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ETHNIC MINORITIES, DRUG USE & HARM IN THE HIGHLANDS OF NORTHERN VIETNAM

**A Contextual Analysis
of the Situation in Six Communes
from Son La, Lai Chau, and Lao Cai**



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Principal Author: Ami-Jacques Rapin, Ph.D.

Coordinator and Editor: Jason Eligh, MA

Field Research: Dao Huy Khue, Ph.D.
Dong Ngoc Duc, MA
John Eyres, Ph.D.
Vi Cuong Tran
Peter Higgs, MPH
Nguyen Van Duan
And 72 local ethnic minority peer workers

Translation: Pham Huy Tien, M.D.
Nguyen Tien Hung
Ho Thi Xuan Hong
Nicholas Stedman, MA
Valérie Lesbros, MA
Hoang Cong Dung, MA
Nghiem Trung Kien

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Foreword

Living in some of the most remote, isolated and impoverished areas of the country, few other people are more marginalised in Vietnam than highland ethnic minority populations. Their extensive historical participation in the domestic cultivation of opium poppy, accompanied by the development of their formerly isolated environments, has led them to become increasingly vulnerable to complex and embedded drug use environments of risk and harm emerging as a by-product of rapid national economic development. Unfortunately knowledge of the risks inherent to these changing drug use behaviours, including HIV and other blood-born viruses, is largely non-existent, and little drug use and harm prevention and intervention work has been attempted with regard to the specific needs and cultural characteristics of these populations.

In recognition of the unforeseeable health implications of this situation, the Vietnamese government Committee for Ethnic Minorities (CEM) and the UNODC have developed and implemented project AD/VIE/01/B85 – *Drug Abuse Prevention among Ethnic Minorities in Vietnam (2002-2004)*. Its aim is to evaluate the drug use environments in these areas, as well as to assess the types and prevalence of risk behaviors, with a goal of devising effective and culturally-appropriate interventions to reduce both the overall demand for drug use in these remote border areas as well as drug-related harm as a result of this demand.

Subsequently evidence-based research is of paramount importance in order to effectively tackle these goals. Thus the information contained in this research assessment report is one step toward trying to understand the complexities of harm in these transforming environments. Combining a revised rapid assessment methodology with experienced professional researchers, and incorporating the direct participation of local ethnic minority drug users throughout the entire research process, this document gives us a unique insight into the historical, cultural and social contexts of drug use in some of Vietnam's most remote highland 'risk environments'. Dispelling myths and challenging contemporary anecdotal accounts of drug use 'tradition' within these cultural communities, this assessment demonstrates the beginning of a quest to gain some understanding of the drug use and harm being created in these areas, and represents a first approach in the participatory process of developing culturally relevant intervention materials and activities to mitigate these harms.

Doris Buddenberg
UNODC Representative, Vietnam

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LIST OF ACRONYMS

ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine-Type Stimulants
CEMMA	Committee for Ethnic Minorities and Mountainous Areas
CEM	Committee for Ethnic Minorities
CPLS	Centre for Population, Labour and Society
DEA	Drug Enforcement Administration
HCMC	Ho Chi Minh City
HEPR	Hunger Elimination and Poverty Reduction (Programme 135)
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
INCSR	International Narcotics Control Strategy Report
LNCDSCS	Lao National Commission for Drug Control and Supervision
MARD	Ministry of Agriculture and Rural Development
MOLISA	Ministry of Labour, War Invalids and Social Affairs
MPS	Ministry of Public Security
NASB	National AIDS Standing Bureau
ONCB	Office of Narcotics Control Board (Thailand)
RAR	Rapid Assessment and Response
SODC	Standing Office on Drug Control
UNAIDS	Joint United Nations Programme on HIV / AIDS
UNDP	United Nations Development Programme
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
UNODCCP	United Nations Office for Drug Control and Crime Prevention
USG	United States Government
VLSS	Vietnam Living Standards Survey
VNCADPC	Vietnam National Committee on AIDS, Drugs and Prostitution Control
VNDCC	Vietnam National Drug Control Committee
WHO	World Health Organization

Executive Summary

The six communes with which the Project is concerned are located in regions where opium poppies have been cultivated since the second half of the 19th century, mainly by the Hmong and Dao ethnic groups. During the colonial period, the members of these two ethnic groups were the only inhabitants of the Indochinese Union officially authorised to produce their own opium for domestic consumption. Until the beginning of the 1990s, and despite much effort, the Vietnamese authorities had not succeeded in permanently imposing the principle of prohibition of poppy cultivation in the northerly provinces of the country. It is in this secular context of tolerance – more unavoidable than deliberate – that opium has been intimately integrated into the economic and social life of these two ethnic groups. Although their relationship with the drug has varied from one settlement to another within the ethnic groups, the ambivalent nature of opium has been dealt with in such a way as to maximise its positive dimensions (economic, therapeutic and sociable) while minimising its negative dimensions (excessive use and resulting socio-economic phenomena).

Since the beginning of the 1990s, the increase in drug consumption and more particularly its spread into urban areas of the country has prompted the Vietnamese authorities to tighten up their anti-drug campaign. It is in this context that the poppy cultivation eradication policy has encountered a very rapid success which is confirmed at the research sites. However, the existence of small, covertly planted poppy crops, but above all of drug trafficking on a significant scale in the region, has hindered the stemming of the domestic drugs supply.

The results of the survey conducted at the six research sites reveal two kinds of consumption.¹ In the two communes of Thuan Chau district, Son La province, the traditional means of consumption of the mountainous regions are gradually being transformed and replaced by a drugs scene closer to the urban realities of Vietnam. Drug users there tend to be younger than in the four other communes; heroin and, to a lesser degree, amphetamines are beginning to supplant opium. In the communes of Dien Bien and Bat Xat districts, opium is still mainly or exclusively the substance consumed by drug users, who tend to be older; however, in Dien Bien district, the emergence of heroin and amphetamine consumption has been observed. The practice of taking opium has not strictly

¹ Certain contradictory aspects will be verified by a fresh series of interviews with drug users.

been upheld in its traditional context, since therapeutic and sociable uses of the drug have apparently become more and more marginal.

The presence of IDUs has been confirmed in the communes of Chieng Pha, Chieng Ly (Thuan Chau district) and Na U (Dien Bien district). In addition, the existence of a core of IDUs is probable in Muong Hum commune (Bat Xat district). Whereas this is apparently not the case in Den Sang commune (Bat Xat district), more information is required concerning Muong Nha commune (Dien Bien district). High-risk behaviour by IDUs is confirmed in each commune concerned, even though information on the means of transmitting HIV appears to be better established in the communes of Thuan Chau district.

It is requested that a special effort in terms of information dissemination should be carried out in the communes of Dien Bien and Bat Xat districts, making use of specially adapted, culturally specific materials. As for the question of HIV detection among IDUs and their spouses, and of the distribution of injection equipment and condoms, this also should be seriously considered in the communes concerned.

The problem posed by the treatment and rehabilitation of local drug users is a delicate one. The desire of drug users to follow such a treatment within the community encounters obstacles associated with the cost, the necessary skills and the effectiveness of an in situ treatment regimen. While voluntary treatment within the community appears preferable, it is true that it entails a significant investment in terms of infrastructure, training of the local medical staff and recourse to outside expertise. Be that as it may, the real challenge in the rehabilitation process of drug users is at the stage of their socio-economic reintegration into the community. With regard to this, the question of risk reduction cannot be isolated from environmental factors in the widest sense of the term, these factors being all the elements liable to help rehabilitated people avoid finding themselves back in exactly the same situation in which they were prior to treatment. In other words, the reduction of the relapse rate is closely associated with the possibility of an improvement in the socio-economic status of the household of the former drug user, just as the reduction of excessive use within the community is linked to the economic prospects liable to free inhabitants of the mountainous regions from the poverty trap.

The expectations of drug users in terms of support and the backing of this principle by a large proportion of the population can be found in all six communes. Primarily, these expectations concern job creation and credit schemes. In the case of jobs, it is not easy to determine the nature of locally available and relevant employment that drug users could obtain, given the current economic situations in the communes concerned. In the case of credit, the establishment of any financial aid mechanism should imperatively be

preceded by a thorough study of the constraints inherent to rural systems of production, to cultural specificities and to the social situation of each site.

Even if excessive consumers of drugs from ethnic minority communities are not exactly thought of as ordinary inhabitants like any others in each commune, the fact is that they remain integrated into the community and do not appear to undergo to the same degree the process of marginalisation and exclusion experienced by their urban counterparts. In these conditions, the management of community problems by the community itself should be encouraged by providing the necessary support for its adaptation to the fresh realities brought about by, firstly, the poppy eradication and drug prohibition policies; and secondly, the resulting inevitable transformation of traditional society in the mountainous regions.

PART ONE

The Contexts



Photo by Jason Eligh

PART ONE

Historical & Cultural Contexts of Opium and its Use in the Highlands of Southeast Asia

The origins of the contemporary drug problem in Vietnam in general, and among the ethnic minorities of Son La, Lai Chau and Lao Cai provinces in particular, are intermingled with the history of opium in the region. Contrary to popular misconception, this history is a very recent one when measured against the relative antiquity of Asian civilisations. This preliminary remark is necessary to avoid any confusion that may stem from frequent references to the “traditional” dimension of opium among certain ethnic minorities, in fact mainly the Hmong and the Dao. Opium production and the practice of smoking it were probably not adopted until during the course of the 19th century and constituted, for a certain period, one of the most innovative outside contributions to the culture of these ethnic groups.

Ethnic Minority Myths and Tales

The ethnic minorities of Vietnam, Lao PDR, Thailand and Myanmar who practise – or who have practised – the cultivation of opium poppies (*papaver somniferum*) possess a body of mythical tales about the origin of the plant and the origin of the consumption of the substance that is extracted from it.

The most widespread tale is sometimes attributed solely to the Hmong. In fact, it is widely known in all of the ethnic groups inhabiting the mountainous regions of the countries mentioned. It can be resumed as follows: a young woman desired by one or several men dies; from her grave grows the opium poppy, whose sap renders dependent those who consume it. Numerous variants have been added onto this basic structure. The variants that will be considered first were heard during the interviews made for the research project that is the subject of this report; later, others will be looked at that bear witness to the rich narrative texture of this myth and enable an exploration of its social significance.

In three communes involved in the project, old opium smokers – or members of their ethnic group present during the interviews and contributing to the translation of comments made by them – have related elements from the main

mythical narrative on the origin of the opium poppy. In Na U commune, Dien Bien district, Lai Chau province, the Hmong interviewed emphasise the analogy between the plant and the female gender in this tale: the opium is born of the young (by implication unmarried) woman, it is like a young woman and it is for this reason that it attracts men, but its hold over men is decidedly stronger than that exerted by women. Requests for details of the narrative content of the myth did not elicit further elements on this point, only a more explicit formulation of the metaphor: the young woman is dead, she has become the opium poppy; in this new guise, she wishes to attract as many men as possible and thus have numerous husbands that will never want to/be able to leave her.

The Giay¹ of Muong Hum commune, Bat Xat district, Lao Cai province initially told the same basic version: a young woman without a husband dies and becomes a poppy flower; in this guise, she attracts and keeps hold of men. Next, they recounted a variant of the myth which introduces several new elements: the young woman belongs to a powerful family; her father prevents her from marrying; consequently, she commits suicide and becomes the poppy. One of the narrators then gave his interpretation of the myth: by being reborn in this new shape, the young woman takes a kind of revenge on life, her family and society.

The Red Dao in Den Sang commune, also located in Bat Xat district of Lao Cai province, provided information on the last part of the myth, dealing more specifically with the details of the consumption of the opium: the young woman has a fiancé, but she dies before they can be married; the young man goes to see the dead girl's grave, on which has grown a poppy plant; he picks its fruit and consumes the sap so that she may enter into his soul, and in this way he and his betrothed are parted never more.²

In all of these versions, the young woman has never had sexual relations before her death, whether this fact is explicitly mentioned or simply implied. However, in other tales recorded in the literature devoted to opium-producing ethnic minorities, the young woman is not a virgin at the time of her death and her previous sexual relations are even a key element in the tale. Some of these tales also offer a distinctly more complex narrative thread than the tales already mentioned. This does not imply that the rich texture of the myth has been lost by those interviewed during the research, but more simply

¹ Ethnic minority group names and spellings used throughout this report reflect those most commonly employed in Vietnam and by the various group members themselves.

² These tales were collected during interviews made in the 4th phase of the research (see below). The question about knowledge of mythical tales concerning the origin of the opium poppy was initially put to specific interviewees, namely old opium smokers who were interviewed on successive occasions. However, the answers were always collective in the sense that other people present during the interview – opium smokers or non-smokers – contributed to the retelling of these tales.

that it was only possible to hear abridged versions in the context of the current research.



Photo by Jason Eligh

H'mong home in Na U commune, Lai Chau

An extended version of this particular myth was told to Jean Lartéguy and Yang Dao in the 1970s by an old Laotian Hmong living close to the Chinese border:

There was once was a very pretty Hmong girl who, contrary to the customs of our people, remained a virgin beyond the acceptable time limit, to the point where she became an object of lust. Judge for yourself, she was at least twenty years old. All were in love with

her, but without success, and none had been allowed to come, flattened against the wall of the house, right next to her bed and tell her how much he loved her. She answered no love song, not even the gentle music of the Jew's harp. One boy, more smitten than the others, was sent mad by this. He caught her unawares one day while she was tending her ray grass alone, and forced her to yield to him after a long struggle. This proud and chaste girl discovered at once the double pleasure of ecstasy and humiliation and it dazzled her mind. From being well-behaved she became wild, leaving her lover for another and yet another, throwing herself with a frenzy into all love's excesses. To make up for lost time, she seduced all comers, rich or poor, young or old, married or not. She never tired of making love, to the point that she lost her good health. Before dying, she made a wish: "Once I have been buried, may a flower grow from my genitals, may its sap intoxicate men as my caresses have done, let it remind them of she that loved them so, and may it give them even more pleasure than they have given me." The Old Lord, Master of Heaven, who that day had nothing better to do, took an interest in what was happening down on earth and, surprised by this prayer, answered it. Perhaps because such a prayer had never been made to him before. From the grave of the girl grew a magnificent poppy. When its petals fell, a capsule appeared from which oozed a white sap. By its strong fragrance, it reminded her lovers of the wild young woman giving herself to them. In dreams, the beautiful woman appeared before them and taught them how to collect the sap of the poppy, at first cock's crow, at the hour when she would leave their beds, how to prepare it, and how to smoke it, at the time she came to them in the evening. She promised to meet with them in the dreams that this wonderful sap would give. They would be able to enjoy her just as before, only without experiencing the regrets and the weariness that often comes with the pleasure. All of those who had loved the wild young woman, all of those who could not get over her loss, all of those who missed her embrace, they gave themselves up to opium smoking. Since then, many a man has done the same. Young men are in too much of a hurry living; only later do they learn to regret. This is why old men seek consolation in opium (...).³

³ Lartéguy, Jean, & Yang, Dao, *La fabuleuse aventure du peuple de l'opium*, Paris, 1979, p. 24; author's translation.



Photo by Jason Eligh

Washing clothes in Lao Cai

A version related by a Laotian Hmong to anthropologist Jacques Lemoine is almost identical, but associates the origin of tobacco with that of opium. Before dying, the young Hmong woman expresses the wish that from her mouth will grow a plant so captivating that once men taste it, they cannot leave it alone, and from her genitals, a plant so heady that they always want to come back to it: *"and once she was laid to rest, tobacco and opium were seen sprouting forth from her grave. This is what explains the stronger smell of the latter."*⁴ In the tales collected by Keith Quincey, the legend mentions that the opium poppy grew on the girl's grave, without specifying that it came out of her genitals. Another nuance is that the narration makes explicit what is merely suggested in the version recounted by Lartéguy and Yang, namely that

⁴ Lemoine Jacques, *Un village Hmong Vert du Haut Laos*. Milieu technique et organisation sociale. Paris, Ed. du CNRS, 1972, p. 90; author's translation.

it is the fragrance of the poppy's sap that induces the dream in which the young woman shows how to cultivate the plant and to consume this sap.⁵

Among the Akha, a similar legend also is told. A very beautiful young woman attracts men from all walks of life who come to court her; seven of whom gain her favours and become her lovers. One day, when all seven of them are at her house, she gives herself to them all, knowing full well that this will cause her death; but she prefers this course of action to being obliged to choose among the seven of them. She then asks her people to take care of her grave, promising that a magnificent plant will grow there out of her heart. She warns that all of those who taste the fruit of this plant will always want to return to it, and requests that great care is taken, since this fruit is at the same time good and bad.⁶

In these versions, the legend possesses a strongly sexual connotation that seems at first sight essential to the story's progression. However, everything points to this connotation having been overlaid onto a more basic narrative structure. Not only have we seen that the sexual dimension was not clearly present in the tales heard in Vietnam during the research, but the sexual disorder also does not appear in other variants spread widely among the Lactian Hmong; and on the contrary it is the self-restraint (virginity) of the young woman that lies at the very origin of opium. This tale also displays the particularity of anticipating the outcome of the narrative, making explicit the ambivalent nature of opium. Indeed, in this version, before her death the young woman possesses both attractive and repulsive characteristics: long ago, when the Hmong still lived in China, one of their chiefs had a splendid daughter who sadly could not find a husband because of the bad smell of her breath; she died of despair; after her burial, a poppy plant grew on her grave; its flowers resembled the dead woman, beautiful and delicate, and people took the seeds to grow them; when the sap was extracted from the plant to be smoked, it produced a burning desire to renew the experience of smoking; in truth, he who longed for this sap, opium, was like one who longed for a girl; since then, the poppy has been grown widely by the Hmong.⁷

In another variation on the same theme two young Hmong are in love but an impediment arises to their union and the young woman dies. The young man is heartbroken and his grief knows no relief. A poppy grows on the grave of the young woman and it is as sweet as she was, and eases his sorrow.⁸ A version

⁵ Quincy Keith, *Hmong. History of a People*, Cheney, WA, Eastern Washington University Press, 1995, pp. 77-78)

⁶ Anderson Edward F, *Plants and People of the Golden Triangle*, Portland, Dioscorides Press, 1993, p. 117.

⁷ Westermeyer, Joseph, *Poppies, Pipes and People*, Berkley, University of California Press, 1982, p. 36.

⁸ Ibid., p. 37.

collected in the 1920s by Major Roux among the Akha in the region of Phongsaly in Lao PDR, also portrays the thwarted love of two young people:

We two love each other, we want to get married, but our parents won't allow it. I want to die, but I will think of you. At the place where I will be buried, a plant will grow out of my breasts. This plant will bear flowers, then fruit. If you cut this fruit, a sap will come forth. Prepare it, then smoke it. In smoking you will find consolation for my death.⁹

Finally, we note an atypical variant of the myth recounted by Thai Hmong to William R Geddes. In this version, the narrative switches round the masculine and feminine figures of the myth: long ago, a woman and her husband lived together for many years; upon the death of the husband, his wife could find no relief for her sadness and one day, while she was weeping on his grave, she noticed a strange plant that had grown there; she picked it, smoked the sap and her heartbreak was soothed.¹⁰

All of these tales were collected in Vietnam, Lao PDR and Thailand, but every one of the ethnic groups to which they belong only immigrated to these countries at a relatively recent period, for most of them during the 19th century, from the south of China.¹¹ The potentially Chinese origin of the myth is suggested in one of the variants mentioned previously; the one specifies that these mythical events go back to the time when the Hmong still lived in the Celestial Empire. There does indeed exist a Chinese legend that could be the original source of the different versions of the myth related previously. This version of the fisherman and the princess is told in these terms by Doctor Gaide in a 1938 issue of the *Bulletin des Amis du Vieux Hué*:

The son of a fisherman, having fallen in love with a pretty princess and having enjoyed her favours, forgot her. The frivolous fellow returned to his father's region to get married. One night in a dream, he saw the princess had become a mother, been dishonoured and burned alive; but in the ruins of the palace, he would find the petrified heart of the dead woman, the possession of which would allow him to see his lover. So he went to find the precious stone. Unfortunately, his legitimate wife dashed it into a thousand pieces, which gave birth to as many sleep-inducing poppies. The princess appeared once more in a dream to the

⁹ Roux [Henri], « Deux tribus de la région de Phongsaly », *Bulletin de l'Ecole française d'Extrême-Orient*, vol. 24, 1924, p. 377; author's translation.

¹⁰ Geddes William R., *Migrants of the Mountains. The Cultural Ecology of the Blue Miao (Hmong Njua) of Thailand*, Oxford, Clarendon Press, 1976, p. 211.

fisherman and advised him to collect the sap of the poppies and to smoke it in order to forget his grief.¹²

An extended version of the Chinese legend is also related in a general work on opium published in 1946. Although there can be no question of quoting it here in its entirety, we will just mention the words attributed to the princess at the time of her final apparition before the fisherman's son:

To silence the grief, and to regain that state of well-being that you experienced when close to me, take the sap that flows out when the capsules of the poppy flowers are cut open. Originating from my heart, it symbolises and represents me. Smoke this sap, after having, with fire, cleansed it of the harmful organic substances and ligneous matter found in it.¹³

Over and above their dissimilarities, all of these tales share a compound sequential structure: an initial tragedy gives rise to the death of a young woman or, exceptionally, an older man; the dead body engenders a plant and the young woman often reveals the way to use the plant in a dream; the resulting consumption of opium soothes the man or, exceptionally, the woman, who smokes it. From this foundation, the legend has been enriched with new elements depending on which group has adopted it. It is particularly interesting to note that among ethnic minorities who are poppy cultivators the narrative stresses not only the satisfaction that the drug procures, but also the dependence that it causes. It is the Akha that express this ambivalence the most clearly by giving an overtly didactic angle to the legend which is only implicit in the Hmong versions.

The close link between female gender and opium is integrated into these narratives in two different ways, while attributing an anticipatory function to the initial tribulations of the young woman. From the narrative perspective, the drug is not simply a substitute for the desirable young woman. It is personified by her from the very beginning of the plot, as her actions make reference to the social significance of opium. In the case of the chaste young woman, her beauty represents the drug's appeal, while her unpleasant odour incarnates its repulsive aspects. This ambivalence is sanctioned socially by

¹¹ The first migratory waves of Dao in Vietnam were much older. However, it was probably only at the time of the 19th century migratory movements that opium made its appearance among the Dao of Vietnam and Lao PDR.

¹² Gaide L., « Mystique et symbolique de l'opium », *Bulletin des Amis du Vieux Hué*, n° 2-3, 1938; author's translation.

¹³ L'opium. Considérations générales. Histoire, géographie, chimie. Fabrication et usage de l'opium et études économiques, sociales et législatives, Paris, Vicot Frères, 1946, p. 238; author's translation.

the absence of marital prospects, and it is indeed a consequence that a young smoker can face, incapable of controlling his opium consumption.

In the young nymphomaniac's case, the double nature of opium is assimilated on one hand to the feeling of exhilaration procured by immoderate sexual behaviour, and on the other to the fatal consequences brought about by this same behaviour (the young woman "loses her good health" in the Hmong legend; in the Akha one, she is aware that her actions will result in her death.) One Hmong version of the tale gives a moral intended to limit the pernicious social effects of this ambivalence, specifying that the use of opium is reserved for the solace of the elderly. In short, the myth incontestably performs a preventive function intended to draw attention to the addictive effects of the drug, without the narrative overshadowing the attraction the drug may exert. Its strength, that is to say its capacity to maintain its position in the oral tradition, lies most likely in this subtly textured dimension.

In varying ways, these legends account for the specific status of drugs among the ethnic minorities who cultivate the poppy. Indeed, drug consumption does not intrinsically have a negative connotation in these groups; rather it is how this practice takes shape that determines its social significance. As a source of individual, social and economic well-being, opium may also provoke disorder in these three spheres of existence, as soon as its use is no longer controlled by the consumer.

Origins of Opium in Highland Ethnic Minority Cultures of Southeast Asia

Along with this first corpus of legends invested with strong allegorical connotations, ethnic groups that cultivate the poppy also possess other tales related to the introduction of opium in their culture. These take a more historical form in the sense that they provide some chronological landmarks, without it being possible to consider them as reliable historical sources.

One Akha legend specifies that before the migration of part of their people to the north of Laos, the Ho, namely the Chinese, used to pay a tribute to the Akha. Defeated by cunning, the Akha were treated as slaves and forced to work in the Ho paddy and poppy fields. So the Akha asked the Lu of Muong U Neua, in the present-day Laotian province of Phongsaly, permission to come and settle on their territory, and in this way came about the first migration of the Akha people to Laos. As heard by Henri Roux in the early 1920s, the narrators of this legend indicated that these facts had occurred four generations previously, which can be interpreted in two different ways. If one considers the meaning of a generation to the Akha, a means of dating these

facts could be proposed according to which they would have happened at a period corresponding to the beginning of the 18th century. But if this chronological information is not seen as a precise way of dating them, it can be assumed that the legend intends to place the facts in the relatively recent past, that is to say at a time that eludes individual memory without being submerged in the timeless past of myths. Whatever the exact period may be, the legend clearly implies that the Akha acquired mastery of poppy growing in China, before some of them came and settled in the territories located on the northernmost edges of Southeast Asia¹⁴.

Jean Lartéguy and Yang Dao base their arguments on Hmong oral tradition to propose an interpretation of the first contacts between the Hmong and opium that is very close to the Akha legend just mentioned. They confer, however, a factual value to a tale that is not fundamentally different from the Akha legend. According to the conclusions of these authors, poppy cultivation was imposed upon the Hmong (or Miao in the Chinese annals) at the beginning of the 19th century, when they were living in the south of China:

Mandarins and provincial governors had to pay a lot of money for the drug, which they could only buy from imperial shops. They had developed a taste for it and were seeking a means of obtaining it at more affordable prices both for their personal consumption as well as for trading purposes. (...) It was probably these high-ranking public officials who gave the Miao and the Yao the idea of growing poppies, and taught them how to collect the sap, and also demanded that taxes be paid to them in the form of the drug.¹⁵

Another Hmong tale heard by William Geddes in the north of Thailand simply mentions that opium arrived in China from a place called England, and that from then on many Chinese smoked it. The narration leaves as implicit the fact that the Hmong became acquainted with opium in these circumstances, but the reference to the penetration of the Chinese market by the opium from British India is transparent enough to allow the assumption that the tale identifies the supposed origin of the substance with a commercial trend having major consequences regarding both the consumption and the production of opium in China. Given this, one might easily suppose that the discovery of this substance by the Hmong is contemporary with the expansion of Indian opium exports into China in the first decades of the 19th century. However, caution should be exercised before jumping to such a

¹⁴ Roux, Henri, « Quelques minorités ethniques du Nord-Indochinois », *France-Asie*, n° 92-93, 1954, p. 160.

¹⁵ Lartéguy, Jean & Yang, Dao, op. cit., pp.24-25; author's translation.

conclusion without submitting this hypothesis to the test of other historical data.¹⁶

Whereas the previous tales were not mutually exclusive, Joseph Westermeyer reports a third that offers a different explanation of opium acquisition by the Hmong. Collected in Xieng Khouang province in Laos, this narrative places the first contacts of these highland people with the opium poppy at the time of its spread to Burma. Here is how the story unfolds. Long ago, when the Hmong left China, they had not yet mastered the technique of opium production. When they reached the north of Burma, they realised that the inhabitants there were growing opium poppies, but without tending carefully to their crops.¹⁷ However, opium provided them with good returns and the Hmong people learnt from them how to cultivate the poppy and produce opium. Initially, the Hmong did not take more care of their crops than the “Burmese”, but later on, when they entered Laos, they developed better cultivation methods for the plant.¹⁸

Finally, Westermeyer mentions a last narrative which deals more specifically with the expansion of the custom of smoking opium among the Hmong. According to this, they learned how to make and use pipes designed for opium smoking when they migrated to the north of Vietnam.¹⁹

It will be noticed therefore that whereas the myth of the origin of the opium poppy presents a high degree of homogeneity in its fundamental structure, the narratives related to the acquisition of the skill of growing the plant are partially contradictory. Before considering whether historical sources are capable of throwing some light on this question, it is worth mentioning a Lisu legend. Reported by J. M. McKinnon after research conducted in Thailand, it provides a surprising example of a syncretic tale, condensing into an original narrative form all of the constitutive elements of the legends retold above. A young Englishwoman living in Burma had a Chinese fiancé. She died suddenly from a high fever, leaving her lover in a state of grief; then a poppy

¹⁶ At the beginning of the 18th century, imports of opium into China were limited to about 200 chests a year, representing approximately 13,000 kg. This quantity increased very slowly over the following sixty years, and it was only in the 1790s that the number of chests imported increased significantly up to an average of 4,000 a year. In the first years of the 19th century, this average figure remained stable. A first phase of expansion started in the 1820s, then this trend swelled to a significant volume in the years 1834-1838. The chronology of this commercial trend also corresponds to the territorial expansion of the opium market in China. After being limited mainly to the coastal regions, opium penetrated the Chinese hinterland, where its consumption, and shortly afterwards its production, became a major socio-political problem.

¹⁷ The narrative mentions that the “Burmese” were growing poppies and Westermeyer specifies that by this term the narrators probably meant the Shan or the Karen. It is even more probable that in reality they were referring to the ethnic groups inhabiting the Shan and Kachin States.

¹⁸ Westermeyer, op. cit., p. 36

¹⁹ Ibid, p. 37.

plant grew from the young woman's grave, who in this way made an offering to the despairing young man in order to bring him some comfort. The Lisu people, also important opium producers, have neither the same origins nor the same migratory routes as the Hmong. They nevertheless share the same mythological approach to opium, symbolising its appearance in their culture by an allegory acknowledging the multicultural factors at the origin of the expansion of opium production in Southeast Asia: a Chinese man procures the opium from an English woman and the plant grows in Burma. This provides a brief summary of the complex story of opium in Eastern Asia.



Photo by Vi Cuong Tran

Lighting the opium pipe

Introduction of Opium Poppy Cultivation into Northwest Vietnam and the Case of Deo Van Tri

Several of the aforementioned tales, explicitly or implicitly, place first Hmong contacts with opium in a recent era, and in view of this, it may appear strange that some anthropologists have pondered over the substance's timeless presence in Hmong culture.²⁰

In fact, almost nothing is known about the conditions in which Southeast Asian minority peoples had their first contact with the opium poppy. In this respect, it cannot be ruled out that some Hmong groups in particular may have known about the plant long ago and may even have cultivated small

quantities of it.²¹ For lack of being proven irrefutably, the hypothesis is nonetheless feasible, given that the cultivation of the opium poppy was practised in the Chinese empire at least since the turn of the first millennium AD.²² But this would not go as far as signifying that the opium poppy was integrated at an early stage as one of the main economic activities of these minorities. On the contrary, everything points to development of opium poppy cultivation on a large scale as coming much later.

The first mention made of the production of opium in the current areas of poppy growing in continental Southeast Asia is an isolated reference in a chronicle of a Thai-Laotian kingdom of the Upper Mekong. It concerns the right bank of the river, more specifically a region situated in the current Shan State of Myanmar, refers to a period at the end of the 17th century and indicates that the Lawa of the region cultivated poppies and ate opium.²³ No reference of this nature seems to exist for the areas lying on the left bank of the Mekong, in what are now the northern provinces of Laos and Vietnam. But in this case, only intimate knowledge of Vietnamese and Chinese annals could provide corroborating evidence. Only in the second half of the 19th century was the presence of fields of opium poppies noted by the first Europeans who entered into the mountainous areas. This does not signify that the substance was totally absent from the region in the first half of the 19th century, but that the opium that could be found there was an imported product, either coming directly from China or brought in through the Red River delta. In other words, when the first imperial edict of 1820 banned the use and trade of opium in Vietnam, domestic production was not yet the concern, but in most likelihood opium from India imported by the British into the port of Canton.

In fact, the introduction of cultivation of opium poppies and the progressive spread of the substance's consumption in the north-eastern provinces of Vietnam are the consequence of a migratory flow from China. According to Keith Quincy, the first Hmong entered the north of Tonkin as early as the middle of the 18th century and were followed about fifty years later by a larger wave of about 6,000 people who settled in the Dong Van region, in the present province of Ha Giang. For his part, Father Mottin considers that the first Hmong entered Vietnam at the very beginning of the 19th century, and that their migratory flow was marked by two peaks, one in 1800 and the other in 1860. They mostly arrived in the regions of Dong Van, Yen Minh and Quan Ba,

²⁰ This is the case with Lemoine and, to a lesser degree, Geddes.

²¹ Cooper, Robert (ed.), *The Hmong*, Singapore, Times Editions, 1988, p. 18

²² Lee, Peter, *The Big Smoke. The Chinese Art & Craft of Opium*, Bangkok, Lamplight Books, 1999, p. 13

²³ Lafont, Bernard, *Le royaume de jyn khen. Chronique d'un royaume tay loe 2 du haut Mékong (XVe – XXe siècles)*, Paris, L'Harmattan, 1998, pp. 117-118

then some of them continued their migration further west, namely into the region of Lao Cai and beyond towards Lai Chau, Dien Bien Phu and Laos. While some groups stopped along the way, others pushed on as far as the areas they currently inhabit.²⁴

These population movements became particularly significant only in the second half of the century following the cycles of unrest, insurrections and repression that affected the southern part of the Chinese empire: the Taiping rebelled, there was a revolt among the Panthay in Yunnan province, and an insurrection among the Hmong of Guizhou. In this last case, some authors consider that the question of opium may have played a significant part in the Guizhou unrest, but these arguments have not been developed in further detail.²⁵ The generally accepted theory is that these migrants acquired their mastery of the technique of opium poppy cultivation while they were still living in China and that they introduced this crop, already integrated into their domestic economy, to their new areas of settlement. From this perspective, supported by part of the corpus of legends already mentioned, the integration of opium into the economies of ethnic minorities such as the Hmong or the Akha would have been occurring at the same time as the explosion in Chinese domestic production.

From the 1830s onwards, the growth of the opium market in China brought about an expansion of poppy growing into the interior provinces of the empire.²⁶ This trend increases in the middle of the century, particularly in Yunnan and Kouei-Tcheou (Guizhou), where large groups of Hmong are to be found. Did the response of these people to the growing demand for opium come about as early as the first decades of the 19th century, as Gary Lee leads us to believe in his doctoral thesis? Or in the middle of the century, as Terry Grandstaff suggests? Or again in the 1880s, as Nicholas Tapp claims?²⁷ The last of these estimates appears much too late when available historical sources are studied. With regard to Lee's interpretation, it would appear to be invalidated by the account of a missionary who lived among the Laotian

²⁴ Mottin, Jean, *History of the Hmong*, Bangkok, Odeon Store, 1980, p. 42.

²⁵ Cooper, op. cit., p. 19.

²⁶ Poppy cultivation and production of indigenous opium prior to this has already been confirmed, but on a scale that bears no relation to the change that occurred in the middle of the 19th century and in the decades that followed. As early as 1813, the first official measure was taken against those cultivators who collected the poppy's sap, but without the location of this native production being specified. Bello David, "Opium in Xinjiang and Beyond", in *Opium Regimes. China, Britain and Japan, 1839-1952*, Berkley, University of California Press, 2000, p.129.

²⁷ Grandstaff, Terry B., "The Hmong, Opium and the Haw: Speculations on the origin of their Association", *Journal of the Siam Society*, vol. 62, 1979, pp. 70-79. Lee Gary Yia, *The Effects of Development Measures on the Socio-economy of the White Hmong*, Ph. D. Thesis, Dept. of Anthropology, University of Sydney, 1981. Tapp Nicholas, *The Hmong of Thailand. Opium People of the Golden Triangle*, London, Anti-Slavery Society, 1986.

Hmong for over a quarter of a century. Father Bertrais claimed to have known an old Hmong man whose grandfather had lived in Yunnan in the 1830s and had never seen a poppy.²⁸ However, this does not mean that the plant was not cultivated in Yunnan during this period, but only that the Hmong groups known to this man did not practise this form of agriculture.

All things considered, the question of development of poppy growing among the Hmong and other producing ethnic groups must not be addressed with a view to establishing a precise chronology that would be valid for all of the groups who practise this type of cultivation. It is much more reasonable to consider that opium production did not occur in a simultaneous or uniform manner in each of these groups, but on the contrary that it developed progressively, at specific paces, according to the location and the migratory movements of these groups. It is therefore perfectly plausible that the first Hmong migrants who settled in the north of Vietnam at the beginning of the 19th century did not grow poppies. In keeping with one of the aforementioned stories, they could have been subsequently initiated there not only to the smoking of the drug at a later date, but also to the production of their own opium. Some other small groups may perfectly well have been initiated to poppy growing through contact with the producing ethnic groups of the Shan states. Poppy cultivation had already been practised there for a significant length of time and, during the 19th century, the north of Burma was the second regional pole of opium production together with the southern provinces of China.²⁹ But it is certain that the majority of the Hmong migrants assimilated poppy cultivation when they were still living in China, then later imported it to Vietnam and Laos. Had they been strongly encouraged by mandarins to grow opium poppies, like some authors and oral tradition imply? Or did they simply choose to develop an expanding cultivation among the Han farmers that could provide them with their own source of opium? The answer to this question does not interest us directly and it is enough here to emphasise the economic context of this development of poppy cultivation – a continuous growth of demand for opium on the Chinese market – and to point out that this phase of agricultural innovation did not automatically affect the Hmong community uniformly during the same historical phase. Thus the previous stories are not necessarily contradictory, rather they illustrate the diversity of experiences concerning first contacts with poppy cultivation.

²⁸ Lartéguy & Yang, *op. cit.*, p. 21

²⁹ The migratory flows of the Hmong only encroached very marginally on the territory of present-day Myanmar. In accordance with the conclusions of Father Mottin, it could not be excluded that small groups passed through the north of the Shan states, which one of the aforementioned narratives appears to corroborate. Another possibility could be that early Hmong settlers in Laos adopted poppy cultivation after contacts with migrants who certainly did pass through the Shan states, such as the Akha.

The situation of opium-producing groups in the decades preceding the colonial period is sparsely documented. This is why it is difficult to ascertain rigorously the conditions of establishment and development of poppy growing in the north of Vietnam. At best, we can submit that this culture has progressively developed since a period situated approximately in the middle of the 19th century. What is known for sure is that the Hmong groups encountered by Western explorers in the 1880s already produced significant quantities of opium that exceeded the needs of domestic consumption. So, in 1883, as Paul Néis travelled in the Muong Ngoi region, in the north of Luang Prabang province, he remarked that the Hmong, who have been settled there for three or four generations “flood the country with their poor quality opium which they sell much cheaper than the opium from Yunnan is sold”. He added perspicaciously: “These people will be tough smugglers for our future Tonkin opium excise.”³⁰

In 1888 and 1889, Captain Cupet; one of the most active members of the Pavie Mission, travelled back and forth over a rectangular stretch of territory bounded by Luang Prabang, Xieng Khuang, Sam Tai (present-day province of Hua Phan in Laos) and “*Muong Theng*” (Dien Bien Phu). On his way to Dien Bien Phu, at the edges of the present-day Laotian provinces of Luang Prabang and Phongsaly and the Vietnamese one of Lai Chau, Cupet came across areas inhabited by Hmong. Opium poppies were grown there, which led Cupet to express the following remarks that also concern the Dao, another ethnic group that in fact he only met later on during his voyage:

Opium poppy cultivation plays an important role in the concerns of these peoples and constitutes the greater part of their income. This plant grows readily only in high altitudes since it needs quite a low temperature to thrive. The seed must be sown around the month of June. When the flower has fallen and the capsule has reached its greatest volume, in about mid-November, some incisions are made lengthways around the circumference. The sap which escapes from it is collected every morning before the sunrise and is exposed to the air. From yellow, it becomes dark brown and thickens up.³¹

It will be noticed first of all that the opium-growing schedule as reported by Cupet differs from the one employed today; namely, a period between November and April. The schedule mentioned by Cupet is even ahead of the cultivation period for “*early opium*” that other colonial sources place between the months of September and February. Then Cupet mentions these

³⁰ Néis, Paul, *Travels in Upper Laos and Siam. With an Account of the Chinese Haw Invasion and Puan Resistance*, Bangkok, White Lotus, 1997, p. 110; author’s translation.

³¹ Cupet, Pierre Paul, *Voyages au Laos et chez les sauvages du Sud-Est de l’Indo-Chine*, Paris, Leroux, 1900 p. 82; author’s translation.

“lengthways” incisions on the poppy’s capsule. In fact, there are two ways of cutting the dehiscent fruit of the plant. The first one consists of cutting vertical incisions from the bottom to the top of the capsule. The second one, described by Cupet, differs by the horizontal direction of the incisions that are cut into the circumference of the capsule. The first one of these methods generally characterises the collection of poppy sap in Southeast Asia. As for the second one, it is more widely employed in the Middle East and in India.

About ten years later, a clerk working for the colonial administration of the *Douanes & Régies* (Customs & French Excise) reported some observations that on some points are close to Cupet’s remarks. Instructed to visit the areas where poppies are being cultivated between Yen Bai and Van Bu, Gigaux de Grandpré noted the following facts in the Hmong village of Nam Hiep, which is in the present-day district of Muong La, Son La province. The Hmong had been growing poppies there for 30 or 40 years. The seeds intended for sowing were kept in capsules of poppies that had been cut open during the previous harvest. The sowing started in August and carried on into the following month for harvests that took place in December and January. The *Douanes & Régies* clerk also noted:

The incisions cut through the pulp of the capsule so that a single operation allows for the collection of all the sap, and since the plant is then too greatly damaged, the sap is no longer drawn upwards and it ceases to rise.³²

The sources that have just been quoted make clear the fact that the cultivation methods used by the Hmong during the 20th century and to this day were not totally mastered by the groups who were studied here. Paul Néis points out that the opium of the Hmong of Muong Noi was of poor quality, whereas the opium in Laos is later considered a drug of superior quality to that of Yunnan because of its richness in morphine and its taste. Captain Cupet gives a cultivation schedule which differs from the one which is widespread later on. As for Gigaux de Grandpré, he notices rather inefficient cultivation methods, especially where incisions into poppy capsules are concerned, the improvement of which later allows an increase in poppy cultivation productivity.

