



FACT SHEET ON DRUG **ADDICTION** **& HIV**



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AND HIV

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INTRODUCTION

Since 2002, the Institute for Social Development Studies, in collaboration with the International Center for Research on Women, has conducted research, practical interventions and policy advocacy to reduce HIV related stigma and discrimination in Vietnam. Our efforts have attracted the attention and support of policy makers, who have joined us in promoting stigma reduction as one of the key areas of the national AIDS strategy. These efforts have produced positive changes in public attitudes towards and media presentations on HIV/AIDS and people living with HIV. Based on an evaluation of our intervention program in Quang Ninh and Can Tho, there is clear evidence that stigma against people living with HIV has started to decline. However, drug users continue to experience considerable stigma and discrimination. Stigma towards drug users remains the biggest challenge facing the nation in its efforts to reduce HIV related stigma.

Drug related stigma remains high because Vietnam has a growing problem of illegal drug use and addiction, which has a serious impact on the health and well being of individuals, families, and communities. This problem is closely linked to the problem of HIV transmission, and exacerbated by the fear and stigma towards drug users, which helps to fuel the HIV epidemic. Drug use is a

major problem but families and communities lack information about it. As a result there is lots of fear, confusion, and desperation.

This was evident from the project “Reducing risks of HIV infection for partners of drug users who have been in rehabilitation centres”, which was implemented by the Institute for Social Development Studies and Abt Associates in Hanoi since 2007. Although many wives and lovers of drug users want to protect themselves from drugs and HIV, because of their limited understanding about HIV transmission, they cannot protect their drug user partners and at the same time put themselves at risk of getting HIV.



This Fact Sheet provides information that will help people get a better understanding of the linked problems of stigma toward drug users and HIV related stigma and suggestions on what might be done to address them.

The Fact Sheet will attempt to answer the following questions which are commonly asked by people:

- What is drug use? What is drug addiction? What is the difference between the two?
- Why do people start using drugs? Once addicted, why is it difficult for them to stop?
- How do drug users get HIV? Why do drug users share injection equipment?

- What is stigma and discrimination – and how do we stigmatize drug users?
- How does stigma towards drug users lead to increased HIV transmission?
- What is government doing to address the drug use and addiction problem in terms of laws, policies, and interventions?
- What can we do to help drug users, their families, and communities to manage drug addiction and improve their lives, relationships, and health?

DRUG USE AND ADDICTION

Drug Use in Vietnam

Vietnam is located close to the Golden Triangle region - one of the biggest centers for narcotics production in the world - and is on the route for transporting illicit drugs to other regions. As a result illegal drugs are cheap and readily available in Vietnam; and this has made it easy for drug use to grow. In spite of the efforts of government to regulate and control drugs, the volume of drugs entering Vietnam has increased over the last decade.



Statistics on Drug Use and Drug Addiction in Vietnam

- From 1994 to 2004 the number of drug addicts tripled [from 55, 445 to 170, 407]
- Annual increase in the number of drug addicts: 11.9%
- Drug use in the past was rural, but in the 90s it became urban and most drug users lived in cities - by 2004 36% of drug addicts lived in Ho Chi Minh City or Hanoi
- 96.2% of drug users were male (2001)
- Increasing number of female sex workers using drugs - ranging from 20% to 44%
- 64.9% of drug users are young – 18 to 25 years
- The majority of drug users are involved in sexual relationships. Approximately 40% of them are married.
- Roughly half of drug users (43.7% - 62.5%) are unemployed
- 66.8% of drug addicts use heroin. 29.3% use opium.
- The majority of drug users now take drugs by injection.
- Up to 80% of drug users share injection equipment with other drug users.
- HIV infection rate among injecting drug users increased from 9.4% (1996) to 28.6% (2005)

Source: Van T. Nguyen and Maria Scannapieco (2008) "Drug Abuse in Vietnam: A Critical Review of the Literature and Implications for Future Research". *Addiction*, 103: 535-543

Vivian Go, Constantine Frangakis, Le Van Nam et al. "High HIV Sexual Risk Behaviors and Sexually Transmitted Disease Prevalence Among Injection Drug Users in Northern Vietnam. Implications for a Generalized HIV Epidemic". *JAIDS* 2006; 42:108Y115.

Why do people start to use drugs?

People start to use drugs for a number of reasons, including: to experiment, to impress peers, to relieve pain or depression, or to escape from or forget the problems in their lives. People also use drugs because they are easily available. The reasons for using drugs are complex, and often have to do with social or economic factors, such as unemployment, poverty, rapid social and economic change, etc. Young people may start using drugs as an easy way to have fun and escape from problems, often influenced by other young people. Older people often start using drugs to get relief from a painful illness.



