esteem.

- Family context:

Little or insufficient communication within the family, especially between sons and their fathers, has been identified as a potential problem, including the father's negative behaviour such as drunkenness, harassment, and violence. Divorce and re-marriage of one or both parents; lack of concern or lack of time by the parents for their child's life, poverty and ignorance in the family about drug consumption and effects.

- Social environment:

***Fast changing society:** Parents, children and officials are playing a different role compared to the past, when the economy was more structured.

***Drugs availability:** Drugs are almost everywhere in Hanoi; many respondents reported that they were like "vegetables in the market place". All the interviewees reported that they could access to drug at any moment, day and night within less than 10-15 minutes. That situation is too favourable for drugs users.

*** Drugs management:** Users are managing their high, “phe”. The drug consumption is not a straight line. Many events force the users to play with his consumption including price on the drugs market, and users’ income, family and social pressure [police campaign], quality of the phe [*sometimes the phe becomes weaker for the same quantity of drug*], sexual desire and peer pressure. The user is constantly playing with the quantity and the various kind of drugs available on the market. If drug use starts like a playground he becomes progressively a nightmare which mobilize all the energy and thought of the users.

***Drug usage patterns have changed since early 1990’:** From thuoc phien to heroin, from smoking to injecting, from glass needle to disposable syringes, from the smoking of opium in dens to the injecting of pharmaceutical drugs, from social tolerance to social eradication.

***Needle sharing:** Respondents have increased their knowledge about the risk of getting diseases through sharing of needles and syringes. Most of the time access to clean injecting instruments is easy but sharing needle between couple or among friends is still too common at odd moments of the day.

***Life of the users:** the user is excluded from the mainstream society. They have difficulty in socializing with others. Their consumption of drugs renders their life with others difficult. They go into hiding and concentrate on solving the problem of getting drugs. Drug use is their main preoccupation. In addition society doesn’t help much the integration of users into normal life. The ignorance of the effect of using drugs seems general among general public. Users themselves are not aware of the consequences of their drugs consumption and the way it cripples their opportunity to function normally.

***Education:** how to reach users? is the main question concerning HIV prevention. Users fear to be identified as such. It is very challenging to ask a young user [*still unknown to the police or parents*] to tell openly to the rest of the community that s/he is using drug. There is an average of two years between the first time of smoking and the first injection. This period provides a window of opportunity for new innovative intervention measures aiming at preventing young heroin smokers from becoming injecting drug user. The older peer educators are at disadvantage here and therefore intervention, counselling outreach measures with young users calls for new approaches.

***Institutions (school, police, army, local administration)** are playing a role which can exaggerate the negative impact of drug use, whether it is the school system which is rejecting a

student after a positive urine test for heroin, or whether it is the police imposing a heavy fine on a drug user from a poor family; it is always the family who is bearing the biggest burden. The Vietnamese society is increasing the risk of criminalizing a light smoker and pushing users into a marginalized state where illegal activities may prove the only viable option. When the prison system does not care for and protect a young drug user in gaol, against all logic it is creating individuals who are reluctant to support the society. Drugs users belong to the Vietnamese society as well.

Families shouldn't carry the burden of drug prevention alone, while the law enforcement focuses only on suppression. Similarly, families shouldn't take the load of HIV care for their infected child alone, especially home care. The families need a real and practical support to cope with the burden of HIV infection after struggling for so many years on the front line of their son or daughter's drugs consumption.

Summary:

*Patterns of drug use follow changes in society.

*Poly-addiction: western drugs, heroin, thuoc phien.

*Easy access to various drugs lead to a scope of different addiction.

*Ignorance in society about the consequences of using drugs and addiction.

*Social stigmatisation and discrimination.

*Blaming and chasing the users while ignoring the fact that these drugs are readily and easily available doesn't prevent the increasing number of users.

*Lack of understanding of addiction, detoxification and rehabilitation in the family and the general population.

*Confusion between repression and prevention.

*Lack of sound structure of detoxification and support.

* Prison is not a deterrent for using drugs.

*Quang tri a camp where users are participating in building the HCMC highway. There is a great risk that users would still using and share drugs and syringe with the local people.

* Users are NOT unable or unwilling to be educated, it is clear that they want the phe –to be high- not the virus.

6. Recommendations:

-Opening a specialist medical section on “drugs use, addiction and rehabilitation” at the School of Medicine and Nursing in Hanoi.

-Setting up a register of health professional who are able and interested in taking care of drug users at home, at the medical centre, or in a private house.

-Publishing this list in the newspaper and campaigning on the TV.

-Evaluating the detoxification structures taking care of users in Hanoi: (Medical, psycho-support, follow-up)

-Setting up a newsletter, and education material for practitioner in charge of detoxification and rehabilitation.

-Producing education materials for police officers in charge of the repression of drugs trafficking and drugs use.

-(Primary prevention) Parents and relatives need information to support their child in a world with drugs. Information that will help to identify the changing behaviour of a child starting drug use, parents are often the last to discover their child’s drug abuse. Education materials should help them to evaluate their child’s problem, to discuss and support their child in a reasonable way to enable them to prevent their child from entering into addiction. Family support group for those family in need of information about drugs use.

-(Secondary prevention) Education materials for parents and relatives of users: Families as well feel ostracised just like their drug using child. Parents feel abandoned when faced with the difficulties of taking care of their children. They need more support. Parents feel that they are “social evils” themselves when their son or daughter is stigmatised, and feel guilty and responsible for their child’s behaviour. Providing information materials and a campaign explaining what addiction is, how to handle it, treatment, and relapse would better facilitate the involvement of the family in the prevention of drugs use and relapse. It is vital that efforts concentrate on the rehabilitation/reintegration and follow up in order to prevent and remedy the far too high percentage of relapse cases so far seen in Vietnam (and the world in general). The time following the detoxification is crucial because the user is feeling “empty” without his/her drugs, 95% of the time was spent being concern about drugs. After quitting time should be

occupied by others activities in order to help forgetting about drugs. Beside addiction prevention families need more information to avoid the segregation at home: sharing food and house is not a risk for HIV. Family self-support group for families in need of information about addiction, detoxification and rehabilitation.

-Education materials on harm reduction for users should now include pictures – literacy could be an issue among young users-, advice, and texts for women. Injecting drugs is no longer an exclusively male domain; the women are using drugs, and not only sex workers. Female school pupils and students are now engaged in the use of drugs, IEC should address safe injection for Sex Workers too, not only for men. And safer sex for drugs users and their partners.

-Education materials for young people (13-18 years old). With the increasing number of users, young people are in contact with drugs on a daily basis and many will soon will be put in a situation where they may be using drugs themselves: a period of pre-usage!!!. Friendly and attractive education materials –a Manga-like booklet- should help them to understand their risk and how to say NO and where to look for support. These should be distributed in the places where young people congregate. (In school and out of school).

All these education materials should be specially aimed at young people, using informal language. One or two schools and streets in two or three wards should be utilised as a field test and expanded to Hanoi after.

Forgiveness: To facilitate the rehabilitation of a user, anyone having detoxified successfully shouldn't be barred from getting a job or going to study. After some time, the people's committee should erase any former user from the "book".