Even though we are in the realm of hypothetical reasoning in this instance, it is possible to consider that these observations confirm the previously

³² Report of the Gigaux de Grandpré Mission between Yen Bay and Van Bu to visit poppy-growing areas and seek land suitable for this crop, 13 December 1901. Centre des Archives d’Outre-Mer, Aix-en-Provence, GG 41878; author’s translation.

mentioned thesis: the development of poppy growing – in the north of Vietnam as well as in the north of Laos – only took place gradually, following individual paces and methods specific to each local community, and without involving simultaneously all Hmong or Dao groups. According to this view, opium production was initially limited only to specific local groups, and spread to other groups in parallel with the growth of the local opium market, but also in parallel with developments aimed at increasing the productivity of the crops. The adoption of a schedule enabling the cultivation of the poppy during the most propitious season (from the perspective of climate conditions as well as from that of the harmonisation of this crop with the producers' economic activities), along with the mastering of techniques for the scarification of poppy capsules allowing for several series of incisions, were in this respect the main innovations that appear to mark this phase that could be qualified as experimental. Despite these innovations, this productivity remained proportionally limited in the absence of irrigation and fertilisation. On this subject, the later colonial sources provide contradictory and approximate indications stating yields ranging from 1 or 2 kg to more than 4 kg per hectare. As a comparison, towards the end of the 1990s the yield for one hectare was of 24 to 50kg in Afghanistan, about 10 kg in Myanmar and an average of 8 kg in Laos.

The spread of poppy growing in the second half of the 19th century was doubtlessly linked to the growth of the local opium market, which consequently aroused the interest of producers in a cash crop. But it is also possible that outside pressures furthered the development of opium production, especially in the domain of inter-ethnic relations. According to this theory, the dominant ethnic groups, namely the Thai in the three provinces that concern this study, exercised direct or indirect pressure on the producers in order to obtain their opium. Direct pressure in the case of the Phuan of Tran Ninh in Laos, who in the 1870s demanded that the Hmong pay their taxes partly in opium. Indirect pressure, insofar as there existed a demand for the drug, while this was the main product that the poppy growers could trade outside of their community. Whatever the case, it is certain that a local and regional opium market existed before the arrival of the French on the northern limits of Vietnam and Laos.

Another factor that may have contributed to the spread of this market lies in the long period of unrest that affected the regions of Northwest Vietnam and Northeast Laos in the second half of the 19th century. The disturbances that gripped Southern China in the second half of the 19th century led not only to the arrival of Hmong migrants, but also to incursions of Chinese armed gangs

into the north of Vietnam and Laos. The presence of the Black, Red, Yellow and Striped Banners was a crucial factor of regional destabilisation and complicated even further the already complex political relationships existing in the Thai districts of Vietnam recently faced with the arrival of Hmong migrants. This issue is worth mentioning since the presence of Chinese gangs probably had an influence on the opium market, even though this influence is difficult to evaluate with accuracy.

As opium smokers, the Hmo may have contributed to the spread of this practise in the areas they occupied, at the same time generating a regular demand for the product. More generally, the socio-economic disturbances generated by the acts of violence of Chinese gangs may have created a situation of social anomy (described in another context by Emile Durkheim), a situation likely to lead to experimental practices with regard to psychoactive substances - in this instance, opium.

Nevertheless care should be taken to consider that these factors certainly did not have uniform effects and that local particularities remain significant. At the beginning of the 20th century, poppy cultivation was not widespread among all the Hmong or Dao groups of Northwest Vietnam, and the part played by opium production in the economy of each community remained distinct. For instance, in the Son La region, poppy cultivation involved only some of the Hmong groups, and when Gigaux de Grandpré found a poppy-growing village, he noticed that the opium production was mainly intended for domestic consumption. Elsewhere however – especially in Laos and in the Dien Bien Phu (Lai Chau) and Dong Van (Ha Giang) regions – poppy crops were more widespread and the surplus of production had already been supplying the opium market for some time. In short, if an opium market already existed before the arrival of the French, this market developed further during the years of their rule.

The conditions in which the French colonisers were to establish their domination in the areas of Thai settlement in Northwest Vietnam partly determined the subsequent evolution of the opium issue. Let us simply point out here that the submission to colonial rule of the White Thai leader of Lai Chau, Deo Van Tri, marked a major step in the takeover of the Sip Song Chau Thai (Twelve Thai Districts). From then on faithful collaborators of the colonial administration, Deo Van Tri and his family were to be difficult partners in only one aspect, that of opium. While the colonial power established a monopoly on the introduction, fabrication and sale of the drug in Indochina, the head of Van Bu province noticed in 1905 that the White and

Black Thai of his district, not content with smuggling just to procure a supply of opium for their own use, also peddled the drug themselves in Tonkin, Annam and even in Laos. In this instance, the opium was from Yunnan and was introduced illegally into Indochina. The French authorities tried in vain to convince Deo Van Tri to acquire this smuggled opium on behalf of the colonial monopoly. Confronted with the reluctance and bad faith of the White Thai chief, the French administrators had to accept the obvious: he was profiting from the smuggling while in all likelihood being a prisoner to commitments made with the Chinese of Lai Chau and Yunnan.³³

In order to avoid creating political problems, the colonial power was to leave Deo Van Tri his freedom of action, tolerating the existence of an “*enclosed fiefdom*” in Van Bu province, where “*one of the biggest smugglers of Tonkin*” can violate with complete impunity the opium monopoly regulations.³⁴ When Deo Van Tri died in 1908, the French were to “*miss the chance to get rid of*” this embarrassing ally that was the Deo family by investing the son of the deceased, Deo Van Khang, with the functions of ‘quan dao’ of the Thai districts.³⁵

A map of Vietnam

³³ Communication from the government Commissioner in Son La to the director of *Douanes et Régies*, 14 November 1905. National Archives Centre n°1, Hanoi, RST 56466.

³⁴ These are the words of Jules Morel, department head of *Douanes et Régies*. Director of *Douanes et Régies* to the *Résident supérieur* (Senior Resident) in Tonkin, 12 November 1906. National Archives Centre n°1, Hanoi, RST 56466; author’s translation.

³⁵ Report from Lieutenant-Colonel Mailles on the situation of the 4th Military Territory, 26 November 1919. National Archives Centre n° 1, Hanoi, RST 55026; the term ‘quan dao’ refers to a local area leader, and is a position similar to that currently undertaken by the Chairman of a Province; author’s translation.



The Colonial Administrative Organisation

At the end of the 19th century, the administrative organisation of the northern limits of Vietnam was dictated by the requirements of “*pacification*” and of

the war against “*piracy*”, notions that allude to the elimination of pockets of resistance against the new colonial order. It is in this context that the “Military Territories” of Tonkin were drawn up, namely districts inside which the civil and military powers were concentrated in the hands of one officer taking the title of “Commander” of the territory and assuming de facto the responsibilities of a provincial head. At the beginning of the 20th century, Lao Cai province was thus also the 4th Military Territory, while the Lai Chau and Son La regions were gathered together in one civil district: Van Bu province. The organisation of these districts was modified according to variations in their political situation. In 1908, Van Bu province was divided into two new districts, namely Son La and Lai Chau provinces, whereas the 4th Military Territory had been returned to civilian authority two years earlier. In 1915, following the disturbances affecting the north of Laos and the Tonkin border areas (see below), Lai Chau province became the 4th Military Territory to which was attached Dien Bien district, which previously had belonged to Son La province.³⁶ Wielding significant powers, the provincial heads also had a great deal of latitude concerning the way in which they managed their administrative districts. In a report in 1919, at a time when new disturbances were breaking out in the region, Lieutenant-Colonel Mailles pointed out one of the consequences of this freedom of action:

The administration of the 4th Military Territory lacks a line of conduct. There does not seem to be an established programme: the Territory Commanders who have succeeded one another have each had their own policy, some of them advocating a direct administration, others relying on the mandarins, others still remaining totally indifferent to these issues.³⁷

Besides this lack of a consistent line of conduct, there is an imperfect knowledge of the social, ethnic and political realities of the administrated areas. A few administrators posted in regions of Laos and Vietnam inhabited by ethnic minorities showed an interest in the peoples placed within their jurisdiction, developed personal links and left behind some ethnographic material of value (for instance, Captain Roux and Major Bonifacy). However others only left the provincial capital reluctantly to make their administrative tours and lacked the “*necessary tact*” in their relations with the local populations. In fact, direct administration was the exception to the rule and consisted of making use of the indigenous elite and authorities, as was

³⁶ Cam, Trong, « Les Thaï Noirs du Viet-Nam. Repères historiques », *Péninsule*, vol. 42, 2001, p. 131.

³⁷ Report of Lieutenant-Colonel Mailles on the situation of the 4th Military Territory, 26 November 1919. National Archives Centre n° 1, Hanoi, RST 55026; author’s translation.

the case in all the rest of Indochina. In the ethnically diversified regions, this principle of government implied the upkeep of the inter-ethnic asymmetrical relationships of the pre-colonial period, and in the case that concerns us here, placing the groups recently arrived from China under the authority of the Thai chiefs. But the relationships between the Thai on one side, and the Hmong and Dao on the other were often conflictual, and the opium issue was frequently intertwined with these inter-ethnic tensions. Considering themselves exploited by the Thai, the Hmong and Dao revolted on several occasions in the first decades of the 20th century. The biggest of these revolts was the great Hmong insurrection of the years 1918-1922, also known as the "*Pa Chay war*" after the name of its main leader (Giang Ta Chay). This insurrectional movement started in the Dien Bien Phu region before reaching Laos. According to some colonial sources, its origins were directly linked to the exactions of the Deo family.³⁸ Hmong opium was an object of desire for the Thai chiefs, but it was also a factor in tensions with the colonial power. So for Lieutenant-Colonel Barthélemy, Commander of the 3rd Military Territory, the 1911 Hmong revolt in Ha Giang was not only the result of inter-ethnic conflicts, but could be explained by the discontent of the opium producers regarding the colonial monopoly policy:

My predecessor, Colonel Montreuil, thought it necessary, in this same year of 1910, of giving 70 cents a tael as a maximum for the buying price for the Douane (Customs). This price was very high when compared with previous years, but it became immediately significantly lower than the price paid for smuggled opium. A very significant drop in purchases inevitably followed; then the Meo [Hmong] chiefs were requested to bring the production of their subjects to the Douane. They brought some of it, but the Meo rebellion movement started immediately; a merely fortuitous coincidence, no doubt?³⁹

The Colonial Opium Monopoly and the Indigenous Producers

In 1899, a decree from the Governor-General of Indochina established a *Régie générale de l'opium* (state-controlled opium company) that superseded the different regional authorities which existed previously. The opium company, which reported to the department of *Douanes & Régies de l'Indochine*, had a monopoly on the introduction, the fabrication and the sale of the drug within

³⁸ Report on the uprising of the Meos in the region of Dien Bien Phu, Son La and Lai Chau, 1918-1919. Centre des Archives d'Outre-Mer, Aix-en-Provence, GG 40466

³⁹ Report of Lieutenant-Colonel Bonifacy, Commander of the 3rd Military Territory on the question of opium buying in the Dong-Quang, 31 December 1911. Centre des Archives d'Outre-Mer, Aix-en-Provence, GG 41878; author's translation.

the colony. Article 87 of the 1899 decree specified a notable derogation to this monopoly:

Temporarily and while waiting for the application of regulations particular to the cultivation of opium [sic], the Yaos [Dao] or Meos, who practise this kind of cultivation in Laos, after having declared it to the Territory Commander, will be entitled to smoke the opium they have grown on their own land, provided that, if there is a surplus, it is conveyed to the company office in Luang Prabang, where it will be bought at the average price paid for purchases made previously.⁴⁰

These measures were reiterated by the decree of 22 June 1903, specifically concerned with the opium regulations in Laos, which stated in article 7:

The Yaos and Meos who practise opium growing, after having declared it to the Territory Commander will be entitled to smoke the opium they have themselves produced. They will have to bring the surplus to the Territory's capital town, where it will be bought by the company at an agreed price. Any hawking or other trafficking of this opium will be considered an act of smuggling.⁴¹

This text was repeated almost word for word in article 47 of a new decree on 18 October 1921, which renewed the measures of article 87 of the decree of 1899, thus showing that the temporary was there to stay.⁴²

As can be seen, the Hmong and Dao were, under this legislation, the only inhabitants in Indochina who had the right to ignore the obligation to buy their opium from the colonial monopoly. Moreover, and these two elements are obviously linked, they were allowed to produce opium on the condition that they delivered to the administration the part of their harvest that exceeded the family's consumption. Initially, these measures only concerned the Hmong and Dao living in Laos. The members of these two groups living in Tonkin were thus supposed to consume opium from the monopoly and did not have the right to cultivate poppy fields and to produce their own opium. This paradoxical situation can easily be explained by the fact that article 87 of the 1899 decree was merely reproducing the article of a 1895 ruling establishing a local opium company in Luang Prabang. In practice, these

⁴⁰ Decree of 7 February 1899, title III sundry measures, article 87. Centre des archives d'Outre-Mer, Aix-en-Provence, GG 1393; author's translation.

⁴¹ Decree of 22 June 1903, article 7. Centre des archives d'outre-mer, Aix-en-Provence, GG 1393; author's translation.

⁴² Decree of 18 October 1921, article 47. Centre des archives d'outre-mer, Aix-en-Provence, GG 43010.

measures were applied “*by analogy*” to the Hmong and Dao of Tonkin, in the words of a director of the *Douanes & Régies*⁴³, before the 1921 decree erased any reference to the place of settlement of these two opium-producing ethnic groups.

In this way, the colonial regime legalised a situation *de facto*, in its concern not to generate disturbances in these areas that it controlled imperfectly and where it would have been powerless to enforce the official monopoly. But at the same time, this regulation created a new source of difficulties. The problem of course concerned the surplus of opium that would inevitably supply the illegal market when it was not acquired by the Company. So the colonial administration was faced with its own contradictions regarding the elaboration of a consistent purchasing policy for indigenous opium.

To begin with, the colonial regime was not interested in indigenous opium production. At the turn of the 19th and 20th centuries, the plan was to promote colonial poppy cultivation, that is, an opium production carried out by French colonists. These attempts at cultivation met with successive failures, in Laos in the Luang Prabang region, as well as in Tonkin in the Nghia Lo and Dong Van regions. From then on it clearly appeared that opium production would remain an indigenous affair.

Later on, adherence to the official regulation – that is the purchase of surplus Hmong and Yao production – was more seriously considered; moreover, not really with the purpose of supplying the Saigon opium factory, but rather in order to remove it from the illegal market. The administrators of the producing provinces noticed that opium surpluses attracted smugglers to their districts and contributed to the spread of drug addiction among their subjects – two detrimental factors to the smooth functioning of their administrations. As for the *Régie*, until the middle of the 1930s it had no urgent need for local opium supply insofar as it owned sufficient stocks and had other sources of supply. On the other hand, it was also interested in exhausting the supply of local opium on the illegal market, not in order to combat drug addiction, but to avoid that the local opium be smuggled into the lower regions of Tonkin and Annam in competition with the drug sold by the monopoly. Whereas the provincial administrators and the management of the *Douanes & Régies* may have agreed on the principle of purchasing surplus opium produced locally, they disagreed on the terms of these purchases. The conflict that opposed these two sectors of the colonial administrative apparatus was focused on the

⁴³ Communication from the Director of the *Douanes & Régies* to the Governor-General of Indochina, 22 February 1912. Centre des archives d’outre-mer, Aix-en-Provence, GG41878; author’s translation.

one hand on the issue of the buying price and on the other on the suppression of smuggling.

As far as the purchase price was concerned, the company advocated the principle of its total freedom to determine a price corresponding to the requirements of the monopoly's economic management, and this independently of the regulations stipulated since 1921 that the price must be discussed with the producers (see above). In other words, it had a tendency to systematically offer prices lower than the value of local opium on the illegal market.⁴⁴ Aware of this situation, the administrators of producing provinces encouraged the monopoly to increase the buying price, which the management of the *Douanes & Régies* generally refused to do for two reasons. For one thing, the administration did not accept that its policy should be dictated by the illegal market. For another, in order to be rational, the buying policy had to be able to rely on an efficient campaign against smuggling on the part of the civilian and military authorities. But this campaign proved to be difficult not only because of the geographical conditions of the regions concerned and of the scarce resources available for enforcement, but it also sometimes appeared rather inappropriate to the heads of provinces who did not wish to appear excessively strict and thus alienate the people that they had to administer. Another problem that came into conflict with the buying policy was the regulation which stated that the producers had to bring their surplus in person to the Territory's capital. Considering the remoteness of the hamlets and villages of the producers and their reluctance to go down into the valleys, this measure was not appropriate, the more so because the smugglers would come themselves to receive delivery of the opium where it was being produced and that the members of neighbouring ethnic groups provided an immediate consumer outlet for the surplus production of the Hmong and the Dao.

⁴⁴ This price difference can be explained by two factors. Firstly, the quality of the opium produced by the Hmong, richer in morphine than the monopoly opium, was prized by local consumers. Secondly, the cost of transport and processing of raw opium into *chandoo* (opium for smoking) at the Saigon factory was relatively high, which meant that criteria of economic viability dictated a relatively low buying price for raw opium. Conversely, smuggled opium underwent no sophisticated treatment and its low processing costs enabled smugglers to maintain their profit margin while offering a higher buying price to producers than that offered by the monopoly.



Photo by Jason Eligh

**Thai women returning home after collecting wood,
Son La province**

Because of these different factors the buying policy for indigenous opium proved to be unclear, though some distinct phases still may be delineated.

The first purchases of indigenous opium in Tonkin were apparently made in 1905 in Dong Van (Ha Giang) region through the intermediary of a colonist who acquired 72,000 taels of raw opium, which is a little less than three tonnes. Two years later, the colonial *Régie* opened a permanent revenue office in Dong Van.

While this initiative responded partially to the need for proximity to incite producers to hand over their surplus, it was not coupled with a sufficiently attractive purchase price policy. As mentioned earlier, uncompetitive prices and pressure exerted on producers to make them hand over their surplus went some way to explaining the movement toward revolt in 1911. In the following years, the Hmong only handed over a small amount of their production to the French administration, selling most of their surplus on the illegal market. In 1916, an official ruling forbade the planting of fresh poppy fields and required the declaration of the surface areas cultivated and the handing over of all surplus opium production. But the official measures were not followed through and in 1917 the Commander of the 3rd Military Territory negotiated at length with Hmong chiefs to decide on the quantity of raw opium to be handed over

to the authorities. These negotiations ended in an agreement which fixed this quantity at 15,000 taels, though according to the tax collector of the *Douanes & Régies*, these 15,000 taels only represented a tenth of the real Hmong production in the region.⁴⁵ The first of these purchases was carried out in one of the main producing areas in Tonkin, namely the Dong Van region. However, it does not appear that a similar policy was simultaneously adopted in the north-western regions of Vietnam.

In 1918, the Governor-General decided to launch annual purchasing campaigns (mainly for political motives). This initiative was part of the immediate aftermath of an uprising that began in 1914 in the Laotian province of Sam Neua, then reached the areas bordering on Tonkin, with the rebels even having laid siege to Son La town. The movement was mainly made up of Chinese elements that the colonial power associated with opium smugglers, so much so that an administrator spoke of a "*new opium war*"; but there were Thai and Lao among those who supported the rebel cause. In order to clear the Indochinese production areas of smugglers once and for all, the *Régie* found itself given the task of acquiring the totality of the surplus in local production. The purchasing system was set up according to a principle of middlemen recognised by the administration who were to carry out the acquisition of the drug where it was produced and then to deliver it to the monopoly offices. Until 1921, the price given to producers was sufficiently high to siphon off a significant portion of local opium: 11 and 16 tonnes in Laos in 1920 and 1921. But from this date onward, the system no longer ran smoothly after a significant lowering of this price. The 1922 campaign only managed to collect a few hundred kilos of raw opium. In the years that followed the price was raised slightly, without however regaining the level of the beginning of the 1920s. So the purchases made by the *Régie* continued and even involved larger quantities of opium than that collected in the campaigns of previous years (more than 30 tonnes in 1924), but most of the drug acquired by the monopoly in these conditions was not of local origin, but was imported by Burmese smugglers, in league with buyers recognised by the *Régie*. This paradoxical situation can be explained by the difference in quality between the opium produced respectively in Indochina and in the Shan states of Burma, the drug of local origin being worth more on the illegal market (cf footnote 45). In 1925, the purchases were suddenly suspended following the discovery of an enormous scam. Most of the opium delivered to the revenue office in Luang Prabang for purchase turned out to be adulterated and unfit for consumption.

⁴⁵ Niollet Dominique, *L'épopée des douaniers en Indochine, 1874-1954*, Paris, Kailash, 1998, p. 327.

Until the middle of the 1930s, the colonial monopoly pursued its official policy of procurement of locally-produced opium, but in conditions comparable with those in place before the launch of the campaigns of the years 1919- 1925, which is to say at a price lower than the real value of the opium and without making the effort to collect the drug directly where it was produced. The logical outcome of this was that these purchases remained very limited. The decision to start up the buying campaigns again, with the necessary precautions to avoid the problems of 1925, was derived from a desire to maintain a supply to the Saigon factory, in an international context where sources of raw opium supply had dwindled. In 1934, a new buying system was introduced. Special commissions including several civil servants from the *Régie* were sent to provincial capitals in the producing areas in order to collect the opium brought there either by the producers themselves or by middlemen. To prevent fraudulent practices, payment for deliveries was only made after their analysis by the commission's chemist. This system was admittedly a perfectly safe one for the administration. It was rather inconvenient for the producers however, who were either obliged to make long journeys and lengthy waits for payment for their deliveries, or to place themselves in the hands of middlemen who would not miss the opportunity of turning an extra profit at their expense. Both in Laos and in Tonkin, the collaboration of indigenous chiefs played an important part in the organisation of opium collection. In the Lai Chau region, this was the case with Deo Van Long, who lent his support to the operation in conditions that remain to be examined.

The second phase, which began with the Second World War, was a continuation of the previous one. However, the raw opium requirements of the *Régie* had become urgent to the extent that the conflict had blocked commercial routes that facilitated the supply to the Indochinese monopoly of Persian and Turkish opium. In 1942, the *Régie* managed to amass more than 20 tonnes of opium in Laos and 7 tonnes in Tonkin. The administration nevertheless reformed the buying system the following year in order to make it still more efficient. From this point on, the buying commissions travelled around the producing provinces, including those of Son La, Lai Chau and Lao Cai, and established places of purchase where they would remain for about ten days to give producers time to come and make their deliveries. The work of these commissions has been studied in part by Dominique Niolet, but the results obtained in the context of these buying campaigns are yet to be recorded. In the absence of quantitative data, it should however be noted that the aim of these improved buying campaigns was not to collect all the surplus opium production:

It is generally agreed that supplying one half of the production to the *Régie* and the other to smugglers represents a fair and reasonable share. Should there be a flagrant imbalance, a friendly but always politely allusive interview with the local chief usually suffices to increase deliveries to an acceptable level.⁴⁶

In other words, the colonial administration had accepted that it would never manage to divert all of the surplus opium from the illegal market. Purchases were carried out with a realistic outlook which consisted of finding a *modus vivendi* with the producers, without giving too much importance to the respect of the colonial laws governing opium. This pragmatic principle also gives an idea of how the opium crop was distributed. Official purchases represented at best 50% of the total crop, and probably less if we concede that the principle mentioned above does not take into account the portion of the drug used for domestic consumption. When assessing the quantity of opium acquired in 1942 in Tonkin (see above), it is thus possible to suppose that the real production in Tonkin was considerably more than 14 tonnes.⁴⁷ A study of buying campaigns carried out between 1943 and 1945 would no doubt involve revising these quantities upwards from the moment that the aforementioned principle has been formulated in a context where the efficacy of buying campaigns had been greatly improved. Nevertheless it can be noted that the colonial period incontestably corresponded to a phase of increase in local opium production and a spread in drug addiction. However, a qualified judgement should be made of the responsibility of the colonial power on this subject.

From the perspective of production the illegal market was, to begin with, the main factor in the growth of local production. Until the 1910s demand came mainly from local smokers, who did not obtain supplies from the monopoly; as well as from smugglers, who directed opium from Laos and Tonkin - sometimes toward the Red River delta and Annam, and sometimes toward China - depending on the regional state of the opium market (see below). It was only later that a demand from colonial authorities emerged and the fact should not be overlooked that these authorities considered limiting poppy cultivation with a view to respecting the international undertakings made by France from 1911 onwards (e.g. the Hague Conference; then the SDN Commission). The purchase of production and the restriction of cultivation were moreover not paradoxical policies, as the *Résident supérieur* (Senior Resident) of Tonkin

⁴⁶ Ibid., p. 339; author's translation.

⁴⁷ In the case of Laos, it is riskier to make the same estimate given that it is likely that some of the 25 tonnes collected in Laos in 1942 were in fact of Burmese origin.

reiterated in 1918, so long as they were coupled with the promotion of replacement crops.⁴⁸ However on this subject, initiatives from the colonial power never got beyond declarations of intention and, on at least two occasions, the buying policy of the monopoly may have encouraged producers to increase their surface area given over to poppy cultivation.

This may have occurred, firstly, during the years 1919-1921 when the price given was suitably lucrative in a context where there was also a strong demand on the Chinese market. Secondly, and more significantly, during the Second World War the establishment of an efficient buying system certainly led to a rise in production both in Laos and in the north of Tonkin. Is it possible to put figures on this rise? In this respect, it would be wise to consider with caution the figures provided by Arthur McCoy, and which are often repeated without any critical perspective. According to him, opium production in Indochina jumped from 7.5 tonnes in 1940 to 60.6 tonnes in 1944.⁴⁹ Not only is the real production for 1940 greatly underestimated, but this kind of reasoning makes absolutely no allowances for cultural constraints linked to opium production, constraints that would not allow for such a progression in such a limited time - all the more so in a context where poppy growing was already widely developed among the Hmong and the Dao. The surface areas cultivated certainly grew during the Second World War, in proportions still to be determined, but the progression noted by McCoy does not only refer to this dimension. It is also linked to the improvement in buying campaigns that allowed the colonial *Régie* to capture a larger share of the indigenous production. In fact, the 60 tonnes mentioned by McCoy correspond to the quantities of opium collected by the buying commissions in Laos in 1944, within which there is probably a portion of opium of Burmese origin.

From the point of view of consumption, the responsibility of the colonial power was obvious in all regions of Indochina where poppies were not grown, even though a significant proportion of smokers in reality obtained their supplies from the illegal market. According to an inspection report of 1908, smuggled opium represented 50% of all opium consumed in Tonkin.⁵⁰ In the opium producing areas, this proportion was obviously much higher, with local smokers only marginally seeking supplies from the monopoly; and this is also without mentioning the Hmong and the Dao who were not even obliged by law to do so. Both in the northerly provinces of Laos and of Tonkin, the sales of the *Régie* were way below the consumption of the population, and the nature of drug addiction can be explained there much more by the omnipresence of an

⁴⁸ Note from the *Résident supérieur* of Tonkin [1918]. National Archives Centre n° 1, Hanoi, RST 20975.

⁴⁹ McCoy, Alfred, *La politique de l'héroïne*, Paris, Ed. du Léopard, 1999, p. 135.

⁵⁰ Inspection report of the department of the *Douanes & Régies* [*Inspection Meray*], 11 May 1908. Centre des Archives d'Outre-Mer, Aix-en-Provence, Indo, NF, 88, 880.

illegal market that eluded the control of the colonial authorities. Estimates of the number of opium smokers in Tonkin at this time are quite varied. While the *Résidence supérieure* offered the ridiculously low figure of 16,000 smokers, the *Douanes & Régies* proposed an estimate no doubt closer to the truth with 132,000 smokers, of which 9,000 were Chinese, in 1908. But in this instance, smokers belonging to ethnic minorities in the Upper Region of Tonkin did not appear to have been taken into account. When based on the estimates, in truth also very approximate, of the total population of Tonkin at the same period, these 132,000 smokers would have represented a little over 2% of the population. As a comparison, we should point out that in 1945, the number of smokers in the total population of Vietnam was estimated to be a similar percentage.

Relationships Between Opium, the Hmong, and Other Highland Ethnic Groups

To begin with, poppy cultivation initially only concerned the Hmong and the Yao who, precisely because their engagement in this farming activity preceded that of other groups, enjoyed the protection of a privilege clause in the colonial regulations which governed opium production in Indochina. However, it was not long before members of other ethnic groups living in the same areas began progressively to cultivate poppies, despite being prohibited from doing so. Their motivations for doing so are easily understood. The cultivation of their own fields could cater to their personal consumption needs, and also provide a cash crop to be sold easily and profitably on the illegal market.

At the beginning of the 20th century, the administrators began to note this ethnic diversification in opium production. From this point onward Thai and Kho mu people had their own poppy fields, and these 'new' producers did not cease cultivation when they were reminded of the official prohibition. After all, why couldn't they produce opium when the Hmong and Dao had complete freedom to do so; and even to make money from it, in the absence of any real enforcement of the regulations concerning the illegal distribution of excess production through unofficial channels? The authorities' attitude to this production and distribution issue was variable according to particular administrators and periods. Some heads of provinces ordered the destruction of illegal crops, others tolerated them, others still were indifferent or simply unaware of what was going on in their districts.

The Hmong remained the main group of producers, but this extension of poppy cultivation beyond its initial ethnic context was an important factor to help explain the measured increase in domestic opium production. Specifically, production is subject to a certain number of constraints linked to the yield of

the poppy fields, and to the limitations to the labour force of cultivating families. In other words, there exists a maximal threshold beyond which production can no longer increase when it already involves most of the members of an ethnic group, as in the case of the Hmong. In such conditions, an increase in the overall production of a given region can only then be the outcome of either the ethnic diversification of producers, or of an improvement in cultivation techniques.

In general, a portion of the harvested opium crop was stored for household consumption, and a portion was exchanged in the home village or in the villages of neighbouring ethnic groups. These points of exchange then became the foci for transactions with smugglers or buyers from the opium monopoly, according to local circumstances.⁵¹ The distribution between these three outlets varied according to the characteristics of villages or groups of producers. For example in the 4th Military Territory, the Hmong were present all over the district, but were more densely grouped at four points: Dien Bien, Ta Phing, Kim Noi, and Pou Nhou within the bend in the Black River. Whereas the Ta Phing Hmong were reputed to be moderate consumers of opium, those in Dien Bien Phu had a reputation as heavy smokers, which implied logically that the portion set aside for domestic consumption was proportionally greater.⁵²

Despite the existence of many variations between one group and another however, the Hmong and to some extent the Dao maintained a uniquely characteristic relationship with opium. To understand the nature of this relationship, it is necessary to make explicit the double ambivalence inherent in the impact of opium on Hmong culture. Firstly, opium was both a source of relative wealth and a source of tension with the outside world. Secondly, it was both a pleasure-giving product, and a potentially addictive drug.

Opium is frequently indicated as being a significant cash crop, a source of wealth for the Hmong, and it was/is indeed seen as such by other ethnic groups. Historically, this perspective is generally accurate if one adds the rider that only a proportion of drug-related transactions were the subject of monetised exchanges and that the Hmong only made a limited profit on this commerce. Without mentioning commerce within the community and with neighbouring ethnic groups that is certainly not often monetised in nature but about which colonial sources remain silent, the commercial transactions carried out respectively with the Indochinese monopoly and with smugglers can be considered. The former kinds of transactions were partly monetised and

⁵¹ According to the size of the harvest, a portion would also be kept in storage since opium, like wine, improves with age.

⁵² Report from Lieutenant-Colonel Mailles on the situation of the 4th Military Territory, 26 November 1919. National Archives Centre n° 1, Hanoi, RST 55026.

contributed to the spread of cash currency among the Hmong and neighbouring ethnic groups. This at least was the wish of heads of provinces, because in practice the Hmong were reluctant to accept official currency and preferred to be paid in silver. This explains why, in 1943, special coins with a high silver content were minted with the specific aim of increasing the efficiency of purchasing campaigns. As for commercial transactions carried out with the smugglers, they were only very partially monetised. According to the French Resident in Son La, Chinese merchants came down from Yunnan to Hmong villages to exchange cloth, pots, iron bars and sugar for opium, and only paying for any surplus in cash.⁵³ These transactions were entirely in their own favour, according to the Commander of the 4th Military Territory, since the Chinese sold their products at “exorbitant” prices that sometimes made them more expensive than the opium that was sold by the Hmong.⁵⁴ The latter were obliged in such a situation to pay the difference or to fall into debt by putting themselves in a position of dependency with their creditors regarding the next year’s crop. This scenario was not however the general rule, and whether it was by sales carried out on the official market or on the illegal market, the Hmong producers likely acquired silver bars that were hoarded, or used to make jewellery.



⁵³ In fact, this would probably be silver ingots.

⁵⁴ Communication from the French Resident Administrator in Son La to the Senior Resident of Tonkin, 2 July 1919. Commander of the 4th Military Territory to the French Resident in Son La, 25 September 1919. National Archives Centre n° 1, Hanoi, RST 8937.

Opium field in Ky Son District, Nghe An Province

In the context of an economy that was still not very monetised, opium itself can in fact serve as a means of payment. As has been shown, the drug can be exchanged for goods, but it can also serve to pay for services within the community. The most interesting case is that of payment of services carried out by shamans or priests. Hugo Bernatzik mentions opium among the different ways of paying a Hmong shaman.⁵⁵ Another author relates an anecdote that attests to the transfer of this practice into a different religious context, namely balls of opium given by some Hmong people to Western missionaries following the celebration of a service.⁵⁶ But the most interesting element on this subject was reported by an inhabitant of Den Sang commune, Bat Xat district, Lao Cai province during this research.

An interview took place in the context of a Dao village, and the subject under discussion was Taoist practices. It was mentioned that when a performer of Taoist rites from the commune, who also happened to be an opium smoker, went into a house to perform rites there, he would be given opium, part of which he would smoke on the spot, the rest of which he would take home and share with his wife. In answer to a question asking the religious significance or cultural meaning of this practice, the interviewee made it very clear that the gift of opium was not part of the actual rite; rather, it was intended “to give comfort and awareness” to the practitioner of the rites, and that he could take away whatever was left over after the ceremony.⁵⁷ Finally, the interviewee pointed out that participants in Taoist rites were no longer allowed to take opium on such occasions, which, according to the wording employed during the discussion on this matter, implied that this prohibition was not necessarily respected.

The Ambivalences of Opium

If opium can be a source of profit, it can also be a source of tension. First of all with smugglers, when in a situation of debt a creditor can become threatening. Cases of this kind are reported by colonial sources, even ending up with the debtor's children being used as security. Then there are tensions with other

⁵⁵ Bernatzik, Hugo A., *Akha und Meao: Probleme der angewandten Völkerkunde in Hinterindien*, Innsbruck, Wagner, p. 179.

⁵⁶ Barney, George L., *Christianity, Innovation in Meo Culture. A Case Study in Missionization*, Thesis of the University of Minnesota, 1957, p. 32.

⁵⁷ In this case, the reference to the state of consciousness into which the practitioner of the rite goes after taking opium hints at it being not only a means of payment, but also a use of the drug to have an effect on the way the rite is practised, even if they are not intrinsically linked.

ethnic groups, as shown by the conflicts with the White Thai in the Dien Bien Phu region (see above). Finally, there are tensions with the authorities when they wish to control production, or set purchase prices too low.

The second ambivalence of opium in Hmong society is concerned with the consumption of the product. It is necessary to distinguish between three types of use of the drug: therapeutic use, hedonistic (or recreational) use, and excessive use. Colonial sources are only partially explicit on this subject, so the following reflections on use are founded on the more recent studies of Jacques Lemoine and Joseph Westermeyer in Laos, Christian Culas in Thailand, and on some personal reflections.⁵⁸

Smoked, eaten, or boiled and drunk in water, opium gives relief for a certain number of complaints: high fever, strong pains, dysentery, parasitic infections of the digestive tract, insomnia. In this case, all members of the community – men, women and children – can use it. For women, noteworthy reasons for turning to opium include painful menstruation, cystitis and sometimes even a difficult birth.

1. Therapeutic use of opium

With penury of efficient therapeutic agents as context, recourse to opium appeared to be an essential measure, and it would not be excessive to claim that the introduction of the drug among the Hmong can be considered, only within this field, an improvement in their quality of life. Another way of using opium to be noted, situated on the limit of therapeutic use and which could be termed performative use, is recourse to the drug to ease weariness after a day's work, or to reduce the hardships associated with the living conditions and seasonally harsh climate in mountainous regions, or yet again for use as an appetite suppressant. In a very different context, suicide by opium ingestion among Hmong women, of which some examples are recorded, could also be added to this category of performative use of the drug. Finally, one more use of opium worth mentioning is the treatment of cattle or horses, at least by the Hmong, according to reports heard during research.⁵⁹

2. Recreational/hedonistic use of opium

⁵⁸ Lemoine, Jacques, op cit., see fn. 4; Westermeyer, Joseph, op cit., see fn.7; Culas, Christian, « L'opium chez les Hmong en Asie du Sud-Est. Tolérances et contraintes sociales », in *Opiums. Les plantes du plaisir et de la convivialité en Asie*, Paris, L'Harmattan, 2000.

⁵⁹ It is used most often to treat a runny nose, cough, or diarrhoea among buffalos, horses and pigs. A small amount of opium is boiled in water. The animal is restrained, a hollow piece of bamboo is inserted through the mouth and into the animal's throat, and the opium solution is then poured in. The question of a veterinary use of the drug was also asked in Lao Cai province, but neither the Giay nor the Dao interviewed there could relate any historical knowledge of the existence of this practice.

Recreational use in fact covers many different practices. The first can be termed convivial and stems from the “*sociability of opium*”.⁶⁰ Lemoine even considers that opium can be seen from this standpoint as a real “*catalyst of social life*”.⁶¹ In this case the drug is smoked in a collective context, a single pipe going round among participants who take turns to use it, talking together all the while. This practice is almost exclusively male and takes place on different occasions: the visit of a stranger, a gathering of friends, or an important social event (e.g. a marriage, a funeral). According to a research account of an opium smoker from Den Sang commune, a host at one time was obliged to have opium to smoke with his guests during festivities. Still according to the same account, while this practice is no longer systematic because of the policy of prohibition and of the difficulty of procuring the drug, some people in the commune continue to carry on the tradition all the same.

With regard to the use of opium during ceremonies, an important clarification must be made. Colonial sources make no reference to a ceremonial use of opium that could be compared to the use of alcohol in the rites of numerous Southeast Asian ethnic groups (e.g. as offerings). When contemporary studies mention the use of opium during ceremonies among the Hmong and the Dao, great care must be taken in distinguishing between a genuinely ceremonial use, and a convivial use of the drug on the occasion of a ceremony. With regard to the specific case of rites mentioned earlier, it should be noted that for Lemoine, the use of opium by Hmong shamans *is not* linked to the shamanic practice itself, but to the needs of the officiant. Following on this, the French anthropologist considers that the practice is not a “*traditional*” one.⁶²

The second hedonistic use of opium is socially differentiated, in the sense that it is the subject of a norm that is to all intents and purposes a social control of consumption of the drug. Also a male practice, it concerns the Hmong who have finished their active life and who, according to the colourful expression of a colonial administrator, “*gild their twilight years*” after a life of toil. The norm is summarised in a saying reported by Lartéguy and Yang which states that “*smoking is only for men past forty and for women, never*”. The expression of a fixed age from which time men can take opium is in fact simply a rule of thumb and refers to the period when children can fully assume household chores as well as collective work, in short the moment when the

⁶⁰ Culas Christian, *ibid*, p. 264.

⁶¹ Lemoine, *op cit*, p.71.

⁶² Although it does not seem that the drug is – or has recently been – an integral part of rites, the account heard in Den Sang village still leaves open a number of questions about the use of opium with the aim of altering the states of consciousness of the officiant.

mature male Hmong has completed his task of social reproduction of the group. As Culas rightly remarks, the social impact of opium consumption by an elderly smoker is limited given that he is not normally a burden on the household budget (perhaps he has his own little poppy field and has hoarded away a certain sum during his active life) and given that he is no longer required to take part in shared community work which is now carried out by his children.

However care should be taken not to consider this norm as specifically Hmong, or even as a general rule observed throughout this particular ethnic group. During interviews carried out as part of the research, the question of the existence of such a norm was asked systematically. According to a 70-year-old Muong man from Son La province, the Thai population of the region once considered that it was not appropriate to take opium regularly until one had reached 40 or 50 years of age. Conversely, for the Hmong questioned in Lai Chau province such a norm has never been applied. The young, even children, were free to begin smoking when they wished. At most, they were advised to “*smoke quickly*” because they then had to work, whereas the elderly had all the time in the world to smoke alone or with visitors for hours on end. It should be noted that these accounts corroborate observations found in colonial sources concerning the proportionally higher level of opium consumption among the Hmong of the Dien Bien region than in the rest of the 4th Military Territory. Among the Dao of Lao Cai, it should also be noted that no norm regarding the age from which point consumption of the drug was legitimate has been reported either.

3. Excessive use of opium

Socially, the two kinds of use that have just been described are fully accepted and individual consumers are not considered as opium smokers in the derogatory senses of the term, namely as people who use it compulsively or as opium addicts. This category includes mostly young smokers incapable of controlling their opium consumption. Although they are not subject to exclusion by the community, they nonetheless expose themselves to its reprobation which manifests itself in implicit mechanisms by a slide in social standing that affects the smoker himself, but also his family if he is married. Thus the young opium addict will have difficulty finding a wife from within his ethnic group, young Hmong women and their parents being unwilling to commit to a union synonymous with economic, social and familial difficulties. Indeed, the cost of a compulsive consumption not only puts a burden on the household budget, but the smoker may also find himself incapable of working in the

fields, thus becoming dependent on his wife, and incapable of working for the good of the whole community, thus disrupting village solidarity. This marginalisation carries over to the children of the smoker associated with a family having no economic future and incapable of passing on the values of the group. Such a form of devaluation of the social status of a young opium addict can be perceived both as an implicit sanction of transgression of the norm and as a preventive mechanism designed to dissuade most young Hmong from succumbing to excessive consumption of the drug. This is a mechanism that appears moreover to be highly efficient, since opium addiction is rare, as numerous administrators posted in areas inhabited by the Hmong have noted.