What is the difference between drug use and drug addiction?

Many people use drugs without being addicted. They take drugs on an occasional,


MYTH 1: IT IS HARD TO GET ADDICTED. Many young people start taking drugs, thinking it is not easy to get addicted. So they start and soon they are taking more and more drugs and become addicted. So our 1st tip is:

DON'T START TAKING DRUGS, BECAUSE IF YOU START, IT'S HARD TO STOP!

experimental basis. Other people use drugs on a regular basis and over time take them more intensively and become hooked, almost without realizing it. Drug use becomes a regular habit and the user becomes dependent on the drugs; without drugs they will experience very uncomfortable feelings.

However, there are many myths surrounding drug use and drug addiction.

People often think that drug use and drug addiction are the same, but they are two different things. A drug user takes drugs but can stop; a drug addict takes drugs, but cannot stop, cannot live without drugs – s/he depends on drugs and repeatedly increases the dose. As an example in the USA roughly 10% of drug users become addicted and in Australia, roughly 30% of drug users become addicted. Some people become addicted after the first time they try the drug, and others only become addicted after using it many times. What makes people become addicted is still a large question for scientists to answer. Nevertheless, it is wrong to assume that people who are tested positive for drugs are all addicts. Some families assume that their sons or daughters, who are using drugs, are addicted, so they send them off to the rehab centre, but they are not addicted so they don't need detoxification – all they need to do is to stop using drugs.



MYTH 2: EVERYONE WHO STARTS USING DRUGS BECOMES ADDICTED. This is FALSE. Only a certain number of drug users will become addicted to drugs. So the 2nd tip is:

DON'T ASSUME THAT EVERY DRUG USER IS AN ADDICT.

MYTH 3: PEOPLE NEED TO USE DRUGS MANY TIMES TO GET ADDICTED. This is FALSE. Some people become addicted after only one or two trials. So the 3rd tip is:

DON'T ASSUME THAT IF YOU ONLY TAKE DRUGS ONCE OR TWICE, YOU WON'T GET ADDICTED.



What is addiction? How does it work?

When people start taking drugs on a regular and intensive basis, the mind and body can begin to feel an overpowering need for the drug. When the mind feels like this, it is called dependence. When the body feels like this, it is called physical addiction.

When people start taking drugs, one of their main motivations is to get a pleasurable feeling or feeling of less pain or less distress. These feelings produce strong memories which are

stored in the brain and create a desire to take more drugs – to bring back the pleasurable feeling. But once they are addicted, their main reason for taking drugs is to overcome the feelings of withdrawal when the drug wears off. The symptoms of withdrawal include: fast heart beat, anxiousness, increased blood pressure, perspiration, and pains in the body. Addicts feel very uncomfortable, as if they cannot breathe. At this stage the main reason for taking the drugs is to deal with these symptoms of withdrawal i.e. to get back to feeling “normal”.



MYTH 4: ADDICTS' MAIN FOCUS IS TO GET A PLEASURABLE FEELING. This is FALSE. Drug addicts' main focus is to relieve the symptoms of withdrawal. So the 4th tip is:

WHEN DRUG ADDICTS ARE LOOKING FOR DRUGS, THEIR MAIN FOCUS IS TO OVERCOME THE SYMPTOMS OF WITHDRAWAL.



Why is it difficult for drug addicts to quit drugs?



Many addicts want to quit taking drugs. They realize the problems created for themselves and their families, but the power of addiction is so strong that they find it difficult to stop. Once addicted, they experience very painful withdrawal symptoms when the drugs wear off. These symptoms are so painful that they would 'do anything' to get the drugs to relieve these symptoms and get back to feeling normal. Drug addicts are also influenced to continue using drugs by other addicts; and also by stigma from the community. If a drug user quits, the community may still treat him/her as a drug user, so s/he feels why stop taking drugs, if s/he will still be stigmatized. As one drug addict said: "My family doesn't care about me. Even if I give up successfully, no one looks at me as a good guy. They keep

on mistrusting me, even when I have already stopped taking drugs.”

Most drug addicts who try to quit may take several attempts before they succeed. They may quit for a short or a long time, and then start using drugs again. Some of the reasons why drug addicts fail to quit drugs are:

- a) The treatment was forced on them by others – it was not their decision;
- b) Stigma from their families and communities drive them back into drugs;
- c) Other drug users persuade them to start taking drugs again;
- d) The memory of the good feeling they had when taking the drug coaxes them back; and
- e) The continuing pain caused by a chronic disease

Breaking the addiction is very difficult and depends on the support of the family and community – some families provide ongoing/consistent support, even though the drug user keeps returning to drugs. Most drug addicts successfully quit drugs only after many attempts to break the addiction.

