

# Rapid assessment of 15 heroin smokers in Hanoi

Recent insights from field research

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**Summary:**

Fifteen heroin smokers from Hanoi aged less than 22 years old volunteered to be interviewed. Though the number is too small to draw any conclusion and generalization about the whole heroin smoking situation in the capital city of Vietnam, some elements have been identified for further study.

Heroin is easily available in Hanoi and attracts young people as young as 12-13 years old. The family structure and the school system have shown their limit in preventing the initiation as well as in the detection and support to young heroin smokers.

The role of the peer-users seems determinant in the initiation and also critical in the difficulty for the young user to quit and change his/r environment.

The young smokers rarely have access to suitable information that could help him/r to decide to stop heroin. The smokers' information comes principally through mass media, which is usually not specific enough and from peer-users, which is usually inadequate and incorrect. That's one reason why the knowledge on addiction is limited and doesn't facilitate the early decision of quitting the habit.

The young smokers do not intend to inject drugs and have in general a bad opinion about the injector but most of them have contact some limited and even have seen injectors in action. The fear of getting diseases is one of the main ideas behind the rejection of injecting. In addition young smokers have the feeling that crossing the line and entering the world of drugs injection will be of great negative consequence for their life and not the best decision.

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**Introduction:**

A small study<sup>1</sup> of 33 injecting drugs users (IDUs) in Hanoi has confirmed what other studies have already shown that people inject drugs are initiating their use by smoking heroin, opium for an average of 2 years, [range 0-5] prior to injecting. Studying the behaviour of heroin users before they shift to injection has a crucial importance in the time of the HIV epidemic, which sees around 70% of the identified HIV infected people recruited among IDUs [Injecting Drugs Users]. This pre-feasibility study on 15 heroin smokers under 22 year-old has the objective to better understand the current situation of young heroin smokers. "Smoker" will be used to identify the heroin smoker, as opposed to "injector", the IDUs

The previous study on IDUs in Hanoi showed that opium smoking had almost disappeared in Hanoi in the years 1997-1998. In 1994-1995, heroin smoking and injecting- replaced opium smoking, following the new governmental policy that forbade opium smoking and the locations (opium dens) where normally it took place. At that time, the police were targeting only the opium smokers and opium joints, as a result heroin smoking became more prevalent because of the appearance availability of heroin, the ignorance of the people, and the simplicity of its utilisation compared to the impracticality of the opium smoking. Heroin arrived in a fast changing Vietnam, with social values and economic system in a state of transformation.

One of the hypotheses of the study is that new smokers are younger than IDUs. As the IDUs are more easily identified in the heart of the HIV epidemic

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<sup>1</sup> The life and times of the Hanoi drug user: S Doussantousse & Nguyen Thanh Hoa Report for the UNDCP, UNAIDS Vietnam. May 2001

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and the centre of a media campaigns against “social evils”, the smokers are not yet the subjects of study and are “hidden”. The argument that access to heroin smokers is more problematic than to IDUs, is valid. The IDUs are in many ways marginalized because of their habit; however, have the smokers already ruptured with society after initiating their habit? This study will help to comprehend the environment for these young people and to test our method of recruitment for completing further and more in-depth research. Targeting young heroin smokers could be seen as an impossible task in the Vietnamese environment of discrimination against all drugs users

### **Methodology:**

The respondents to the study were recruited among men or women aged 22 year-old or below, and having smoked heroin at least once in their lifetime. The respondents were recruited following the snowball technique similar to the IDUs study. The required number of respondents was reached with the help from participants of the previous study. The principal resource person was a young smoker who had recently started to inject (5 respondents). The principal key resource person, starting the snowball technique, was from a family with a stable income: father was a retired instrument controller; his mother was selling cloth at a market. Others included a long term IDU initiating in 1986 (2); one female IDUs (one); the remaining seven respondents were introduced by other respondents.

Each interview lasted between one hour and half to 2 hours. The interviews were organised at a private house where the confidentiality of the respondents was protected.

An average of 104,000 VND was spent on each , including 50-80,000VND for each respondent, and 20-50,000VND for each resource person who had introduced at least one respondent.

The number of respondents to this study of young smokers is too small (15) for the information and the data gathered to be generalised to the rest of the heroin smokers of Hanoi. But some information will help to develop further study in other directions.

### **Results:**

#### **Average age of interviewees:**

The average age of interviewees is less than 17 years: 16.9 ranging [13 – 22]

#### **Gender:**

There are 2 (13%) females, and 13 (87%) males in the 15 respondents. One woman was pregnant.