Apart from young smokers, compulsive consumption of the drug by older Hmong also comes into the category of excessive use in the medical sense of the term. However, as has been seen, the minor social impact of such a practice makes it tolerated by the community. One last group of excessive consumers is made up of female opium smokers. They only constitute a tiny fraction of opium addicts, are usually older than the men and have a husband who is himself a regular smoker. This can be explained by the social factors mentioned previously, and perhaps also by the laws of property governing poppy fields. As Culas remarks for the Hmong of Thailand that were the subject of his research, the absence of female property rights over poppy fields is a factor that could explain the marginality of female opium consumption in this ethnic group.⁶³ Among the Hmong of Na U commune and among the Dao of Den Sang commune, it also has been noted that the women were once called upon to contribute a considerable amount of work in the poppy fields but were not allowed to own any of them. It should be noted however that Vietnamese statistics relative to the laws governing ownership of poppy fields showed that these fields were the property of daughters or daughters-in-law of the household in 5.5% to 12.3% of cases recorded.⁶⁴ This point would be worth exploring by examining the ethnic and geographical distribution of cases where this female ownership of poppy fields occurred. Finally, it is worth pointing out that while female opium consumption has always been a marginal reality among the Hmong and the Dao, it is still true to say that the results of the research carried out in the six communes of Son La, Lai Chau and Lao Cai provinces tend to show that the proportion of female drug users is greater among these two peoples than among other ethnic groups (see below).

A final consideration relative to opium addiction among the Hmong concerns

⁶³ Culas, op cit.

⁶⁴ Center of Population, Labour and Society, *An Analysis of the Poppy Cultivation Problem in 1992-1996, and Solution in 1996-2000*, Hanoi, 1997.

the origins of excessive consumption. For most authors, including contemporary ones, opium addiction is the result of a progressive slide from therapeutic or hedonistic use towards excessive use. This observation is without doubt correct, but of little significance from the perspective of causality. Therapeutic and hedonistic uses are indeed sufficiently widespread for it to be understood that they do not necessarily lead to excessive use and that such use falls into a category of individual deviance from the group. The relationship that the Hmong maintain with opium tends to show that the consumption of the drug can be the subject of an effective social control that reduces its negative effects on the community without however totally eliminating them. Historically, the existence of a form of social control over opium consumption may have had a role in the development of poppy cultivation among the Hmong and may explain this paradox noted by colonial administrators, namely that it is precisely among these principal producers that opium is consumed in a reasonable manner and generates the least negative effects. Put another way, the Hmong could not be the “*opium people*”, to use Yang and Lartéguy’s expression, while being drug addicts at the same time. In the same vein, it would be interesting to consider whether levels of opium production in the Hmong groups with no specific norms linked to consumption, such as those of the Dien Bien Phu region, were comparable with the levels practised by those who had such norms and were reputed not to be regular consumers of the drug. This kind of query echoes the observations of Bonifacy, who noted in the 1920s that while the Hmong grew poppies just about everywhere, those in Dong Quang “*scrupulously*” abstained from consuming the drug, leaving this “*vice*” to the Lolo and the La Qua, while “*many*” drugged Hmong were to be found in the other regions of Tonkin.⁶⁵ Yet the Dong Quang region was precisely one of the main opium-producing centres in Tonkin.

The relationship between opium and other ethnic groups is much harder to document, in that colonial sources are largely silent on the subject. This can mainly be explained by the fact that the Hmong attracted most of the attention of the authorities and of specialised literature for different reasons: the extent of their poppy cultivation of course, but also an anthropological interest and the activity of missionary groups, without forgetting political preoccupations linked to their uprisings. However, it is possible to give a general overview, although unfortunately very imprecise, of the impact of drugs on the other ethnic groups of Son La, Lai Chau and Lao Cai provinces during the colonial period.

⁶⁵ Bonifacy, [Auguste-Louis], *Cours d’ethnographie indochinoise*, Hanoi, Imprimerie d’Extrême-Orient, 1919, p. 99; author’s translation.

As has been seen previously, the proportion of opium smokers in the population varies according to ethnic origin, place of habitation or still other circumstances. Maurice Abadie states that the White Thai of the Black River smoke a lot of tobacco and opium; he adds however that they are ordinarily quite abstemious but eat, drink and smoke to excess during the numerous celebrations that feature in their social life. Among the Man Lanten, who are a sub-group of the Dao, the men often take opium. Abadie adds on this subject that they smoke the drug in a pipe of Chinese design, always very simple and without decoration or precious materials; a piece of information that can be put in parallel with the data collected in Den Sang commune concerning the type of pipe currently used by smokers in the area (see below).⁶⁶ Henri Roux does not give any precise indication of the level of opium consumption among the Kho mu, but confirms that the drug is definitely present by observing that small quantities of opium are presented as gifts during the transactions between families that precede marriage.⁶⁷ In addition, the Tho (who are a group belonging to the Thai family), the Black Thai and the Muong are also named in colonial sources as being among the main ethnic groups where opium smokers are found, without of course forgetting the Chinese.

Medical use of the drug is also widespread among the other ethnic groups of the mountainous regions for the same reasons as among the Hmong. On the other hand, tolerance for recreational consumption does not appear to be as developed, in particular among ethnic groups practising a form of Buddhism, as this religion condemns the use of drugs.

It should be kept in mind, however, that local situations could vary greatly. Opium consumption does not affect each community or each locality to the same extent. During the colonial period, some communities appeared to be largely free of the drug, as implied by the account of an inhabitant of Lao Cai province, born in 1925. According to him, his commune had only two opium smokers in the 1930s, "rich" men in his definition; then this number increased to three in 1953 and to four in 1955.

The Problem of Smuggling

The illegal market represented the main source of supply for smokers of the mountainous regions; not including of course the Hmong and the Dao, who were authorised to consume their own production. Sales of official opium were very low in these regions outside administrative centres, and even in such centres

⁶⁶ Abadie Maurice, *Les races du Haut Tonkin*, Paris, Sté d'éditions géographiques, maritimes et coloniales, 1924.

⁶⁷ Roux Henri, « Quelques minorités ethniques du Nord-Indochine », *France-Asie*, n°92-93, 1954, p.337.

they diminished as the rate of smuggling increased. In 1905, the Director of *Douanes & Régies* (Customs and State-Controlled Monopolies) admitted that his administration was powerless to stamp out this phenomenon:

A marked fall in sales of opium has been brought to my attention by the tax collectors of Tonkin and more particularly by those of the border regions. This fall is owing to the enormous quantity of the drug being smuggled into Tonkin. In all regions, customs duty collectors report that they are powerless to prevent this infiltration, although it is obvious everywhere. It has become clear that carefully organised, full-blown business operations are being run, giving rise to very significant speculation, to the great detriment of our revenue collection.⁶⁸

At the time when he wrote these lines, the most significant flow of opium traffic originated in China and was moving into Tonkin via Lang Son province and the 2nd Military Territory. In the northwest, the situation was considered less immediately worrying, although smuggled Chinese opium was also passing through the 4th Territory on its way to the Red River delta, via the River itself, the Lao Cai-Hanoi railway or by the Black River.⁶⁹ With the aim of diminishing the control of smugglers over the border regions of Tonkin, the colonial *Régie* practised a pricing policy on a sliding scale for opium sold directly to consumers. This meant that in 1907, a kilogramme of opium cost 37 piastres⁷⁰ in the military territories; 49 piastres in the Middle Region; 63 piastres in the Red River delta and the north of Annam; 60 piastres in the rest of Annam; and 70 piastres in Cochinchina and in Cambodia.⁷¹ However this policy did not have the anticipated effect for two reasons. Firstly, because in the border areas of the north sales of the official drug were generally limited to the provincial capitals and to a few central points, without really providing any competition for smuggling in the peripheral regions. Secondly, because this pricing policy on a sliding scale brought with it a pernicious effect: some of the opium purchased at a lesser price in a border price region was not consumed on the spot, but was fraudulently taken into a region where the official price of sale was higher. In these conditions, it was the monopoly itself that partly

⁶⁸ Citation from the Director of *Douanes & Régies* to the Governor-General, 24 November 1905. National Archives Centre n° 1, Hanoi, RST 74660; author's translation.

⁶⁹ Minutes of the commission responsible for studying measures to be taken in order to eliminate opium smuggling in the territory of Tonkin, 29 March 1906. National Archives Centre n° 1, Hanoi, RST 74660.

⁷⁰ Piastres are silver coins used as a common currency in Indochina. Even today, some highland ethnic minority households still measure wealth by the number of piastres in one's possession, and these coins remain a significant commodity exchanged in many highland marriage ceremonies.

⁷¹ Le Faillier, Philippe, *Monopole et prohibition de l'opium en Indochine*, Paris L'Harmattan, 2001, p. 140.

furnished the supply for smuggling.

While opium coming from China was only one of the sources for the illegal market in Indochina, it was admittedly the principal one for the periods under consideration; but it was not a constant one, since the flow of Chinese opium was dependent on the opium-related policies of the Chinese authorities. In the prohibitionist phases of this policy, opium became scarce in Yunnan and Guangxi, which led to a reversal in the flow of smuggling, meaning Chinese smugglers came to buy their supplies from producers in Laos and Tonkin. Another source for the illegal market was obviously the excess local production in Tonkin that was not bought up by the monopoly. In the same conditions, Laotian producers also found a market in Tonkin and Annam. As for the opium of the Shan states in Burma, it also made its way as far as these regions after having passed through Laos. In this respect, the north-western provinces of Vietnam were a major regional trafficking route for smuggled opium, from Nghe An province up to the Chinese border. The mainly mountainous terrain of these regions, covered with forests, crisscrossed by steep paths known well only to the local population, made easier the clandestine movements of smuggling convoys which, as the commander of one military territory had noted, did not necessarily carry around large amounts of drugs. While discussing smuggling, it is also worth recording that the Chinese from Yunnan were not the only protagonists, even if they were the typical example. Chinese from Guangxi and Guangdong were also active in this field, as were Thai, Lao and Annamites (i.e. Kinh people). Lastly, let us not omit to point out that the Hmong and Dao also peddled the drug, but in a limited radius of action around their own areas of settlement.

From 1945 to the Era of Doi Moi

This period is significantly less documented than the previous one, which is why only the general evolution of the drug issue from 1945 until the end of the 1980s will be considered. In the years following the Second World War, the colonial opium monopoly gradually disappeared. As early as 1946, a ruling from the colonial authorities made a provision for the prohibition of the free sale of opium. The impact of this measure was nevertheless limited insofar as the drug could still be issued in "detoxification offices", which in many cases were a new cover behind which hid full-blown opium dens. Two years later, this system was abandoned in favour of creating a register of all Indochinese smokers. Opium users were obliged to sign on at a Customs revenue office, where they received a card which allowed them to acquire fixed quantities of opium that could not however exceed 200 grams a month. Moreover, it was intended that these quantities should decrease annually by 20 %. At the same

time, official purchases from indigenous producers decreased significantly and do not appear to have been continued after 1950. The official detoxification programme however did not seem to have had any impact on the number of smokers in Indochina, many of whom simply turned to the illegal market to secure their supplies.

Even this change did not mark the end of French involvement in the opium trade since, from 1951 onwards, the secret services of the colonial power continued to organise the clandestine drug traffic between the areas of production in the north of Indochina, and Saigon. The goal of this operation was both military and financial. In one respect, the aim was to obtain the collaboration of the Hmong in the counter-insurrectional struggle by securing a lucrative outlet for their opium production. In another respect, the profits generated by this traffic helped to finance the actions of the GCMA (*Groupements de commandos mixtes aéroportés*: Airborne Mixed Commando Groups), namely the military structure that organised the mobilisation of ethnic groups in the counter-revolutionary battle. The GCMA officers bought opium where it was produced, transported it by plane to Cap Saint-Jacques (Vung Tau), from where it was then carried by trucks to Cholon. There it was sold to an underworld gang, the Binh Xuyen, themselves French secret service auxiliaries, who took care of its distribution throughout both Indochina and abroad.

This clandestine operation mainly involved the Hmong of Laos, and more especially those from Tran Ninh (Xieng Khouang province), placed under the authority of Touby Ly Fong, a Hmong chief closely linked with the French. In the north-west provinces of Vietnam, French influence was more limited among the ethnic groups for political reasons dating back to the beginning of the century. The old inter-ethnic tensions then took on new forms in the context of the conflict that opposed the colonial power and the national liberation movement. As early as the beginning of 1940 some Black Thai from Son La region organised themselves into the "Thai Youth for the Nation's Preservation", a group that took control of the town in August 1945 following the Call made by Ho Chi Minh. As for the French, they could count on the support of Deo Van Long, the sixth son of Deo Van Tri, which allowed them to move back into the predominantly Thai-inhabited areas in 1946-1947. Like his father, Deo Van Long was involved in the opium traffic and his authoritarianism was brought to bear on the members of his ethnic group, as well as on those of neighbouring ones. His power was reinforced in the context of the discussions which began with the French as early as 1946 which aimed to create an autonomous political entity in the areas of the ethnic minority settlements in the north-west of Vietnam.

These discussions culminated, in 1948, in the official creation of an autonomous Thai Federation which covered the provinces of Son La, Lai Chau and Phong Tho. This new entity appeared to be a French attempt to curb the influence of revolutionary forces in the region. Until 1950, the opium provided by the producing ethnic groups in the region was recorded in the budget of the Federation, but it only represented a tiny proportion of total revenues: 18% in 1948, and less than 7% in 1950.⁷² From this date onwards, the drug disappeared from the budget entries of the Federation, which meant in fact that all local production then passed entirely into the domain of smuggling.

The buying operations made in this context by the Thai authorities provide one of the rare evaluations of the local opium production. In 1947, in a statement on the demand made to the Hmong producers to hand over 800 to 900 kilograms of raw opium, the Colony's office of Political Affairs considered that this "levy" was legitimate, since as far as they were aware *"the Chinese have already removed 10 to 12 tons of opium from the region."* The policy of the Federation authorities regarding opium, their probable involvement in trafficking from 1950, the equally probable tensions that must have ensued with the producers, have yet to be studied. Still, it is nonetheless certain that the reinforcement of the arbitrary power of the Deo family exacerbated inter-ethnic tensions and provoked the widespread rallying of Hmong and Black Thai of the Federation to the Viet Minh. The consequences of this political choice were at their clearest during the decisive battle of Dien Bien Phu in 1954, when the support of local populations proved to be a determining factor because of their participation in the colossal logistic effort required to besiege the entrenched French camp.

During the Indochinese War, the border regions of northern Laos and Vietnam were of primary strategic importance to the adversaries present. These regions were also poppy cultivating areas and as a consequence opium itself became a strategic factor in the conflict. This was true not only for the French, who organised its traffic to guarantee financial resources from it as well as the military support of producers in Laos; but also possibly true for the Viet Minh. Although this dimension of the conflict remains fairly obscure, it is possible to shed light on the tension which then developed between the prohibitionist wishes of the Democratic Republic of Vietnam's authorities and the need to take into account the part played by opium in the socio-economic reality of the highland producing areas. This tension possibly contributed to the sometimes contradictory initiatives taken by the Vietnamese authorities on the issue of opium.

⁷² Niollet, op. cit., p. 622.

As early as the period between the two World Wars, Ho Chi Minh had condemned the existence of the colonial alcohol and opium monopolies as expressions of the pernicious nature of colonial domination.⁷³ Indeed, in 1945, the Democratic Republic of Vietnam's president very clearly stated his wish to strictly prohibit the use of opium in the new State. This intention was not however immediately translated into actions, since in December 1945, the Finance Minister of the Democratic Republic of Vietnam signed a decree which defined three license categories for opium retailers, a decree that was published in the Official Journal of 12th January 1946. At the regional level, in March 1946, the administrative committee of Central Vietnam implemented a different policy by hunting down opium addicts; but as the Interior Minister reminded them on this occasion, the suppression of drug consumption was not legal.⁷⁴ The return in strength of the colonial power and the ensuing conflict clearly altered the situation and it was only after the victory of 1954 that the Vietnamese authorities could apply a consistent policy over the territory that then constituted the Democratic Republic of Vietnam.

In all of the areas outside the producing regions the consumption of drugs was forbidden. If consumption did not completely disappear among the Kinh of the Democratic Republic of Vietnam, it nevertheless dropped off in significant proportions. Similarly, after the reunification of 1975, drug consumption was drastically reduced in the south of the country, whereas it had become widespread during the preceding decades.⁷⁵

In regions inhabited by ethnic groups growing poppies, the prohibition issue had to be tackled differently from the way it was in the lowland areas, which were mainly inhabited by the Kinh⁷⁶. In September 1946, the Vietnamese authorities drew up a decree which provided for the gradual banning of poppy cultivation. On this occasion, the president of the administrative committee of Ha Giang province stated his position regarding the problems that this measure could cause in his district. While he underlined the detrimental impact of the drug, he noted that the suppression of poppy cultivation was prone to generate political difficulties with the local producers if substitute crops did not provide them with revenue similar to that generated by opium production.⁷⁷ But once again, conflict shook up the issue, firstly because opium was a central element in the socio-economic

⁷³ See for example Ho Chi Minh's speech to the 18th National Congress of the Socialist Party in Tours in December 1920. Ho Chi Minh, *Textes, 1914-1969*, Paris, L'Harmattan, 1990, p. 32.

⁷⁴ Niollet, op. cit., pp. 616-617

⁷⁵ It is estimated that in the city of Saigon alone, the number of drug users reached 150,000 in 1974.

⁷⁶ Kinh people make up nearly 85% of the national population. The remaining 15% is distributed among 53 different ethnic minority groups.

⁷⁷ Niollet, op. cit., p. 618.

structure of the north-western provinces of Vietnam and the north-east of Laos, which constituted strategic areas in the context of the hostilities; and secondly, because the drug represented a source of income for the warring adversaries. As soon as the production areas became the theatre of military operations, the Viet Minh integrated the socio-economic factor of the opium trade into their strategy.

Currently, this dimension of the conflict is known only through the civil and military archives of the colonial power. This unilateral perspective would require completion by Vietnamese archives in order to obtain a better vision of the issue. While waiting for this history to be written, let us indicate here how opium *could have been* integrated in the war effort of the Viet Minh since 1947 according to French sources. To begin with, the movements of smugglers may have been tolerated in certain areas under Viet Minh control, especially in the regions of the Black and the Red Rivers, in exchange for information of a military nature and payment of a commercial tax. Then, the local production of the areas entirely controlled by the Vietnamese army forces may have been acquired, then exchanged in China for weapons. Lastly, in the areas of combat, especially in Laos, buying campaigns may have been conducted by the Viet Minh, both to secure the collaboration of the ethnic minorities and to finance the war effort.⁷⁸

After the victory of 1954, the government launched a programme of eradication of poppy growing in the northern provinces of the Democratic Republic of Vietnam, a programme about which we unfortunately possess little information. If it appeared to have had some success until the end of the 1950s, this program seems to have reached its limits and did not prevent the persistence of a localised opium production until the launching of a new eradication policy at the beginning of the 1990s. This lingering presence of opium production after 1954 indeed seems to be vouched for by a study conducted in 1996 that underlined that 76% of families of poppy cultivators interviewed had been practising this type of cultivation for more than 50 years.⁷⁹

An account gathered in Den Sang commune offers a different chronology of this prohibitionist policy. In the commune, all the households apparently grew poppies until the 1960s, then they had been forbidden to do so in 1963 or 1964 and only resumed at the beginning of the 1970s. At this time, poppy seeds were

⁷⁸ On this subject, see the synthesis made by Dominique Niollet on the basis of the archives from the Service Historique de l'Armée de Terre in Vincennes, and from those of la Colonie in Aix-en-Provence, *ibid.*, pp. 638-648.

⁷⁹ Do Van Hoa & Ha Dinh Tuan, *Research Study of the Vietnamese Experience on Opium Eradication*, unpublished draft report, 2002

no longer available in the commune, but some inhabitants went to Sapa district to acquire some and resume the production. It is not implausible that these first eradication attempts were conducted at different paces depending on provinces and districts. Whatever the case, they did not immediately succeed in eliminating opium production. In the northwest provinces of Vietnam, this failure may be explained by several reasons.

To start with, poppy growing and opium production had been practised for several generations, for about a century, and during the colonial era. The double dependence of the Hmong on opium could only be strengthened in the absence of economic development and public health programmes. Economic dependence in the sense that opium was a cash crop that allowed producers to carry out some trade with the world outside of their local community. Further, there was a dependence for health purposes since the lack of medicine and medical infrastructures left all the therapeutic importance of opium intact. Faced with the necessity of building a new State, and soon with a fresh major conflict, the Democratic Republic of Vietnam did not have access to the necessary resources to secure a sustainable alternative to this situation in regions where the issue of development represented a significant challenge.

Then there was the fact that the Hmong and other ethnic minorities of the old Thai Federation had made a significant contribution to the victory of 1954. In these conditions, it was not feasible to prohibit abruptly a practice which those directly concerned considered to be both legitimate and vital. The issue was all the more delicate in that some Hmong groups located outside the ex-Thai Federation had played the 'French card' during the conflict and remained active for some years after the victory of 1954. It would thus have been very poor policy to create any long-term tensions with the ethnic minority allies of the Democratic Republic of Vietnam.

Lastly, and in the wake of the previous argument, the border regions with Laos that make up the north west provinces of Vietnam retained all of their strategic importance during the two decades that followed 1954. Even before the CIA formed its "secret army" in Laos, mainly composed of Hmong people, it was already obvious that the vast area situated between the Black River in Vietnam and a line running from Muang Say to Xieng Khouang in Laos constituted a strategic place which was critical for the new political configuration resulting from the Geneva Accords - a situation fully confirmed by the development of the conflict in the 1960s. On either side of the border could be found the same ethnic groups, whose support was essential to gain control of the region. Since the Hmong in Laos were still

growing poppies, prohibition measures in the provinces bordering on the Democratic Republic of Vietnam would undoubtedly have presented a serious political danger given the potential reaction of opium producers there.



Photo by Ly Thi So

Remote Highland H'mong village in Lai Chau

On a political level, this specificity of the northwest border provinces in Vietnam was translated, in May 1955, into the creation of the Autonomous Thai-Meo Region, which gathered together the provinces of Son La, Lai Chau and Nghia Lo (today in Yen Bai province). It did not include Lao Cai province, since the Red River basin formed a kind of corridor from Lao Cai to Yen Bai, between the Autonomous Thai-Meo Region and the Autonomous Region of Viet Bac.⁸⁰ Later, the Autonomous Thai-Meo Region had its name changed to the Autonomous Region of Tay Bac (Northwest). As far as drug policy was concerned, this specificity led to government tolerance of poppy growing for the previously mentioned reasons.

During a period of time which cannot be defined precisely on the basis of the available documentation, but that in all likelihood covers the 1980s, the Vietnamese government was engaged in buying the domestic opium production for the needs of the national pharmaceutical industry, but also for export to

⁸⁰ Viet Bac ('north Vietnam') included the area incorporating the provinces of Lang Son, Cao Bang, Ha Giang, Tuyen Quang, Bac Can and Thai Nguyen.

the COMECON countries. According to accounts heard during the research, this period may have been during the first part of the 1980s. In Bat Xat district, it probably lasted until 1984 or 1985. During this phase, poppy cultivation may have been not only tolerated but even encouraged by the authorities in order to promote local economic development. Raw opium was acquired from the producers by a specialised government company⁸¹ that took charge of selling it, primarily for the pharmaceutical industry. Nonetheless, some of the crop was kept for domestic purposes and, since in some communes most of the households grew poppies, drug consumption was widespread during this period. If this policy of promotion appeared to have been abandoned during the course of the 1980s, the accounts nevertheless differ locally over the date when the active prohibition of poppy cultivation by the authorities began. In Den Sang commune, this date is located either in 1985, 1987, or in 1990, according to different accounts.

With the advent of the Doi Moi policy ('New Renovation'), the drug issue took on a new dimension because of the rise in consumption throughout the country. From that moment on, the question of poppy cultivation ceased to be a regional issue and became a matter of intense and concentrated national concern that justified the launch of a campaign aimed at the elimination of the domestic supply, which is to say in the context of the period, an eradication programme of poppy cultivation.

⁸¹ A recent part of Vietnamese history about which little is spoken or known, this 'special company' was called the Opium Purchasing Company (Cong Ty Thu Mua Thuoc Phien).

PART TWO

Issues of Vietnamese drug-related policies



PART TWO

Four issues of Vietnamese Drug-related Policy

Two preliminary remarks are necessary to understand clearly the motivations and the framework of the Vietnamese authorities' drug-related policy during the 1990s. Firstly, undesirable effects accompanied the phase of economic growth that followed the adoption of the Doi Moi policy. While these effects are clearly linked to the emergence of a socialist market economy, they are not necessarily perceived as inevitable. It is in this perspective that must be understood the concept of "social evils"⁸² – drugs being one of them – which is interlinked with the idea that a competent governance can find solutions for the sorts of social deviance that have developed in the context of change distinctive to Vietnamese society.⁸³ Secondly, the impact of drugs on society is considered a problem of prime importance that is not simply defined, as in Western countries, in terms of disturbance of public order or issues of public health, but rather as a genuine problem of national security.⁸⁴

Measures of prevention and suppression, therapeutic care and rehabilitation of drug users, all adopted by the authorities, are included in this general perspective. Judicious wielding of these measures is intended to bring about the objective of eliminating the domestic supply of drugs, combating international trafficking, annually reducing the number of drug users and socially reintegrating drug addicts.

1. Eradication of opium poppy cultivation

One of the first objectives of the anti-drug policy of the Vietnamese authorities has been to eliminate the domestic supply of opium by engaging in a progressive eradication of poppy cultivation in the 12 opium-producing provinces in the north of the country.

⁸² "*te nan xa hoi*", while the term 'social evils' has been used in many government-sponsored campaigns to refer to a variety of actions that are deemed harmful to the maintenance of social order and morality (even including, at times, HIV and AIDS), it usually refers to gambling, prostitution, drug use, and corruption.

⁸³ Nguyen Ngoc Thanh, *Social Aspects of the Fight against Drugs in the Northern Provinces*, Hanoi, 1995.

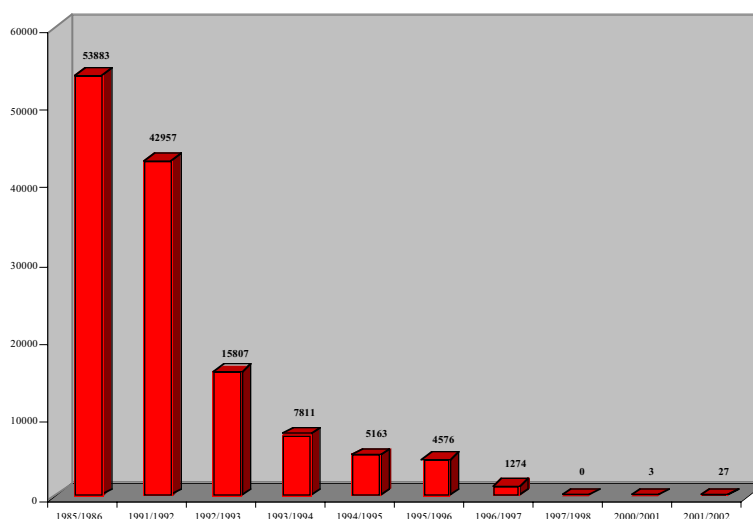
⁸⁴ Speech by General Le The Tiem at the National Forum to evaluate the effectiveness of the drug control programme, Hanoi, 2001.

In the middle of the 1980s, the official estimate for opium production in Vietnam was a little over 53 tonnes. At the beginning of the 1990s, this figure had decreased to about 10 tonnes and continued to fall in a spectacular manner throughout the decade (see Graph 1). By the middle of the 1990s, Vietnam was producing 90% less opium than 10 years before. This fall in production carried over to the harvest for the 1996/1997 season, a period when barely more than a tonne of opium was produced in the country annually, and at the time of the 1997/1998 harvest, opium production was considered as nil by the authorities.

In the graph that follows, the estimates for the years 1998/1999 and 1999/2000 are not shown, as the figures are not available. It is nonetheless clear that during these years the production recorded by the authorities was extremely low, confirming a trend observed during the 1990s and persisting into the beginning of the 2000s with a limited production of a few kilos of opium.

Graph 1

*Production of opium in the 12 cultivating provinces
of the north of Vietnam, in kg*



Sources: CEMMA, Report on Implementation of National Programme on Drug Control, 1993-2000; MARD 2001

These official statistics give a good idea of the establishment of the eradication policy and of its undeniable success. It is not possible however to consider them as the real figures for opium production in Vietnam, since they

obviously do not take into account concealed poppy growing on small areas of land (see below). Rather, they can be considered minimum amounts as they represent only detected or known areas of cultivation. The evaluations of opium production put forward by the United States Government and by UNODCCP are both higher, but do not however agree with each other (see Table 1).⁸⁵

Table 1
*Potential opium production in Vietnam according
to foreign sources, in tonnes*

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
UNODC	70	90	85	61	21	15	9	9	2	2	2	-	-
USG	-	-	-	-	-	-	-	25	45	24	11	15	15

Sources: UNODCCP, Global Illicit Drug Trends, 2002; INCSR, 2002.

The figures from UNODCCP indicate a trend similar to that in the data from the Vietnamese authorities, meaning a spectacular and rapid reduction in domestic opium production during the 1990s. As for the American government estimates, they are systematically higher and also show fluctuations between the reduction and the resumption of opium production in the final years of the 1990s. These divergent figures obviously refer to different evaluations of the area of land planted with poppies (see below). The specific nature of the approaches which arrive at these contradictory results should be explained.

The Vietnamese data are based on statistics drawn up at district and commune levels. These statistics come from the inventory of planted areas, from which are subtracted the areas eradicated, resulting in the actual areas harvested by producers. To these areas a formula is clearly applied corresponding to a yield per hectare of between 2.6 and 3.5 kg, depending on the year.⁸⁶ The precision of results obtained by this method depends on two factors. Firstly, the local statistics must be systematic and reliable. Secondly, the size of areas planted covertly, in other words not to the knowledge of the authorities of the commune or the district, must be as negligible as possible. In spite of the vigilance of authorities, it is certain that the topography of the northerly provinces of Vietnam provides favourable conditions for such concealed

⁸⁵ As previously stated, the UNDCP changed its name first to the UNODCCP, and then most recently to the UNODC. It should be stated that despite the different names, the organisation referred to is the same.

⁸⁶ This yield per hectare is low compared with that of other countries in the region, but it is clearly the one used by the Vietnamese authorities.

cultivation. The extremely uneven terrain, the maze of small, deep valleys and steep mountain ranges and the difficulties of access to the more remote areas of the region make it particularly difficult to locate small poppy plantations. Similarly, rigorous control of movements between Vietnam and Laos is impossible in these hilly regions where the same ethnic minorities live on either side of a line that, although clearly mapped, does nothing to alter the fabric of relations in a social forum that is in fact a cross-border one. It is thus quite clear that some hamlets located close to the Laotian border cultivate poppies in Laotian territory and consume or sell their produce in Vietnamese territory.

As for the American government data, they do not refer to the actual production of opium, but to potential production which is derived from an estimate of the areas cultivated and of the yield of these areas. Estimation of these areas relies mainly on satellite surveys as clearly states the INCSR of 2002 by pointing out that the 2000 estimates were used again in 2001, since no new satellite survey was conducted in 2001 (see Table 2).⁸⁷ With the satellite images remaining confidential, it is very difficult to get an idea of the reliability of estimates obtained using this method. It should additionally be noted that areas which are cultivated do not correspond exactly to the areas actually harvested, all the more so in the context of an eradication programme.

Table 2

Area of poppy cultivation in Vietnam according to foreign sources, in ha

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
UNODC	14,000	18,000	17,000	12,199	4,268	3,066	1,880	1,743	340	442	442	-	-
USG	-	-	-	-	-	-	-	3,150	6,150	3,000	2,100	2,300	2,300

Sources: UNODCCP, Global Illicit Drug Trends, 2002; INCSR, 2002.

Lastly, the estimates from UNODCCP also concern potential production. They are probably the ones closest to the real level of opium production, insofar as the Vietnamese data do not integrate estimates of the covertly cultivated areas. In short, the general trend emerging from the Vietnamese statistics as well as from those of the United Nations indicate a distinct success of the eradication programme, which moreover the results of this assessment

⁸⁷ As well, new satellite estimates were not collected for either the 2002 or the 2003 growing season.

conducted in Son La, Lai Chau and Lao Cai provinces indirectly tends to confirm (see Part 3).

The successes obtained by the Vietnamese authorities in the framework of their elimination policy of domestic production figure in a regional context where the supply of opium remains high. During the 1990s, Burmese production dropped slightly from 1,621 tonnes in 1990 to 1,087 tonnes in 2000, but this still involves huge quantities of drugs. Over the same period, Laotian production went down from 202 to 167 tonnes, which still maintained the country as the second highest regional producer.⁸⁸ Recently, the Laotian government decided to accelerate the process of reduction of domestic opium production; nevertheless, Laotian opium currently remains a major source of supply for Vietnamese smokers (see below). In Thailand, the situation is quite different as a long-term programme of reduction of opium production has been implemented since the 1970s. Before returning to the model provided by the Thai experience on this subject, three things are worth pointing out.

Firstly, Thai production significantly dropped during the 1990s when compared with previous periods, but it remains variable.⁸⁹ The figures provided by UNODCCP and ONCB are not always in agreement, but they clearly show this phenomenon of fluctuation.⁹⁰

Secondly, the Thai reduction programme took place over an extended period. The eradication policy itself has only been developed relatively lately – namely in the middle of the 1980s – after a phase of about 15 years during which the implementation of sustainable alternatives was being evaluated. In this respect, the policy of the Vietnamese authorities was more drastic, as the eradication programme was launched much more rapidly and has obtained more spectacular results, whether one considers the official statistics or those of the United Nations. Similarly, it is notable that among the producing countries of continental Southeast Asia, Vietnam is the country that comes closest to the goal of a drug-free ASEAN by 2020, at least as far as opium production is concerned.⁹¹

⁸⁸ These data from UNODCCP statistics also concern potential opium production.

⁸⁹ The annual variations in production are partly due to the crop yields. Nevertheless, if this factor may have influenced production fluctuations, the main factor still remains the size of the areas cultivated.

⁹⁰ For UNODCCP, the potential opium production in Thailand has been less than 10 tonnes since 1994; but if it is of 3, 2, 5 and 4 tonnes in 1994, 1995, 1996, 1997, respectively, it increases to 8 tonnes in 1998 and 1999, then back to 6 tonnes in 2000 and 2001. As for ONCB, it mentions a production of less than 10 tonnes for the seasons 1993/1994, 1994/1995, 1995/1996, 1998/1999 and 1999/2000 and more than 10 tonnes during the seasons 1992/1993, 1995/1996, 1996/1997 and 1997/1998. The minimum values are a little over 3 tonnes in 1993/1994 and 1999/2000 and the maximum values are 17 tonnes in 1996/1997 and 1997/1998. Renard Ronald, *Opium Reduction in Thailand, 1970-2000*, Bangkok, UNDCP/Silkworm Books, 2001, p. 36.

⁹¹ Joint Declaration for a Drug-Free ASEAN, 25th of July 1998.

Thirdly, the Thai reduction programme has been criticised by people who noticed that whereas domestic opium supply had indeed decreased in significant proportions, the consumption of other substances – most notably heroin and ATS – has developed widely, to the extent that the mountainous regions of the north may even harbour more drug users now than before the eradication campaign began. In the case of Vietnam, without question the phenomenon of diversification of substances consumed by ethnic minority groups of the Northwest constitutes a major risk in the context of the elimination of the domestic opium supply. As is shown in the survey of the six communes involved in this assessment, opium still remains the dominant, and sometimes the only substance consumed, in four communes, while heroin and more marginally ATS are beginning to establish a foothold in two others. More specifically, as for the three Vietnamese provinces in which are located the communes studied in this assessment, the official data indeed correspond to the general trend observed on the national scale, with only a few particularities.

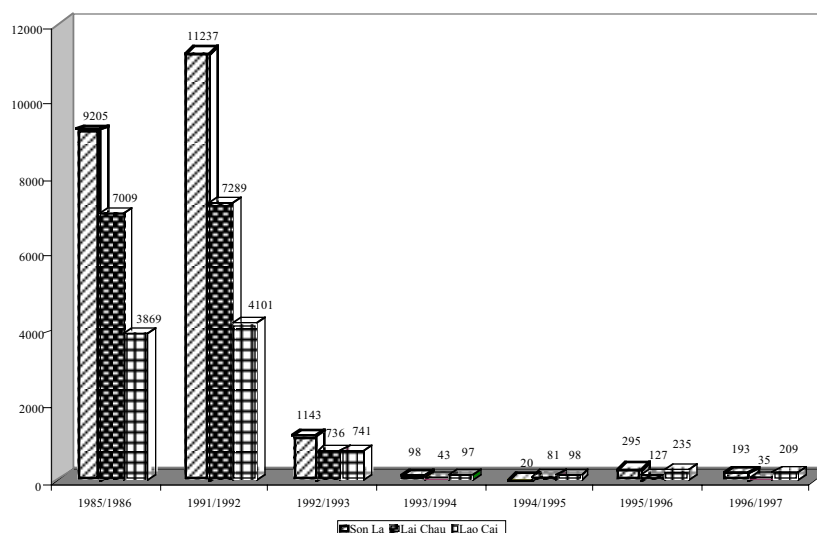
Firstly, the downward trend is not linear: twice, in 1991/1992 and 1995/1996, annual opium production did not fall compared to the previous harvest, but instead rose. This phenomenon is especially pronounced in Son La province with an increase of 2 tonnes in 1991/1992 and 275 kilos in 1995/1996. Secondly, it is noteworthy that whereas the 1996/1997 yield is down again in all 3 provinces, Son La and Lao Cai still maintained a production rate higher than the one reported in 1994/1995.

These two elements show a differentiated development in the proportion of each province in the total production of the country during the 1990s. As illustrated by Graph 3, the general downward trend at the national level is accompanied by a phenomenon of opium production concentration in four provinces: those of Son La, Lai Chau and Lao Cai, but above all in Nghe An.⁹² While in the middle of the 1980s, the combined production of the 4 provinces amounted to slightly more than 50% of the national total, during the following decade, it was generally above 80%, if not the totality of national production, as demonstrated by the harvest of the 1994/1995 season. It is also noticeable that the production percentage of Son La, Lai Chau and Lao Cai provinces in the national total is closer in 1996/1997 to what it was in the middle of the 1980s, after having significantly decreased during the first part of the 1990s.

⁹² In Ky Son district, Nghe An province, UNODC supports a pilot alternative development project. This is a district in which in 1993, about 3,000 hectares of poppies were cultivated, whereas in 1999/2000 less than 100 hectares were replanted.

Graph 2

Opium production in the 1990s in Son La, Lai Chau and Lao Cai provinces, in kg

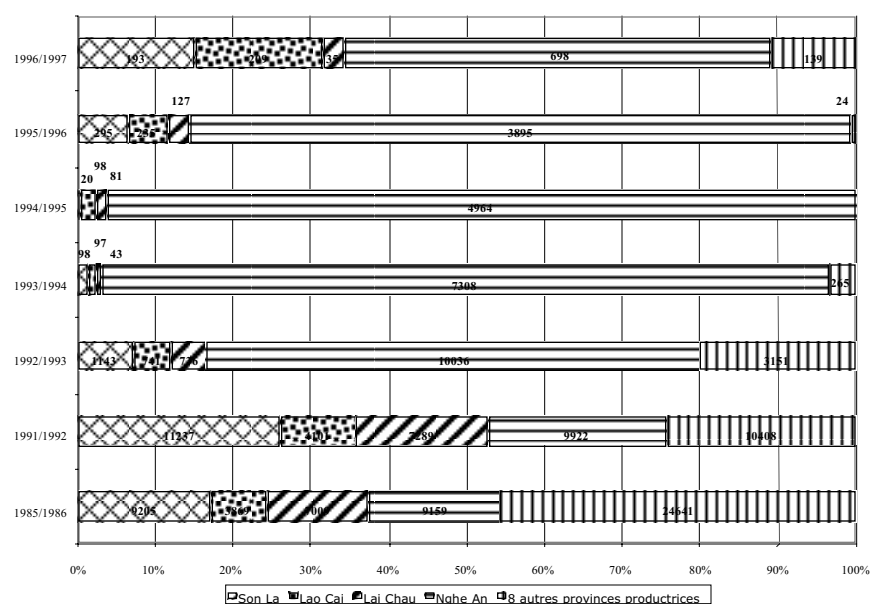


Source: CEMMA, Report on Implementation of the National Programme on Drug Control, 1993-2000

It is thus clear enough that the reduction programme of the domestic opium supply did not take place uniformly from one province to another in Vietnam, and that it proportionally encountered more difficulties in the four provinces mentioned.

Graph 3

Total Share of Nghe An, Son La, Lai Chau and Lao Cai provinces in the overall production of the 12 highland opium cultivating provinces, in %; with production labels, in kg



Source: CEMMA, Report on Implementation of the National Programme on Drug Control, 1993-2000

The generally spectacular results observed in the decrease of the domestic opium supply have been obtained by means of a progressive eradication policy of poppy fields. As early as 1987, the Secretariat of the Communist Party adopted Directive 13/CT/TW concerning "propaganda and persuasion of people not to plant and consume poppy [sic]." But it was at the beginning of the 1990s that the eradication programme was fully implemented. In January 1993, the Vietnamese government issued Resolution 06/CP intended to reinforce drug control in the country. Among other things, it made provision for the elimination of the poppy fields in areas of production, the introduction of replacement crops as well as the attribution of grants to producers whose income dropped excessively following this eradication measure. It also aimed to create propitious conditions for the development of replacement crops. As early as the harvest of the 1992/1993 season, this programme had already seen the pulling up of 8,290 hectares of poppies of the 12,790 cultivated, accounting for 64%. During the 3 following seasons, this pulling up of poppies affected a lesser proportion of replanted areas, from 30 to 40%, but in a context where these areas had significantly diminished compared to the 12,790 hectares of the 1992/1993 season, giving an average of 3,000 ha for the 3 seasons under consideration. Beginning with the adoption in November 1996 by the Politburo of the Communist Party of Vietnam of Decree 06/CT on the reinforcement of the "leadership and direction over drug control activity", an acceleration of the eradication programme was clearly noticeable. During the 1996/1997 season, the eliminated areas amounted to slightly over 70% of the planted areas, then, from this season onwards, the eradicated areas tend to correspond almost exactly to those planted areas detected.