MYTH 5: IT IS EASY TO QUIT DRUGS – IT IS JUST A MATTER OF WILL. Many people assume it is easy to overcome addiction – that it is only a matter of will. They assume drug users “just don’t want to quit their bad habits”, that they are “weak people”. They don’t see that addiction is beyond the drug users’ control – the craving for drugs makes it difficult to break the addiction. Not because they don’t want to, or are weak, lazy, or don’t try, but because of the power of the addiction. So the 5th tip is:

IT’S WRONG TO ASSUME THAT DRUG ADDICTS DON’T WANT TO QUIT BECAUSE THEY ARE ‘EVIL’ OR HAVE A WEAK WILL.



What is an overdose?

An overdose is when an addict takes more drugs than his body can cope with. It often happens when drug users mix heroin with other substances that affect their central nervous system, after a period of abstinence. An overdose also occurs when the drug purchased is not pure or has inconsistent content. The person who often use an impure drug may also get an overdose when s/he uses a pure drug.

An overdose does not happen right after the shot and takes several hours for drug users

to get into a fatal condition. The symptoms of an overdose are: muscle spasticity, slow and labored breathing, shallow breathing, or stopped breathing, pinpoint pupils, dry mouth, cold and clammy skin, tongue discoloration, bluish colored fingernails and lips, spasms of the stomach and/or intestinal tract, constipation, weak pulse, low blood pressure, drowsiness, disorientation, coma, and delirium

If a drug user overdoses, put him/her in the recovery position – lying on the side. Make sure that the mouth is on the side to avoid choking from his/her own secretions or vomit, and that the airway is straight and clear. Check if the person is still breathing. If not, you should give him/her an expired air resuscitation (ha hoi thoi ngat in Vietnamese).



DRUG USE AND HIV

People who use drugs are more likely than others to get HIV. They can get HIV through sharing injecting equipment or through unsafe sex.

How do injecting drug users get HIV?

Intravenous injection has become the principal method for taking heroin in Vietnam. Injecting is an effective way of getting heroin into the body, since all of the drug is used. If you inhale the drug, much of it is lost in smoke. In addition injecting can be done much more quickly than smoking, so users are less likely to be discovered. Injecting takes little time, can be done anywhere, and needle and syringes easily disposed of.



Injecting drugs makes it possible to get HIV infected blood directly into the bloodstream

MYTH 6: ALL INJECTING DRUG USERS GET HIV. This is FALSE. Injecting drug users who use their own sterile needles will not get HIV. Injecting drug use only transmits HIV when there is sharing of injection equipment. So the 6th tip is:

DON'T SHARE NEEDLES AND SYRINGES - AND IF YOU DO, MAKE SURE THAT THEY ARE PROPERLY CLEANED BEFOREHAND.



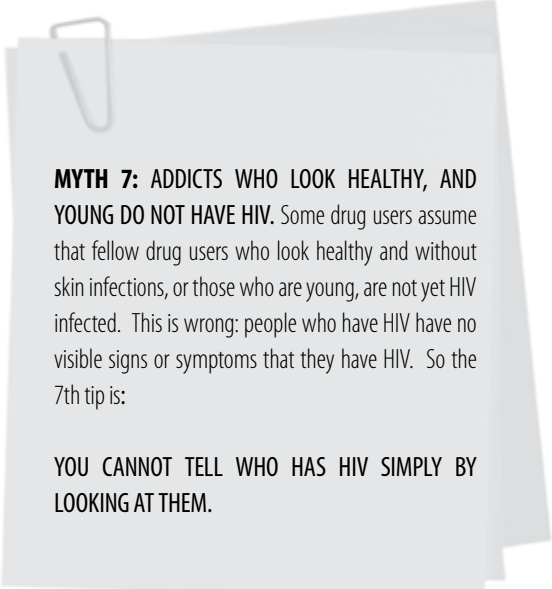
of the uninfected person – a condition for HIV transmission. However, there must be infected blood already in the needle for HIV to be transmitted. This only happens when drug users **SHARE** the needles and syringes with other users – a practice which is common in Vietnam. Two or three drug user friends will use the same needle and syringe to inject, often without proper cleaning of the needle in between injections. Small amounts of blood, which may not be visible, can remain in the needle and syringes after they have been used. HIV can survive up to one week in the blood left in the syringe or needle. If the equipment is re-used, this blood will be directly injected into the bloodstream of the next person who uses the equipment, and s/he can become infected.