#### **Education level:**

<b>Primary level [5<sup>th</sup> grade]</b>	<b>Secondary level [6<sup>th</sup> – 9<sup>th</sup> grade]</b>	<b>High secondary [10<sup>th</sup> – 12<sup>th</sup> grade]</b>	<b>University</b>
1	9	4	1
7%	60%	27%	7%
Woman		1	1

#### **School leaving and use of heroin:**

Twelve respondents (80%) had left school prior to the initiation into smoking of heroin. Three (20%) have started to use heroin while they were and still attend school (see the following graph). Contrary to the injectors, none of

them were exposed and formally denounced by their schoolmates, as found in the study on IDUs (1)

**Drop-out of school and initiation to drug:**

<b>Years drop out before initiation</b>	6	4	2	3	1	0	+2	+4
<b>Resp. (%)</b>	1 (6.7)	2 (13.3)	1 (6.7)	1 (6.7)	3 (20)	4 (26.6)	1 (6.7)	2 (13.3)

**Average age at initiation:**

The average age of interviewees at initiation is 15.5 years-old, [range 12 – 22]

<b>Age 1<sup>st</sup> use</b>	12	13	14	15	16	17	18	22
<b>Resp. (%)</b>	1 (6.7)	1 (6.7)	2 (13.3)	6 (40)	1 (6.7)	2 (13.3)	1 (6.7)	1 (6.7)

**Average duration of smoking:**

<b>Duration</b>	<1	2	3	4	6
<b>Resp. (%)</b>	9 (60%)	2 (13.3%)	2 (13.3%)	1 (6.7%)	1 (6.7%)

The average length of time the respondents has been smoking heroin was 1.4 years, [range 0 – 6 years]. The majority of the respondents had started as recent as the last three months, during and after 2001.

1 respondent (6.7%) stated that he had smoked only twice during the Tet 2001 and then stopped.

**Year of initiation to drugs:**

<b>Year of start</b>	2001	1999	1998	1997	1995
<b>Respondents</b>	9	2	2	1	1
<b>(%)</b>	(60%)	(13.3%)	(13.3%)	(6.7%)	(6.7%)

**Cost of smoking heroin:**

One respondent had smoked on only two occasions. For the other fourteen respondents the average was as follow:

43,667 VND per day, [range 3333- 100,000], ~ 3USD, and smoking an average of 1.5 times per day, [range 2 per month – 3 per day]

**Family Income and occupation:**

Family #	Mother's occupation Income per month	Father's occupation Income per month	Other income	Money Per day
<b>01 Separated</b>	Selling illegal pharmaceuticals 300,000VND	Xich lo driver	Brothers 3- 400,000VND	
<b>02</b>	Small trade at home (Drinks / cigarettes)	Private car driver		2,000
<b>03</b>	Tailor shop <b>Doesn't know</b>	Public company		5,000
<b>04</b>	Selling meat and chicken: 1,200,000VND	Handicapped		
<b>05</b>	Street food stall	Handicapped		25,000
<b>06 Separated</b>	<b>Meet once a week Doesn't know</b>	<b>Meet once a month Doesn't know activity</b>		
<b>07 Separated</b>	<b>Doesn't know where she is.</b>	Once a week/once every 2 months		
<b>08</b>	Takes care of the family	Labourer		Happy family
<b>09</b>	Doesn't know where she is	Father married his former girlfriend / a child together. His father is a carpenter	She worked as hairdresser	
<b>10</b>	Small restaurant 1,500-2,100,000VND used to sell cars, high income	His father was a driver used to sell cars, high income		1996 - 1999 5-10,000,000 per week 2001- 20.000 day
<b>11</b>	Cooks rice at home. 900,000VND	Xe om driver, gamble the salary		
<b>12</b>	Sells fish products on the market. 1,200- 1,500,000VND	Cook, exhaustion.	Sister factory worker.	
<b>13</b>	Cleaning the street at 500,000VND	Xe Om, 100,000 VND per day	Electrician gives 500,000	
<b>14</b>	Stall of sweets, 1,200-150,000VND	Private car-driver 1,200,000VND		5,000VND per day 200,000VND per month to buy clothing.
<b>15 Separated</b>	Twice in jail 1 <sup>st</sup> : hit little child, 2 <sup>nd</sup> : drugs dealing	Truck driver		

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In general the respondents' families don't belong to the very poor families but rather to the working class people, governmental employees, and self-employed individuals (one had been a car-dealer who has earned a lot of money before the crisis).

All the participants had been recruited among people, who lived in a private house, with a family. Though some families live apart, and the respondents spend most of the time in the street with peer-users, respondents are not considered street children per se.