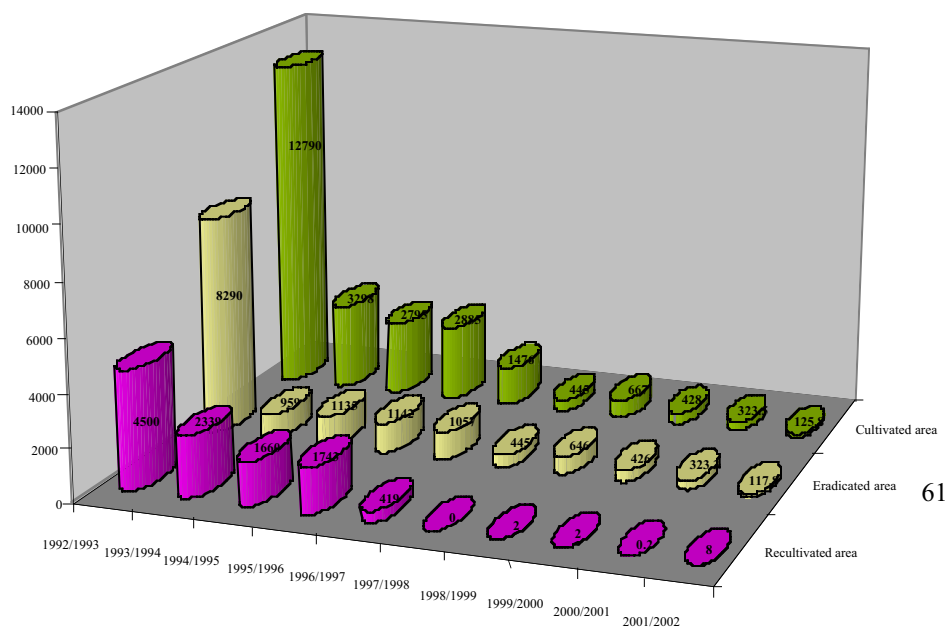
It should be noted that during the 2001/2002 season, there was a larger difference than in the preceding years between planted areas and eradicated areas. This difference of eight hectares corresponds to very small poppy fields that have not been systematically pulled up, without it being possible to

determine precisely the local tolerance criteria or what became of any potential opium production derived from these eight hectares.

The evaluations of UNODCCP and of the USG concerning areas planted with poppies in Vietnam differ in the same proportions as the respective estimates of these two organisations concerning opium production; which is perfectly logical as the first serve as the basis for calculation of the second. It should be noted that the UNODCCP estimates are similar to the official Vietnamese data, but only those concerning planted areas and not those concerning the areas actually harvested. In other words, the statistics provided by UNODCCP clearly do not take eradicated areas into account.

The three graphs that follow are concerned with the eradication policy in the provinces of Son La, Lai Chau and Lao Cai (see Graphs 5, 6, and 7). Just as for the production of opium, the general trend found at the national level is also present at the level of the three provinces with particularities that confirm the difficulties encountered there by the eradication policy. On this subject, it should be noted that the two problems of opium production and the re-planting of poppy fields do not overlap perfectly in the context of an eradication policy. Indeed, drug production can be nil or negligible, without this giving an indication of the support of the population for an eradication policy. On this point, only an analysis of the areas replanted from one year to the next is pertinent.

Graph 4
Cultivated, eradicated and harvested areas in the 12 highland cultivating provinces, in ha



*Source: CEMMA, Report on Implementation of the National
Programme on Drug Control, 1993-2000*

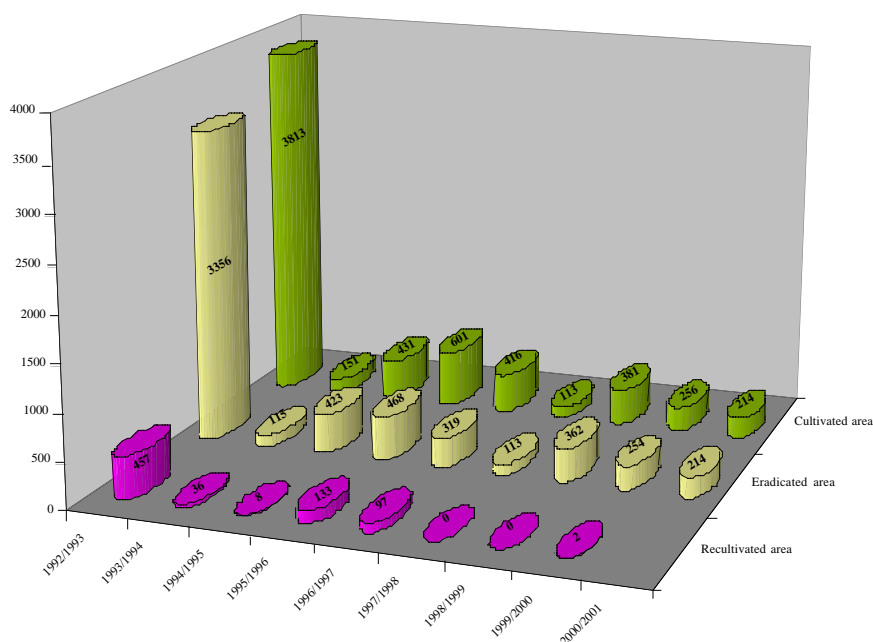
Opium Poppy Eradication in Son La

In Son La province, good results were initially obtained. This was not only because 88% of the areas planted during the 1992/1993 season were eliminated, but above all because the areas replanted with poppies the following season were negligible (see Graph 5). In 1992/1993, Son La was the province with the most extensive areas under poppy cultivation (3,813 ha), followed by Nghe An (3,183 ha). The following year, there were only 151 ha in Son La province, while Nghe An contained more than 74% of the total areas planted in all of Vietnam with 2,458 ha. If we add that the eradication programme had a limited impact in this latter province, it is easy to understand why Nghe An became the major opium-producing province during this period.

But the good results recorded at the beginning of the 1990s in Son La province are only partially confirmed by what followed. When compared with the national level, the percentages of surfaces eradicated in the seasons 1994/1995, 1995/1996 and 1996/1997 are considerably higher in Son La province, by 76% to 98% of all provincial planted areas detected. However these results do not prevent the increase in areas replanted the following season, a trend particularly notable during the 1995/1996 season. Towards the end of the decade, the balance between cultivated and eradicated areas was not systematically reached at the provincial level. In 1998/1999, the difference was about 20 hectares even though the official statistics show that no areas had been harvested; and in 1999/2000 the only two hectares detected nationally as having been harvested were harvested in Son La. It should also be noted that while the data are lacking for the areas harvested in 2000/2001, there is in fact a slight difference of 0.3 ha between the areas planted and those eradicated during this season (214.755 and 214.475 ha). During the last few years, Son La has clearly been the province in which the principle of eradication of poppy cultivation has had the most difficulty in establishing itself, to the degree that Son La comes systematically top of the national league table of poppy areas replanted annually: in 1998/1999, 57% of these areas are in the province, 59% in 1999/2000 and 66% in 2000/2001.

Graph 5

Recent planted, eradicated and harvested areas in Son La province, in ha



Source: CEMMA, Report on Implementation of the National Programme on Drug Control, 1993-2000

Opium Poppy Eradication in Lai Chau

In the late 1990s and early 2000s, a generally comparable change to that in Son La takes place in Lai Chau province. Even if the harvested areas are nil, the seasonal variations in replanted areas seem to indicate a certain resistance to the principle of prohibition, or at least its less successful establishment than at the national level. In 1998/1999, these areas increased by 84% in relation to the previous season, and even though they began to fall at the end of the period, Lai Chau remained the second province at national level in terms of re-cultivation: 34% of the national total in 1998/1999, 27% in 199/2000 and 25% in 2000/2001.

Opium Poppy Eradication in Lao Cai

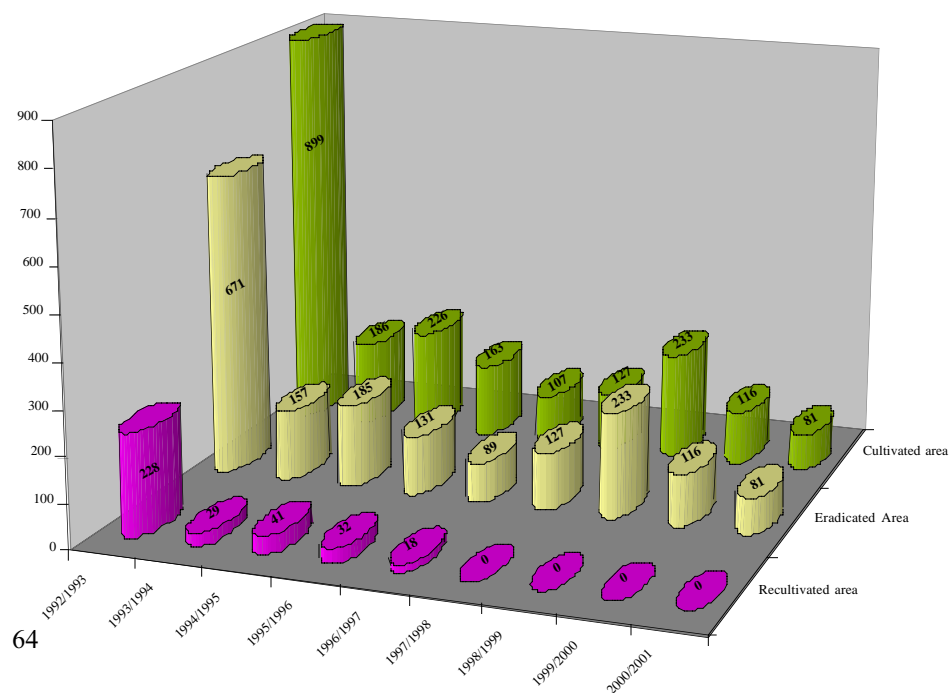
In Lao Cai province, a significant increase in re-cultivated areas was recorded during the seasons 1995/1996 and 1996/1997. At this time, the province came in third place behind Nghe An and Son La, both in terms of areas cultivated and areas harvested, because of a relatively limited implementation of the eradication programme. With reference to the last seasons of the 1990s,

replanted areas diminished considerably and a balance was established with eradicated areas, except in 1998/1999, when the two hectares harvested nationally were harvested in that province. Finally, it should be noted that Lao Cai is one of the group of 4 provinces with the greatest areas of cultivation in 1998/1999, 1999/2000 and 2000/2001, but far behind Son La and Lai Chau, with in those years only 2%, 4% and 4.6% respectively of the national total.

The figures just analysed deserve some comment. Firstly, the data concerning poppy cultivation recorded in communes making up the districts of each of the opium-producing provinces of Vietnam are not systematically available. There is thus a probable discrepancy between the official statistics and the areas actually planted and harvested. Secondly, the available data are obviously concerned only with recorded areas of cultivation and do not take into account covertly cultivated areas that are never discovered by the authorities of the commune, the district or the province. In other words, when statistics show that the areas harvested are nil, this does not mean that no poppy plants were grown in the provinces of Vietnam, but that the authorities applied their eradication programme systematically in each of the communes where data are available and for all recorded areas of cultivation.

Graph 6

Recent planted, eradicated and harvested areas in Lai Chau province, in ha

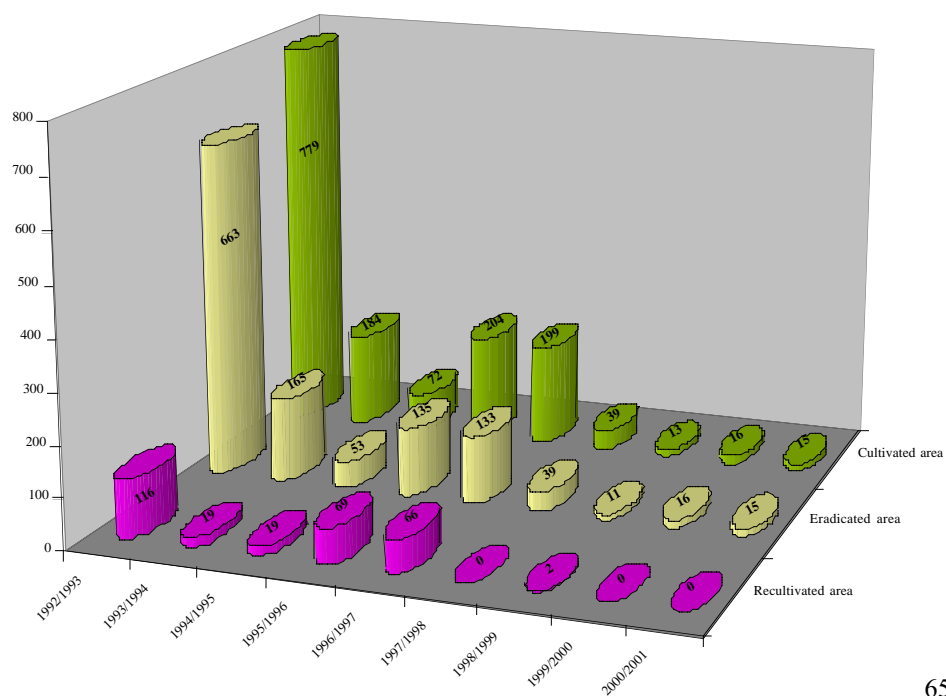


Source: CEMMA, *Report on Implementation of the National Programme on Drug Control, 1993-2000*

The financial resources invested in this eradication programme were significant in its initial phase, then decreased progressively from the middle of the 1990s as the programme's success increased. It should be noted that the three provinces of Son La, Lai Chau and Lao Cai are among the provinces in which the largest investments were made in the initial phase of the programme. From the time when most cultivated areas had been eradicated, beginning in the 1997/1998 season, there were no further reasons for the budget specifically allocated for eradication to remain high. From then on, investment has been transferred into the domain of development of replacement crops.

Graph 7

Recent planted, eradicated and harvested areas in Lao Cai province, in ha



*Source: CEMMA, Report on Implementation of the National
Programme on Drug Control, 1993-2000*

On the basis of available information, we can consider that the procedures followed to implement the eradication programme have been mainly founded on propaganda, encouraging producers themselves to destroy crops and economic aid to farmers who have proceeded to pull up their fields of poppies. It would seem that in the first phase of the eradication programme, the policy consisted of giving direct support to households who ceased their production. This support could be reduced or even removed if it was discovered that poppies had been replanted. However, this policy had twin drawbacks. Firstly, it created an inequality between opium producers and non-producers in the regions where poppies were cultivated, the former receiving government assistance unavailable to the latter. Secondly, it could even incite replanting of poppies with a view to claiming government aid. From 1998, this policy seems to have been abandoned in favour of assistance on a case-by-case basis, granted according to the criteria of poverty reduction programmes, which are available to all households.

Table 3
Budget invested in opium poppy eradication only, in billions of VND

	1993	1994	1995	1996	1997	1998	1999
Son La	5.38	4.60	4.20	3.22	2.50	0.70	0.80
Lao Cai	3.44	3.20	3.20	2.32	1.50	0.61	0.20
Lai Chau	2.50	2.20	2.20	1.71	1.50	0.55	0.40
Ha Giang	4.11	4.00	3.70	2.00	1.70	0.30	0.10
Nghe An	2.56	3.10	3.30	1.92	2.50	0.70	0.80
Cao Bang	2.76	2.50	2.40	1.62	1.20	0.72	0.30
Yen Bai	1.61	2.00	2.00	1.80	1.20	0.40	
Than Hoa	1.59	1.80	1.70	1.18	0.90	0.43	0.10
Hoa Binh	0.78	0.70	0.60	0.37	0.30	0.10	
Lang Son	0.50	0.50	0.40	0.15	0.20	0.11	
Tuyen Quang	0.25	0.20					
Bac Thai	0.25						

Total	25.73	24.80	23.70	16.29	13.50	4.62	2.70
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Source: Do Van Hoa, Ha Dinh Tuan, Research Study of the Vietnamese Experience on Opium Eradication, unpublished draft report, 2002.

The measures aimed at avoiding the replanting of poppy fields are applied jointly by the regional and local authorities. At the communal level, the local authorities carry out prevention and information activities before the sowing season even begins. During the period of poppy cultivation, surveillance is carried out by the communal authorities, but also by the delegates of the district or provincial authorities who visit the regions of potential opium production. The clauses of the penal code relevant to poppy producers are apparently only applied in exceptional cases, meaning when producers systematically replant poppies and fail to remove them.

According to one survey of which the source date is unfortunately not given, the attitude of local people to the eradication policy is in the main favourable (see Table 4).

Table 4

Public opinion census in the former opium poppy (OP) cultivating region of Vietnam on OP eradication policies, in %

Question	Answer	Hmong	Dao	Others	Total
Believe in success of OP eradication	Yes	92.3	93.4	96.5	95.6
Don't like planting OP	Yes	72.3	72.4	70.3	71.2
Agree with OP eradication policies	Yes	72.1	73.5	86.5	78.5
Have eradicated OP	Yes	93.6	95.6	100	98.8
Possible re-growing OP	Yes	26.6	25.6	25.3	26.3

Source: Do Van Hoa, Ha Dinh Tuan, Research Study of the Vietnamese Experience on Opium Eradication, unpublished draft report, 2002.

It is clear that in poppy-growing regions, people are very widely convinced of the irreversible nature of the government's policy and of its success, as shown by the 95% of positive replies to the question concerning the success of the eradication programme. However, a significant minority do not agree with the official policy, a trend particularly noticeable among the Hmong and the Dao, where more than a quarter of the responders are not in agreement with the eradication policies. Moreover, a similar proportion does not exclude the possibility of replanting poppy fields.

The motivations of farmers who replant poppies can be better understood from the results of a survey carried out by the MARD at the beginning of the 2000s (see Table 5).

Table 5

Survey results on the reasons for planting opium poppies

Reason for cultivation	Ratio (%)
To earn money	27.1
To treat animal diseases	19.3
To treat human diseases	17.7
For celebrations	13.3
No alternative crops or livestock	11.1
For family consumption	3.2
Others	8.3

Source: Do Van Hoa, Ha Dinh Tuan, Research Study of the Vietnamese Experience on Opium Eradication, unpublished draft report, 2002.

These data are particularly interesting and merit a few comments. Firstly, it should be noted that domestic consumption of production is the declared intention of more than half the respondents. In this category of replies, it cannot be excluded that some reasons given do not correspond to the primary motivations of respondents but to answers which appear to their eyes more legitimate or acceptable in the context of the fight against drug consumption. This hypothesis could explain the high percentages recorded for answers concerning the curative use of opium, whether for veterinary or medical purposes. With reference specifically to the therapeutic use of opium, these results appear to show evidence of the persistence of this practice, while the interviews conducted within the framework of the assessment give results pointing rather towards its disappearance in favour of the use of modern medicine (see below). It should be noted next that the economic motivations are only evoked by less than 40% of respondents, of whom 27% evoke a reason directly linked to profit, and 11% evoke a reason involving economic necessity. Once again, it is very possible that the real motivations are hidden by answers deemed suitable. With regard to the economic interest represented by opium, this hypothesis is all the more credible that one of the effects of the eradication policy has been a sharp increase in the price of the drug. While in 1994, it was estimated that a kilo of opium was worth 150,000 dong, the same kilo was worth 26 million dong in 2000.⁹³ During this same time, the value of

⁹³ In 2002, the average wholesale price in US\$ (US\$1=VND15,000) of 1kg of opium in Son La was \$230, and in Lai Chau it was \$330. In Hanoi it rose to \$400, while in HCMC it was recorded as being \$1,460. The wholesale price of heroin, on the other hand, was \$15,700/kg in Son La, and only \$11,800/kg in Lai Chau. In Hanoi it was approximately \$25,000/kg wholesale, and \$68,500/kg retail; and in HCMC it was \$17,000/kg wholesale and approximately \$22,000/kg retail (MPS, unpublished data, 2002).

other agricultural goods had only increased in considerably more modest proportions (see Table 6).

If we accept this evaluation – which is also calculated at a yield of 3 to 4 kilos per hectare – this means that the harvest of a hectare planted with poppies represented at the beginning of the 2000s a value greater than 100 million dong. Together with the factors explained elsewhere, this economic factor can explain the difficulties at the local level in permanently establishing the principle of the elimination of poppy cultivation.

Table 6
*Temporal change in the price of some selected agricultural products
(in '000 VND/kg)*

Crop/animal	1994	2000
Rice	1.20	1.80
Corn	1.60	2.50
Soybean	3.00	3.50
Tea	15.00	20.00
Pork	18.00	20.00
Beef	25.00	35.00
Opium	105.00	26,000.00

Source: Do Van Hoa, Ha Dinh Tuan, Research Study of the Vietnamese Experience on Opium Eradication, unpublished draft report, 2002.

The eradication of poppy growing was only one of the constituents of the programme launched by the Vietnamese government at the beginning of the 1990s, its indispensable counterpart being the economic development of the producing regions and more specifically the introduction of replacement crops (tea, cardamom, cinnamon, soybeans, etc.). Although this dimension is not directly part of Project AD/VIE/01/B85, it is nonetheless certain that it is an essential issue in the fight against drug production and consumption. The long-term success of the eradication programme is closely dependent on former opium producers finding viable alternatives. Similarly, the reduction in the number of consumers and the social reintegration of drug users having followed a programme of detoxification are all equally closely linked to economic perspectives developed in local communities.

Considerable achievements have been made in opening up the economy in poppy-growing regions. They have not however entirely met the needs of an establishment of durable alternatives to opium production. Although the living conditions of the ethnic minorities in the north of the country generally improved during the 1990s – in the domains of income, access to villages by roads suitable for motor vehicles, the public health system, electrification of communes or access to drinking water – the expenditure per capita there remains much lower than the national average, while the level of poverty continues to be higher than the national average.

Table 7

Key indicators for major ethnic minority groups, 1993 and 1998, based on VLSS data

	Poverty headcount (% of people)		Expenditure/capita '000 dong, 1998 prices	
	1993	1998	1993	1998
Vietnam overall	55	36	2,043	2,751
Kinh	52	30	2,105	2,899
Hoa	11	8	3,843	5,119
Khmer	70	57	1,521	1,882
Central Highland Minorities	92	91	1,021	1,090
Northern Upland Minorities	84	73	1,323	1,594

Source: Ba ulch et al, Ethnic Minority Development in Vietnam: a socio-economic perspective, paper presented at MPI-World Bank workshop "Economic growth and household welfare: policy lessons from Vietnam", Hanoi, May 2001

Other figures indicate a clear reduction of poverty in Son La, Lai Chau and Lao Cai provinces, all ethnic groups mixed together. So the poverty rate falls from 45.2% to 30.3% in Lai Chau province from 1995 to 2000 and from 36% to 24% in Lao Cai province from 1996 to 1999.⁹⁴ Whichever indicators are used, there can be no doubt that the ethnic minorities of the Northwest belong to the most underprivileged groups in the Vietnamese population and that the gap between rich and poor has been widening recently between the Kinh on one hand and minority groups on the other, excluding the Hoa and the Khmer.⁹⁵

In the domain of replacement crops, adjustment policies will still be necessary to guarantee the medium-term economic viability of the proposed

⁹⁴ Lo Van Puon, "Ethnic Minorities in Lai Chau Province", in *Vietnam Ethnic Minorities in 20th Century*, Hanoi, 2001. Trang A Pao, "Ethnic Minorities in Lao Cai Province", in *Vietnam Ethnic Minorities in 20th Century*, Hanoi, 2001.

⁹⁵ Poverty Task Force, *Reducing Ethnic Minority Poverty*, Consultation draft, UNDP-Vietnam, November 2001

alternatives. Apart from the problems linked to infrastructure in remote areas as well as to technology and skills transfers, the new production activities proposed to former poppy growers must guarantee them such markets and income as to dissuade them from returning to their previous activities. Different government programmes contribute to the implementation of this objective insofar as they provide support to ethnic minorities and encourage economic development in remote areas (e.g. HEPR, programme 135, programme 327, subsidies for transport expenses in accordance with Decree n°20/1998/ND-CP). However, the implementation of these programmes has met with a certain number of obstacles that have reduced their impact. These are analysed in a document published by the Asian Development Bank in 2002. Let us recall some of them to mind: imperfect co-ordination between the different programmes, “top-down” approaches insufficiently focused on the participation of minorities themselves in the assessment of their needs, difficulties in reaching the most underprivileged sections of the population, problems linked to cash flow, market fluctuations in the price of agricultural produce, and imperfect knowledge of financial mechanisms on the part of beneficiaries of loans and subsidies.⁹⁶ In short, the question of essential accompanying measures for the sustainable establishment of the opium poppy eradication programme is an integral part of the larger framework of the challenge represented by economic and social development in the mountainous regions of Vietnam.

Apart from the problems inherent to economic development, there are others specifically linked to poppy cultivation. Firstly, opium production had been tightly integrated into the economic activities of some ethnic groups for more than a century and its prohibition represents in this respect a break with tradition that inevitably requires a period of adaptation. Further still, this has happened within a context of broad socio-economic transformations liable to disorient these groups, namely the transition from a subsistence economy to a partially subsidised economy with the final objective being a socialist market economy. Secondly, for some ethnic groups, opium possesses more than just an economic dimension. Among the Hmong and the Dao, it forms an element of social life, and here again a period of adaptation is doubtless necessary before the principle of opium production’s prohibition is fully assimilated. Thirdly, in the provinces of Northwest Vietnam, this principle has come into force in a paradoxical situation, since the same ethnic groups living on one side or the other of the border are not subject to the same restrictions. In this perspective, the development of the Laotian policy

⁹⁶ *Indigenous People/Ethnic Minorities and Poverty Reduction in Viet Nam*, Manila, Asian Development

concerning poppy cultivation is a crucial element that could lead to the reduction or elimination of this unequal treatment. From 1998 to 2002, the areas planted with poppies in Laos were reduced from 26,800 ha to 14,052, a fall of 47.6%, and the policy of the authorities in Vientiane favours the elimination of opium poppy production.⁹⁷ Fourthly, it is uncertain that the therapeutic use of opium has totally disappeared among ethnic minorities. In this regard, the efficiency and efficacy of the local public health system is just as vital as the accompanying economic measures to avoid the phenomenon of replanting of poppy fields.

Following these remarks on the difficulties encountered in the permanent establishment of the opium poppy eradication programme, it is worth adding some general lessons learned from the Thai experience on this subject. From the UNDCP document prepared on the subject by Ron Renard, we note the following points. Firstly, “the flow of information is essential for sustainable development”. Secondly, “emphasis should be placed on identifying participatorily and holistically ways that growers can make a living without opium”. Thirdly, “implementation will be more efficient with an area approach; insofar as possible authority should be given to officials with interdisciplinary, multi-agency control over opium regions”. Fourthly, “development agencies and government should establish guidelines for data categories; data collected by the villagers should be stored according to how they interpret it.”⁹⁸

In the third part of this report, some of these points will be developed in relation to implications they may have in the framework of Project AD/VIE/01/B85. For the moment, it is worth emphasising the importance of data concerning the sociological characteristics of opium producers for a better understanding of the phenomenon of poppy re-cultivation in the context of the eradication policy. The sources of information to which it has been possible to obtain access for the preparation of this report are given below. They remain far from exhaustive and would benefit from being completed and systematised in order to provide as full a picture as possible of the problem.

A survey carried out jointly by the General Department of Statistics and CEMMA, but unfortunately not subsequently repeated, gives the following data for 1994, at a time when about 3,000 ha were planted. At this time poppy cultivation involved 123,000 people, spread among 18,373 families living in 81 districts of 12 provinces located in the north of the country. In the three

Bank, 2002.

⁹⁷ UNDCP/LNDCS, *Opium Survey*, Vientiane, August 2002

⁹⁸ UNDCP, *Eliminating Opium: Lessons from Succeeding in Thailand*, Bangkok, 2000

provinces of Son La, Lai Chau and Lao Cai, the numbers of people dependent on the production of this crop were respectively 16,200, 26,100 and 16,600 grouped into 2,440, 3,728 and 2,560 families.⁹⁹ In the 12 provinces together, the disaggregated percentages of producers included 75% Hmong, 5% Dao, Thai and Kho Mu, with the rest being Tay, Nung, Kinh, Muong and Han. These last figures show that the Hmong made up the vast majority of producers in the 1990s, but also demonstrates the fact that poppy cultivation was widespread among various ethnic groups living in the northern provinces of Vietnam.

Other statistical data collected by the CPLS in 1997 and already mentioned previously, concerns the ownership of poppy fields in five producing provinces, including Son La, Lai Chau, and Lao Cai. From 68 to 74% belonged to the family unit as a whole; from 5 to 12% belonged to daughters or daughters-in-law of the household, from 5 to 7% belonged to elderly members of the household, and from 12 to 13.5% belonged to drug 'addicts'.¹⁰⁰

A more systematic collection of this kind of data would make it easier to understand the development of the practice of replanting poppy fields, particularly in determining whether the proportion of poppy fields belonging to households in which there are drug users is on the increase. More generally, an improvement would be useful in statistics relating to ethnic distribution of poppy growing in order to pinpoint the practices specific to each ethnic group and their reaction to the eradication policy. The different ethnic minorities cannot be considered as a homogenous whole, and in fact even the concept of ethnic minorities only has any meaning when it is placed in the perspective of the majority group in the Vietnamese population, the Kinh. It should definitely not be presupposed that the different ethnic groups adopt identical positions with regard to the opium question, or that they run up against the same sorts of problems in the framework of the eradication policy. Similarly, a furthering of our knowledge by statistical and anthropological inquiry should allow us to adapt the accompanying policies to each specific group. This consideration is not limited to the matter of poppy cultivation and remains wholly valid with regard to the problems linked to drug consumption.

Some of the data just mentioned are in all likelihood available at the commune, district, province, or central government level. It could be

⁹⁹ The households recorded by these statistics were those considered dependent on poppy cultivation in the sense that they derived a significant part of their income from it. It appears that it was in this instance a matter of potential income, since at that time opium production as recorded by official statistics was relatively low, except in Nghe An province (UNODC Project B85, unpublished research report, 2002).

¹⁰⁰ CPLS, Report on 3 groups analysis and suitable solutions for each group of poppy planting areas, Hanoi.

appropriate to gather them onto a computerised data base that would be updated with new information collected according to the emerging needs in the context of the various development projects concerning the areas where poppies are still being replanted. More specifically, when collecting and entering this complementary information, attention should be paid to formulate it in terms fully understandable to the minorities involved - partly to guarantee its relevance, and partly because this information should later become available to the local communities concerned.

2. Trafficking

For a number of reasons, reducing the domestic opium supply could not dry up the market for drugs in Vietnam. Firstly, because opium from a foreign source could easily replace local production. Secondly, because other types of substances which are not produced in the country are consumed there. In this respect, it is worth pointing out that to-date only one heroin fabrication laboratory has been discovered on Vietnamese territory and that only one case of ATS domestic production has been detected. The heroin fabrication facility was found in a farmhouse in Tuong Dung district, Nghe An province in May, 2000. The ATS laboratory, which was dismantled in 1998, was located in Aoc Mon in the suburbs of HCMC and reportedly was operated by two Taiwanese Chinese. According to information from the DEA, not confirmed by Vietnamese sources, there may however still be a limited production of ATS on Vietnamese territory.¹⁰¹ In point of fact, given that the knowledge transfer necessary to undertake the domestic fabrication of these drugs is demonstrated as having already occurred, it would not be difficult to assume that additional fabrication facilities may be present in the country.¹⁰²

The launch of the poppy growing eradication programme at the beginning of the 1990s was particularly motivated by the spread in the consumption of opium in urban and suburban regions of the country. In this period, the priority target in terms of the reduction of the supply was identified as being at the domestic level; then it became rapidly clear that the growth in the consumption of drugs was interlinked with an increase in international trafficking. In fact, drug issues take on a new dimension in Vietnam in the middle of the 1990s (see below). Significantly, the implementation of

¹⁰¹ INCSR, 2003.

¹⁰² Instances of heroin re-processing have been recorded in two of the assessment locations in 2002/2003, as well as confirmed instances of direct trafficking of heroin from Myanmar by various local ethnic minority group members. The heroin involved in these instances is usually in cake form (1 cake = approx. 300g). Commonly, the heroin is 'cut' with other substances, reducing its purity but increasing its volume, and re-pressed for further distribution. One instance recorded in Na U commune in 2002 involved nearly 10kg of heroin cake.

Resolution 06/CP was initially placed under the supervision of CEMMA, but in 1997 the creation of VNDCC is accompanied by a strengthening of the role of the Ministry of Public Security in the new national drug control agency.

In the north of the country, a certain number of provinces located on the Chinese and Laotian borders are the main routes by which foreign drugs enter the country. In the provinces of Quang Ninh, Lang Son and Lao Cai, it is mainly psychotropic substances (e.g. Diazepam, Seduxen, Pipolphen, Dolagan) from China that are introduced into Vietnam. But the specialised literature also mentions that raw opium is taken into China from Lao Cai province then processed before being re-exported to Vietnam.¹⁰³ UNODC and the DEA also indicate the introduction of heroin and ATS into Vietnam from the Chinese province of Yunnan, without however specifying if this heroin is produced from raw materials coming initially from Vietnam.¹⁰⁴ In Nghe An, Lai Chau and Son La provinces, opium, heroin and ATS originating from Laos, Myanmar and Thailand are introduced into Vietnam, and are then either consumed on the spot, or trafficked to larger urban centres for sale, consumption, or to be re-exported onto the international market.

In Lao Cai province, Highway 70 leading to Yen Bai forms a main route along which travel psychotropic drug products originating in China. In Lai Chau province, Dien Bien district is an entry point from where begin two of the main routes of drug trafficking into Vietnam. The first one follows a path up Highway 279, then Highway 6 in the direction of Thuan Chau, and then on to Son La, Hoa Binh, and finally Hanoi. The second one follows a path up Highway 12 to Lai Chau town, and then on to Phong Tho and finally to Lao Cai town, following Highway 4. In Son La province, Highway 43 goes from the Laotian border to Moc Chau, where it meets Highway 6, already mentioned above. Lastly, it should be noted that from Son La province, drugs also travel in the direction of Yen Bai, via Nghia Lo.

¹⁰³ Dao Quang Vinh, *A Qualitative Study of HIV Risk among Injecting Drug Users in Vietnam: Reasons for Sharing Syringes and Needles*, Master's Degree Thesis, University of Amsterdam, 2002.

¹⁰⁴ INCSR, 2003.



Photo by Jason Eligh

The “heroin” Highway 6 running to Son La

The location of the assessment communes and the trafficking taking place there will be presented in the third part of this report. It can already be noted however that the main routes which have just been described are not necessarily the routes that supply the communes concerned by the Project. Only the two communes of Thuan Chau district, located on both sides of Highway 6, are most certainly supplied in drugs directly from one of these routes. In the case of the two communes located in Dien Bien district and adjoining the Laotian border, it is unlikely that the imported substances cross the border at the Tay Trong border crossing, when it is much simpler and safer for dealers to take clandestine highland paths allowing them direct access to the communes in question without taking Highway 279. As for the communes of Bat Xat district, they are supplied in drugs following specific means that involve the hinterland as much as the road network.

To conclude this general presentation of the drug trafficking routes in Vietnam, three remarks should be made. Firstly, the road network of the northerly provinces is limited. Given the topography of the regions concerned, there is no real alternative to the routes mentioned to transport substances from Laos or China over a long distance. As for the substances coming specifically from Laos, there is no question that the trucks making regular commercial connections in the border provinces and beyond, towards the centre of Vietnam, are one of the main vectors of trafficking. It must be said that the volume of these commercial connections is very variable according to the road routes considered. While there is relatively little road traffic between the Laotian border and Son La via Dien Bien Phu, or else between Dien Bien Phu and Lao Cai via Lai Chau, by contrast Highway 6 between Son La and Hanoi is significantly busier.

Secondly, drugs reach places of consumption by taking various itineraries. Without referring here to the local itineraries, which will be discussed later on, we can mention the information provided by the chief of the anti-drug police office of Lao Cai provincial police department. According to him, small quantities of heroin coming from Laos are sold to consumers in Lao Cai, after having transited through Dien Bien Phu, in Lai Chau province. At the same time, members of the ethnic groups of the Pha Long region, Muong Khoung district, go to Hanoi and then to Moc Chau district, in Son La province. From there, they reach Laos where they acquire the opium which is then brought back to Lao Cai province by car, again via Hanoi. In yet another trafficking possibility, dealers get their opium supply in Son La province, reach Hanoi by road and then take the train to Lao Cai.

A MAP OF LAI CHAU



Lai Chau is the nexus of myriad Southeast Asian drug trafficking routes.

All cases taken together, the Vietnamese authorities have prosecuted an increasing number of infractions to the legislation on drugs since the beginning of the 1990s. For the period starting in the second half of the 1990s only, the number of drug cases was 3,813 in 1996 and the number of prosecuted individuals 6,651; these are overall figures that cover all types of drug charges and not only cases of international trafficking. In the same year, 839 kg of opium, 54.75 kg of heroin and a limited quantity of substances of the ATS category were seized by the security forces. Five years later, the number of drug cases reached 12,811 and the number of prosecuted persons was 21,103. At the same time, 589.4 kg of opium, 40.33 kg of heroin and 593,662 tablets of synthetic drugs as well as 43,160 tablets of the ATS group were seized.¹⁰⁵

These figures raise several points. First of all, the number of cases prosecuted significantly increased during the given period with an annual increase of 20% since 1998, except for 2000, when a slight drop of 8% was reported (see Graph 8). Next, the seizure figures seem to indicate a larger presence on the market of synthetic drugs and of substances of the ATS type, but the fall of heroin seizures does not necessarily illustrate an actual decrease in the consumption of this drug (see below). Lastly, and as everywhere else, the seizures carried out only represent a tiny proportion of the substances in circulation.

The last two considerations just expressed naturally lead to the question of the availability of each type of substance on the Vietnamese market. Regarding heroin, drug users seem to have no supply problem in urban areas, like the Hanoi IDUs interviewed recently for a survey conducted by UNDCP.¹⁰⁶ In rural areas, the question is more difficult to resolve, as we will see when analyzing results of the primary data collected during this assessment. The same data tend to suggest that the opium market is generally well supplied, but that the cost of buying it regularly drives the poorest drug users to adopt specific drug consumption methods. Hence the practices of resorting to additives, like APC tablets reduced to powder, or of taking opium decoctions orally or intravenously are probably closely linked to the growing shortage of the drug following the implementation of the eradication programme.¹⁰⁷ As for ATS, everything leads to believe that they are emerging substances on the Vietnamese drug market. While their consumption is still relatively limited, at least compared proportionally to other Southeast Asian countries, their increased availability is very likely to redefine the structure of this market.

¹⁰⁵ VNCADPC, *Drug Control Activities in Viet Nam*, Hanoi, 2002.

¹⁰⁶ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002.

¹⁰⁷ APC is a pharmaceutical substance composed of Aspirin, Phenacetin and Caffeine. On this subject, see the third part of this report.

At the provincial level, available data are as follows. In Lai Chau province, proceedings were taken in 985 drug cases and 1,826 individuals charged from 1998 to 2000. More specifically regarding drug trafficking and dealing, 705 persons were charged, 435.5 kg of opium and 29.2kg of heroin were seized. In Son La province, proceedings were taken in 472 drug cases and 573 individuals charged from 1997 to 1999, and during that period, 8.7 kg of heroin and 283 kg of opium were seized. Here again, the cases detected probably only represent a tiny portion of actual trafficking, given that both provinces are major entry routes for drugs into Vietnam. Lastly, the chief of the anti-drug police office of Lao Cai provincial police department states that proceedings were taken in an average of 140 cases involving 260 individuals since 1998, the date when a provincial police unit specialised in the fight against drugs was formed.

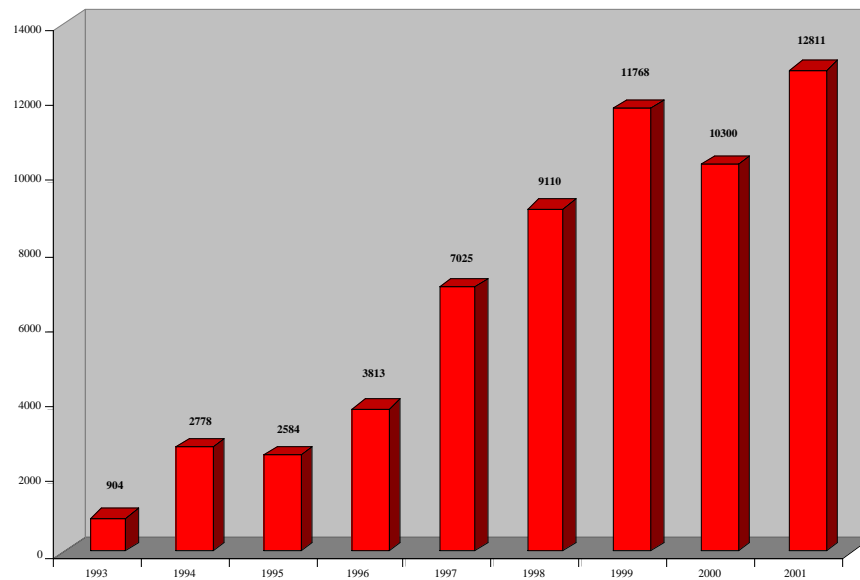
The Vietnamese authorities underline the changes affecting trafficking. Whereas until recent times domestic trafficking only concerned small quantities of drugs, now networks of drug dealers are better organised, have international connections, deal in larger amounts of drugs and introduce new substances onto the Vietnamese market. This trend is heading towards the emergence of a phenomenon of organised crime with the appearance of groups who are better structured and more aggressive. Several examples illustrate this trend.

The first one directly concerns one of the communes in Dien Bien district involved in this assessment. In October 2001, an undercover agent of the anti-drug police and two informers were shot in an ambush set up a few kilometres away from Na U commune by a gang of drug dealers armed with AK 47s. One of the murderers, Ly A Thai, of Hmong origin, was arrested a few days later in Dien Bien Phu while he was registering a motorbike bought with part of the 100 million dong carried by the undercover agent. Other members of the gang were arrested over the next few days. For some reason they had chosen not to flee over the Laotian border, but rather to stay in Dien Bien district.