Why do drug users share injection equipment with other drug users?

There are a number of reasons:

- There is a culture of group based drug taking, especially among the youth. Groups of young men or women come together to inject and use the same injection equipment.
- Drug users are often poor so they would prefer to spend their money on the actual drugs (rather than needles and syringes) – so they buy one set for the whole group.
- Drug addicts are afraid they will be identified as drug users and caught if they are seen buying or carrying their own needles or syringes.
- It is difficult to buy needles and syringes at night or in deserted places where drugs are injected, or pharmacies and shops refuse to sell to people who ask for them, suspecting they are drug users.
- Drug users inject drugs quickly, because of fears of prosecution, so they do not take care in the way they clean the needle and syringe after each injection
- Injecting drug users are not aware of the risks involved in sharing equipment or assume that their drug partners are not infected with HIV.





MYTH 7: ADDICTS WHO LOOK HEALTHY, AND YOUNG DO NOT HAVE HIV. Some drug users assume that fellow drug users who look healthy and without skin infections, or those who are young, are not yet HIV infected. This is wrong: people who have HIV have no visible signs or symptoms that they have HIV. So the 7th tip is:

YOU CANNOT TELL WHO HAS HIV SIMPLY BY LOOKING AT THEM.


What can be done to prevent the sharing of injection equipment?

- Make drug users aware of the risks of sharing equipment and how they can inject safely;
- Increase availability of clean injection equipment and decrease the availability of used equipment - some programs provide clean needles and syringes on an exchange basis;
- Work with injecting drug users to change the norms and practices of injecting;
- Promote drug substitution eg. methadone maintenance.

How drug users get HIV through sexual contact?

A study found that 30% of drug users have sexually transmitted diseases. This shows that drug users have a high risk of getting STDs, including HIV. When drug users first use drugs, their libido increases and they are sexually active. As drugs become a routine part of their lives, many male drug users have a prolonged ejaculation, which may lead to more abrasions of their own and their partner's sexual organs – creating an entry point for HIV. In addition, due to stigma, drug users look for the company of sex workers. While many sex workers use condoms with their clients, they usually don't with those considered their lovers





MYTH 8: DRUG USERS ONLY GET HIV THROUGH SHARING INJECTING EQUIPMENT. This is FALSE. Drug users may get HIV through sharing needles and syringes, but they may also get it through unsafe sex. Drug users do have sex and many have unsafe sex with other people who are not drug users, helping to spread HIV to the general population. So the 8th tip is:

DON'T ASSUME THAT HIV ONLY SPREADS THROUGH INJECTING DRUG USE.

or intimate client – many of whom are drug users. In addition, as drug users need money to buy drugs, some male and female drug users sell sex. Some clients are willing to pay more to have sex without a condom and drug users who are desperate for money, often end up having unsafe sex, and in some cases getting HIV.

Risks to wives and regular sexual partners of drug users

There is a significant proportion of drug users who are married or have lovers and are sexually active. However, due to the perception that using condoms shows lack of

trust in your partners, they usually practice unprotected sex. In general this is the main route of HIV transmission from drug users to the community. In practice in Vietnam there are many women who contracted HIV from their HIV positive husbands who were infected with HIV through injecting drugs. These women transmit HIV to their children during pregnancy, giving birth, or breastfeeding. Studies in some countries and preliminary research in Vietnam indicate that there is a high rate of HIV infection among wives of drug users, which is likely to be higher than the HIV infection rate among female sex workers.



Myth 9: FAITHFUL WOMEN ARE NOT AT RISK OF HIV INFECTION AND HENCE DO NOT NEED TO USE CONDOMS. This is FALSE if the husband or lover of the woman shares the use of injection equipment or has sex with other persons without using condom. So the 9th tip is:

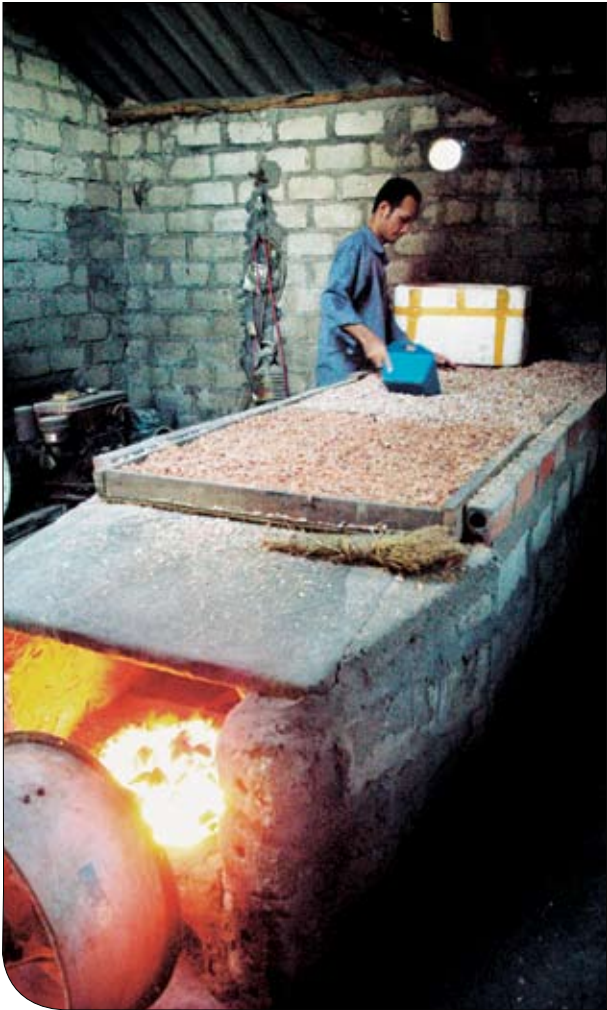
WIFE AND REGULAR SEXUAL PARTNERS OF DRUG USERS SHOULD APPLY MEASURES FOR SAFE SEX SUCH AS CONDOMS TO PROTECT THEMSELVES AND THEIR CHILDREN.

Women and drug use

Women get HIV too – women account for roughly one third of all new HIV infections in Vietnam.

Often people think drug users are men but there is an increasing number of drug users in Vietnam who are women. Studies show that female drug users have a higher risk of getting HIV due to sharing needles and syringes and due to unsafe sex. Many female drug users have an injecting drug user boyfriend, and many of them sell sex to finance their own and their boyfriend's drug habit. Many female sex workers use drugs in order to forget their problems and the distress in their lives. They may get HIV infection through unsafe sex with clients or with sexual partners (many of them are drug users) and through sharing injecting equipment.

Female drug users are more severely stigmatized and discriminated against while interventions for drug users are usually tailored to the needs of men. There are few intervention programs tailored to the needs of female drug users.



GOVERNMENT LAW, POLICY

AND INTERVENTIONS TO DEAL WITH DRUG USERS

Drug use and Detoxification

Using illegal substances or drugs is prohibited by law in Vietnam. However, according to the law which amended articles of the Law on drug prevention and control (2008), the government policy towards drug addicts is to implement detoxification and to encourage voluntary detoxification (article 25 of the amended law). Also, according to this law, detoxification measures consist of voluntary detoxification and compulsory detoxification. Forms of detoxification include detoxification at home, in the community and in rehabilitation centres.

Rehabilitation Centres

The majority of drug users are sent to a compulsory drug rehabilitation centre where they are given mandatory detoxification, education on the dangers of drug use and risk of HIV transmission, and educational labour.

The relapse rate of drug users who leave the rehabilitation centres has been very high – often over 90%. In response to this problem, some provinces have implemented a follow-

up program, which provides residential vocational training and job opportunities to detoxified drug users for a period of one to three years. This second level rehab program is compulsory for detoxified drug users who have a “high risk of relapse”. The effectiveness of this program has not been evaluated.

It is officially stipulated in the Law amending articles of the law on drug prevention and control that detoxified drug users who have a “high risk of relapse” are required to take a post-detoxification education program in the community or rehabilitation centre for a period of 1-2 years.



Harm Reduction Programs



Government has also implemented a number of harm reduction programs. The aim of harm reduction is to reduce the harm or the negative effects of drug injecting eg. spread of HIV and criminal activities to finance drugs. These programs start from the knowledge that drug use is a medical condition, and the drug user a person with an illness.



Vietnam had a successful campaign to make motorbike helmets compulsory as a way of reducing the bad effect of motorbike accidents. Making helmets compulsory did not condone bad driving, but it attempted to cope with the negative effects of bad driving and to reduce brain injuries when accidents occurred. Similarly harm reduction does not condone drug use, but attempts to deal with the bad effects of drug use. Harm reduction interventions are officially defined in the Law on Prevention and Control of HIV/AIDS in 2006 and in the Amended Law of the Law on Prevention and Control of Drugs in 2008.

One rule of thumb promoted by harm reduction is as follows:

- Don't use illegal drugs.
- If you have already started using drugs, stop before you get addicted.
- If you are already using drugs, don't inject drugs.
- If you do inject, don't share the injection equipment.
- If you share the injection equipment, clean it properly before use.