Only one respondent knew the salary of his father. Is that a reflection of the lack of communication between son and father, as many respondents had acknowledged?

For the seven salaries that respondents provided, the average salary for the respondents' mothers is around 1,025,000 VND (70,2 US\$) per month.

### **Relationship with family and peers:**

The family in disarray appeared to have a negative impact on the young smokers, before the initiation and after when the young smoker enter in the heroin smoking habits. It is true that the response of each respondent should be carefully considered because the research team has encountered many drugs users that dissimulate or distort the details and the true events of their life, to obtain advantages in the form of money, support or compassion. The members of broken families appeared to have living conditions as well mental pressure that put them at risk of behaviours they cannot manage, this is especially true for those of a younger age: 12 to 15 years old. Factual events such as family breakdown, divorce, beating, or pregnancy are easily quantified as opposed to relationships between parents and child, family affection and support are less easily measured.

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Four (4) respondents (26.6%) had family members using drugs (2 respondents a brother, 1 respondent - a cousin, 1 respondent - a father, mother (drug dealer) and uncle.

Four (4) respondents (26.6%) said their parents were separated or divorced.

Six (6) respondents (40%) had “problems” with or within their family. (scolding or beating)

Seven (7) respondents (46.7%) had little relationship or communication with their families. [lack of minimum relationship with parents].

Three (3) respondents (20%) had initiated heroin after a conflict or a crisis with their family. (one unjustified beating and scolding, abandonment after a pregnancy).

It appears that some parents have given up on the schooling and study of their child.

**Need for money:**

The feeling and knowledge of heroin smoking addiction is still confused among the respondents. Though the need for drugs, less than 4 months use, is still easy to bear some of the young smokers are already engaged in petty crime to obtain their drugs.

The thieving could be caused by the need for drugs-use, but also because the peer-user pressure is such that petty crime belongs to the daily life of new smokers. As in the earlier study (1), the family is the first victim when it comes to theft. But other get money officially from their family, one respondent was

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getting around 5,000,000 VND or more per week. With this amount the young smoker was able to sustain both his own habit and those of his fellow users.

**Initiation to heroin smoking:**

The first-time young smokers used heroin they did not have to pay for; it was free for 9 (60%) of 15 smokers.

The “educator” (the one who demonstrates the smoking technique to the younger smoker) is either of the same age or 1-3 years older than the young smoker, barely an adult was identified in the initiation.

Initiation to heroin smoking is a combination of curiosity, disinformation, group identity and intimidation.

Tuan said *“I wanted to try, but I was afraid at the same time. I was afraid of the pressure of my friends who could have hit me if I had refused to smoke with them”*.

Another was told by friends that smoking heroin only once was not addicting. The role of the friends in the smoking is crucial.

Tuan reported *“I spend three hours a day worrying about drugs but when I meet my group I am no longer worried because I know that I am going to smoke...”*

For Tung at the initiation the pressure from “friends” was constant *“At first I refused smoking but my friends forced me to smoke with them. When I met them the first time, I thought they were good people, but after the smoking happened I knew they were “bad” boys but it was too late I couldn’t refuse, I was caught...”*

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11 respondents (73,3%) said they never had enticed non-smokers, 4 respondents (26.7%) had enticed non-users including 2 of the respondents who had enticed their sexual partners to try.

Respondents are initiating heroin smoking in a milieu of tension; they are ambivalent. The respondents express the following ambiguities:

Heroin is here, almost everywhere in Hanoi, easy to get, but still a “social evil” and drug-users are arrested and punish,

Young smokers are ignorant about the long-term effects of smoking, but fear the consequences they witness with the injectors,

Young respondents wish to try, but at the same time afraid of their friends’ pressure,

They want to stop, but are worried about losing friends,

Society provides considerable coverage on drugs evils, but the young smoker has nowhere to turn to about his/her anxiety...

### **Sex activity and heroin smoking:**

The sexual activity of the young heroin smokers is very much linked to the age of the respondent. 11 of the respondents (73.3%) all male, answered that they had not yet had sexual encounter; 1 female respondent had 2 partners before beginning smoking heroin; 1 female responded she had experience with more than 20 partners since using heroin; 2 boys had had many sexual partners, neither of them didn’t any prevention. One male respondent had contracted two STDs. The two women in the study had the double handicap of being addicted to heroin and ensnared in unsafe sexual practice. One initiated drugs because of delusion after

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being abandoned by the man who made her pregnant, and the second traded “sex for heroin”.

**Pregnancy and heroin smoking:**

The pregnant respondent was not aware that her smoking habit could harmed the baby she was bearing.