Other examples bring to light increasingly common cases of dismantling of structured networks. In 1997, the trial of the Vu Xuan Truong network exposed the involvement of some police cadres in the trafficking of several hundred kilos of drugs. In 2000, the trial of the network operated by Nguyen Van Tam and Nguyen Van Quyet concerned trafficking of about 300 kilos of heroin and as much opium. In 2002, about 40 kilos of heroin and more than 200 kilos of opium featured on the charge sheet of the Nguyen Duc Luong network. And while the trial of the Nguyen Duc Luong network was still going on at the Nghe An Province's People's Court in Vinh, the court in Ha Tinh gave 4 death

sentences to traffickers accused of the sale of 7 kilos of heroin.¹⁰⁸ It is well known that the Vietnamese legal system is particularly severe towards drug traffickers. During the period 1996-2001, the courts passed down 288 death sentences, 255 sentences of life imprisonment, 2,292 of between 10 and 20 years in prison and 19,223 sentences of less than 10 years or other kinds of punishment.

Graph 8
Number of drug-related cases detected, 1993-2000



Source: VNCADPC 2002

To conclude with the question of trafficking, it is worth mentioning a poorly-recorded aspect of the problem. It concerns the possible influence of Western drug tourism on local trafficking in the areas inhabited by ethnic minorities. It is known that in Thailand and Laos, the existence of a demand linked to experimental behaviour of a particular category of tourists has encouraged the development of local trading points for opium. As for Vietnam, some signs seem to indicate that a similar phenomenon could emerge in the context of the growth in tourism activities in the northerly provinces of the country. In Sapa, Lao Cai province, several foreign tourists have reported that opium has been offered to them by Hmong and Dao female street traders. Similarly, a survey carried out at the end of the 1990s on the impact of tourism on Sa Pa district

¹⁰⁸ *Vietnam News*, 12.01.2002.

showed that 10% of international tourists, 42% of domestic tourists and 65% of Kinh townsfolk business individuals questioned believed that tourism had an influence on the drugs problem in the district.¹⁰⁹ However the communes currently involved in Project AD/VIE/01/B85 are not significantly concerned with this drug tourism phenomenon. Three of the four project communes of Dien Bien and Bat Xat districts are located in remote areas and are largely unaffected by tourism.¹¹⁰ As for the two communes of Thuan Chau district, although they are located directly on a major road along which tourists heading to Son La and beyond travel, they do not seem to be visited by these tourists.

3. Consumption

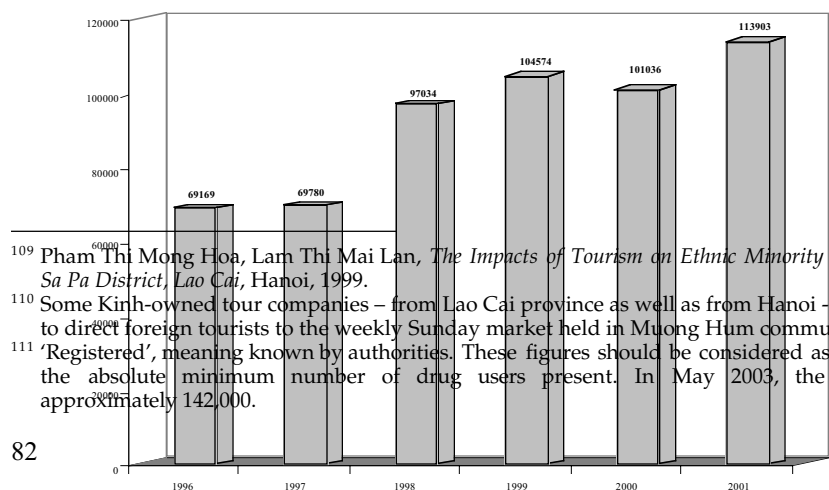
The growth in consumption clearly constitutes the major issue of drug-related public policies and motivated the measures previously described.

The number of drug addicts listed by the authorities

The statistics available since the middle of the 1990s show an increase of nearly 40% in the number of drug addicts registered with the authorities, from 69,169 cases in 1996 to 113,903 cases at the end of 2001.¹¹¹ The annual progression is continuous, except in 2000, when the number of cases goes down slightly, giving an average annual progression of 8%.

At the level of the three provinces involved in this assessment, the trend is contrary to the national one in Lao Cai and Lai Chau provinces, meaning that the numbers of drug addicts there decreased more or less noticeably. In Son La province, however, the statistics indicate an increase in listed cases.

Graph 9
Number of registered drug users in Vietnam, 1996-2001



¹⁰⁹ Pham Thi Mong Hoa, Lam Thi Mai Lan, *The Impacts of Tourism on Ethnic Minority Inhabitants of Sa Pa District, Lao Cai*, Hanoi, 1999.

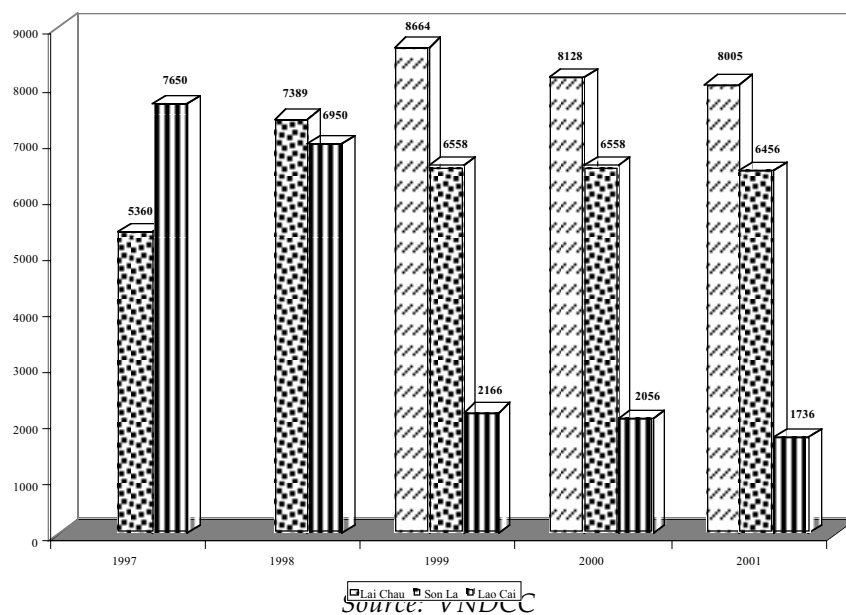
¹¹⁰ Some Kinh-owned tour companies – from Lao Cai province as well as from Hanoi – have begun to direct foreign tourists to the weekly Sunday market held in Muong Hum commune, Bat Xat.

¹¹¹ 'Registered', meaning known by authorities. These figures should be considered as representing the absolute minimum number of drug users present. In May 2003, the figure was approximately 142,000.

Source: VNCADPC, *Drug Control Activities in Viet Nam*, Hanoi, People's Police Publishing House 2002

Graph 10

Number of registered drug users in the provinces of Son La, Lai Chau and Lao Cai, 1997-2001



A first series of figures refer back to an evaluation carried out by MOLISA for the year 1994. The numbers of drug addicts were evaluated at that time as being 15,300 in Lao Cai province, 13,000 in Son La province and 12,000 in Lai Chau province. Since this is an evaluation, these figures cannot strictly be compared with the following data which refer to the number of drug addicts listed by the authorities since 1997. Nevertheless, it seems that in the case of Lai Chau province, the 1994 evaluation was close to the statistics existing at that time for this province. Unfortunately, still in the case of Lai Chau

province, the data are missing for the years 1997 and 1998. Despite this, these figures indicate a remarkable reduction in the number of listed cases in Lao Cai province, from 7,650 in 1997 to 1,736 in 2001, a fall of 77% (see below, and fn. 114). In Lai Chau province, the fall is of only 7.6% between 1999 and 2001; if one considers the 1994 evaluation however, this fall is of the order of 27% when compared against the 2001 figure. Only Son La province records a rise in the numbers of listed cases which go from 5,360 in 1997 to 6,456 in 2001; it should be noted however that they decrease slightly after the peak represented by the year 1998.¹¹²

How should these contrasting fluctuations – at the national level and at the level of Lao Cai and Lai Chau provinces – be interpreted?

One explanation lies in the phenomenon of the ‘urbanisation of drug use’. In December 1994, 1,817 drug addicts were listed by the city of Hanoi. In 1997, the number had grown to 7,800 and went up to 10,000 people in 1998. In Ho Chi Minh City, these figures were respectively 5,296, 10,038 and 17,239 people in 1997, 1999 and 2000. In addition, it remains to be determined whether this phenomenon of urbanisation of drug addiction may have been accompanied by a change in perception of drug consumption. Until the 1990s, the stereotypical image of a drug user in Vietnam was identified with an opium smoker from the northerly provinces. This has been progressively supplanted by that of the urban consumer using heroin. To what extent could this change have influenced the counting of drug addicts? At provincial level, were the criteria applied consistently for establishing statistics of drug addicts? Are these criteria rigorously identical from one province to another or even from one district or one commune to another within the same province?

These questions lead to another, moreover not limited to the case of Vietnam, concerning the very definition of the concept of drug addicts.¹¹³ Where to draw the line between the occasional consumer and the excessive consumer? Particularly in the case of opium smokers, the answer given to this question can have a considerable influence on which cases are taken into account. It should be noted moreover in the analysis of the results of data collected in this assessment there is a discrepancy between the number of drug addicts

¹¹² The statistics for 2002 drawn up at the provincial level and communicated for the preparation of this report indicate an increase in cases listed in Son La and Lao Cai provinces. In Son La province, 8,602 drug addicts are registered in 2002 and 2,241 in Lao Cai province.

¹¹³ In Vietnamese, there is very often little distinction made between the degrees of drug use consumption behaviour. Drug users are most frequently labelled universally as ‘nghien’ (addicts), regardless of whether from a substance use perspective they are or are not addicted. Interestingly, the pejorative term ‘ngheo’ (‘wrenched neck’) is a play on this term, and refers to the perceived appearance of a drug user when they are ‘high’.

recorded by communal statistics and the number of drug users who replied to the questionnaires of the inquiry.

Similarly, we know that the figures of the statistics previously discussed are sometimes considered to be underestimated. Thus, during the 1990s, MOLISA gave estimates of from 185,000 to 200,000 drug consumers in Vietnam, of which 135,000 were opium smokers with the rest made up by IDUs. VNDCC has defended the pertinence of its own statistics by providing arguments that are not without interest: some of the cases included in MOLISA's evaluation concerned old opium smokers who had since died; the local authorities sometimes tended to overestimate the number of consumers in order to siphon off more resources; the mobility of drug consumers could be a factor of overestimation.¹¹⁴ It should be nevertheless remarked that the government organisation responsible for anti-drug policy currently includes in its assessment of the situation the proviso that the real number of drug addicts is "much higher" than the figure from government statistics giving the number of recorded cases.¹¹⁵ Non-official evaluations suggest for the beginning of the 2000s a range of between 128,044 and 183,000 drug users, while specifying that the real number could be much higher.¹¹⁶

A methodological reflection on the typology of consumers, distinguishing between occasional use, regular but controlled use and excessive use, would no doubt help to clarify the debate over the size of the real number of consumers in Vietnam. Along the same lines, it would be worth continuing and generalising the typological approach adopted by CPLS regarding Hmong and Dao opium smokers (see below). But before moving on to the drug problem in Vietnam from the perspective of the substances consumed, it is appropriate to underline the implications of an observation from VNDCC concerning the variation in the number of drug users in the regions where opium had been consumed for a long time among certain ethnic minorities. The theory of progressive reduction in the number of drug addicts as elderly opium smokers die out naturally only holds true so long as there is no replacement phenomenon of the substances consumed. It is important in this context to be particularly attentive to the socio-demographic characteristics of drug users having replied to the questionnaires of this assessment, as indeed to the

¹¹⁴ UNAIDS, *Drug Use and HIV Vulnerability. Policy Research Study in Asia*, Bangkok, 2000. It should be noted that VNDCC's first reason could partly explain the downward trend observed in Lao Cai and Lai Chau provinces.

¹¹⁵ VNCADPC, *Drugs Control Activities in Viet Nam*, Hanoi, 2002.

¹¹⁶ Trang Vu, *Harm Reduction for Injecting Drug Users in Vietnam. A Situation Assessment*, Victoria, Macfarlane Burnet Center for Medical Research, March 2001.

trends that develop locally from the perspective of the types of substances being consumed.

Types of substances consumed

The categories of products available on the Vietnamese market have evolved considerably during the last decade. According to a study done by Robert Power, heroin was rare and had practically disappeared from the drugs scene at the time when he carried out his rapid assessment of the injection situation in Hanoi and HCMC in October-December 1993. Still according to this author, the substance injected by IDUs was opium, either in a preparation made from raw opium (in fact, it appears in this case to have been a form of morphine) or in the form of a product known as “blackwater opium”. This particular substance was obtained from the residue of smoked opium which underwent a series of processes designed to make the product suitable for injecting. The “dross” was boiled, filtered and thrice re-boiled before the solutions thus obtained were mixed and stored in a “pot”. At the time of injection, the substance was frequently mixed with different types of pharmaceutical products (e.g. Dolargan, Seduxen).¹¹⁷

However from the mid-1990s onward, heroin has conquered the Vietnamese illicit drug market to become the main substance smoked or injected in an urban context. Whereas in 1997 a survey conducted in HCMC showed that opium was still the substance used by 99% of the 630 IDUs recruited for the survey,¹¹⁸ heroin use rapidly took precedence in urban contexts at the national level and involved up to two-thirds of drug addicts at the end of the 1990s and 70% to 80% in 2000.¹¹⁹ A case study carried out in Hai Phong in 1999 confirmed the scale of this trend: 72% of 520 drug consumers recruited for the study used heroin.¹²⁰ Opium has not however disappeared from the urban scene, as shown by the seizure of 8.6 kg of this substance by the Hanoi police in a period from December 2002 to mid-February 2003.¹²¹ Apart from opiates, the recent development of the market for ATs, also in the urban context, is certainly one of the major challenges that will face drug-related public policies in years to come. In 1999, a survey carried out in the framework of Project AD/VIE/98/B53 showed that the consumption of amphetamines and ecstasy only accounted for

¹¹⁷ Power R., “Rapid Assessment of the Drug-Injecting Situation in Hanoi and Ho Chi Minh City, Vietnam”, *Bulletin on Narcotics*, 1996, pp. 35-52.

¹¹⁸ Nguyen Tran Hien et al, “The Social Context of HIV Risk Behaviour by Drug Injectors in Ho Chi Minh City, Vietnam”, *Aids Care*, vol. 12, 2000.

¹¹⁹ MOLISA and UNDCP, *Report on Drug Abuse Situation in Vietnam*, Hanoi, 2000. VNCADPC, *Drug Control Activities in Viet Nam*, Hanoi, People's Police Publishing House, 2002.

¹²⁰ Dao Quang Vinh, *A Qualitative Study of HIV Risk among Injecting Drug Users in Vietnam: Reasons for Sharing Syringes and Needles*, Master's Degree Thesis, University of Amsterdam, 2002.

¹²¹ *Viet Nam News*, 21.02.2003.

1% of all substances consumed. But more recent data indicate a clear increase in the consumption of this type of product by certain categories of drug users (MPS, unpublished data, 2002; UNODC, unpublished data, 2002).

An important question that Project AD/VIE/01/B85 will attempt to address, at least for the communes involved, is to determine whether the arrival of heroin on the Vietnamese drugs market is a mainly urban phenomenon or if it also reaches as far as remote areas where opium has been traditionally consumed for several generations. The information currently available on this subject is as follows. Until recently, opium smokers have formed the vast majority of drug consumers in Son La, Lai Chau and Lao Cai provinces; in all likelihood more than 95% on the basis of a survey conducted in the neighbouring province of Yen Bai at the end of the 1990s.¹²² Currently, the data available in Son La province tend to indicate an increase in the consumption of heroin that involves 35% of drug addicts recorded by the authorities.¹²³ Similarly, an RSA carried out in December 2001 in Lai Chau province gives a glimpse of a similar development, stating that “opium smoking is still popular and often leads to smoking and injecting heroin”.¹²⁴ As at the national level, the development of the market for ATs in the three provinces constitutes an immediate issue requiring evaluation according to the prevailing situation.

Sociological characteristics of drug addicts

The sociological profile of a typical drug addict at the national level shows a generally young consumer, male (in more than 90% of recorded cases), unmarried or separated and with a below-average level of education. According to substances consumed, ethnic group or commune, district and province under consideration, this profile varies mainly in the fields of average age of the consumer, level of education and matrimonial status.

Let us first of all consider the data collected in 2000 from 1,787 IDUs in the cities/towns and provinces of Hanoi, Hai Phong, Da Nang, HCMC and Can Tho (see Table 8). They only involve male subjects and very probably the vast majority are Kinh.

Table 8

¹²² The Yen Bai People's Committee, *Project Document on the Social Economic Development for Poppy Cultivation Replacement of Mu Cang Chai District*, December 1997.

¹²³ Committee of Son La Province, *Report on the Results of Drug Evils Prevention and Fighting Throughout 2 Years (2001-2002)*, Son La, September 21, 2002.

¹²⁴ UNDCP, “Drug Abuse in Lai Chau Province: Rapid Situation Assessment”, December 2001.

Socio-demographic characteristics of IDUs in five provinces (2000)

Characteristics	Hanoi %	Hai Phong %	Da Nang %	HCMC %	Can Tho %
Age group					
< 15	0.0	0.3	0.7	1.4	1.8
15-19	6.4	4.6	10.1	17.1	23.2
20-24	35.3	22.1	14.1	46.2	23.7
25-29	20.3	31.8	14.1	30.7	8.3
≥ 30	38.1	41.1	60.9	4.5	43.0
Mean Age (years)	27.9	28.4	32.9	22.9	28.8
Education Level					
Illiterate	0.6	0.6	2.0	15.8	4.4
Primary school (1-5)	10.3	26.4	21.5	40.6	29.7
Secondary school (6-9)	49.7	46.6	41.8	34.8	53.4
High school (10-12)	35.8	23.9	32.7	7.6	12.0
College/University	3.6	2.5	2.0	1.2	0.5
Currently married	34.8	22.3	31.9	6.3	25.0

Source: HIV/AIDS. Behavioral Surveillance Survey, Vietnam 2000, 2001

It is noticeable that the nature of the group being studied seems to have an influence on the results. It is known that the injection of heroin is frequently preceded by a period during which the drug is smoked, on average for 2.5 years according to a survey carried out with IDUs in Hanoi, a shorter period according to other sources.¹²⁵ Another element invites the conclusion that the average age of drug consumers in Vietnam, at least among the Kinh, is certainly lower than that of the IDUs in these statistics: the acknowledgement of a spread in consumption among young people.¹²⁶ Some provincial disparities are noticeable in the results of these statistics. Thus, still in the field of the average age of IDUs, the results from Hanoi, Hai Phong and Can Tho are very close; significant differences appear however in the cases of HCMC (IDUs are generally younger) and Da Nang (generally older). In the case of the IDUs of HCMC, this result is explained by a methodological decision which consisted of only taking IDUs aged 30 or less into account for the survey. In the fields of level of education and matrimonial status, the IDUs of HCMC also stand out: their time spent in the education system was shorter and the vast majority were not married. But here again,

¹²⁵ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002.

¹²⁶ *Revisiting "The Hidden Epidemic". A Situation Assessment of Drug Use in Asia in the Context of HIV/AIDS*, Victoria, Macfarlane Burnet Institute for Medical Research & Public Health, 2002. VNCADPC, *Drugs Control Activities in Viet Nam, Hanoi*, People's Police Publishing House, 2002.

the methodological decision explains these results, as a survey conducted in HCMC in 1997 on 630 of the city's IDUs tends to confirm: 92.7% were aged over 30, 31% were married and more than 70% had got past grade 6 or primary school level.¹²⁷

Other studies have manifested an interest in the prevalence of drug consumers in specific categories of the population which are still in these cases mostly composed of Kinh subjects. The impact of drugs on Vietnamese youth being a problem of primary importance, this sociological category has received particular attention. According to MOLISA's statistics, drug addicts under the age of 18 represent nearly 6% of recorded cases in 1999. As for UNDCP Project AD/VIE/98/B93, it brought to light the high proportion of drug users located in the category of 18-25 years, making up 46% of the 7,905 people questioned. With a view to improving knowledge of the impact of drugs on Vietnamese young people, three recent studies have focused on target groups.

Firstly, a survey conducted in an urban and suburban school setting in 2000, involving 19,702 students of lower secondary school (61.8%), upper secondary (34.1%) and vocational secondary school (4.1%) levels. The results showed that 44% of responders had at least once consumed a drug in the widest sense of the term, meaning an illegal or legal psychotropic substance, including tobacco and alcohol. In a narrower definition of the notion of drugs, 1.9% had at least once consumed sedatives (e.g. Gardenol, Seconal), 1.7% had consumed tranquillisers (e.g. Seduxen, Diazepam), 0.6% cannabis, and 0.2% opium or heroin. These percentages decrease when the question asked concerns substances consumed during the month preceding the survey, to 0.1% for opium and heroin. Opium and heroin are mostly smoked, while a little less than a third of heroin users "chased the dragon".¹²⁸ Finally, the practice of injection involves more consumers of opium (20% of them) than of heroin (4.5% of them).¹²⁹

Secondly, a survey conducted at the same time with 657 un/underemployed young people recruited in the 18-25 age range, though still in an urban and suburban context and still within an almost exclusively Kinh group of the population. The results show a significant proportion of responders having at least once taken heroin (32.4%), opium (15.5%), ecstasy (4%) or amphetamines (3.2%). Taking all substances together, 32.6% of responders had taken drugs in

¹²⁷ Nguyen Tran Hien et al, "The Social Context of HIV Risk Behaviour by Drug Injectors in Ho Chi Minh City, Vietnam", *Aids Care*, vol. 12, 2000.

¹²⁸ 'Chasing the dragon' refers to the practice of inhaling the fumes of heroin as it is heated on a piece of foil by a flame (from a lighter etc.) underneath.

¹²⁹ UNDCP, *Drug Use by the Youth of Vietnam*, In School and Out, Hanoi, 2002.

the month preceding the survey. These very high percentages are without doubt linked to the “snowball” method used for the survey and cannot be considered as necessarily representative of the real proportion of drug users in this category of the population. This consideration does nothing to lessen the interest of the data specifically related to drug users. Three elements are of particular note. The first of these is the predominance of heroin consumption. Previous studies had brought to light that 71% of young drug users had begun their consumption of drugs with heroin and 27.4% with opium. In the framework of the survey carried out in 2000, this proportion was 76.6% and 17.9%. Taking into consideration the substances consumed over the last 12 months, this proportion goes up to 78.5% and 15.3% respectively; then to 90.1% and 9.9% where substances consumed in the last 24 hours are concerned. In short, heroin is progressively supplanting opium as the substance mainly consumed by this category of the population. The second element is that the practice of injection seems to be gaining ground on that of “chasing the dragon” among consumers of heroin, and the practice of smoking seems mostly to involve consumers of opium and cannabis. The third element is that the consumption of ecstasy and amphetamines is undoubtedly increasing in relation to the data previously collected, going up from 1% to 7.2%.¹³⁰

Thirdly, a survey conducted among 400 street children aged under 18 in Hanoi, HCMC and Ba Ria-Vung Tau showed a level of drug consumption of 17.3%. Heroin is the substance most frequently consumed by nearly 77% of drug users in this category of the population. Next follows cannabis for 36.2%, cocaine for 11.6% and opium for only 2.9%. As can be seen, these figures indicate a propensity for the use of several substances by the same consumer, a phenomenon of multiple drug addiction that can be found in the analysis of data collected within the framework of this assessment. In addition, the large proportion of cannabis consumers and the significant presence of cocaine users should be noted. In the first case, this result is linked to the large number of responders living in southern Vietnam, where the consumption of cannabis is more prevalent than in the North. In the second case, it is the urban setting of the survey that explains the mention of cocaine by a significant number of responders.¹³¹

Sociological profile of highland drug users

In the provinces of the Northwest, the sociological profile of consumers includes particularities linked to regional characteristics. The data that

¹³⁰ Ibid.

¹³¹ UNDCP, *Drug Use at the “Margins” of Vietnam*, Hanoi, 2002.

follow, on the basis of which these characteristics will be considered, contain certain disparities, but remain nonetheless significant.

From the point of view of ethnic distribution, the drug addicts of Lai Chau province were 42% Hmong, 23.2% Thai, 18.3% Kinh and the remaining 16.5% were shared among the other ethnic groups of the province.¹³² The Hmong are over-represented, as are the Kinh, but the latter to a lesser degree, with relation to the ethnic distribution of the 587,582 inhabitants of the province. According to the 1999 census¹³³, this distribution is 29% Hmong, 16.8% Kinh, 35% Thai and 19% other ethnic groups.¹³⁴ In Lao Cai province in 1999, the ethnic distribution of drug addicts is as follows: 46.1% Kinh, 32.9% Hmong, 6.1% Thai, 5.4% Dao, 3.6% Tay and the remaining 5.6% spread among the other ethnic groups of the province. The Hmong and the Kinh are again over-represented, but the Kinh in a more significant manner than in Lai Chau province, in relation to the ethnic distribution of the 594,362 inhabitants of the province. Still according to the 1999 census, this distribution is 33.1% Kinh, 20.8% Hmong, 8.7% Thai, 12.4% Dao, 13.7% Tay and 11% for the other ethnic groups. These same figures can also be presented differently in order to show the percentage of recorded drug addicts in the total population of each ethnic group. In Lai Chau province in 2001, these percentages are 1.5% Kinh, 2% Hmong and 0.9% Thai; in Lao Cai province in 1999, 0.5% Kinh, 0.6% Hmong, 0.3% Thai and 0.17% Dao.

In Son La province, the drug addicts recorded by the authorities are ethnically distributed as follows: 38.2% Hmong, 35.1% Thai, 21.3% Kinh and the rest among the other ethnic groups of the province. Here again, the Hmong and the Kinh are over-represented within the group of drug addicts in relation to their demographic presence in the province, while the Thai are under-represented: these groups make up respectively 12.3% (Hmong), 17.4% (Kinh) and 54.7% (Thai) of the province's total population. While the average drug consumer in Son La province is definitely male (in 94.6% of cases) just as at the national level, the type of substances consumed, the means of taking them, the distribution by age group of consumers and the level of education diverge significantly from the recognisable trends at the national level. Drug users aged 30 years or over make up 65% of the total of 8,602 cases

¹³² UNDCP, *Drug Abuse in Lai Chau Province: Rapid Situation Assessment*, December 2001. In fact, there is a difference of 300 units between the number of drug addicts noted in this survey and the figure given in the CEMMA statistics referred to previously. This deserves to be mentioned, but does nothing to lessen the interest of the percentages concerning distribution of cases studied.

¹³³ The most recent census data available.

¹³⁴ *Population and Housing Census, Vietnam 1999*, Hanoi, 2001. The remaining 0.2% comes from minute fractions that were not reported.

recorded in 2002, a result that is linked to the permanent character of a traditional consumption of drugs. Indeed, opium remains the most widely consumed substance in 64% of cases compared with 35% for heroin, while the practice of injection is marginal, with only 17% of cases recorded by the authorities.¹³⁵ As for the distribution of drug addicts according to their level of education, it is as follows: 40.7% in the Illiterate category, 29.8% Primary education, 18.7% Lower secondary school and 10.8% Upper secondary school.

Numerous significant elements can be derived from the analysis of these data. Firstly, if an over-representation of Hmong among drug addicts recorded by the authorities was predictable, that of the Kinh was not so easily anticipated. It should be noted however that this over-representation does not mean the same thing in a province where the number of drug addicts is high, such as Lai Chau, as it does in a province where it is relatively low, such as Lao Cai: in the former province, the proportion of drug addicts in the total population of each of the two ethnic groups is three times higher than in the latter. Secondly, it should be noted that the Dao of Lao Cai province are clearly under-represented among the drug addicts and that the proportion of drug addicts in the total population of this ethnic group is clearly lower than among the Hmong. This point is worth mentioning since the Dao are ethnically akin to the Hmong and enjoyed during the colonial period the same privileges concerning the production and consumption of opium. Thirdly it would seem that two factors combine to generate the prevalence of drug consumption in the provinces of Northwest Vietnam. An ethnic factor, since certain groups tend to consume more drugs than other groups. And a regional factor, since the hold of drugs on the population is clearly stronger in certain provinces, such as Lai Chau and Son La, all ethnic groups taken together. It should be further added that this phenomenon possesses an historical dimension observed as early as when the colonial administrators noted at the beginning of the 20th century that the Hmong settlements of the 4th Military Territory consumed opium in a different manner depending on where they lived. Fourthly, a distinction should be made between regions mainly inhabited by the Kinh and more diverse ones from an ethnic point of view. In the latter, the consumer tends to be older, less educated, consumes mainly opium and only rarely resorts to injection; while in the former the consumer tends to be younger, often schooled for longer, and the use of heroin and the presence of IDU behaviour is much more common.

¹³⁵ Committee of Son La Province, *Report on the Results of Drug Evils Prevention and Fighting Activities Throughout 2 Years (2001-2002)*, Son La, September 21, 2002.

The analysis of the data collected in the context of Project AD/VIE/01/B85 will show moreover that this reality is even more pronounced in the communes of Lai Chau and Lao Cai provinces than in Son La province (see below). It will be noted however that MOLISA has revealed a significant presence in schools of the provinces concerned, which would tend to indicate that the problem of drug addiction will not necessarily drop off sharply as elderly opium smokers die out. Furthermore, it should be noted that the large proportion of people with little or no schooling among the drug addicts of these provinces rather reflects the provincial level of education than saying anything specifically about drug addicts compared with the rest of the local population.

To end, we will analyse a statistical table dealing with the relative levels of addiction among the Hmong and Dao ethnic groups in Lai Chau and Ha Giang provinces. These statistics were drawn up in 1995 by CPLS in four villages: Xa Phin, Dong Van district, and Mau Due, Yen Minh district, in Ha Giang province; La Nhi Thang, Phong Tho district, and Phang Xi Lin, Sin Ho district, in Lai Chau province. They concern people aged 10 years and over. Because of this, the percentages that will be analysed are not comparable to previously mentioned percentages concerning the proportion of drug addicts in the total population of a particular ethnic group. They nonetheless present an interest from the point of view of the comparative analysis of two ethnic groups. This comparative analysis shows clearly that the overall addiction rate is identical in the two ethnic groups: of the 554 Dao involved, 16.6% are in one of the three categories of addiction defined by the survey; among the 500 Hmong, this percentage is 16.2%. It is possible to go even further by saying that the level of addiction of the Dao is slightly higher in the sense that the proportion of those considered heavily addicted is significantly higher among the Dao than among the Hmong: 15% of all drug addicts among the former compared with 8% among the latter. In short, this survey carried out in Lai Chau and Ha Giang provinces does not show a lower rate of opium consumption among the Dao, while the statistical data relating to Lao Cai province tended to show this.

Consequently, we will avoid any hasty conclusion that generalises about an ethnic group as a whole from observations carried out on a segment of this group. On this subject, local conditions remain of primary importance and the statistical data should be complemented by an anthropological, historical and socio-economic approach of the communities involved.

This last consideration is all the more important given that the results of quantitative studies rely closely on the categorisation criteria deployed. In this respect, it must be mentioned that the distinction between drug addicts and drug users is not always easy to define and in some cases probably relies on the subjectivity of the person called upon to make that distinction. Formally,

we could say that a drug addict is a consumer subject to a psycho-physiological dependency on a drug. But as the CPLS table shows (see Table 9), this level of dependency and addiction varies among consumers. Despite the fact that the categorisation criteria intended to distinguish between the three levels of addiction (light, medium and heavy) are not clearly defined, it is easy to suppose that the division is sometimes slight between a “lightly addicted person” and a drug user.

Table 9
Level of drug addiction in Hmong and Dao ethnicities, Lai Chau and Ha Giang provinces, ≤ 10 years old

	By ethnicity					
	Dao			Hmong		
	By sex		Total	By sex		Total
	M	F		M	F	
Not addicted	194	268	462	176	243	419
Lightly addicted	33	6	39	37	4	41
Moderately addicted	35	4	39	30	3	33
Heavily addicted	12	2	14	7	0	7
Total	274	280	554	250	250	500

Source: CPLS, Report of the Survey on Poppy Cultivation and its Relationship with Tradition of Hmong and Dao Minorities in 10 pilot communes, Hanoi, 1996

Another point of interest in the CPLS statistics table is the distribution of drug addicts according to gender. Among the Dao, 87% of drug addicts are male and 13% female. Among the Hmong, this proportion is 91.3% and 8.6% respectively. These results confirm that drug consumption has remained an essentially male practice within the two ethnic groups. Nevertheless, they may also indicate that female consumption is slightly higher among the Dao than among the Hmong, and within both these groups compared with the national level (see above). But again, it is better not to generalise on this type of judgment without having previously studied the question thoroughly.

Just as it seems desirable to systematise the data related to farmers who replant poppy fields (see above), so it would seem appropriate to systematise data related to drug consumers. The creation of a computerised data base would make it possible to follow the development of consumption in the long term while discerning mid-term trends that emerge at the national or the local level. With this in mind, a methodological reflection, destined to refine

the categories of drug consumers, should accompany the creation of such a tool for analysis.

Becoming a drug addict

The study of what leads a consumer towards excessive behaviour is a vital dimension of the drugs phenomenon, but a delicate one to deal with. In particular, it is important to strike a balance between explaining factors that derive from the social and economic context on one hand and individual behaviour on the other. With this in mind, it is important to stress that the consumer's relationship to a certain substance depends on the relationship that the group to which he belongs maintains with this substance. In the context of highland populations in Vietnam, as in other Southeast Asian countries, it is necessary to establish distinctions between both substances consumed and the ethnic groups that consume them.

Among the Hmong and the Dao, opium was long considered a substance whose consumption was entirely legitimate in certain circumstances. A survey conducted by CPLS in the middle of the 1990s showed that the vast majority of members of these two ethnic groups agreed on the principle of the social legitimacy of opium consumption in the following circumstances: the Tet festival, community festivals, weddings, death anniversaries, and ceremonial offerings. To extend an analogy made by Lemoine, who considered that the social function of opium among the Hmong was similar to that of alcohol in the West, we could say that the relationship of the Hmong and the Dao to excessive use of the substance is the same as that in the West to alcohol. Controlled consumption brings prestige and is part of a person's quality of life; excessive consumption is however frowned upon when it brings about harmful consequences to the family or the group (see above). In the conditions under consideration, the path towards addiction does not begin with transgressive behaviour: opium as such is not disparaged by the community, quite the contrary; it is the immoderate use of opium, out of step with life and community norms, that is.

The other ethnic groups of Vietnam do not have the same kind of cultural relationship with opium as the Hmong and the Dao. The consumption of the substance is neither socially legitimised nor integrated into the community practices of other ethnic groups, even if it is probably true that their greater or lesser proximity to Hmong and Dao settlements has influenced their perception and their use of opium. Similarly, it should be stressed that the Hmong and the Dao are put in a difficult situation, since opium is for them at once a substance integrated into their communal existence and a substance outlawed by the nation to which they belong. It should moreover be determined to what extent poppy-growing prevention and eradication

campaigns launched by the Vietnamese authorities have contributed to modifying the perception of opium among these two ethnic groups.

Contrary to opium, heroin, ATs and other drugs available on the Vietnamese market do not belong to the cultural world of the Hmong and the Dao. From this perspective, they are in the same situation as other ethnic groups when faced with these substances. This does not mean that ethnic or regional variations do not come into play in the explanation of the consumption of heroin and ATs in the provinces of Northwest Vietnam, but there is no pre-existing cultural construct that would tend to legitimise a first contact with these substances.

To turn now to the factors proposed as an explanation of the recourse to drug consumption in Vietnam, we must distinguish between factors linked to the first contact with a substance and the factors related to the transition from one substance to another or to the transition from one means of consumption to another.

Concerning the first contact with drugs, the multiple factors likely to encourage it are not fundamentally different in Vietnam than in other countries, except for the elements linked to the process of economic transition. Among the contextual factors are: possible phenomena of cognitive dissonance consecutive to the changes affecting social values and everyday life since the launch of the Doi Moi policy; over the same period, increased availability of drugs on the Vietnamese market; socio-economic marginality, as shown in the report by Terre des Hommes on street children in HCMC;¹³⁶ associating with a drug user or a group of users; or familial difficulties, as reported by some drug users interviewed in the context of various studies.¹³⁷ Still concerning contextual factors, it is noticeable that authors do not agree on the causal link between the use of drugs and sex trade related activities: for some, work in the field of the sex trade generally precedes drug consumption¹³⁸, for others, it is the drug consumption which comes first, then prostitution follows as a means of financing the purchase of the substance.¹³⁹ In reality, it is likely that both eventualities occur. Concerning individual motivations, experimental behaviour seems to play an important part. This notion covers several types of motivations: the curiosity or desire to experiment with the effects of a substance; the wish to compensate for a feeling of boredom; the intention of adopting the virile behaviour of

¹³⁶ Terre des Hommes, *A Study on Street Children in Ho Chi Minh City*, 2000.

¹³⁷ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002; Power R., op. cit.

¹³⁸ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002.

individuals who never back away from a new experience. The slang Vietnamese term “phê” seems to describe this attitude which implies that a person who uses drugs may have a better knowledge of the various pleasures of existence than a person who refrains from taking them.¹⁴⁰ In contrast, resorting to drugs may be a response to personal difficulties of a relational or professional nature, or even to the distress caused by a personal tragedy, as reported by some of the individuals interviewed for a survey conducted in Hanoi in 2001.¹⁴¹ Additionally, even if no detailed research has been done on the subject, there can be little doubt that ATS use has the double performance goals of improving the consumer’s endurance and promoting his participation in festive events.



Photo by Vi Cuong Tran

A Hmong IDU injecting heroin in Lai Chau

As for the transition from one substance to another or from one mode of consumption to another, different examples must be considered. First of all, it seems that the transition from opium injection to heroin injection has simply to do with a phenomenon of availability of the substances. Second, the transition from the practice of smoking or inhaling heroin to injecting has both

¹³⁹ Trang Vu, *Harm Reduction for Injecting Drug Users in Vietnam. A Situation Assessment*, Victoria, Macfarlane Burnet Center for Medical Research, March 2001.

¹⁴⁰ “Phê” refers to a pleasurable feeling and is used to describe the ‘high’ that a drug user experiences. An approximate English translation would be ‘stoned’.

¹⁴¹ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002.

a temporal dimension and a performance-related one. Most of the users of the substance begin with smoking the drug for a period of time described as more or less extended in various studies, before taking it in the form of an intravenous injection.¹⁴² Three main reasons are offered by IDUs to explain this transition: the lower cost of injection, the quest for accentuated effects, and the faster and more practical nature of injection.¹⁴³ Following on from this last point, smoking heroin is faster and more discreet than smoking opium. Relative to this, some users report giving up opium for heroin because of the frequency of police raids on the places where they normally use. This instance clearly concerns urban consumers who had not mastered the technique of preparing the opium pipe or did not have the required material, and they found in heroin a substance they could use by themselves and anywhere. Lastly, it should be noted that the study of the impact of ATs on the various means of consumption will have to be developed if, as is most likely, this market is going to expand.

Public policies towards consumption

The Vietnamese authorities have adopted a policy that has three constituents to respond to the problem of drug consumption in the country. A preventive constituent, a repressive constituent and a therapeutic constituent; the last two moreover not being entirely separate.

The preventive constituent aims at informing the population of the dangers inherent to drug consumption and its social impacts. It receives significant government resources and the support of various associations and mass organisations, the education and cultural sectors, as well as the media. In remote areas, there is particular recourse to mobile propaganda teams, formed of border guards or members of mass women's or youth organisations, aimed at spreading the message as far as isolated hamlets. Similarly, preventive information is not only distributed in Vietnamese, but also in ethnic minority languages.

The repressive constituent covers police raids carried out in places of consumption, identity checks for consumers and possibly their arrest. This can lead to payment of a fine for purchasing drugs – which can sometimes be very costly, as reported by users interviewed for a survey conducted by UNDCP in Hanoi in 2001 – or to an administrative measure of being placed in a detoxification centre. Very few consumers are apparently detained in

¹⁴² An average of 2.5 years in the framework of a survey carried out in 2002. Between 6 and 12 months according to a previous one conducted in HCMC. UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002. Trang Vu, *Harm Reduction for Injecting Drug Users in Vietnam. A Situation Assessment*, Victoria, Macfarlane Burnet Center for Medical Research, March 2001.

¹⁴³ UNDCP, *Patterns of Drug Use in Hanoi*, Hanoi, 2002.

Vietnamese prisons solely for having consumed drugs,¹⁴⁴ rather they have other types of misdemeanours justifying their incarceration.

The therapeutic constituent consists of a detoxification treatment that can be followed either in one of 69 treatment and rehabilitation centres at provincial level for serious cases (05/06 Centres), or in one of 700 residential communities at the district level, or again in the drug addict's family home for minor cases. In these last two instances, it is the local authorities who manage the treatment. In the treatment and rehabilitation centres, the detoxification process follows a pattern of 5 phases: 1- identification of the case depending on the degree of addiction and decision as to placement or admission; 2- detoxification per se; 3- rehabilitation by psychological and moral supervision; 4- vocational training; 5- behaviour correction and relapse prevention. The complete process only involves those placed in a treatment centre, where the fees are often paid by the State, whereas the volunteers who must pay for their own treatment usually only stay for the detoxification phase. This is carried out by different methods, including acupuncture, various psychotropic substances (e.g. sedatives, anxiolotics) and traditional medicines, according to treatment regimen distributed by the Ministry of Health.¹⁴⁵ The same treatment appears to be applied to all drug users in the weaning stage, regardless of the type of substances used, the age of the consumer or the degree of addiction.

The relapse rate is high. In a recent report, the Vietnamese authorities give a relapse rate of 80% to 90%, even of 100% in some centres, but it would appear that better results are sometimes obtained locally with relapse rates at less than 70% (see below). We should also note that in urban areas there are private clinics that offer detoxification programmes and doctors who carry out paid treatments in the home.

In the provinces of the Northwest, there are treatment and rehabilitation centres in Lai Chau, Son La and Lao Cai. The first two are small centres with scant resources and where relapse rates of 80% to 100% are recorded. In each of these provinces, projects are currently at the planning stage to build new centres better adapted to the treatment needs of drug addicts (see below). In contrast, the treatment centre in Lao Cai province is bigger and offers a setting

¹⁴⁴ UNAIDS, *Drug Use and HIV Vulnerability. Policy Research Study in Asia*, Bangkok, 2000.