Needle Exchange Program: This program educates drug users about HIV prevention and provides clean needles and syringes for free in exchange for used ones. The aim is to ensure that all drug injections are done with clean needles, a way of reducing HIV transmission among drug users. Many provinces are implementing this program now. Providing clean needles and syringes



to injecting drug users is one of the priority interventions set out by the National Strategy on HIV/AIDS.

Methadone Maintenance Therapy (MMT): This is a long term treatment for those drug users suffering from heroin addiction. It is based on the understanding that addiction is a chronic medical condition. MMT can be compared to insulin used to treat insulin-dependent diabetes. As methadone has similar effects on the brain as heroin, heroin addicts will not suffer withdrawal symptoms so that they don't have to look for heroin to ease their pain.

The effect of this therapy is to reduce the health, social, and economic harm to drug users and the community. It decreases the use of illegal drugs, stops drug users injecting drugs, and reduces their risk of getting HIV.

Patients take methadone in a syrup taken orally so there is no risk of getting HIV. Methadone doesn't give the same euphoria as heroin does, so patients have a clear mind and can function normally. It helps drug users to move out of a life of criminality, stabilize their lives and re-integrate with the general community.

In the Action Plan on Harm Reduction Interventions for HIV Prevention over the period 2007-2010, the Ministry of Health (MOH) aims to implement harm reduction interventions in all provinces and cities by the year 2010 with the aim of achieving the goal of 90% of drug users using clean syringes and needles, and the MMT program is implemented in at least 10 provinces and cities.



MYTH 10: HARM REDUCTION PROGRAMS RESULT IN MORE DRUG USE AND MORE DRUG USERS.

Studies of needle exchange and methadone maintenance therapy programs have shown that they do not lead to more use of drugs by current drug users, nor do they encourage other people to start taking drugs. Needle exchange programs encourage safe use of drugs and personal responsibility by drug users and through this slow down HIV transmission. Methadone maintenance therapy helps reduce dangerous drug use (eg. sharing injection equipment), and helps drug users switch from illegal drugs to legal drugs, and reduces the need by addicts to commit crimes to raise money for drugs. So the 10th tip is:

DON'T ASSUME THAT HARM REDUCTION PROGRAMS WILL LEAD TO INCREASED DRUG USE.



STIGMA AND DISCRIMINATION TOWARDS DRUG USERS

What is Stigma and Discrimination?

Stigma means to impose a negative judgement on an individual or a certain group in order to isolate that individual or group from the community. Discrimination occurs when stigma changes into action - unfair treatment is carried out towards a certain individual or group.

When we stigmatize drug users, we isolate them, saying they are a danger or threat to us, because they might steal from us to get money for drugs, or if they are HIV positive, they may infect us; or we “blame and shame” them, saying they have broken social norms and should be blamed or condemned for getting addicted. Addiction to drugs is viewed as a social evil because this behaviour destroys the stability and happiness of the family; and has a negative influence on young people.

Our research on HIV-related stigma and discrimination has found that stigma towards people living with HIV is closely associated with the stigma towards drug users and sex workers. People living with HIV and their families are isolated, despised and refused

assistance by community members because they assume that those persons are drug users or sex workers.

The Law on Prevention and Control of HIV/AIDS in Vietnam defines stigmatization against an HIV-infected person as “an attitude of contempt or disrespect towards another person because of the awareness or suspicion that such a person is infected with HIV or has a close relationship with an HIV infected or suspected HIV infected person”. (AIDS Laws, Article 2, #4)



Discrimination against an HIV-infected person is defined as “an act of alienation, refusal, isolation, maltreatment, disgrace, prejudice or restriction of rights towards another person because of the awareness or suspicion that such a person is infected with HIV or has a close relationship with an HIV infected or suspected HIV infected person”. (AIDS Laws, Article 2, #5)

What forms of stigma and discrimination are faced by drug users?

Drug users are condemned as “socially evil”, because of their use of illegal drugs and their criminal activities to finance drugs. As a result they face a number of different forms of stigma and discrimination from their own families and other institutions:

- Family members shame them for their behaviour; stop trusting them and give up

on them; and in some cases kick the drug user out of the house and disown him/her;

- Neighbours finger point and gossip about them, and try to avoid contact with them;
- Employers fire them, once their drug habit is discovered;
- In health facilities, if drug users are identified they are often treated unequally. Health staff treat them harshly, keeping their distance and avoiding contact with them and breaking confidentiality to report them to other staff and patients. Many health workers claim that drug users are difficult clients – prone to anger, physically dangerous, and unreliable in keeping appointments or following treatment. So they give drug users very little attention or refuse to admit them, and in some cases prevent drug users who are HIV positive from accessing treatment (eg. anti retroviral therapy). Many drug users are forced to take HIV tests without their consent and counseling (eg. when



admitted to rehab centres); and often they are not given the test results.