**Drug injection:**

None of the respondents wish to inject heroin. Only one respondent belong to a group with injectors,

Tuan said, *“I think my new pleasure would be through heroin injection as four members of my group of seven are already injecting but I fear being forced to inject drugs.”*

All of them know about the risk of getting HIV/AIDS through the injection. It wasn't clear to them what was the process of the infection. Though the contact between smokers and injectors is minimal, the respondents had observed the sharing of injection equipment, it was recognised during their visit to the drugs scene.

Manh Ha said, *“I do not want to inject because I know that injecting makes the detoxification more difficult”*

In Ngoc's group there are 20 co-users [18-25 year old], mainly wealthy schoolchildren and students. Ngoc reckoned, *“In Hanoi only the poor and the mafia are injecting, the upper class kids don't need to inject heroin, I know only 2 of them who have shifted to injection.”*

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Other respondents had noticed that if a heroin smoker leaves his/her group of co-users for about 2 weeks it is one sign this smoker is going to shift to injection.

### **Heroin habits - Addiction - Detoxification:**

The first sign of the need for heroin among a new smoker is when, one day there is no heroin immediately available, the young smoker feels a craving for heroin and s/he looks for friends who could provide relief through smoking.

Young respondents have the feeling that after 2-3 smoking sessions they are becoming addicted to heroin.

Young smokers said they are entering the world of drug-use without yet being addicted to drugs, but seems confronted to the lack of a non-threatening support among their family and the society/community.

One respondent had already participated in 6 detoxifications session. The brother of this respondent was using drugs since 1990, and had undergone many detoxifications. For the other respondents, detoxification is still a dark territory only enlightened by rumours and misinformation by co-users. Only one respondent wanted knowingly to detoxify. For those who had started recently since Tet 2001, the detoxification is already in their mind. The difficulty is that smokers who wanted to detoxify are alone in facing the drugs use. Even though they fear their parents and the law enforcement, parents are considered as a potential help for detoxification.

They fear looking for help because it is a challenge for them, meaning letting people know -parents, neighbours, police- that the young smoker has

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broken the law. Then the detoxification is more a punishment than a cure, some fear to lose their friends.

Tuan declared, *“I fear that my parents would discover my habit and force me to detoxify, I do not want to stop smoking and on top of that losing my friends.”*

Another reported, *“I am afraid of being arrested by the police when I go to buy or smoke heroin and them being forced to detoxify”*

*“If I have to detoxify, the third respondent stated, “I prefer to do it at home by reducing the quantity of heroin smoked.”*

According to Hung *“our parents and teachers are the adults able to help users to detoxify”*. And Hung also added that, *“repeated detoxification makes each detoxification harder, individual determination is essential in the success of detoxification.”*

Hung dreams about a normal life, *“Detoxifying, and studying: using drugs is boring”*

**Others findings or hypotheses for further studies:**

1- Youth in “especially difficult circumstances” (parents users, or criminal) don’t receive sufficient support from society. Youth living in special environment should be protected from their toxic environment.

2- Though there are massive campaigns against “social evils”, smokers perceive the police as accomplices, or at least not harsh enough with drugs dealers. Police are not respected, and therefore are not acting as a deterrent to the initiation to heroin.

**Social environment of the young users: Peers**

3- The curiosity of the teenagers, the availability of heroin and a widely habit spread among the youth make heroin appears as “normal” or trendy. Smoking heroin is a chic and fashionable habit among some youth.

4- Role of “Peer” in the initiation and relapse: “Peer” users, same age or 1-3 years older play an important role in the initiation of others youth and the failure to detoxify.

5- How youth are at risk of being “forced” by older peers? One question for further study.

6- No formal prevention by peer educator exists for smokers. The peer educator system, which could work in harm reduction, has not been applied with young heroin smokers. One question for further study.

7- Youth Clubs could play a more important role in primary prevention, but should increase their access to youth already in addiction.

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8- The main support for young smokers is other smokers, which make quitting drugs more difficult.

9- Why do young smokers who want to stop have difficulty to find support? Question for further study.

10- Does the lack of entertainment makes the youth idle, and then makes him/her available for drugs use? Question for further study.

### **Social environment of the young users: School**

11-After dropping out of school are the young people idle? Question for further study.

12-What support does the school provide to the children skipping class, or dropping out of school?

### **Social environment of the young users: Family**

13-Family's member, such as father, uncle, using already heroin are an harmful model to a younger child.

14-The knowledge on drug use within the family is limited. This situation is critical at the time of initiation, detection and detoxification.

15-A correlative question: What is the impact of family disruption in the detection of the drug use, or/and in the care for youth smoking heroin?