¹⁴⁵ During the 1990s, a methadone treatment project was started in Vietnam, but it apparently did not become widespread. Evidence from the most recent limited scientific trials conducted by 'Vien Suc Khoe Tam Than Hanoi' and comparing Methadone and Naltrexone suggests that the implementation of widespread Methadone maintenance therapy in Vietnam remains doubtful (see Nguyen Viet, and Nguyen Minh Tuan, *Naltrexone trong dieu tri chong tai nghien chat dang thuoc phien*, Vien Suc Khoe Tam Than Ha Noi, unpublished research report, 29 May, 2003).

apparently better adapted to the periods of stay by drug users who are required to undergo treatment there. The relapse rate appears to be much lower there than in the centres in Lai Chau and Son La provinces, being recorded as a little over 65%. It should be noted that the treatment centre of Yen Bai province clearly appears to be more effective with a recorded relapse rate of 59% in 1998, according to MOLISA.

Social impact of drug consumption

The social consequences of drug abuse are multiple, in Vietnam as elsewhere in the world. A survey carried out in 1996 in five provinces of the Northwest, including Lai Chau, Son La and Lao Cai, indicated opinions that the population forms regarding the negative impacts of drug use and abuse.

The information obtained from this survey shows, quite logically, it must be said, that those questioned are most concerned by the economic consequences to the consumer's family and the consequences to the consumer's health. Next follows the impact on the social life of the community and finally the impact on society in general, but the latter for a minority only. These directly domestic preoccupations can easily be explained by the dangers to the family budget that the presence of a drug addict can cause, the more so when his consumption limits or rules out his ability to work. In poppy-growing regions, opium produced by the household could meet the addict's drug needs. But it is obvious that the eradication policy has changed the elements of the problem and a measure should be made of what exactly are the consequences of this on family budgets. In fact, theoretically – meaning that if they conform to government directives – the households of Hmong and Dao producers find themselves in the same situation as the households of other ethnic groups, obliged to procure drugs from outside the community, even though opium consumption possesses specific cultural dimensions for them.

Table 10
Perception of drug abuse impacts in five provinces
(Lai Chau, Son La, Lao Cai, Yen Bai and Ha Giang), %

Statement	% who believe it to be true
Drug abuse damages the household's economy	100%
Drug abuse leads one to be unproductive at work	80.9%
Drug abuse damages one's health	79.1%

Drug abuse damages relationships with family, relatives and neighbours	70.9%
Supernatural power and solemnity in community festivals is lost because of drug abuse	57.5%
Drug abuse is a cause of crime	41.7%
Drug abuse is a cause of some social diseases	32.2%

Source: *Ho Chi Minh National Political Institute, An Evaluation of the National Programme of Drug Control for the Period 1993-1997*, Hanoi, 1998

It is notable in the preceding statistics that criminality comes in last place but one of the preoccupations of those questioned, with only 41.1% of positive answers. This result can be explained by the fact that needs for finances endanger first the property of the consumer and his family before becoming a threat to other people's property. In addition, in the case of ethnic minorities, there are internal community mechanisms that enable the regulation or avoidance of theft. For the authorities, the elements of the problem present themselves differently and, above all, it is the overall social consequences of drug consumption that are sources of preoccupation, particularly in the areas of public order and public health. With regard to public order, the authorities consider that 40% of serious criminal cases are committed by drug addicts.¹⁴⁶ With regard to public health, the main problem is linked to the spread of HIV among IDUs.

4. The HIV epidemic

The practice of drug injection and the subsequent sharing of equipment by IDUs has been the main cause of the spread of HIV in Vietnam, followed by transmission through unprotected sex – most often involving commercial sex workers (CSWs). The first case of HIV was recorded in HCMC in December 1990. Since then the virus has spread widely in these two groups (IDUs and CSWs), due principally to the continued practice of high-risk behaviour. At the end of 2002, 59,200 people were known to be HIV+, 8,793 were positively diagnosed as suffering from AIDS and 4,889 deaths from the illness had been recorded.¹⁴⁷ The annual progression of the virus in 2002 was up 28% compared with the previous year, with 15,790 new cases of HIV recorded. Here again, some external estimates give much higher figures of the real number of cases at the beginning of the decade.¹⁴⁸

¹⁴⁶ VNCADPC, *Drugs Control Activities in Viet Nam*, Hanoi, 2002.

¹⁴⁷ VNCADPC, *Evaluation Report on Activities for HIV/AIDS Prevention in 2002*, Hanoi, February, 18th, 2003

¹⁴⁸ WHO, *HIV/AIDS in Asia and the Pacific Region*, New Delhi, 2001.

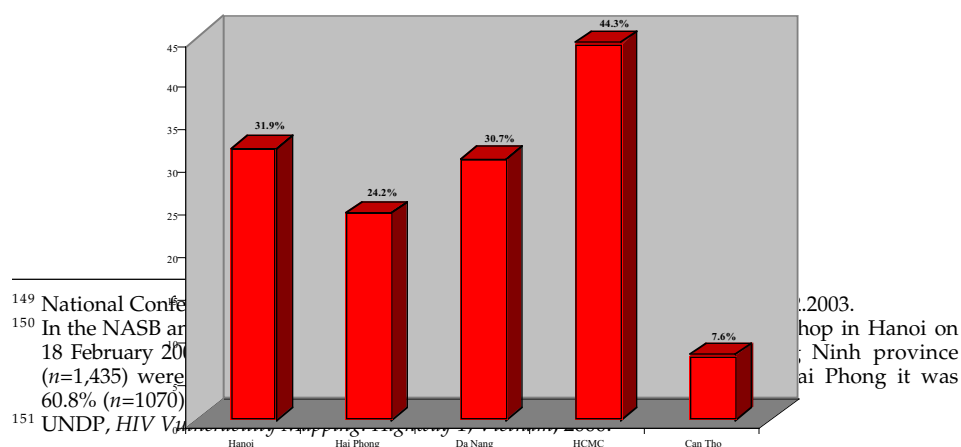
According to epidemiologists, in 2005 Vietnam will have nearly 200,000 HIV+ persons, more than 50,000 cases of AIDS and 46,000 people will have died of the illness.¹⁴⁹ These figures mean concretely that HIV has already reached epidemic proportions in the IDU and CSW populations,¹⁵⁰ and that Vietnam is now in a phase where it threatens to spread to broader sections of the population not belonging to these two high-risk groups.

The proportion of IDUs among listed cases of HIV is very high, about 65% to 70% at the beginning of the 2000s and approximately 60% in 2002. During this period, the incidence of HIV among IDUs also has been high (see fn. 150), but varies from one locality to another, from 0 to 90%. Since the middle of the 1990s, the average HIV+ rate among drug users has been increasing, from 9.4% in 1996 to 30.4% in 2001 and 29.34% in 2002. The recent trend is moving towards an advance of the epidemic in the north of the country among drug injectors. Thus in Lang Son province, 90% of 662 diagnosed cases in 1999 were linked to consumption of drugs.¹⁵¹ In Son La province, this proportion may be 80% or more, according to local information available for 2002.

Among IDUs, high-risk behaviour derives partly from sharing of injection equipment, which promotes transmission of the virus among injectors, and partly from unprotected sexual relations, which promotes its spread inside and outside of this group. A survey carried out in Hanoi, Hai Phong, Da Nang, HCMC and Can Tho provinces in 2000 reveals a high, but variable, percentage of IDUs sharing their injection equipment: from 7.6% in Can Tho province to a little over 43% in HCMC (see Graph 11).

Graph 11

IDUs who reported sharing needles or syringes in the past three months, in %



¹⁴⁹ National Conference

¹⁵⁰ In the NASB and
18 February 2003.

(n=1,435) were
60.8% (n=1070)

¹⁵¹ UNDP, HIV V

2003.

shop in Hanoi on
Ninh province

Hai Phong it was

*Source: HIV/AIDS. Behavioral Surveillance Survey, Vietnam 2000,
Hanoi, 2001*

The reasons for this practice derive from several factors, some of them cumulative. In his master's degree thesis on the subject, Dao Quang Vinh identified five of them: 1- mutual confidence between sexual partners, close friends or neighbours; 2- lack of immediately available finances when suffering from withdrawal; 3- the impossibility of obtaining equipment because of the place and time of injection; 4- a poor assessment of high-risk behaviour; 5- practices specific to the sub-culture of the injection scene, such as the theft of a syringe on the point of being used, or "frontloading".¹⁵² It should be added that in urban "shooting galleries", it was frequent practice to use injection equipment supplied on the spot, with the injected solution drawn from a shared "pot". Additionally, it is worth pointing out that the initiation of a new IDU can be an instance of sharing equipment when the novice requires a demonstration of the injection technique from a experienced user.

In the field of sexual behaviour, IDUs do not necessarily manifest a particularly pronounced sexual activity, according to a survey carried out in Hanoi, Hai Phong, Da Nang, HCMC and Can Tho (see Table 11).

Table 11
*Number of sex partners reported by IDUs in five urban
areas in the past 12 months, in %*

	Hanoi	Hai Phong	Da Nang	HCMC	Can Tho
Regular Sex Partner					
0	63.0	59.2	57.2	85.4	65.9
1	35.0	39.6	41.8	12.7	31.8
2	1.7	1.2	1.0	1.3	
3+	0.3	0	0	1.0	1.3
Casual Sex partner					

¹⁵² Dao Quang Vinh, *A Qualitative Study of HIV Risk among Injecting Drug Users in Vietnam: Reasons for Sharing Syringes and Needles*, Master's Degree Thesis, University of Amsterdam, 2002. The practice of "frontloading" is the transfer of part of the contents of one syringe into another before injection.

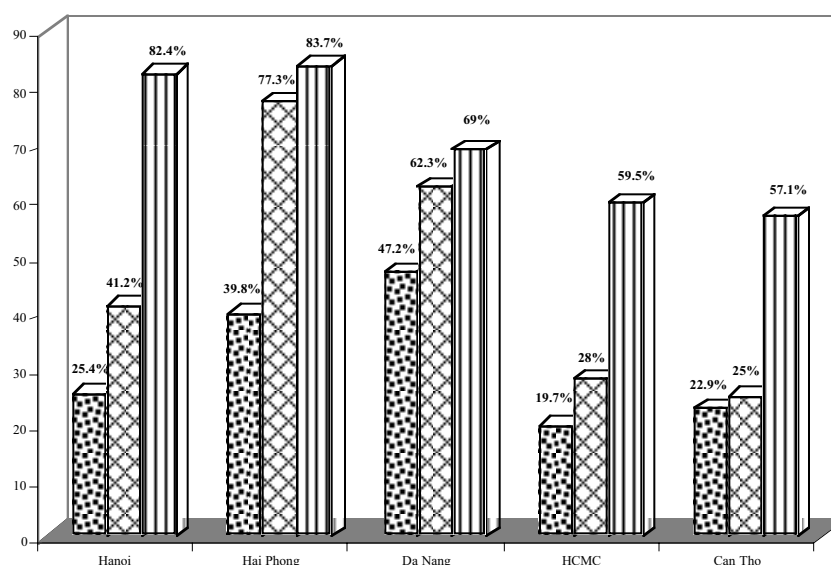
0	91.8	93.6	79.7	95.2	96.1
1	7.3	4.6	13.9	1.9	3.1
2	0.6	1.2	4.7	0.7	0.3
3+	0.3	0.6	1.7	2.2	0.6
Commercial Sex partner					
0	76.9	84.9	79.7	91.9	94.3
1	2.8	5.9	5.1	2.9	2.6
2	1.7	2.5	5.8	2.5	2.3
3	3.7	2.5	1.5	1.2	0.3
4+	14.9	4.4	8.0	1.4	0.5

Source: HIV/AIDS. Behavioral Surveillance Survey, Vietnam 2000, Hanoi, 2001

The average number of sexual partners of IDUs in the 12 months prior to the survey is 2.3 in Hanoi and 1.6 in Da Nang, but only 0.9 in Hai Phong, 0.6 in Can Tho and 0.5 in HCMC. In addition, it should be noted that these averages reflect the sexual activity of only some IDUs, most of them having declared none at all in any of the three categories of regular, casual and commercial partners. But when relations do take place, the absence of protection is a major risk factor for the spread of HIV. The use of a condom varies from province to province, but also depending on the type of partner (see Graph 12).

Graph 12

Condom use at last sex among IDUs in the past 12 months, in %



Source: HIV/AIDS. B... Vietnam 2000, Hanoi, 2001

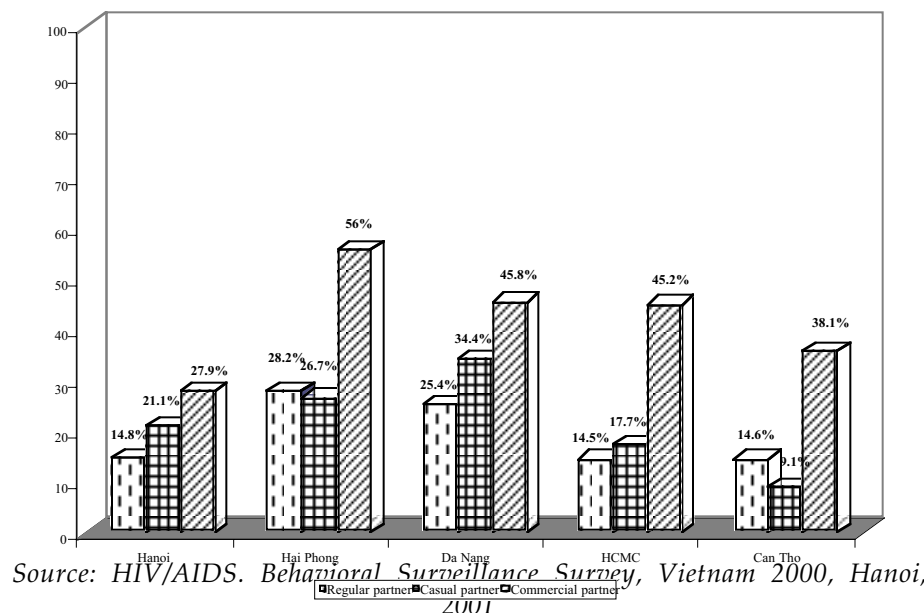
In all provinces, the recourse to a condom during the most recent sexual relations largely depends on the type of partner. With a regular partner, less than 50% of IDUs had protected relations, from 20% in HCMC to 47% in Da Nang province. With a casual partner, this proportion increased everywhere, but in a very variable way: in Can Tho province, these relations are barely more protected than with a regular partner, while in Hai Phong province they tend to be as protected as with a commercial partner. These last types of relations are the most protected everywhere, but it is notable all the same that more than 40% of IDUs in HCMC and in Can Tho province did not use a condom during their most recent relations with a commercial partner, this proportion falling to a little less than 20% of IDUs in Hanoi and in Hai Phong province.

Statistics dealing with the most recent sexual relations do not however give an exact idea of the real risk factors linked to the sexual behaviour of IDUs, and the data concerning the regularity of condom use confuses the preceding picture a little. Thus, while 82% of IDUs in Hanoi had protected relations with their most recent commercial partner, only 27.9% used a condom regularly with this type of partner over the 12 months prior to the survey. In general, all of these percentages drop significantly whatever the type of

partner or the province. Only in Hai Phong are there slightly over 50% of protected relations with a commercial partner (see Graph 13).

Graph 13

Consistent condom use in the past 12 months among IDUs, in %



Female sex workers thus form, with casual sex partners of IDUs, the main conduit by which HIV is spread outside a community of drug injectors. High-risk behaviour within this group is equally significant. Without going into the detail of the figures, let us point out that on average among the 1,300 street-based sex workers questioned in the 5 provinces, 65.7% used condoms regularly with one-time clients in the 12 months prior to the survey, 50% with regular clients and 21% with non-paying partners. Among the 2,320 karaoke-based sex workers questioned, these percentages are 59.4%, 50.6% and 30.8%, respectively. Finally, it is evident that sex workers who are themselves IDUs combine high-risk behaviours. For this particular category, data are only available for Hanoi and HCMC. In Hanoi, 21.5% of 420 street-based sex workers injected drugs during the 6 months prior to the survey and 5.6% of 480 karaoke-based sex workers; in HCMC, 15.6% of 314 street-based sex workers and 4.3% of 463 karaoke-based sex workers.

The Vietnamese authorities have rapidly realised the dangers that HIV represents to public health. As early as 1990, the National AIDS Committee

was established, a structure which was integrated into the VNCADPC and was later called the National AIDS Standing Bureau. Aside from work carried out in the field of social and medical supervision of HIV+ people, risk reduction programmes supported by international funding have been progressively implemented. The peer education model has been developed since 1993 in HCMC and Hanoi, and extended to other provinces. Accessibility to injection equipment has been made easier by lowering the price of plastic syringes which are currently marketed at approximately VND600 each. More generally, surveillance of the progression of HIV has been established in order to assist the overall public health strategy. However the success of these initiatives has been muted. The absence of clear national guidelines surrounding the minimisation of drug-related harm, the inconsistent surveillance approach between provinces to monitoring their local HIV situations, the frequent uncoordinated approaches by the international community, and the universal stigmatisation and discrimination of drug users continues to encourage and foster an environment of drug-related harm production, and thus the continued expansion of HIV in Vietnam.

PART THREE

Assessing the highland drug use and harm environments in Son La, Lai Chau & Lao Cai



PART THREE

An assessment of the drug use and harm environments in six communes of Son La, Lai Chau and Lao Cai provinces, Vietnam

The AD/VIE/01/B85 project undertaken by UNODC has a drug demand and harm reduction focus, and is combined with research on drug use targeted at ethnic minority groups living in the remote mountainous region in Northwest Vietnam. Three provinces were jointly chosen by the UNODC project coordinator and by CEM: Son La, Lai Chau and Lao Cai provinces. Within each one of these provinces, one district was chosen according to its location, ethnic make-up, the amount of recently planted poppy fields and problems related to excessive drug use. The chosen districts are Thuan Chau in Son La, Dien Bien in Lai Chau and Bat Xat in Lao Cai. In each of these districts, two communes were chosen as research sites: Chieng Pha and Chieng Ly in Thuan Chau, Na U and Muong Na in Dien Bien and Muong Hum and Den Sang in Bat Xat. The data collected at each of these sites will be dealt with in the "Results" section of this third part of the report.

Methodology

This research took place in four successive phases. Its results are based both on quantitative data collected through questionnaires handed out to people in these six communes and on in-depth semi-structured interviews with drug users and communal, district and provincial officials as well as with other local residents and key informants.

In the first phase, a training workshop took place in Dien Bien Phu from the 16th to the 20th of December 2002, led by an international consultant. The object of this workshop was to inform and train ethnic minority peer workers from each commune for forthcoming questionnaire management in their own communities. The structure of the final questionnaire version was modified and simplified in consultation with these peers (over half of whom were current drug users) due to problems encountered in its organisation and interpretation. It was important that the peer workers had a strong grasp of the questionnaires they were going to distribute, that the questions asked of

the local population did not lead to confusion and that their meaning was clear. Another problem encountered was that many of these peer workers, some of whom were venturing outside their home towns for the first time, did not speak Vietnamese fluently. Even though they had been pre-selected by CEM according to their basic communication skills, it turned out that many of them had trouble reading in Vietnamese.

These facts are important in view of the follow-up evaluation of local needs, as well as the implementation of risk reduction programmes for the ethnic minorities of these three provinces. Firstly, it cannot be taken for granted that the logic upon which evaluation or intervention methods are based is clear to the local population. The fact of the matter is that the meaning and structure of a questionnaire are only immediately clear to those living and working in a social and administrative environment where such procedures have become routine. In view of this, it would seem wise to involve local people in the adaptation of these means and methods to local realities and thereby reduce their unilateral character. Secondly, local languages are still the main means of communication in these communities and the surest way of communicating information. During the training workshop in Dien Bien Phu, the peer workers who best understood the questionnaire written in Vietnamese explained it to the others in their own vernacular. The importance of identifying people who can play this intermediary role is thus quite clear.

In the second phase, three senior researchers, supervised quantitative data collection in each of the two communes for which they were responsible. This phase took place between December 2002 and January 2003 in the communes of Chieng Pha, Chieng Ly, Na U and Muong Nha and during the month of January in the communes of Den Sang and Muong Hum. In addition, the three senior researchers conducted a series of in-depth semi-structured interviews at the provincial, district and communal levels.



Photo by Peter Higgs

**Local Ethnic minority peer workers attending a training workshop
in Dien Bien Phu, December 2002**

Two types of questionnaires were distributed in each commune. The first type was questionnaires for “non-drug users”, meaning people living in the commune who didn’t come under the category of drug consumers. The second was specifically for residents of the commune concerned who consumed drugs. Two distinct data bases were set up from the 746 non-drug user and 464 drug user questionnaires. The breakdown of type of questionnaire per commune can be found in the following table. It is important not to use these figures as an indication of the proportion of drug users in each commune, since there was a significant difference from one commune to another in the number of questionnaires collected and the real numbers of drug and non-drug users. In Na U for example, 110 questionnaires were filled out for the 168 families living in the commune and 45 drug user questionnaires were given in, although the number of drug users in that commune was evaluated at 40. In Muong Nha, 70 questionnaires were collected for the 945 families living in the commune and 100 questionnaires were collected from the 125 identified drug users of the commune.

Table 12

Number of questionnaires collected in each commune

	Non drug users	Drug users
Chieng Pha	173	52
Chieng Ly	154	148
Den Sang	119	46
Muong Hum	120	73
Muong Nha	70	100
Na U	110	45
Total	746	464

Two problems in part interfered with progress during this second phase of the research. Firstly, there were problems with district authorities who, despite previous notification and authorisation from central level, were sometimes unprepared to have research teams appearing in their district. This resulted in an administrative and police presence which occasionally interfered with the methodological requirements of this type of research. Secondly, it seems possible that in a few instances the peer workers themselves filled out questionnaires in order to receive the money meant for the interviewees. In follow-up research with the supervising researchers the absolute number of these occurrences was felt to be minimal. It should be noted that in research of this nature within marginalised and largely inaccessible populations, this is an apparent risk which must be acknowledged and can in most cases not be avoided with any significant degree of certainty.

In the third phase, quantitative and qualitative data were processed by an international consultant during the months of February and March 2003. At the same time, an historical analysis and a synthesis of all available data concerning the drug situation in Vietnam were undertaken in order to put the locally collected data into context. The available data on the drug situation in Vietnam highlighted the fact that more work needed to be done in two domains concerning ethnic minorities. First of all, the data needed to be refined so as to better understand the phenomenon of opium poppy cultivation in the context of the eradication policy. If this phenomenon persists over the next few years, it would be useful to know which ethnic groups are involved, why it persists (domestic opium consumption or commercialisation of the crop), and who owns the poppy fields within the household. Secondly, the conceptual framework of drug use analysis could benefit from improvement. The distinctions made by MOLISA between light, medium and heavy drug addicts give us an interesting framework in which to view the problem, but we should apply more rigorous standards to these categories and systematise their application in carrying out drug user surveys. These distinctions are

important if we are to improve the efficiency of prevention and risk reduction policies and IEC materials by aiming them at specific types of drug users. Similarly, it would be useful to follow the evolution of “traditional” opium use among the Hmong and the Dao in the context of the continuing poppy eradication policy. Statistical and anthropological studies will allow us to determine whether the therapeutic and social use of opium is constant or declining in the target communities.

Finally, in the fourth phase, the drafting of a final report was preceded by a new on-site survey undertaken by the international consultant during the first two weeks of March 2003. For this occasion, the research sites were visited – with the exception of Muong Nha which was temporarily inaccessible – and interviews were conducted in order to supplement the information which was processed during the previous phase.

Situation of the research sites

This section deals with general information on the situation of the six sites concerned by Project AD/VIE/01/B85.

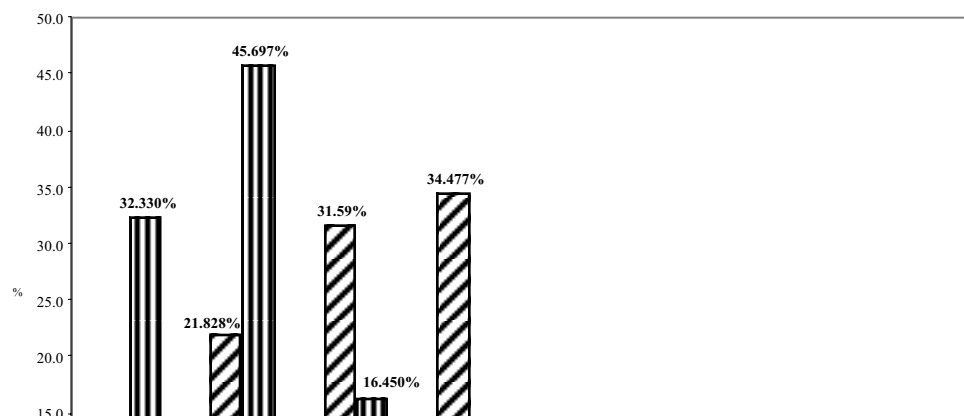
Thuan Chau district, Son La province

Son La province, which is the fifth largest in Vietnam, is on the Black River and covers an area of 14,209 km². The provincial capital, which is on Highway 6, is about 300 kilometres west of Hanoi. 80% mountainous, the province has a 250 km-long southern border with the Laotian provinces of Hua Phan and Luang Prabang which are the two main centres of opium production in Laos.

According to the 1999 census, Son La province has 882,077 inhabitants, 54.7% of whom are Thai, 17.4% Kinh, 12.9% Hmong, 8.1% Muong, 1.8% Xinh mun, 1.8% Dao and the remaining 3.3% made up of 28 other ethnic groups living in the province. In the population aged 5 years and over, the educational level of the 90,706 people living in urban areas and the 682,908 people living in rural areas is given in the following graph and is expressed in %. We note the high percentage of non-attendance (30%) in rural areas, one of the highest in Vietnam, but still lower than in the provinces of Lai Chau and Lao Cai (see below).

Graph 14

Population aged 5 and over by educational level, Son La province, in %



Source: Population and Housing Census, Vietnam 1999

In the Human Development Index ranking for Vietnam, the province holds 57th place, while Lai Chau and Lao Cai respectively hold the 61st and 56th places. The main socio-economic indicators typical of the province can be seen in the following table, compared to other Northwest provinces as well as to the entire country. The average longevity in the province is much lower than the national average, as is the GDP per capita which is only 34% of the national average.

Table 13
Socio-economic indicators for Son La province, 2001

	Longevity (year)	Literacy rate (%)	GDP per capita (D'000)	GDP per capita (PPP, USD)
Son La	66.1	69.5	1,823	649
Northwest	65.9	73.3	1,951	695
Nationwide	70.9	90.3	5,221	1860

*Source: Indigenous Peoples/Ethnic Minorities and Poverty
Reduction, Vietnam, Manila, 2002*

From the point of view of working population distribution by economic sector, at the end of the 1990s 84% worked in the primary sector, 5.5% in the secondary sector and 10.5% in the tertiary sector.

Thuan Chau district is about 15 kilometres north-west of Son La town. Highway 6 runs through it and goes on to Lai Chau and Dien Bien Phu after its junction with Highway 279. The communes of Chieng Ly and Chieng Pha are on either side of Highway 6; Chieng Ly is 10 kilometres north of Thuan Chau, the district capital, and Chieng Pha is 8 km north of Chieng Ly.



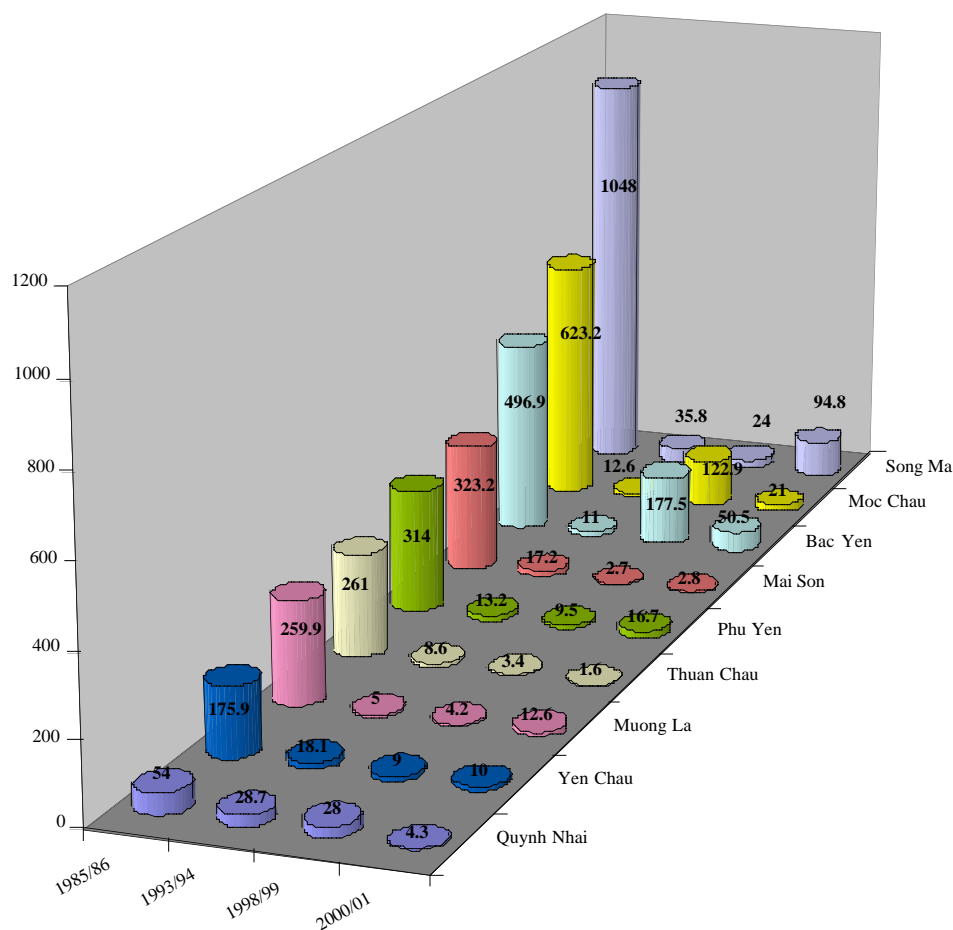
Photo by Jason Eligh

Black Thai school children in Son La

From a comparative point of view, this district was never one of the major poppy growing centres of Son La province, such centres being rather in the south and east of the province. Statistics show a planted surface area of about 260 ha in the middle of the 1980s, followed by a constant reduction of these areas in the context of the eradication programme. This fact points to the programme's successful establishment at district level. In the period 2000/2001, Thuan Chau district had the smallest replanted area of poppies in Son La province.

Graph 15

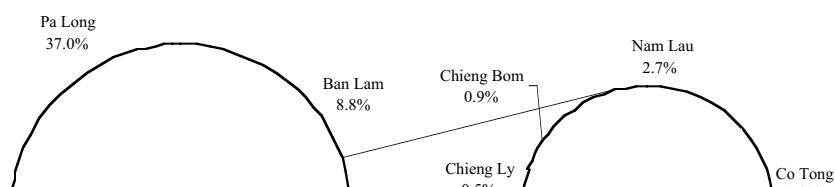
Poppy-cultivated areas in the 9 districts of Son La province, in ha



Source: VNDCC

As was mentioned previously, it would not be wise to take the comparative approach too seriously and draw conclusions too hastily on the basis of these data. Indeed, while statistics relative to areas of poppy cultivation at communal level are correct for the 1985/1986 growing season, it is not the case for the other seasons mentioned. Under these conditions we can readily understand why the total planted surface areas given for each district in the 1993/1994, 1998/1999 and 2000/2001 growing seasons only tells part of the story.

Due to the incomplete nature of communal statistics, only the data from the 1985/1986 growing season allow for a comprehensive comparison for Thuan Chau district.



Graph 16
*Poppy-cultivated areas in the communes of Thuan Chau
district in 1985/86, in %*

Source: VNDCC

With 1.4 hectares planted, Chieng Ly commune was far from being the main centre of opium production in Thuan Chau district. As for Chieng Pha commune, it is not mentioned in the statistics. However, the two communes are located near the district capital and on Highway 6 which is certainly a major regional drug trafficking route.

Chieng Ly commune contains 21 hamlets and a total of 6,368 inhabitants in more than 1,000 households on both sides of the mountain. It is classified as Zone I, which is to say that it is a “developing zone” according to the classification criteria for mountainous regions inhabited by ethnic minorities. As for Chieng Pha, it contains 16 hamlets and a total of 6,301 inhabitants. It is classified as Zone III, or an “underprivileged zone”. In both of these communes, the economy is mostly based on agriculture and domestic animal husbandry. The ethnic breakdown of the inhabitants can be found in the “non drug users” database: of the 154 questionnaires handed out in Chieng Ly commune, 153 (99.4%) were filled out by Thai, and 1 (0.6%) by a Kinh; of the 173 questionnaires given out in Chieng Pha district, 136 (78.6%) were filled out by Thai, 20 (11.6%) by Khang (category 4), 13 (7.5%) by Kinh, 1 (0.6%) by a Kho Mu (category 8) and, finally, 1 by a Xa (category 3) (2 questionnaires carried no mention of ethnic origin).

Dien Bien district, Lai Chau province

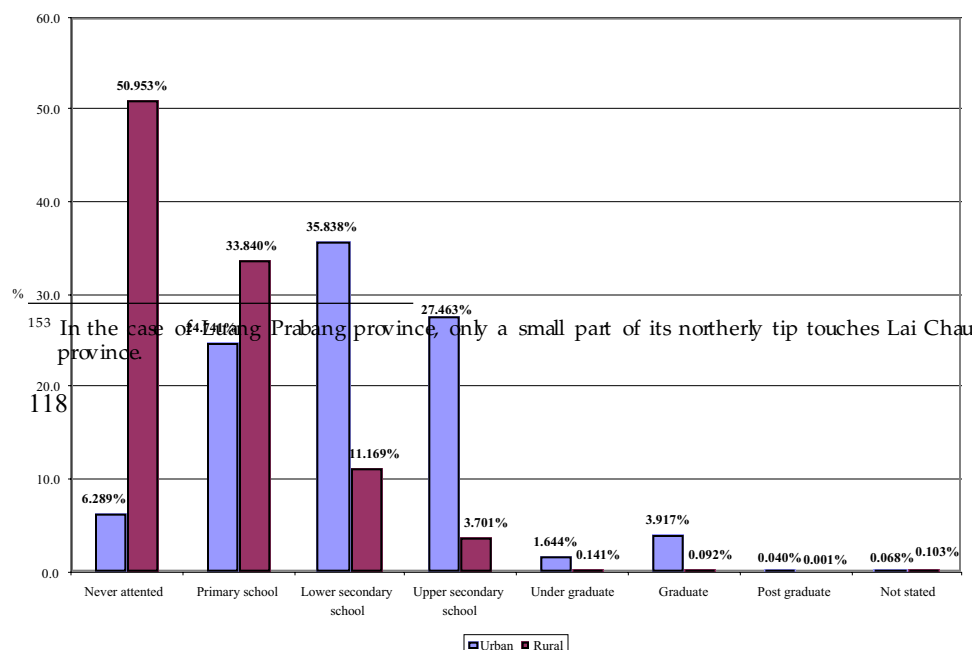
The province of Lai Chau, the second largest in Vietnam, also lies on the Black River. It is in the north-west corner of the country and covers an area of 16,919 km². It shares a 300 km-long border with the Laotian provinces of Phongsaly and Luang Prabang;¹⁵³ these two Laotian provinces are respectively the third and the first opium producing centres in Laos. Lai Chau province also has a 200 km-long northerly border with China. More than 50% of the province is above an altitude of 1,000 metres. Its rugged terrain, still underdeveloped infrastructures and dramatic climatic changes typical to the region all contribute to this province's isolation. Because of the frequent flooding which cut the town of Lai Chau off from the rest of the province, provincial institutions were moved in 1995 to Dien Bien Phu, which is 500 km from Hanoi.

According to the 1999 census, Lai Chau province has 587,582 inhabitants of whom 35% are Thai, 29% Hmong, 16.8% Kinh, 6.7% Dao, 2.5% Kho mu, 2.4% Ha Nhi, and the remaining 7.6% made up of other ethnic groups. In the population aged 5 and over, the educational level of the 65,127 urban and the 435,271 rural dwellers can be seen in the following graph and is expressed in %. The rate of non-attendance in rural areas (more than 50%) is the highest of the three provinces examined by this project.

In the Human Development Index ranking for Vietnam, this province holds 61st place, while Son La and Lao Cai hold the 57th and 56th places respectively. The main socio-economic indicators typical of the province are given in the following table and are compared with similar indicators for other Northwest provinces and the rest of the country. Longevity is not only much lower than the national average; it is also lower than the Northwest provincial average. The GDP per capita is only 35% of the national average.

Graph 17

Population aged 5 and over by educational level, Lai Chau province, %



In the case of Luang Prabang province, only a small part of its northerly tip touches Lai Chau province.

Source: Population and Housing Census, Vietnam 1999

Table 14
Socio-economic indicators for Lai Chau province, 2001

	Longevity (year)	Literacy rate (%)	GDP per capita (D'000)	GDP per capita (PPP, USD)
Lai Chau	63.7	51.3	1,847	658
Northwest	65.9	73.3	1,951	695
Nationwide	70.9	90.3	5,221	1860

*Source: Indigenous Peoples/Ethnic Minorities and Poverty
Reduction, Vietnam, Manila, 2002*

From the point of view of working population distribution by economic sector, at the end of the 1990s, 82.2% worked in the primary sector, 5.3% in the secondary sector and 12.5% in the tertiary sector.

Dien Bien district is about 100 km south of Lai Chau town. It touches the Laotian provinces of Phongsaly and a small part of Luang Prabang on its western border. In the case of Luang Prabang, Dien Bien district touches the Laotian district of Ngoi which is one of the most important opium producing areas in Laos. Na U commune is about 40 km south-west of Dien Bien Phu. After leaving Highway 279, a 10 km dirt road leads to the commune. Access is nearly impossible when it rains. Muong Nha commune is about 10 km further south. Both communes sit on the Laotian border.

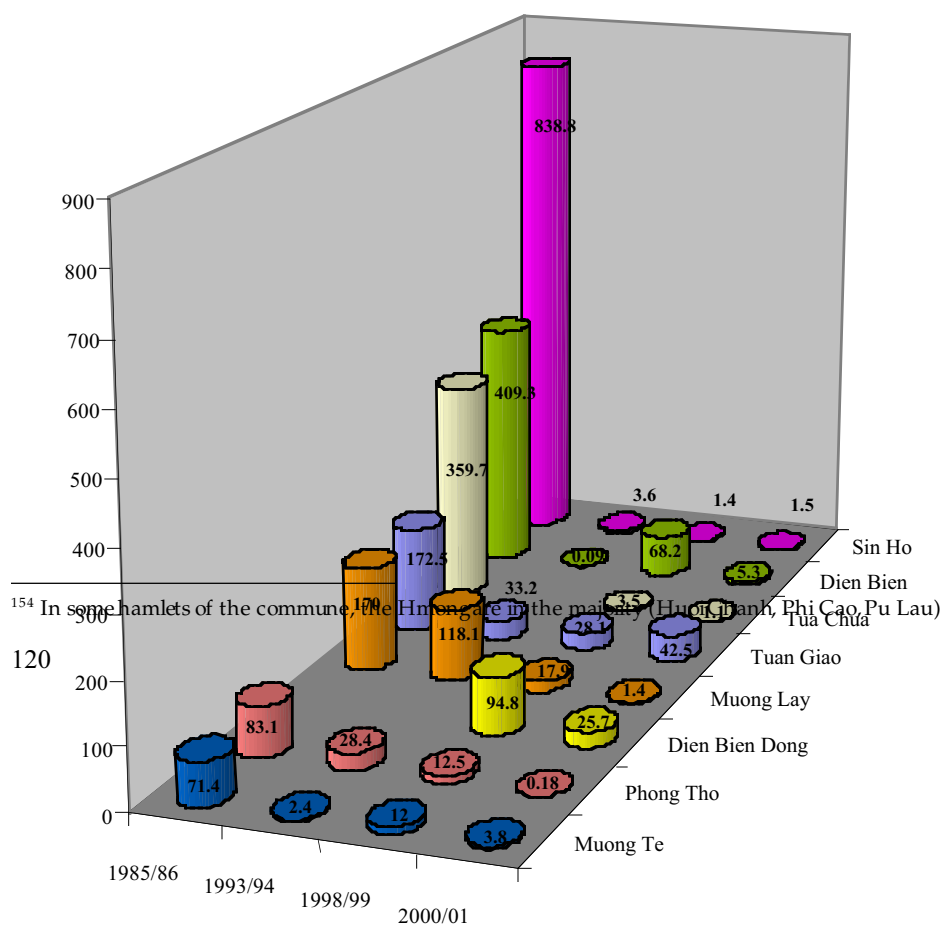
From a comparative point of view, Dien Bien district – not to be confused with Dien Bien Dong district – was the province's second largest poppy producer in

terms of area planted during the 1985/1986 growing season, with 409 ha. It is difficult to get a clear picture of the eradication policy's initial success based on data available for the 1993/1994 growing season. The 0.095 ha which shows up in the statistics only concerns Nua Ngham commune in the district, which 10 years or so earlier was one of the least concerned by the poppy-growing phenomenon. When more – but not all – communal data are integrated into statistics for 1998/1999, it appears that Dien Bien district has the second largest areas replanted with poppies in the province, despite the ban on this practice. This would indicate a certain resistance to official policy. Two growing seasons later, the district fell to third position in the province, far behind Tuan Giao and Dien Bien Dong.

Na U commune contains 168 households and a total of 1,072 inhabitants in 6 hamlets. Muong Nha commune has 945 households and a total of 5,946 inhabitants in 19 hamlets. The ethnic breakdown for each commune can be found in the “non drug users” data base: out of 110 questionnaires in Na U, 100% were filled out by Hmong; out of 70 questionnaires in Muong Nha, 36 (51.4%) were filled out by Thai, 18 (25.7%) by Hmong, 13 (18.6%) by Lao, 2 (2.9%) by Kho Mu and 1 (1.4%) by a Tay.¹⁵⁴ Both communes are classified as Zone III and their inhabitants are mostly involved in agriculture, animal husbandry and forest gathering.