- Because of the stigma and drug control program to eliminate the drug evil, drug users are forced to lead a hidden, “underground” existence, outside society; or they are locked up in the rehab camps. Even drug users who have recovered and quit drugs continue to face stigma. In addition those drug users who are HIV positive face an additional layer of stigma, based on people’s fear of getting HIV through contact with them. As a result, it is very hard for drug users to find jobs and to access health services or other social assistance services.



The families of drug users also face stigma – they are discredited and isolated by their neighbours who blame them for raising their son (or daughter) badly. Many neighbours stop visiting them and prevent their children from playing with the children of the drug user’s family. Families with a drug user

m e m b e r
are also not
eligible to gain
the title “Good
c u l t u r a l
family”.





MYTH 11: DRUG USERS LIVING WITH HIV WOULD NOT ADHERE TO ARV TREATMENT. This view by health workers is mainly based on stigma and fear. They assume that drug users are unreliable and would not follow anti retroviral therapy. International experience shows that drug users are capable of following this therapy, if given a chance. The trick is to treat them with respect. So the 11th tip is:

GIVE DRUG USERS LIVING WITH HIV A CHANCE TO SHOW THEY CAN BE RESPONSIBLE IN TAKING ANTI RETROVIRAL THERAPY.

What are the effects of stigma on drug users?

Stigma makes drug users feel like outcasts. They feel despised and rejected by the family and the community. Stigma destroys their self-esteem – they begin to lose hope and to doubt themselves. They feel people don't trust them, so they retreat from family and community, join other drug users, and often start criminal activities to finance the drugs.

This has a serious effect on how drug users manage their health. They may become careless in the way they protect their own health and the health of sexual partners. Often they believe HIV to be inevitable, rather than something they can control through their own behaviour. This can lead drug users to hide their use of drugs and avoid using clean syringes and needles – and this exposes them to HIV. If they have sex without condoms, HIV can be passed on to their sexual partners. Drug users





often believe that unsafe sex represents a small risk for contracting HIV compared to the risk from

sharing needles, so they don't worry about condoms.

Why does everyone need to stop stigmatizing drug users?

We do not approve of the illegal use of drugs. This behaviour should be stopped. For many years, government has implemented various activities to eliminate illegal drug use. However, the problem of using illegal drugs cannot be solved by stigmatizing people who are drug users. From our experience stigma cannot force drug addicts to quit drugs.

Nevertheless, preventing HIV and supporting drug users to prevent HIV is also a general aim of the government and all of us. When drug users are treated as “socially evil”, they tend to hide their use of drugs and as a result are not motivated to use safe practices - and they end up getting HIV and transmitting HIV to others.

There is an old Vietnamese saying which says: Humans are by nature kind from birth – we are all born to be kind. The way we behave depends on how others treat us. By nature we are good and will remain good, if people have

sympathy and support for us. Drug addicts are also good by nature. Many of them would like to stop taking drugs, and need support. So we should not give up on them. We should look for the good inside everyone, including drug users – and give them a chance to show what they can do, rather than focusing on their one mistake of starting to use drugs. We need to find the courage to trust them, to give them a chance to rebuild their lives.

Using drugs is not right. But even if you disagree with the drug users' behaviour, you have no right to judge or belittle them – the judging is wrong because it hurts them. You must look at people as human beings. Everyone makes mistakes and therefore we should have empathy and respect for drug users. To stigmatize is to wipe out their humanity and treat them as having no value.

Try to put yourself in the shoes of the other person – how would you feel if you were called



stigmatizing names? Even if you don't like the person, understand and respect him/her.

Everyone should stop stigmatizing drug users as if there is no stigma:

- Drug users will no longer feel cut off from the family and community, and will take more responsibility for protecting their health and avoiding HIV.
- It will be easier for drug addicts to fight the addiction, knowing they have the support of their families and community.
- It will be easier for drug users to move out of a life of criminality, re-establish ties with the community, and show they can make a contribution.

We need to stop treating drug addiction as an individual's moral failure, and instead treat it, like alcoholism, as a disease. This would remove the judging, the condemnation – drug addicts would be regarded as having a “condition”, not having failed morally. We should look at them as “people with an illness”, not “people with bad, shameful behaviour”. Instead of stigmatizing and rejecting drug users we need to show care and compassion – so that they can lead a healthy life and act in their own and other people's interest (eg using clean needles, practicing safe sex, etc). Vietnam has strong traditions of compassion, solidarity, and unity, which should be applied to supporting drug users.