16-What support does the users' families need at the ward level?

17-What is the impact of any crisis in disrupted family with smokers?

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18-Is the family abuse greater among smokers than in other children? Are the children of disrupted family more easily “trapped” by co-users?

**Detoxification:**

19-Why detoxification centres have a poor reputation among young users?

20-Who could provide support and follow up to the young smokers after detoxification? After the detoxification, what could be the role of neighbours and ward authority in the rehabilitation of the users?

**HIV/AIDS:**

21- Others reasons than the fear of HIV/AIDS are preventing the transition to injection, including the risk of heavy addiction, fear of needle pricks, health conditions, difficulty to detoxify, overdose.

22-Information about the link between heroin smoking and HIV/AIDS should be clarified and disseminated appropriately to the young smokers.

**Miscellaneous:**

23-The young smokers know fewer spot to buy drugs than injectors, at the initiation it is often an older smoker who is buying and providing heroin.

24-Smokers and injectors are separated in two different worlds. There is little relationship between them.

25-Early sex seems a stronger taboo than smoking heroin.

26-One smoker tried to manage his heroin habits with heavy drinking of alcohol.

27-Younger smokers are also involved in illegal activity and petty crime.

28-Are the youth more sensitive to heroin smoking and their addiction is faster than older users or the peer pressure –psychological, social and group- on the vulnerable smokers create the need of smoking with peer?

29-Gender and women's issue should be addressed to protect young female smokers from the negative impact of drug addiction over sexual practice.

30-Is the use of drugs, a way to cover up or sort out deeper problems including social, familial or psychological? If so a detoxification session will not be enough for young smokers to permanently give up his appetite for heroin.

**Questions and suggestion:**

This group of 15 respondents reflects also the methodology of the study; methodology could lead to an homogeneous group in term of social background, and others aspect of there drugs use therefore generalizing is not possible but the findings could only open new road of research.

This study confirmed that young people start smoking heroin at an early age and there is an ongoing epidemic of heroin smoking in Hanoi.

Family's difficulties real, or artificial can be a fertile ground for initiation heroin smoking. As the family in Vietnam is the central point in the life of each individual, its breakdown could contribute to the initiation and the lack of support for detoxification. Further research on young drugs user should study the role played by the family as a starting point in the drugs use and then in identification of the smoking habit. On the opposite side, the role of the peer-user is also dominant in the initiation and in the detoxification or the relapse. Then if the family is unable or not willing to play its role, peer-users are becoming the new environment or "family" of the young smokers.

Some young smokers said they are entering the world of drug-use without yet being addicted to drugs, but seems confronted to the lack a non-threatening support among their family and the society/community, which are still considering all drugs users as "social evil."

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Enticing? The young respondents, having started since Tet 2001 are still in their induction period and not yet in the proselytising.

Free heroin doesn't look like a general strategy for the older users to tempt heroin novices. It seems more of an invitation to share, or a kind of induction ceremony. But nonetheless sooner or later, the young smokers are asked to find and provide money to continue to smoke. Further study should be looking how smokers are inciting non-users and injectors, luring, smokers?

The rate of school dropouts the 15 respondents is very high. The role of the school system should be questioned in relation with initiation to drugs, early detection and rehabilitation of young smokers.

Younger smoker don't get the support or the information they need in the course of their drugs use. The early, non-judgemental and non-threatening assistance to young smokers is still missing. Peer education for heroin smokers not yet tested. The early support to young smokers could avoid long and painful suffering and the shifting of many young smokers into drugs injection. Young smokers fearing addiction and detoxification should know they are able to stop their new habit without much pain; after smoking heroin 3 or 4 months the new smoker can give up alone with only the impression of treating flu.

Sexual and physical abuse may also be a factor contributing to the initial drug use. And women involved in drug use are also at high risk of being sexually exploited with or without consent.

Pregnancy is a time of extreme vulnerability for women; therefore a young pregnant heroin smoker needs special attention to preserve the life and the health of the baby and herself. Although the number of young women smoking heroin is increasing, health structures and doctors are not yet trained and prepared for this

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new challenge. The social support is an issue as well as the health of the mother and her baby.

The 15 young smokers were contacted and interviewed in 10 days this demonstrates that access to smokers is quite easy and straightforward in a non-official and non-threatening setting. Though they were given some small cash incentive, the young smokers were happy to express freely their ideas and concerns, which might help for projects targeting young smokers.

Tet celebration seems an occasion for the youth to initiate new activities or experiment. As their income soar dramatically at this short period of time of the year many youth are able to try the smoking of heroin.