Graph 18

Poppy-cultivated areas in the 8 districts of Lai Chau province, in ha



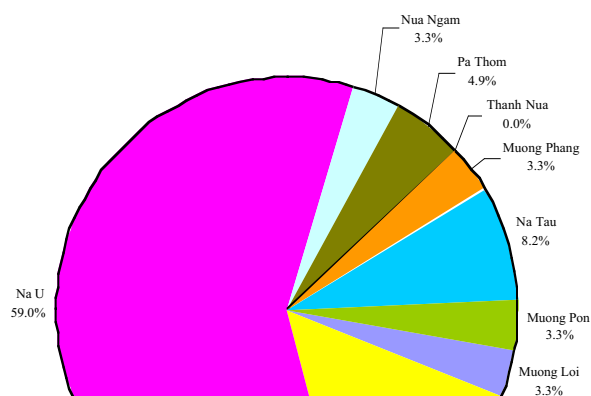
Source: VNDCC

As far as poppy growing on the communal level is concerned, available statistics allow us to follow the evolution of the situation over the last three decades.

It is important to remember that these figures concern cultivated surfaces and not harvested surfaces. Also, these numbers are percentages that do not take into account the large reduction in areas cultivated from the middle of the 1980s to the present day. Having made these remarks, it can be noted that Na U commune had the highest proportion of poppy production in Dien Bien district in the 1980s: at that time poppy growing in the commune accounted for almost 60% of the district total – 36 ha. Later on, the eradication programme seems to have met with considerable success here since these surfaces only accounted for 5.7% of the district total during the 1998/1999 growing season and 4.2% during the 2000/2001 growing season – 3.9 and 0.2 ha respectively. The eradication programme was apparently not as successful in the neighbouring commune of Muong Nha, however. During the 1985/1986 growing season, poppy growing in that commune represented 14.8% of the district total – 9 ha. In 1998/1999 that figure remained practically unchanged, but in reality the areas cultivated had increased by one hectare from the previous decade. This shows the same resistance to the eradication programme as in other communes of the province. Finally, in 2001/2002, the commune of Muong Nha had the largest areas of poppy cultivation in the district, even if in real terms they had shrunk to 3.8 hectares.

Graph 19

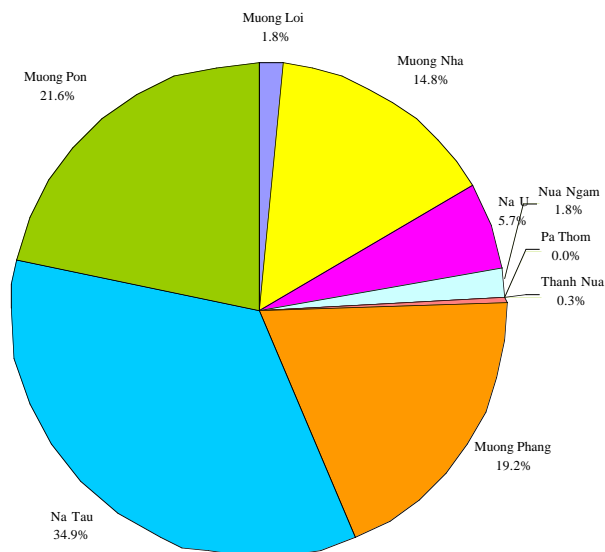
Poppy-cultivated area in the communes of Dien Bien district in 1985/86, in %



Source: VNDCC

Graph 20

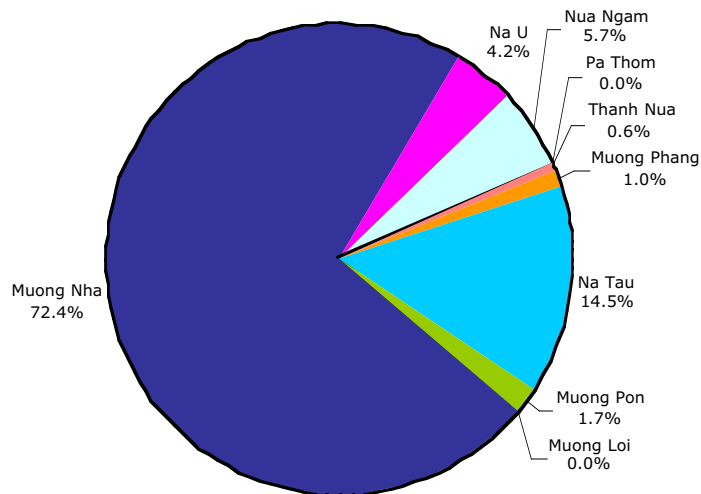
Poppy-cultivated area in the communes of Dien Bien district in 1998/99, in %



Source: VNDCC

Graph 21

Poppy-cultivated area in the communes of Dien Bien district in 2000/01, in %



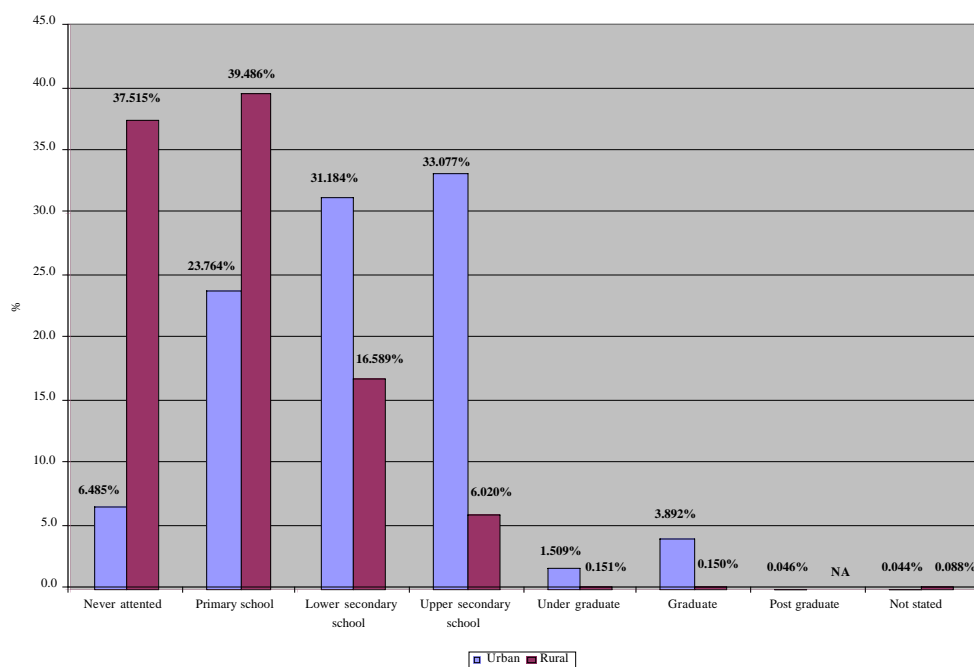
Source: VNDCC

Bat Xat district, Lao Cai province

Lao Cai province is located on the Red River, at about 300 kilometres north-west of Hanoi, and covers an area of 8,057 km². It is very mountainous and shares a border about 200 km long with China. The city of Lao Cai has long been a trading post between China and Vietnam.

Graph 22

Population aged 5 and over by educational level, Lao Cai province, in %



Source: Population and Housing Census, Vietnam 1999

According to the 1999 census, 594,364 people live in Lao Cai province, 33.1% of whom are Kinh, 20.8% Hmong, 13.7% Tay, 12.4% Dao, 8.7% Thai, 4.1% Giay, 3.8% Nung, with the remaining 3.4% belonging to other ethnic groups. In the population aged 5 years and over, the educational level of the 91,454 urban dwellers and 420,559 rural dwellers can be found in the following graph and is expressed in %. The school non-attendance rate in rural areas (more than 37%) is higher than in Son La province, yet it is much lower than in Lai Chau province.



Photo by Jason Eligh

**Thai children going to school in Thuan Chau.
A growing number of young people are beginning to smoke
and inject heroin in Son La**

In the Human Development Index ranking for Vietnam, the province holds the 56th position, while Son La and Lai Chau provinces hold the 57th and 61st positions respectively. The main socio-economic indicators typical of the province are given in the following table and are compared with similar indicators for other Northwest provinces and the entire country. Average longevity in the province is comparable with that of Son La province, although the GDP per capita is higher than in Son La and Lai Chau provinces: 40% of the national average.

Table 15
Socio-economic indicators for Lao Cai province, 2001

	Longevity (year)	Literacy rate (%)	GDP per capita (USD, '000)	GDP per capita (PPP, USD)
Lao Cai	66.0	69.3	2,107	751
Northwest	65.9	73.3	1,951	695
Nationwide	70.9	90.3	5,221	1,860

*Source: Indigenous Peoples/Ethnic Minorities and Poverty Reduction,
Vietnam, Manila, 2002*

From the point of view of the distribution of the working population by economic sector, at the end of the 1990s more than 80% worked in the primary

sector, about 6% worked in the secondary sector and about 10% worked in the tertiary sector.

Bat Xat district is just north-west of Lao Cai and is one of the two parts of the province which form enclaves in the Chinese province of Yunnan. For about 100 km, _ of which run along the Red River, the district borders that province. The 60,223 inhabitants of the district are: 27.8% Hmong, 26.8% Dao, 19.4% Giay, 18.5% Kinh, 5.3% Ha Nhi, with the remaining 2.2% made up of other ethnic groups. Average income, converted into rice paddy, is 350 kg of rice per year per person.

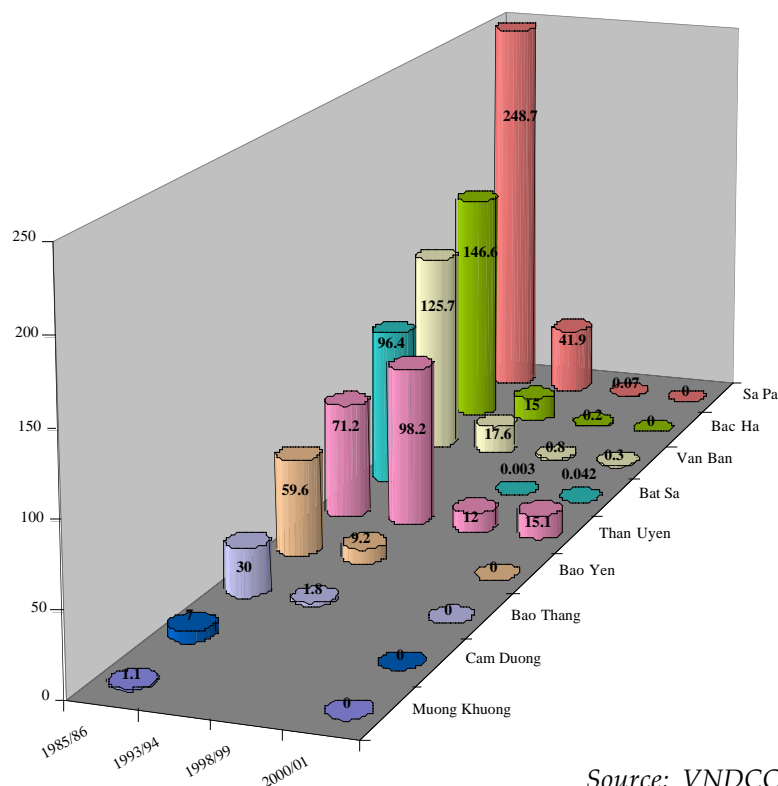
From a comparative point of view, this district ranked fourth in the province for the size of its poppy fields in 1985/1986 with 96.4 ha. Data are not available for the 1993/1994 growing season and areas replanted with poppies during the 1998/1999 growing season seem to be trivial. Here again, it is not possible to draw conclusions for this one growing season while data are only available for a single commune. While considering the 2000/2001 growing season we can, however, conclude that the eradication programme was well established, since only 0.042 ha were replanted with poppies in only one commune, while all other communes declared that the phenomenon had ceased to exist in their territory.

The only available data to compare poppy growing areas in the district concern the 1985/1986 growing season. They show that Den Sang commune had, at that time, the largest growing area, accounting for 22% of the district total – 21.2 hectares. On the other hand, the poppy fields of Muong Hum commune only accounted for 2.2% of this total – 2.1 ha.

Both Den Sang and Muong Hum communes are well inside the district and have no contact points with the Chinese border. One reaches Muong Hum commune from the Highway after about 20 km on a good dirt road, although there are a few difficult stretches. As for Den Sang commune, it is located 9 km upriver from Muong Hum.

Graph 23

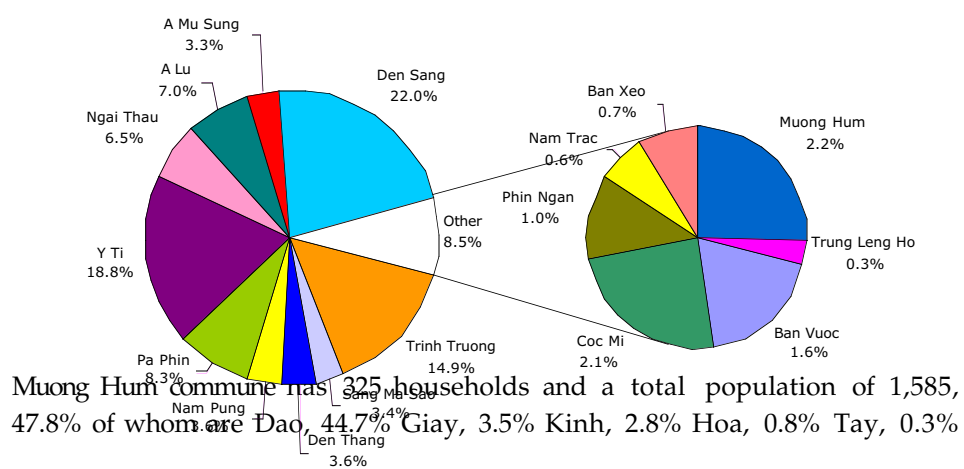
Poppy- cultivated areas in the 9 districts of Lao Cai province, in ha



Source: VNDCC

Graph 24

Poppy- cultivated areas in the communes of Bat Xat district in 1985/86, in %



Muong Hum commune has 325 households and a total population of 1,585, 47.8% of whom are Dao, 44.7% Giay, 3.5% Kinh, 2.8% Hoa, 0.8% Tay, 0.3%

Hmong and 0.2% Cao Lan. Den Sang commune has 280 households of Red Dao and a total population of 1,723 in 5 hamlets. Both communes are classified as Zone III; but it should be noted that Muong Hum has greater economic potential thanks to its weekly market which draws many of the region's inhabitants (see below), whereas Den Sang is particularly underprivileged.

Results

Research results will be analysed in five separate sections. In three of them – the first, fourth and fifth – data bases for drug users and non drug users will be processed simultaneously. The two other sections – the second and third – will deal with elements which are specific to each data base.

Supply and demand

Both quantitative data about drug users and non drug users and interviews conducted during the project confirm the widespread success of the poppy eradication programme. Only 0.7% of non drug users believe that the drugs consumed in their commune came from “in situ processing” and 1.9% of drug users are of the same mind. It is remarkable that the positive answers nearly all come from Muong Nha commune – all 9 drug users and 4 out of 5 non drug users – which was the commune in Dien Bien district where the statistics of replanted areas showed some resistance to the eradication programme (see above).¹⁵⁵ Local production therefore has certainly not totally disappeared from Muong Nha commune, but has apparently been restricted to very small areas in remote and inaccessible regions far from the eyes of the authorities. The Deputy Head of Police of Lai Chau province admits to the existence of these small, hidden fields which his services have been unable to eliminate. As for the Head of the provincial drug squad, he has indicated that all 18,720 m² of poppy fields discovered in Den Bien district in 2002 and up until March 2003 have been destroyed. The determination of the authorities is obvious, but the question of covert cultivation still persists.

The considerable reduction of local opium production has dried up a traditional source for local smokers. Villages which used to produce opium must now look elsewhere for the drug in the same way as for other drugs

¹⁵⁵ Among possible answers, which were not mutually exclusive, to the question relating to the origin of the drug could be found the following option: “From opium poppy cultivation”. 3.6% of non drug users chose this option; in Muong Nha commune the percentage rose to 17%. 8.2% of drug users chose this option; in Muong Nha commune the percentage rose to 23% and in Na U it was 20%. There is, however, a certain amount of ambiguity in the way this option is presented in that it does not mention the location of the poppy cultivation in question. It is therefore impossible to determine whether the people answering this question meant that the poppy fields were in their commune or not.

consumed in communes where opium is not the only drug available (see below). 39.5% of non drug users consider that drugs, without specifying which ones, come from other communes or districts of the province and 32% think they come from other provinces. These percentages are 39.5% and 44% respectively for drug users. While interpreting these results, two possibilities must be considered. In the case of drugs other than opium, these answers can mean either that the drugs were directly bought by the user in another commune, district or perhaps even in another province, or it could mean that drug dealers brought the drugs into their commune from another commune, district or province. With regard to opium, two interpretations – of both the question and the answers – are possible: the opium could have been produced in another commune, district or province or the substance came from abroad but passed through another commune, district or province before reaching the local market.

In the communes of Chieng Pha and Chieng Ly, a large majority of drug users and non drug users believe that the drugs come from other communes or districts of Son La province: 68.2% of non drug users and 75% of drug users in Chieng Pha commune and 63% of non drug users and 66.9% of drug users in Chieng Ly commune. These results must be seen in the light of the existence of points of sale in the district where the drug users of Chieng Pha and Chieng Ly obtain supplies. During interviews with local residents and drug users it is always very difficult to get reliable information concerning the origin of substances consumed. To the question concerning the place where consumers could buy the drug, several answered by saying that they had no idea. Others mentioned, without giving further details, a “neighbouring commune”, while a very small number gave a precise location. A primary school teacher in Chieng Ly commune mentioned Xuan Mon hamlet, calling it “a very hot place in Thuan Chau”. Another inhabitant of Chieng Ly said that Thom Mon commune had developed a thriving drug trade. According to this person, certain inhabitants of Thom Mon went to Laos to bring in drugs which they sold in Thuan Chau district. The money they made from this business has not gone unnoticed: they are richer than their neighbours and even spend money in US dollars. Despite arrests and heavy penalties for drug dealers, the trafficking continues, “because there’s big money in it”. Finally, their proximity to the district capital certainly makes obtaining supplies easier for the drug users of Chieng Pha and Chieng Ly. It is probably their relative distance from the district centre which can explain the difference we can see when the inhabitants of the two communes say that the drugs are coming in from provinces other than Son La. In Chieng Ly commune – the closer to Thuan Chau – 30% of drug users and non drug users alike answer this question positively. In Chieng Pha

commune – which is closer to the edge of the district and so to Lai Chau province – 46% of the non drug users and 48% of the drug users gave a positive answer.¹⁵⁶

In Muong Hum and Den Sang communes, important differences appear in the answers of drug users and non drug users with regard to the origins of locally consumed drugs; mostly opium, since other substances are only rarely available on the local market (see below). Whereas only 14% of the non drug users of Muong Hum think that the drug comes from other communes or districts in Lao Cai province, 46% of the drug users believe it does. In Den Sang commune, this gap is slightly smaller: 23.5% of the non drug users and 41% of the drug users gave a positive answer. Non drug users from both communes are inclined to believe that the opium consumed in their communes does not come from Lao Cai province. More directly involved, drug users do not on the whole share this opinion. This can be explained by the structure of the local opium market.

Every Sunday there is a market in Muong Hum which attracts many people from neighbouring localities and which serves as a supply centre for the commune's drug users. If one local smoker is to be believed, it was easy to buy opium at the market before 2000. Since that date, buying and selling is much more discreet and secret codes are used to avoid attracting the attention of the authorities (see below). The inhabitants of the commune are well aware of these goings-on. The clandestine nature of the deals, however, protects the dealers from being identified by anyone other than the drug users whom they supply. It goes without saying that these drug users do not volunteer precise information on their suppliers. The authorities of Muong Hum, however, are convinced that the dealers are "mountain folk" (the implication being that they are Hmong and possibly Dao) from other communes who take advantage of the Sunday crowd to do their illicit business. The concept of "dealer" should not be misunderstood. In fact, they are probably small-time resellers – or possibly even producers – who make very little money from their trafficking: according to the Muong Hum authorities, when the police do manage to arrest one of these dealers, he has so little money on him that it is the police themselves who must feed him and pay for his transportation to the district.

¹⁵⁶ Chieng Pha is about 20 km from Tuan Giao district in Lai Chau province. It is important to remember that this district is the one in Lai Chau with the largest areas of replanted poppies in 2000/2001 (see above). In 2002 this phenomenon is repeated, since 40,000 m² of poppy were destroyed in Tuan Giao district which is approximately one-third of the total areas destroyed in Lai Chau province (data supplied by the Head of the provincial drug squad).



Photo by Ly Thi So

Hmong girls return home from the market, Lao Cai

The smokers of Den Sang commune are not very talkative either about their supply channels. Multiple interviews conducted in the commune do allow us to get a clearer picture of the situation, however. The information gathered leads one to believe that a large part of the locally consumed drug is brought from outside the commune, not via the route which connects Muong Hum to Den Sang, but rather across the back country. Before examining the methods of this traffic, it would be useful to look into the role played by the Muong Hum market in supplying the smokers of Den Sang and the eventuality of a local source of supply. Concerning the first of these problems, smokers do not mention buying drugs at Muong Hum market. An interview with a Den Sang police officer, on the other hand, mentions this practice both directly and indirectly. According to this source:

Through asking drug addicts, we know that they bought drugs from Muong Hum market, but when we asked them from whom they bought, they never revealed. They told us the way that they bought drugs. For example, when they went through drug stalls they tied a red string on their hand and then the seller knew that they were drug addicts. They had to have their own sign.

Then, referring to the case of a smoker from the commune, the policeman went on, "[...] sometimes sells a sack of about 5 kg of rice to get money and then runs

to Muong Hum".¹⁵⁷ It can also be understood from the high percentage of Den Sang drug users (41%) who say that the opium comes from other communes or districts of the province that Muong Hum is one such other commune. Still in Bat Xat district, Trinh Tuong commune, situated north of Den Sang on the Chinese border, could also be implicated. In 2002, the only case of a dealer arrested in Den Sang for having brought opium into the commune by road was a motorbike taxi living in Trinh Tuong. Finally, we cannot totally exclude the possibility of a local source of opium in Den Sang, despite claims of complete success of the eradication programme. Confronted with this possibility, an official from Nam Giang 1 hamlet answered the question: "Did anyone grow opium secretly?" by saying – "Yes, but not too much".

Even if there is no consensus in Den Sang on the fact that opium comes from other locations in Lao Cai province, an overwhelming majority of the inhabitants agree that opium is being brought in from outside their province: 93% of non drug users and 89% of drug users share this opinion. Interviews highlight the belief that it is being imported from Lai Chau province, and more specifically, Phong Tho district. There are Dao living in this region and they maintain close ties with the Dao of Den Sang. Marriages between the two groups are frequent, as are family reunions and friendly gatherings. Before the launch of the eradication programme, Den Sang opium producers sold part of their harvest in Phong Tho district, but that tendency has since been reversed. Phong Tho residents now cross the mountain on foot to visit Den Sang, bringing opium with them. According to the Deputy Chief of Police of Den Sang, these dealers are men, although another officer from the commune believes that many women are also involved. This fact forces the police to use a female teacher or health worker for body searches. It is difficult to catch anyone red-handed, since the dealers hide their stash in the forest to avoid police checks. Here again, it is important to see the "dealer" in the local context. One smoker from the commune, talking about the problems he has in procuring opium, says that he has to wait for a visit from his Phong Tho "friends" to obtain high quality opium. Whatever name is conferred to them, it is clear that these visitors are one of the main vectors of the drug trade in Den Sang and that there are no real dealers in that commune. It does seem likely, however, that certain drug users getting their opium from Phong Tho then resell it within the community.¹⁵⁸

¹⁵⁷ For reasons of confidentiality, the names of drug users are not given in this report. Concerning the clandestine transactions taking place at Muong Hum market, we can add that passwords are also used. Also, the fact that members of the same ethnic group communicate in their own language makes the secrecy of these transactions easier to maintain.

¹⁵⁸ Does this same phenomenon of privileged exchange with Phong Tho district exist in the neighbouring commune of Muong Hum, where the Dao make up a large proportion of the

In Muong Nha and Na U, the percentages of residents believing that drugs come in from another commune, district or province of Vietnam are very small, which can easily be explained by the fact that these two communes sit right on the border with Laos. In Muong Nha, 32% of non drug users believe that the drug is coming in from another commune or district in Lai Chau province, but only 20% of the drug users are of the same mind. In Na U, these proportions are 10% and 15% respectively. The possibility that residents of Muong Nha refer to Na U commune and vice versa cannot be ruled out. Na U commune is in particular singled out by provincial authorities as a drug trafficking “hot spot” (*diem nong*). Let us not forget that the arrest of the murderers of a Lai Chau anti-drug squad officer led to the breaking up of a 30-person cross-border drug-trafficking ring (see above). It will come as no surprise that the number of positive answers drops even further when there is question of drugs coming from another province in Vietnam: 11% of non drug users and 4% of drug user in Muong Nha; 0% and 11% respectively in Na U. Briefly, once we set aside minor local production, it becomes clear that most of the drug market in these two Dien Bien district communes depends on cross-border trafficking.

When it comes to foreign drug sources, both research categories gave more or less the same answer: 31.7% of drug users say that the drugs consumed in their commune come from Laos against only 1.3% who say it comes from China; for non drug users the proportions are 34.9% and 2.9% respectively. These overall results do not have much meaning and it is important to establish distinctions between the communes. In the two communes that sit on the Laotian border, 90% of non drug users and 91% of drug users agree that the drugs come from Laos. These proportions decrease as one gets further from the Laotian border, and since drug users are naturally better informed than non drug users, only their answers will be taken into consideration here. Between 20% and 28% of the drug users of Chieng Ly, Chieng Pha and Den Sang and only 8.2% of those from Muong Hum believe that locally available drugs come from Laos. It is interesting to note that, contrary to this, communes sitting near the Chinese border do not have a higher response level than communes further from that border when asked if locally available drugs come from China. It must be said that communes in Lao Cai province do not give any positive answer in relation to drugs of Chinese origin, the only answers of this kind coming from Chieng Pha and Chieng Ly communes; most especially in the former (9% of the commune’s drug users, or 5 out of 52). In this respect, it will be interesting to

population? Most probably, although further research must be done in order to understand this problem more clearly. We can note here that the percentage of positive answers concerning extra-provincial opium sources was lower than that in Den Sang, though still significant: 68% of non drug users and 43.8% of drug users.

study whether these positive answers can be correlated at a later date with the type of substance consumed in Chieng Pha commune.

Do these results contradict the official statements concerning the foreign origin of drugs, especially when we consider the low rate of positive responses – 31% – to questions concerning the Laotian origin of drugs? The answer is no, when we take into account that part of the people answering the questionnaires could only choose one option, even when different options were not designed to be mutually exclusive. This choice was not entirely illogical when one considers the question from the angle of the drug's immediate origin. Relative to this, an interview with the headmaster of the Chieng Pha school gives a good idea as to how the question is seen by the locals. To the question, "Drugs come from where to this commune?", he answers "From Lai Chau, and maybe originally from Laos". Another interviewee, a primary school teacher from the neighbouring commune of Chieng Ly, only makes a distinction between immediate and original sources if the question is put to him directly:

Q: "Where can people buy drugs?"

A: "People usually buy it in Xuan Mon hamlet".

Q: "Drugs come from where to this commune?"

A: "Mainly from Laos".

Similarly, people interviewed in Den Sang commune refer to Phong Tho as the place where the opium comes from, but they never say whether the drug is manufactured there or whether it merely passes through Phong Tho. In other words, the question of a drug's origin is above all of interest to the authorities and to foreign observers, but not necessarily to local people. Finally, it must be noted that 16.8% of drug users answered "no ideas" to the question pertaining to the origin of drugs. This could either mean that they don't really care or that the manner in which the question and the proposed answers are worded only confuse them.

With regard to the type of drug consumed, the results among drug users are very different from one commune to the next. In fact, there is a clear distinction between the communes of Na U, Muong Nha, Den Sang and Muong Hum on one hand and the two Thuan Chau district communes on the other. In the first group, between 95% and 100% of all drug users list opium among substances available in their communes (100% in the two Bat Xat communes and 95.6% and 98% respectively for Na U and Muong Nha). These numbers drop when the question concerns heroin: no positive answer in Den Sang and Muong Nha, 1.4% in Muong Hum and 33% in Na U. The same holds true for amphetamines:

no positive answer in the two Bat Xat communes, 2% in Muong Nha and 22% in Na U. As for the presence of pharmaceutical products, nowhere did these receive a positive response. In the two Thuan Chau district communes, drug users' answers gave a very different picture of the local drug market. Whereas 84% of the answers in Chieng Pha mention the existence of opium in the commune, this proportion drops to 42% in the neighbouring commune of Chieng Ly. Contrary to communes in the first group, heroin is mentioned by the majority of drug users: from 73% in Chieng Pha to 96% in Chieng Ly. Along the same lines, the presence of amphetamines is confirmed by 19% of drug users in the first commune and by 32.4% in the second. It was in Chieng Ly commune that 4 out of 5 drug users in the data base mentioned the existence of pharmaceutical substances.

It would appear therefore that we are faced here with two different drug markets. There is a "traditional" market in which opium dominates and where heroin and ATS remain marginal or inexistent; the other, which is closer to urban and suburban markets, where opium is giving way to newer substances. Between these two extremes, two communes are in the middle: Na U and Chieng Pha, the latter curiously being only a stone's throw from Chieng Ly where the abovementioned trend is much more clearly present. We will obviously be going back to this question and looking into it more deeply by analysing the drug user data base in greater detail. It is worthwhile noting right now, however, that in the communes of Thuan Chau district, the consumption of substances other than opium seems to be a very recent phenomenon according to collected evidence. Workers at the Chieng Pha clinic estimate that heroin use began locally around 2000; this opinion is shared by a worker at the Chieng Ly clinic, while one of his colleagues sets the date as far back as 1995. Two drug users in Chieng Ly give a much more recent estimate, since they say heroin and amphetamines only came on the local market the year before, in 2001, even though these substances were already being consumed before then in other communes of the district.

Drug users are divided over the question of availability to drugs in their communes, since a little less than half (47.8%) say that it is easy to buy drugs. Two communes have a much higher percentage of positive answers: Chieng Pha (76.9%) and Muong Hum (74%). For the latter, the presence of the Sunday market mentioned previously explains this result. On the other hand, it is more difficult to explain the high percentage of positive answers recorded in Chieng Pha on the basis of the information available, and a more detailed investigation into the structure of the local drug market may be called for. Two other communes are more or less close to the average, which is to say that

opinions are divided: Den Sang (43.5%) and Muong Nha (45%). And finally, in the last two communes, there are less positive answers than on average: Na U (22%) and Chieng Ly (36.5%).¹⁵⁹ In the case of Na U commune, there can be little doubt that the arrests made after the murder of a Lai Chau anti-drug squad officer dealt the local drug market a serious blow.

The range of prices of drugs available in the commune is quite wide and varied. These results are given in tables including the range and average prices given by drug users. Additional commentary will be added concerning the real value of each substance. It came as no surprise to find that the price of 1/10 of a tael of opium (1 tael = 38 grams) increases the further one goes from the Laotian border (see fn. 93). On average, the answers were between 20,000 and 30,000 dong



Photo by Vi Cuong Tran

The equipment of a highland IDU, with a 50,000 dong bag of heroin

in communes of Dien Bien and Thuan Chau districts. In Na U commune, almost half gave 25,000 dong, which probably corresponds to the average local price. In the neighbouring commune of Muong Nha, more than 62% of drug users gave the price of 30,000 dong. In both Chieng Ly and Chieng Pha, about half the

¹⁵⁹ In point of fact, a deeper analysis of the data shows that people hesitate before choosing the option “no ideas” or even “no” and “no ideas” for the question “Is it easy to buy drugs in your commune?”. Consequently, the number of people who effectively replied “no” to the question does not correspond to all of the people who did not choose to answer “yes”. In short, if we analyse the effectively negative answers, the gap lessens between Na U, Chieng Ly and even Den Sang communes, to a point in which we find that from 56% to 64% of drug users considered it to be difficult to buy drugs in their commune.

answers gave a range of between 30,000 and 40,000 dong for 1/10 of a tael. Surprisingly though, about one third of those questioned gave a much lower price of between 5,000 and 20,000 dong. This phenomenon is particularly significant in Chieng Ly commune where, out of 31 answers given for the price of 1/10th of a tael, 2 gave an answer of 5,000 dong and 7 a price of 10,000 dong. If we try to formulate a hypothesis which goes beyond the possibilities of misleading answers, poor understanding of the question or errors in transcription, these results could point to the existence of a local source of raw opium which some drug users can buy at a price which is much lower than for the imported item. Finally, in the two communes in Bat Xat district, the prices given are much higher than those in Dien Bien and Thuan Chau districts. No prices are under 30,000 dong, and the overwhelming majority said they paid between 50,000 and 60,000 dong. This high cost seems to confirm the absence of local opium production or to suggest that if there are small fields cultivated clandestinely (see above), they are for personal use only.

Table 16
Price of 1/10 of a tael of opium according to drug users, in VND

	No. cases	Minimum	Maximum	Mean
Na U	42	10,000	30,000	23,285
Chieng Ly	31	5,000	70,000	26,838
Muong Nha	98	15,000	40,000	27,877
Chieng Pha	39	6,000	80,000	29,282
Den Sang	46	30,000	60,000	48,152
Muong Hum	71	30,000	100,000	59,718

Concerning the price of heroin, the answers given by drug users are concentrated in Thuan Chau district and especially in Chieng Ly commune where out of 148 drug users who filled out the questionnaire, 127 gave an answer for the local price of a “tép” of heroin.¹⁶⁰ On the other hand, we have no answers for Bat Xat district, 1 out of 100 drug users in Muong Nha and 9 out of 45 in Na U. On the level of drug price awareness, the same structure can be noted as for locally available drugs. Even though answers are not constant, it would seem that prices are about 10,000 dong for a “tép”. More than 85% of answers in Chieng Ly and Chieng Pha communes; two-thirds of the answers in Na U. The higher sums mentioned by drug users probably refer to bad deals or

¹⁶⁰ A ‘tép’ is similar to a ‘hit’.

a momentarily lean market, encouraging small dealers to increase their profit margin.

Table 17
Price of a tép of heroin according to drug users, in VND

	No. cases	Minimum	Maximum	Mean
Chieng Ly	127	10,000	20,000	10,787
Chieng Pha	35	10,000	40,000	11,857
Muong Nha	1	15,000	15,000	15,000
Na U	9	10,000	70,000	23,333

The structure of answers given with regard to the price of one amphetamine pill is close to that of answers regarding the price of heroin, with however some differences. First of all, no drug users from Bat Xat district answered the question. The answers are concentrated in the four other communes, but with one major difference between Dien Bien and Thuan Chau districts in relation to previous results. It can be seen that the number of drug users giving the price of an amphetamine pill in the two Thuan Chau communes is three times less than the number of drug users who gave the price for heroin. In contrast, in Dien Bien district, the numbers are identical for both substances. A more detailed examination of this point brings to light the fact that the same people did not systematically answer both questions. Nonetheless, in Dien Bien district, price knowledge of heroin and amphetamines touches the same proportion of drug users, while in Thuan Chau district this knowledge depends largely on the type of substance, which would seem to indicate that amphetamines are not as popular as heroin yet for local users. Following this it is important to note that the price of one amphetamine pill is apparently lower at the Laotian border than in Thuan Chau district. Out of nine interviewees in Na U commune, seven gave the price as 15,000 dong, the same price given by the only response from Muong Nha commune. On the other hand, in Chieng Ly and Chieng Pha communes, most drug users gave a price of 20,000 to 25,000 dong.

Table 18
Price of an amphetamine pill according to drug users, in VND

	No. cases	Minimum	Maximum	Mean
Na U	9	12,000	15,000	14,555

Muong Nha	1	15,000	15,000	15,000
Chieng Pha	7	15,000	25,000	19,714
Chieng Ly	31	10,000	30,000	22,096

These results give some early indications as to the structure of drug demand and consumption in the six communes. They will be analysed in greater detail in a later section specifically devoted to drug users. For the time being, it is necessary to examine the way these local communities perceive this demand.

During interviews conducted in the framework of this project, a recurring theme appeared no matter who was being interviewed. Whether they were provincial, district or communal authorities, teachers, health care workers, ordinary inhabitants or even drug users themselves, all considered that the drug situation is very serious. This general judgement, however, covers a whole range of opinions concerning drug use in each commune. When it comes to evaluating the number of drug users in a commune, the range is quite large, whether in the eyes of drug users or non drug users, even if the majority is more or less in agreement. In the following table the answers have been classified by groups of ten in order to avoid too great a dispersion. Also, care must be taken not to compare communes in terms of the number of drug users since these communes are all of different sizes. What is important here are the respective evaluations of drug users and non drug users within each commune.

One important difference that must be pointed out between drug users and non drug users in their way of answering the question relating to the number of drug users in their commune. Only 54% of drug users gave a number, the rest refusing to give an estimate by choosing the "no ideas" option. On the other hand, 85% of non drug users answered this question; no easy task considering that it was required of them to give a precise answer and not merely tick a box. This would seem to indicate that the question is more important for them than for the drug users themselves. Another trend should be noted, which exists in both categories, but is greater with non drug users than of giving a precise number (2, 7 or 13, for example) and not just a round number. This would indicate that it is not an evaluation but rather an identification of the people involved. While many have a precise idea of who is using drugs in the community, this does not, however, mean that the interviewees agree on that number.

It can also be noted that in the two communes in Thuan Chau district, drug users and non drug users give more or less the same figures, or to put it more precisely, that the same proportions of answers for the two categories of

interviewees can be found in the dispersion of the results. In the other communes this fact is less pronounced. In Den Sang, drug users have a tendency of considering their numbers greater than do non drug users. This tendency is less distinct in Muong Hum and Muong Nha, but it is present there all the same. Meanwhile, the opposite tendency can be observed in Na U, where three-quarters of the drug users believe that there are less than 20 users in the commune, whereas more than half the non drug users put this number at between 30 and 50.

Table 19
*Estimation of the number of drug users in communes by non-drug
using and drug using commune inhabitants, in %*

		1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	≤ 81
Chieng Ly	Drug users	3.3	8.7	14.2	4.4	8.5	10.9	1.1	5.5	43.4
	Non drug users	2.7	9.9	11.7	7.2	8.1	6.3	5.4	9.9	38.7
Chieng Pha	Drug users	36.6	26.7	3.3	3.3	0	13.2	0	6.8	10
	Non drug users	33.0	26.2	13.1	8.3	8.3	4.8	1.4	2.8	2.1
Den Sang	Drug users	24.4	31.1	42.1	2.2	0	0	0	0	0
	Non drug users	59.7	19.3	20.1	0.8	0	0	0	0	0
Muong Hum	Drug users	6.7	19.9	26.6	9.9	13.3	13.4	10.1	0	0
	Non drug users	20.4	17.4	17.6	9.8	20.5	8.0	1.8	0	4.5
Muong Nha	Drug users	4.8	0	0	0	0	9.5	0	19	66.7
	Non drug users	6.1	12.2	4.1	2.0	4.0	12.2	6.1	8.2	44.9
Na U	Drug users	45.8	31.5	18.6	8.6	5.8	0	0	0	0
	Non drug users	20.8	14.0	7.9	32.6	23.7	0	1	0	0

Finally, the great diversity of numbers given by interviewees must be stressed. In this respect, it will be noted that in the large communes the dispersion of results goes beyond the threshold of 81 used in the previous table. Thus, in Chieng Ly, four drug users evaluate their own number at between 81 and 90, 14 give the numbers of between 91 and 100, 2 between 101 and 110, 8 between 125 and 200, 2 between 250 and 300 and one drug user gave a figure of 950. This disparity in answers does not only concern the subjectivity of the interviewees, it also shows in all likelihood the problems met by the community in perceiving how to deal with the drug question. As can be seen in the precise answers given above, the inhabitants can identify a certain number of users

who can be considered as being the most excessive drug users of the commune. On the other hand there is clearly a hesitation when considering the wording of the question; a question that does not mention drug addicts (consumers listed by the authorities) but rather drug users. As a matter of fact, the interest of answers given lies not in the plausibility of the evaluations, but rather the indications they give of where the community stands on the drug problem. By analysing these results further, it appears that a large number of interviewees – whether consciously or not – underestimated the number of drug users in their commune. In other words, what we have here in the majority of cases are neither figures relative to the number of drug users, nor even figures relative of drug addicts as they are defined by the authorities, but rather an indication that the community does not perceive the drug problem in its midst in the same terms as outside observers. This fact deserves a brief demonstration.

An approximate indication of the number of drug users living in each commune is supplied by the number of questionnaires filled out by this category of people participating in the study. However, it has been noted that in all the communes most interviewees gave an evaluation which was greatly inferior to the approximate number determined by the number of returned questionnaires. In Chieng Pha, 52 drug users filled out a questionnaire, while more than half the interviewees believed that the number of drug users in their commune is less than 20. In Chieng Ly, 148 drug users filled out the questionnaire, while more than half the interviewees believed that there are less than 80 drug users in their commune. In Den Sang, 46 drug users filled out the questionnaire, while all interviewees believe that there are less than 40 drug users in their commune and more than half believe that number to be less than 20. Without going into this commune by commune, let us point out that in Muong Nha commune the evaluations were closest to the number of questionnaires returned by drug users. Nor does the category of consumers to which most interviewees referred correspond to the category of drug addicts as it has been defined by the authorities. Let us take two examples. In Muong Hum commune there are 59 registered drug addicts. More than half the interviewees believe their number to be less than 40. In Na U commune there are 40 registered drug addicts, whereas more than half the interviewees believe their number to be less than 30. In these conditions, it is important to understand how the drug problem is perceived in each commune so as to understand which type of consumer is being referred to by interviewees when they count the drug users in their community.

How non drug users perceive the drug problem

It has been previously stated that the interviews conducted in the communes highlighted the fact that the drug problem is judged as serious by all persons interviewed. The analysis of quantitative data only partially confirms this general judgement and even invalidates it in the case of one commune.