If one horse is ill, the whole stable refuse to eat

We need to give drug users respect, sympathy, support and encouragement and recognise their efforts to quit drugs. If we treat them well – offering sympathy and respect - we will help them a great deal in their fight against drug addiction. They will have the strength to struggle with their addiction, and take responsibility for their own behaviour and their health (eg using clean needles and condoms). But if our approach is negative, critical, and hostile, they will feel hurt, ashamed and lose their confidence, and stop taking care in their use of drugs (eg sharing syringes and needles) and expose themselves and their sexual partners to HIV.



KEY MESSAGES

So – how can we help those who are drug addicted?

Scolding and shaming doesn't work – it just drives the problem underground. The drug user feels shamed and rejected and goes into hiding. Once he is in hiding, he will no longer look after his health – and may end up with an overdose or HIV.

So what can we do that will make a difference?

- 1) Learn more about drug use and addiction. More knowledge will help to reduce fear and reduce your feelings of helplessness and you will be better prepared to cope with this problem. If you know more, you will have less fear about drug use, and have a better idea how to respond. You will feel more in control and be ready to help drug users with specific strategies to help them to change. Get the facts on drug use and drug addiction, and what is the difference. Don't assume that everyone who uses drugs is an addict or will become addicted. And recognize that once addicted, it is very difficult for drug addicts to quit. Many people will only succeed after many failed attempts. The addicted person and the family should know that quitting drugs takes time and involves many relapses – and they should

be very patient. It is not a matter of will – drug users may want to quit drugs, but the physical pain of withdrawal is very painful and often prevents them from doing it.

- 2) Learn about unsafe drug use and HIV. Find out how HIV can be transmitted through sharing injecting equipment and through unsafe sex. Tell everyone - if you are a user, try not to inject. If you do inject, don't share needles and syringes, and if you have to share, make sure they are properly cleaned. Also, never forget that drug users can also get HIV through sexual transmission, and can transmit it to their sexual partners. Use a condom from the start of any sexual intercourse. Help them understand the harm and risk of injecting drugs, not only the risk of getting HIV but also other blood borne diseases, eg hepatitis B and C.





- 3) Learn about harm reduction as a solution to these problems. The aim is to reduce the negative effects of drug use eg HIV transmission, overdose, criminal activities, etc.

Vietnam has started to introduce methadone maintenance treatment (MMT) for people addicted to heroin. Look for this program, and have yourself or your loved ones start using MMT if it suits them.

- 4) Change your attitude to drug users. Stop treating them as criminals or socially evil, and accept them as people with a chronic, relapsing illness that needs to be treated. You may be angry with them, but don't give up on them or condemn them. Look for the good inside them and give them a chance to show what they can do. Find the courage to trust them, to give them a chance to remake their lives.



- 5) Change your relations with drug users. Stop scolding them and using punishment to try to break the addiction. Instead treat them as human beings, listen to their concerns and hopes, and help them figure out how they can make changes to improve their lives. Give them respect, recognition, support and encouragement. If you treat them well, they will feel capable of making a change, and have the strength to struggle with their addiction, and take responsibility for their health (eg using clean needles and condoms). But if your approach is negative and hostile, they will feel hurt and lose their confidence, and stop taking care in their use of drugs (eg sharing needles) and expose themselves and their sexual partners to HIV. Help them overcome their feelings of powerlessness and shame and rebuild self-esteem and help them to better control of their lives. Listen to their concerns and



hopes, and help them figure out how they can make changes to their lives.

- 6) Help them to quit drugs with lots of patience and without forcing them. Give them support and encouragement if they fail and consistently assist them when they want to start another try to quit drug. If they can't give up drugs right away, help them with harm reduction methods eg use of clean needles, stopping the sharing of needles, etc
- 7) Give them opportunities and something to live for. Help drug users find jobs and take up family responsibilities so they have other things to think about than using drugs.
- 8) Bring knowledge of drug use and drug addiction in to school program. The school should help students to understand better about the problems of using drugs and help children develop the self-esteem to resist social pressure to use drugs.

*The photos inserted in this publication were all agreed by the characters. They all were IDUs. Currently, they have regained their lives and have made considerable contributions to their families and the society,
Photo by Pham Hoai Thanh.*



YOU COULD FIND MORE INFORMATION
ABOUT HARM REDUCTION OF DRUG
ADDICTION AT PROVINCIAL HIV/AIDS
PREVENTION BUREAUS, DISTRICT
MEDICAL PREVENTIVE CENTRES AND
COMMUNITY HEALTH CARE CENTRES.

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