Asked to comment on the drug situation in their commune, interviewees had a choice of between 4 possibilities: "normal", "serious", "very serious", "no ideas". These options were designed to be mutually exclusive, but some interviewees chose more than one option, which explains why the accumulated percentages sometimes exceed 100%. One commune in particular stands out for the opinion stated by its inhabitants. In Den Sang, 88.2% of non drug users consider that the drug-related situation in their commune is normal: only 14.3% consider it serious and 2.5% very serious. In the other communes, judgements are more qualified and a distinction must be made between two groups of communes. One in which more than 50% of the interviewees judge the situation to be serious or very serious, but with a large proportion of the interviewees saying it is normal. And another in which more than 60% of the interviewees consider that the situation is serious or very serious.

The first group is made up of the communes of Na U and Muong Nha; the second group is made up of the communes of Chieng Ly, Chieng Pha and Muong Hum. And yet within these groups, each commune has its own differences. In Na U commune, opinions are very mixed: 40% of the interviewees consider the situation to be normal, 41.8% consider it to be serious and only 10% consider it very serious. Those remaining give no opinion. In Muong Nha, a majority consider the situation to be serious (50%) but a very small proportion consider it to be very serious (5.7%), while a significant minority do not share this opinion and consider it to be normal (30%). In the second group, Chieng Pha commune stands out for having the highest rate of interviewees who judge the situation as very serious, 48.6%, on top of which can be added the 31.8% who consider the situation to be serious. However, a strong minority find the situation normal, 32.4%; some of these interviewees having also chosen to tick one of the previous options. In Chieng Ly and Muong Hum, only about 20% of the interviewees judge the situation to be normal, about 40% serious; as for those who consider the situation to be very serious, there are 31.2% in Chieng Ly and 20% in Muong Hum.

Choices vary little according to gender, apart from men having a greater tendency than women to consider the situation normal and proportionally fewer women giving an opinion. Regarding the age of the interviewees, it

seems that people of 20 and under as well as those of 50 and over are less likely to find the situation in their commune normal than people in the 21-50 age group. Indeed, those in the 50 and over age group are proportionally those who consider the most that the situation is very serious with a percentage of 35%. From the standpoint of ethnic origin, the breakdown of answers largely follows that of the communal level, which is logical considering the ethnic structure of the communes (see above). Only taking into account the main groups represented in the study, 65% of the Dao believe the situation is normal, 22% serious and 8% very serious. 41% of the Hmong find the situation normal, 42% serious and 9% very serious. 26% of the Thai find the situation normal, 39% serious and 32% very serious. 18% of the Giay consider the situation normal, 46% serious and 24% very serious. As for the Kinh, 14% find the situation normal, 23% serious and 52% very serious.¹⁶¹

The atypical result observed in Den Sang commune obviously cannot be analysed without looking at its ethnic composition. All 119 questionnaires were filled out by Dao. In this perspective, it may be the “traditional” role of opium in Dao culture that explains their perception of drugs in their commune. As pertinent as this explanation may be, it must also be qualified. The ethnic factor plays an indisputable role, the more so in a context where the commune is ethnically homogeneous. This does not mean that the Dao systematically trivialise drug use, as can be seen in answers to the question, “What are dangerous types of drug use in your opinion?”. In Den Sang, 80.7% of interviewees chose the “smoking” option which in this case can only mean opium. It is not because the practice of smoking opium is thought of as innocuous, therefore, that the inhabitants of Den Sang believe in their majority that the drug situation in their commune is normal. In fact, only 20% of the Dao of Muong Hum find the situation of their commune normal, a proportion similar to that of the Giay. There is however a great difference between the two communes, one being ethnically homogeneous and the other not. Therefore, the possibility that the Dao of Muong Hum are thinking about other ethnic groups of the commune when they say that the situation is serious to very serious cannot be excluded.

In the case of Den Sang, non drug users consider the situation to be normal simply because they have their own criteria for defining the normality of opium consumption within their community. It is worth remembering that almost 60% of non drug users put the number of drug users in their commune at between 1 and 10, whereas the authorities have listed 26 drug addicts and the drug user data base counts 46 cases for Den Sang commune. In other words, when

¹⁶¹ The remaining percentage corresponds to those who gave no response.

the inhabitants of Den Sang evaluate the drug-related situation in their commune, they do not take all opium consumers into consideration, but only those who are probably those who are the most excessive. Several interviews confirm the existence of local classification criteria for making clear distinctions between different types of consumers. For the chief of Nam Giang 1 Hamlet, "some people drink it [opium], some people smoke to help them ease fatigue, but they are not addicted to it". Controlled drug consumption is therefore definitely present in Den Sang, but this does not enter into the category of what is not "normal" in the eyes of the community. In the questionnaires given out in the communes, the notion of "drug user" was substituted for that of "drug addict", precisely in order to count consumption which did not enter into this latter category defined by the authorities. It must be said that this altering of terminology did not have the desired effects, since most interviewees did not interpret the category "drug users" as those who consumed drugs, but more or less as a synonym for "drug addicts" (cf. Table 19). In fact, in order to get the necessary information the question must be worded very explicitly. So when a police officer from Den Sang was asked about the number of people who "smoke [opium] but are not addicted", he answered "about 30 to 40 people". The existence of these 30 to 40 smokers – in reality probably more –, on top of the 26 registered drug addicts, is "normal" for a majority of the commune's inhabitants. This is because the fact of using opium is not in itself considered a problem, but rather the social and familial consequences that can accompany excessive use. This point is essential if one is to understand the results of the study, in that when inhabitants give an opinion of the impact of drugs on their community, they are very probably only discussing excessive use and not casual use.

If we follow through with this thinking, then it must be admitted that local criteria, used to determine if a situation is normal, are based more on the community's ability to manage drug use than the real number of consumers. In Den Sang the situation is thought to be normal; not only due to this commune's ethnic homogeneity but also because the only drug involved, opium, has been consumed there for long time. In Na U, another ethnically homogeneous commune, the proportion of Hmong who consider the situation to be normal is also high (40%), but two elements come into play which cause a larger majority not to agree. Firstly, and this is not the case for Den Sang, substances other than opium have found their way into the commune. Secondly, drug trafficking and its effects on the commune's relations with the outside world cannot be ignored by the inhabitants of Na U.

The analysis of results pertaining to the dangers of different ways of taking drugs seems to show that the perception of the problem by non drug users depends on the state of the local market and available substances. This analysis also shows that information on the subject is incomplete for part of the population.

Regarding the habit of smoking the drug, a little under half the interviewees considered it dangerous (47.1%). In Chieng Ly this percentage drops to 13.6%, which points to the fact that interviewees have their own classification relative to the substances consumed in the commune and that they believe, for the most part, that the practice of smoking the drug is the least dangerous. This phenomenon of comparing the level of danger for different modes of consumption certainly takes place in every commune. It is difficult however to explain why 80% of non drug users in Den Sang, 60% of those in Na U and Muong Nha believe that smoking is dangerous, whereas in Muong Hum that percentage drops to 35.8%. The fact that opium is the sole or the dominant drug on the market in these first three communes can explain why interviewees identified this familiar practice. This same logic could hold true in Muong Hum. On top of this, the presence of several IDUs in Muong Hum – which could explain a comparative evaluation between two means of drug-taking – only constitutes a discriminating factor in relation to Den Sang and possibly Muong Nha (see below), but not in relation to Na U.

The practice of inhaling the drug is perceived as dangerous for only 32.8% of interviewees. The meaning of the question was not the same, however, for inhabitants of different communes. In Den Sang and Muong Hum where opium seems to be the only drug consumed, only 8% of the interviewees chose this option, meaning that either they knew about this method from other drugs or they had no clear idea as to how opium was consumed, or they didn't really understand the question. In Chieng Ly the proportion of positive answers was also low, 18%, but probably for another reason than for the two previous communes. Indeed, for non drug users aware of the different ways of taking heroin, it is conceivable that inhaling the drug (chasing the dragon) is considered as less dangerous than injecting it. In this case, it would be the comparative evaluation of risks run by using a specific substance that motivates the choices of interviewees. In Chieng Pha, Muong Nha and Na U communes, the rate of positive answers is significantly high: 49.7%, 61.4% and 62.2% respectively. In Na U this result could be explained by the fact that heroin is available on the market, although it is not as popular as opium. In these conditions, interviewees were referring more to the risk of the spread of

heroin use, still locally marginal, than to the dangers linked to any one method of consuming drugs per se.

The practice of swallowing drugs is perceived as dangerous for 20% of non drug users. Here again, it is not clear that all interviewees were referring to identical situations. In communes where amphetamine use has already begun, it is probable that interviewees are referring to that type of substance. In Chieng Ly, for example, ingesting substances is only considered as dangerous for a small minority (7.8%), with other interviewees choosing methods of heroin consumption, most especially injection (see below). In communes where opium is predominant, interviewees had it in mind since it can be ingested in small quantities or as a decoction. But it is difficult to explain why in Den Sang and Muong Hum 12% and in Na U 22% consider this form of consumption to be dangerous, while in Muong Nha the proportion climbs to 56%. In this case, only detailed interviews with the inhabitants of the commune will lead to a better understanding of this high proportion.

The results of choices made by interviewees concerning injection deserve special attention. The inhabitants of several communes seem to suffer from a lack of information or an error in risk appreciation when it comes to this subject. For 64.7% of interviewees, injection is considered to be a high-risk practice. The highest rates of positive answers come from Chieng Pha, Chieng Ly and Muong Nha communes; 87%, 86% and 78%. On the other hand, in the other 3 communes less than half the interviewees believed injections to be a high-risk practice: 45.8% in Muong Hum, 43.6% in Na U and only 34.5% in Den Sang. In Den Sang commune, this result can be explained by the absence of this practice; in Muong Hum by its marginal nature among drug users (see below). The practice will probably develop further, however, and the population is not sufficiently aware of the risks involved. The case of Na U commune is even more serious, since people there are already practising injection. In this case, the awareness level of drug users must be compared to that of the population at large.

Drug users have a generally negative image in their communities. Only 12% of the interviewees think that they are just like anybody else. In Na U the rate of positive answers is the highest with 35%. In Chieng Ly and Muong Nha the proportion is nearer the average with 13.9% and 11%. It drops down to 5.8% in Chieng Ly and 4.2% in Den Sang and Muong Hum. For most people asked, drug users are both dangerous and lazy. In Chieng Pha commune, the level of positive answers to both these questions was 91.9% and 88.4% respectively; in Chieng Ly, 83.8% and 79.9%, in Den Sang 95% for both questions, in Muong

Hum 71.7% and 85.8%, in Muong Nha 67.1% and 58.8% and in Na U 63.6% for both questions. It can be seen that it is in the two Dien Bien communes that popular opinion is the least unfavourable towards drug users.

This very clear stigmatisation of drug users is closely related to the perception of the negative effects of drugs on family and community. 90% to 98% of interviewees in Chieng Pha, Chieng Ly, Den Sang and Na U communes consider that drug use impoverishes the family. In Muong Nha and Muong Hum communes, the level of positive answers is slightly lower, with 85.7% and 76.7%. In the same proportions, but with a much lower rate of positive answers, interviewees considered that the presence of a drug user in their family contributed to its unhappiness: 80% to 89% in Chieng Pha, Chieng Ly and Na U communes, 72.3% in Den Sang, 58.6% in Muong Nha and 40.8% in Muong Hum. Answers to questions about the impact of drug use on the community confirm that the main worry is the socio-economic impact of drug users in a commune, with only one exception. 80% to 95% of the interviewees in Chieng Pha, Chieng Ly, Den Sang and Na U consider that drug consumption has a negative influence on the socio-economic life of their community. 75.5% share this same opinion in Muong Nha, but only 27.7% do so in Muong Hum. Similarly, between 60% and 87% of interviewees in the first five communes consider drug users to be an "increase of burden for the society", but in Muong Hum only 35.8% say that this is the case.

It is clear that in Muong Hum inhabitants are proportionally less sensitive to the negative impact drug use has on the family and the economic life of the community. An attempt at an explanation can be made taking two factors into consideration. First of all, it seems likely that a proportion of the interviewees base their answers on the real-life cases of people they know. The structure of the questionnaire, however, does not allow for this kind of qualifying element and according to the individual case taken into consideration, the image of the impact of drug addiction can be quite different. To give an example, two consumers were interviewed in Muong Hum commune during phase four of the research. The first, aged 37 years, was clearly in poor health and led a wretched existence. He sold his house in order to supply his habit, his wife left him and he was living with his mother, aged over 70, who cannot work. He himself cannot work more than a few hours a day and his siblings club together to feed their mother; his sisters even give money which was earmarked to buy school supplies for his children. The second is an opium smoker aged 65 years, who has smoked as many as 30 pipes a day. Genial and in excellent health, the research team had trouble keeping up with him as he showed them to his house in the village centre. He currently

owns two buffaloes and raises pigs. He meets his own needs and his wife's job lets him send 200,000 dong a month to the youngest of his seven children who is still in high school. It is clear that such contrasting cases can be found in all of the communes. But in Muong Hum, it is possible that the well-known second smoker, who lives near the market, was more in the minds of interviewees than the first. Secondly, Muong Hum has an important weekly market which brings people from communes over the region together every Sunday. This small-scale commercial activity diversifies the economic life of the commune, which is not solely based on agriculture. It is possible that given these conditions, the local population would be proportionally less concerned than that of other communities by the impact of drug consumption on their agricultural activities. Thus when it comes to determining whether drug consumption has had a negative impact on a household in terms of "lack of labour force", only 18.3% of inhabitants gave a positive answer, whereas in other communes that number rose to between 47% (Muong Nha) and 90% (Chieng Pha). Concerning this last point, it is important not to take it for granted that a drug user's incapacity for work depends on his degree of addiction, and that it would be a mistake to consider them all to be equally unproductive. Indeed, one must be extremely prudent when formulating these types of questions and interpreting the answers. During interviews conducted with opium smokers, it became clear that for some of them, they were at their most unproductive when they could not smoke the drug.

Finally it will be noted that an increase in criminal activity preoccupies a majority of interviewees in the communes of Thuan Chau and Dien Bien districts with positive answers ranging from 81% to 90%. On the other hand, in Bat Xat district, these rates are much lower: 51% in Den Sang and 41.7% in Muong Hum. The highest rate was recorded in Na U with 90%, a result which must be put in context with the previously mentioned murder of a Drug Squad police officer by a dealer from that commune. Also, the neighbouring commune of Muong Nha is in the Laotian cross-border trafficking region, and 81% of the interviewees there agree that drug consumption leads to increased criminal activity. In Chieng Ly and Chieng Pha, the rates are 85% and 82% of positive answers, which can also be explained by the fact that these two communes are on either side of Highway 6 and only a few kilometres down the road from the district capital. Also, the increased use of heroin and amphetamines by young people and the trafficking caused by this phenomenon, is a contributing factor in the modification of the traditional image of a drug user as an opium smoker. Conversely, the low rate of positive answers given in the two communes of Bat Xat district can be explained by the traditional nature of opium use there and the advanced age of consumers. Far from Laotian trafficking routes, these two

communes are only affected by the local opium trade, a market which seems mainly to concern people from outside the communes, with the exception of some resale of small quantities by local drug users. It will also be noted that opium trafficking taking place at the weekly market in Muong Hum is not considered by a majority of the local inhabitants as a source of increased criminal activity, since it is precisely in that commune where the lowest rate of positive answers – 41.7% – can be found. The fact that in Den Sang more than half the drug users complained about the rise in criminal activity is quite a paradox. In fact, no theft within the commune has been blamed on drug users, other than domestic petty theft (see below). Local small-time drug trafficking may very well be against the law, but it does not seem to lead to any serious problems of public order within the community.

After having analysed the quantitative data concerning the perception of drug consumption by non drug users, it is important to understand the meaning of these results. Does the overall negative image of drug users lead to their being marginalised in the community? Have non drug users not in part simply repeated the official version concerning the negative impact of drugs on society while formulating their answers? Do answers given to external observers really reflect the perception of the problem by local communities? It is obviously difficult to give precise and definitive answers to these questions. On the basis of interviews conducted in the communes, it would seem appropriate to qualify the results of the analysis of the quantitative data.

It is above all certain that drug users are not as negatively perceived in their communities as the results given by the questionnaires would lead one to believe, even though the perception of the negative impact of drug use on the socio-economic situation of the family is real. All the researchers who have visited the communes involved in this project agree that drug users are not considered as “bad elements” to be excluded from or systematically marginalised in their communities. The researcher who supervised data collection in Thuan Chau district considers that “people viewed them as friends in need of assistance”. This judgement is generally correct, but can be qualified in the case of certain communes. It is probably in the communes of Thuan Chau district that the perception of drug users is the least positive. During interviews conducted in the forth phase of research, an interviewee from Chieng Pha commune presented drug users as “lazy people who don’t want to work or daddy’s boys”. In Chieng Ly, another interviewee defined drugs as a veritable plague, and spoke of how consumers had ruined the happiness of many families. It is also in Chieng Ly that the most obvious case of stigmatisation was found. Talking about the drug testing programme in

the communal school, the teacher spoke of the use of the following method: "Pupils will vote for the suspected drug users and there will be sudden testing by the prevention team". Perceptions of consumers are closely dependent on the local drug situation and the community's ability to manage that situation. In the two Thuan Chau district communes, drug consumption is losing its traditional character due to the fact that opium is now giving way to heroin and amphetamine use. The sociological profile of drug users is also different to that in other communes concerned by the project: they tend to be younger (see below). These two factors help to explain the reactions noted before which show a form of disarray in the community faced with the development of a situation that no longer fits within the traditional framework of drug consumption.

In the four other communes, opium has remained the dominant substance, or even the only one consumed by drug users. These drug users are also much older than those in Chiang Pha and Chiang Ly. In short, the inhabitants of these communes are faced with drug consumption which remains entirely or largely traditional in nature, which favours the integration of drug users within the community. The researcher who supervised data collection in Bat Xat district summed up the situation in the following way:

The reason leading to the smoking of opium is that opium poppy was cultivated in the past, and it was very easy to invite people to share smoking. This was considered a normal behaviour, and there was no discrimination from ordinary people [non drug users] towards opium smokers.

This still needs to be qualified by repeating a distinction established earlier. While it is true that opium smokers are not marginalised in their communities, as can be seen from the example of the 15 drug addicts who belong to the Farmer's Association of Den Sang, excessive consumption does provoke more or less distinct disapproval. During interviews conducted in Den Sang, a 43-year-old smoker, who is unable to work due to his addiction, said that when he couldn't procure opium he drank dross decoctions. When he said this, several young Dao who were present started laughing and indicated they couldn't understand how anyone would do such a thing. After the interview, this same drug user explained to a group of people gathered outside the communal hall that he sometimes stole rice from his wife so he could buy drugs. His words provoked widespread laughter. In this case, they were not laughing to make fun of the petty thief or his victim, they were just laughing at an amusing anecdote told by a friend. These two situations can sum up the

status of the excessive consumer in the community: no-one approves of what he does, but he is not considered a pariah either.

In the first part of this report, one form of social ostracism from which the excessive consumer could suffer was mentioned: his marginalisation in the community's matrimonial strategies. This fact is confirmed by the chief of Ngai Tro hamlet, in Den Sang commune, who said that no-one wants to see their daughter get married to a drug addict. On the other hand, it seems that when a drug user is married, the tensions generated by his habit do not lead to separation. In fact, opinions on this vary. One person said that some young women left their husbands to get remarried. At the same time, no one single such case was brought forward to substantiate this. Others say they had never heard of such a case, in particular a 43-year-old female commune official. This kind of contradiction between accounts was quite frequent. According to one witness, non drug users in the commune didn't even speak to drug users. Another said, "the whole hamlet hates them". Conversely, a third said that "normally people don't alienate or look down on drug addicts. Here people still go to drug addicts' houses and eat and drink wine there as with other people. People live very emotionally and are very good". The last of these testimonies is apparently closer to the situation that can be perceived by an outside observer. As for the first two, it is possible that their excessive nature is a product of cognitive dissonance. To be more precise: sticking to the official line on drugs as being a social evil may have led certain interviewees to adapt the facts when describing the reaction of the community with relation to consumers. In the same way, another example can be given by the attitude of a woman toward her drug-using husband. To the question, "Do women agree if someone takes their husbands to the drug treatment centre?", a female official answered, "They all agree". A police officer from the commune has a very different answer:

They never say anything to their husband and when we go to their house, they even hide their husband and encourage them to smoke. If we forced their husbands to go to the drug treatment centre, they would cry so much and wouldn't let their husbands go. They only advise their husbands not to smoke a lot.

The fact of the matter is that drug users have the support of their families, even for the purchase of opium. Despite what was implied in certain interviews, it is unlikely that in a Dao family a son could scorn his father because he smokes opium or that a woman could discuss drug use on equal terms with her husband. This does not mean that drugs do not generate tensions

within the family, but rather that family solidarity is more important than behavioural norms as they are defined by the authorities.

To resume, it is impossible to determine the real position of the community towards drug users by only using the answers given in the questionnaires. The current research approach only allows us to skim the surface of the cultural dimensions that could explain that position. It is therefore to be hoped that the continuation of the project will be accompanied by some form of anthropological research aimed at defining the influence of ethnic culture on the drug problem. In order to underline this necessity, but also the difficulty of the task ahead, let us close by quoting the words of a Kinh schoolteacher who has worked in Den Sang commune for three years. When asked "how do people treat drug addicts here?", he answered, "I don't know the language, so I don't know about that". It goes without saying that what is true for the Dao is surely true for other minorities involved in the Project.

Drug Users

Before examining, commune by commune, the results of the analysis of the database of drug users, it is appropriate to give details of the substances consumed and their means of consumption. The following elements were assembled during interviews carried out in the second and fourth phases of research.

The substances consumed

Heroin and ATS (amphetamine-type stimulants) are substances that have appeared recently in some of the communes included in the project. It has been possible to assemble very little qualitative information about their consumption insofar as the drug users interviewed were essentially opium smokers. The following elements should bear the proviso that the continuation of the project should be accompanied by a more detailed qualitative study, specifically aimed at heroin and amphetamine consumers.

Heroin is a substance that can be injected intravenously after having been diluted, smoked with tobacco in a cigarette, sniffed in powder form – which means that the drug crosses the nasal mucous membrane before reaching the blood – or inhaled as fumes. From the point of view of the terminology that covers these different means of consumption, injection does not give rise to any ambiguity. On the other hand, there is a vagueness concerning the vocabulary relative to other means of taking it. Thus the method common in Asia of "chasing the dragon" – namely putting the heroin into a piece of tin foil over a flame, then inhaling the fumes – is equally described as both a method of

smoking and inhaling the drug. As for the method of sniffing the substance, it is frequently described as a means of inhalation, even if this term literally indicates absorption through the respiratory tract. This vague terminology is obviously found in the answers of drug users, so much so that it is very difficult to determine precisely the means of taking the drug that is really employed when a consumer claims to smoke or inhale heroin. In Chieng Ly, two drug users interviewed claimed that the principal means of taking heroin consisted of inhaling the substance, without giving further details. In Na U, a drug user indicated that in the commune, most consumers smoked opium, while some “inhaled”; in this second example, it seems that it is implied that the substance inhaled would be heroin. These answers can be interpreted as resorting to the method of “chasing the dragon”, rather than sniffing the product or consuming it with tobacco; but only a precise description of the method would make this certain. Finally, it should be noted that the wife of a drug user from Chieng Pha mentioned that inhalation of heroin was usually practised by the “rich”, while the commune’s “poor” injected it.

ATS can be consumed orally (as pills or as decoctions), smoked, sniffed, inhaled or even injected.¹³⁷ Even less information is available on this subject than on that of heroin. Three drug users from Chieng Ly indicated that inhalation was the principal means of drug taking after having mentioned that heroin and amphetamines were the substances consumed locally. However, the expressions used were not precise enough to be able to deduce positively that the people questioned were definitely referring to a means of consumption of ATS. Opium can be swallowed, that is, assimilated by the digestive tract – in the form of small pellets or decoctions – smoked or injected. All the drug users interviewed who mentioned this practice of swallowing the drug linked it to a lack of opium to smoke. In Na U, an old Hmong indicated that he had stopped smoking and instead swallowed two to three beads of opium a day. He also pointed out that these pellets “for the mouth” are smaller than the pellets smoked in a pipe, “because there’s less opium than there once was”. This example fits into an unexceptional pattern of transition from smoked opium to eaten opium. When an addict cannot use the necessary material (pipe, lamp) – for example while travelling or when he is short of time to prepare and smoke his pipes, that is to say during working hours in the

¹³⁷ In Bangkok, the trend observed in the second half of the 1990s was an increase in the practice of smoking or inhaling ATS rather than that of ingesting them. UNDCP, *Global Study on Illegal Drugs: The Case of Bangkok, Thailand* Bangkok, 2000. In Vientiane, in Laos, “chasing the dragon” is the method most used by drug users of school age and students. UNDCP, *Drug Abuse among Youth in Vientiane. School Survey*, 2002. As for ATS injection, already widespread in Australia, it is developing in East Asia. UNODCCP, “Amphetamine Type Stimulants Threaten East Asia”, *Update*, March 2002.

fields – he will take it orally. But this transition can equally come about in situations of opium shortage. To understand this last phenomenon, it must be explained that when the drug is smoked, some of the alkaloids in the opium are not absorbed through the lungs, but are dispersed into the air or remain in the pipe in the form of dross. Consumption through the digestive tract, however, allows a better absorption of these alkaloids by the body. Another notable difference between the two means of consumption is that smoked opium produces a more rapid and more intense effect than eaten opium. In this latter case, the effect of the drug is postponed because of the progressive assimilation of the substance by the digestive system, its effects thus being more gradual. In short, by eating the drug in the form of small pellets, the consumer can save opium while avoiding withdrawal symptoms.

In Den Sang, a 43-year-old Dao described a different way of swallowing. The drug is not consumed directly in the form of pellets, it is the dross that is collected, diluted and boiled in water, then consumed as a decoction. Here again, it is the difficulty in obtaining supplies of the drug that is the source of the practice. During the interview, this drug user claimed that it was his only way of consuming. Asked about the source of the dross used to make his decoctions, he replied that it was supplied to him by friends who smoked the drug. In fact, in an interview, another member of the commune implied that this drug user bought smoking opium at Muong Hum market, which would mean that the consumption of opium decoctions were in his case an alternative and not his only means of consumption. This question is not without interest in that it raises the question of a local dross market for the poorer drug users, a question which could not be answered. Another Den Sang drug user, who smokes and swallows the drug, described the same preparation method, and further said that sometimes flu medicine was added to the brew. According to this interviewee, this medicine was bought at Muong Hum market, “a few tablets for 1,000 dong”, and that 30 to 40 tablets are mixed in with dross corresponding to 1/10 of a tael of opium.¹³⁸ It should also be noted that a communal police officer said that “swallowing means drinking” and that his chief believes that “swallowing is lighter than smoking”. It would seem, therefore, that as opposed to Na U commune, swallowing the drug takes place in Den Sang only as a decoction. This could explain the previously recorded low percentages in non drug users’ answers pertaining to the dangers of swallowing opium.¹³⁹

¹³⁸ The number of pills seems to have been overestimated compared with the amount of dross (see below).

¹³⁹ This would only partly explain the high level of answers noted in Muong Nha. If it can be supposed that in this commune swallowing the drug means pellets, as in neighbouring Na U, it is

The only opium injector interviewed for this project was at first identified as an opium smoker from Muong Hum commune. This 37 year old Giay went through two transitions. He began by taking the drug orally when he didn't have enough opium to smoke. As in Den Sang, it is drunk in a decoction made with dross, since, as the consumer said, "eating opium is not good". Later, when these decoctions didn't give him the desired effect, he went on to injecting the liquid. The same substance seems to have been both drunk and injected; it can only be supposed that the liquid was filtered before being injected. Based on this interview, it was not possible to determine whether this drug user continued to inject the drug or whether he went back to taking it orally when he could not smoke it.

Most opium smokers mentioned the practice of mixing the drug with other substances. The description of this operation by Hmong smokers of Na U commune leads one to believe that the mixture is added to chandoo. More information is needed to make certain that this is not just a reference to a dross based mixture (see below). According to one of them, APC (see above) is made into a powder which is put on the opium ball to make it last longer when smoked. Another went on to state the APC made the opium thicker or, in other words, less liquid. In this case, it would seem that the fluidity of the substance is lessened to help dry it out when it is put to the lamp flame, just before being put into a pipe. All the smokers in Na U agreed that APC use is linked to the price of opium. The additive is, therefore, not to improve the effect: quite the opposite is true since it gives the opium a bad taste and each smoker would prefer smoking only chandoo if he could. Finally, one of them said that if APC was not available paracetamol could take its place.¹⁴⁰

In Muong Hum a Giay smoker briefly summed up this method for re-smoking dross and APC. The leftovers of two opium pipes are mixed with half a pill of APC. The powder is then put to boil with water in a cup until the mixture has the right texture for rolling it into a ball. Here again the substance is not considered to be as good as chandoo, but adding APC makes for a bigger ball. In Den Sang, the same method was described by a Dao smoker who was the only one who said that the additive "possibly gave [the substance] a stronger taste", but insisted on the fact that the original goal was to make a larger ball. Another smoker said that mixing it with APC made the product weaker than chandoo. Also in Den Sang, another smoker mentioned using sap from the *cay gan* tree to make the mixture. As can be seen, the mixture of dross with an

still not understood why there are 56% positive answers in the first commune and 22% in the second.

¹⁴⁰ APC is no longer sold in Vietnam. Smokers thus refer to any analgesic products by this label.

additive can be either smoked or drunk as a decoction. The reasons for choosing one or the other method were not made clear during the interviews. One can nevertheless suppose that this is due to the texture of the mix. In other words, when the mixture is too liquid it cannot be smoked.

The Giay and Dao smokers of Muong Hum and Den Sang communes use bamboo pipes made by them. A Giay from Muong Hum said the these hand-made pipes had a bamboo bowl, whereas a Dao from Den Sang said that these pipes only had a "little hole" and that he blocked one end when he smoked. Unfortunately it was impossible to either examine or photograph one of these pipes. In Den Sang commune, the interviewed Dao said that they had never smoked opium in a Chinese style pipe and even said that they had never seen a pipe with a terracotta bowl, which is widely used by ethnic minorities in the mountains. According to them, these pipes are for the "rich" and they are too poor to have one.

Smoking frequency depends on how addicted the smoker is, how well he can control his consumption and how easy it is for him to get the drug. The biggest smokers do it three times a day: morning, in the middle of the day and evening. At each sitting, a series of pipes is smoked; a series of 7 according to a Den Sang police officer, a series of 10 according to a Giay drug user from Muong Hum and a Dao drug user from Den Sang. Only the richest are able to smoke that much any more, the others must either limit themselves, smoke dross or drink decoctions. The frequency of consumption is summed up with a certain amount of philosophy by the Secretary of the Den Sang Communist Party: "When they have more opium they smoke more and they smoke less when they have less". When asked about quantities the answers were, as can be expected, evasive, contradictory or difficult to interpret. One drug user said that 1/10 of a tael of opium could last for 2 or 3 days; another said it would last 1 or 2 days and yet a third said that this was his daily dose. Everything depends on how much is being consumed and also whether the chandoo residue is being used. Dross is recuperated after two or three sittings. Once mixed with an additive, it can give another sitting or two which means that this operation lets the smoker increase by two-thirds the consumption of any given quantity of chandoo.

Smokers were also asked about the effects of opium. One Hmong from Na U gave this general definition of the drug: opium is like a "ghost"; it is without shape and yet it is more powerful than anything and rules everything when it enters [the consumer] and does not want to leave; this thing is within, it takes you elsewhere, but you must have it, it attracts you, even if you have to walk

for hours and hours to get it because without it you are weak.¹⁴¹ One Dao from Den Sang said he felt “happy” after having smoked, another said that he “thought about nothing” and yet another explained the reasons why smokers used opium and confirmed that “after they smoke it, they feel in very good spirits and wiser”. It is also worthwhile mentioning the description of the 3 stages a smoker goes through according to a communal police officer:

In the first stage of addiction, people start to smoke and they look like a cruel animal; if they ask someone to do something for them, that person has to do it or they could kill other people and disturb the order of the local area; right after they smoke, they become unconscious and about one hour later they are conscious and feel comfortable.

Withdrawal symptoms for the drug are reported in the following terms. One Dao from Den Sang said he couldn’t stop using opium: “If I do, I feel so hot in my belly”. Another gave another description of the consequences of going without: “I yawn, can’t sleep, and my legs and hands are sore”. While a Hmong from Na U said that not smoking gave him diarrhoea, a Dao from Den Sang said that on the contrary, taking opium caused him both diarrhoea and vomiting. In this last case, it is not clear if the opium is responsible for these symptoms. In general, withdrawal is characterised by weakness and incapacity in excessive consumers. Finally, the remarks of a Dao from Den Sang concerning the influence of the drug on sexual behaviour of smokers should be noted: “In the past, some people told me that after they smoked opium, they had really good sexual intercourse with their wives”. It will be noted that this is not a direct experience and the story does not tell if it concerns occasional or regular consumers. Despite opium’s reputation as an aphrodisiac, it is doubtful that in the middle and long term opium can have a good effect on the sexual performances of consumers.

When it comes to the desired effects of the drug, an important question was the therapeutic uses of opium. A Hmong drug user in Na U answered that since the drug was harder to buy, patients went to the local clinic to get medication for ailments they used to cure with opium. In other words, modern pharmaceutical substances replace opium not because consumers are convinced that they are efficient, but because there is not enough opium going around to cover all its traditional uses. In Muong Hum and Den Sang, drug users also said that opium was considered as a medication “before”, meaning before the

¹⁴¹ It is not clear if the interviewee was referring to altered states of consciousness or the need to move when he had to get opium when he spoke of being “taken elsewhere” by the drug. Maybe he meant both.

eradication policy and the development of a health care network for isolated communes. This information, which was confirmed from one commune to another, would seem to indicate that medical use of opium has disappeared. One should not however draw too hasty conclusions on the basis of direct answers to questions about the therapeutic use of opium. In fact, answers given in interviews to other questions would seem to imply the continued therapeutic use of opium. Asked about the relapse rate of drug users after their rehabilitation, one inhabitant of Den Sang said that the drug was a powerful narcotic and gave the following example: "For example, if you have a stomach-ache, you only need to swallow a little bit of opium and then you will be fine". Also in Den Sang, one smoker made the following distinction between drug users and drug addicts: "Some people drink it and some people smoke to help ease fatigue, but they are not addicted to it". In point of fact, it seems likely that opium is still marginally used for therapeutic ends, especially in isolated hamlets which are several hours walk from the nearest clinics.

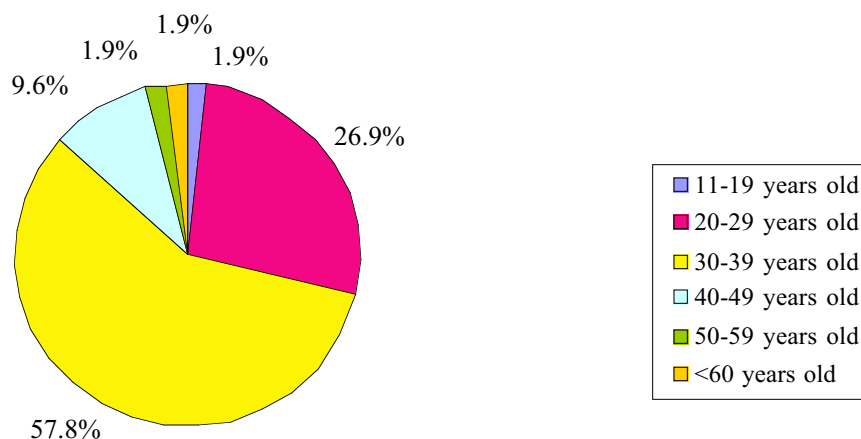
Finally, it must be mentioned that no precise information was forthcoming about the consumption of pharmaceutical substances. It would seem that for the drug users interviewed, these substances are only used as additives for the three substances mentioned above.

Chieng Pha

In Chieng Pha commune, 52 drug users filled out a questionnaire. All are men aged between 16 and 60 years; the average age being 33 years. Their distribution by age group is 1 (1.9%) in the 11-19 year bracket, 14 (26.9%) in the 20-29 year bracket, 30 (57.7%) in the 30-39 year bracket, 5 (9.6%) in the 40-49 year bracket, 1 (1.9%) in the 50-59 year bracket and 1 (1.9%) in the 60 years and over bracket.

Graph 26

Distribution by age groups of drug users in Chieng Pha, in %



Their ethnic breakdown is 31 Thai (59.6%), 13 Kinh (25%), 4 Xa (7.6%) and 4 Khang (7.6%). Looking at their level of education, 8 drug users (15.4%) gave no answer and 13 (25%) reached or went over level 6 (secondary school), and the 31 others (59.6%) between levels 1 (9 cases) and level 5 (10 cases). The overwhelming majority is married, 49 (94.2%) to 3 single men (5.7%), and live with their wives, 47 cases (90.3%). Professionally, 44 (84.6%) work in agriculture, 2 (3.8%) are labourers, 1 (1.9%) is a driver, 1 (1.9%) is a hawker, 3 (5.7%) are unemployed and 1 (1.9%) gave no answer. For 47 (90.3%) of them, their activity is their main source of income, but some receive help from their families or have a second job: 19 (36.5%) and 29 (55.7%). Among the 41 drug users who say where their drug money comes from, 25 (61%) say “family income/current work” – to which one of them added “day labour” – 10 (24.4%) said “day labour”, 3 (7.3%) “salary” and 3 (7.3%) said “ask family/ask wife/steal from wife”, to which one of them added “sell something from own house”. These percentages refer to the 41 cases mentioned and not all the drug users in the commune. In the rest of the text, it is important to remember that, unless otherwise stated, percentages refer only to the total drug users having answered a particular question.

The 48 drug users had their first drug experience at an average age of 26 years, with a distribution of between 18 and 42 years.¹⁴² In answer to the question

¹⁴² A few corrections were made to answers in the data base since certain interviewees did not give the age at which they first began consuming drugs but rather their age when they tried it for the first time or the number of years since their first contact with the drug. Thus the “4 years”

about the first drug they ever tried, some drug users gave more than one substance: 6 (11.5%) out of 52 gave opium and heroin, 3 (5.7%) said heroin and amphetamines and 3 (5.7%) even said all of these substances. These multiple answers, which can also be seen in other communes (see below), proves that the question was poorly understood by part of the interviewees since it is difficult to believe that their first drug experience was with a cocktail of opium, heroin and amphetamines. In these cases, drug users were probably referring not to the first substance consumed but rather to the range of substances they had tried during their lives. Ignoring multiple answers, it can be observed that a small majority began by using opium, 24 cases (46%), but that 17 cases did mention heroin (32.6%) and no drug user mentioned only amphetamines as their first drug experience. If we examine the 5 drug users who considered that the drugs available in Chieng Pha came from China (see above), it will be noted that two of them mentioned only opium or heroin. On the other hand, the three others are amphetamine users. Even though it is far from certain that drug users have a clear idea as to the origin of their drugs, it was noted during an interview with the chief of the Lao Cai drug squad that synthetic drugs and most especially “red pills” (the equivalent of Thai and Laotian *ya ba*) were among the substances entering Vietnam from China.

The question concerning the way the drug was taken for the first time also received multiple answers. It is clear that the proposed answers caused confusion among some of the interviewees. For example, a drug user who said that the first substance he ever consumed was opium said that he inhaled, rather than smoked it. Another who said that his first experience was with heroin said that he both smoked and swallowed it. The truth of the matter is that there seems to be some confusion surrounding the terms smoking and inhaling, and it cannot be ruled out that consumers who say that they smoked heroin may in fact have inhaled it. Be that as it may, 44 interviewees (84.6%) say that their first contact with a substance was through smoking it, among which 12 also say they inhaled it. As for the 5 interviewees (9.6%) who say that they began by injecting the drug, they are among the ones who also said that they had started with different substances and different ways of taking the drugs. In these conditions it is very difficult to interpret the answers and it cannot be concluded that some drug users began by injecting drugs.

Out of the 52 drugusers in Chieng Pha commune, 16 (30.7%) did not answer the question regarding substances consumed over the 6 months preceding the study.

given as an answer by one of the interviewees probably refers to how long he had been taking the drug and not the age he was when he first tried it.

The following percentages will therefore concern only those 36 drug users who did answer the question; it will be noted that multiple answers explain why the total is more than 100%. Among these 36 drug users, 15 (41.6%) are multiple drug addicts who consumed both opium and heroin during the period in question and only one (2.7%) consumed amphetamines as well. This is the only case of amphetamine use in the commune during the period in question. Heroin is the drug of choice on the local scene, since on top of those multiple drug addicts who were just mentioned, 19 drug users (52.7%) only used heroin during the previous 6 months while only 3 (8.3%) limited their drug use to opium over the same period.¹⁴³ These results change the image given by the answers concerning the types of drug available in the commune (see above). In point of fact, opium use is not yet a totally marginal phenomenon compared to heroin if drug users claiming to consume both substances are taken into account; but it is clear that heroin is beginning to replace opium.

The question of frequency of consumption over the last 6 months also gives its fair share of multiple answers; it is the highest frequency rates indicated that will be considered here. In these conditions, 26 drug users (72.2%) – out of the 36 who answered the question – give a frequency of 2 to 3 daily doses, 6 (16.6%) one daily dose, 2 (5.5%) several weekly doses, 2 (5.5%) “other” with no further detail, and none chose the answer “several times a month”.

Out of all the 52 drug users who filled out the questionnaire, 39 (75%) say they take drugs alone, 28 (53.8%) with friends of the same ethnic group, 16 (30.8%) with friends of a different ethnic group, and 4 (7.7%) with family members. It can be seen that even if solitary drug taking is predominant, a large minority take drugs in a group. Group sessions involve a large part of the drug users, since some solitary users also take drugs in groups.

Out of the 52 drug users who filled out the questionnaire, 40 (76.9%) say they have already tried to stop taking drugs. If we are to take into account the fact that 16 drug users did not answer the question concerning their drug use over the previous 6 months, it would seem that some of these 40 drug users did manage to stop, at least for a while. One must be very prudent with this type of deduction however, since it presupposes that the questionnaires were filled out in a coherent way, which does not always seem to be the case. Also, it would appear that some of the questions were framed in an ambiguous way which certainly helped to confuse the interviewees. In this way, after the question, “Have you ever tried to give up your drug use?”, the drug users had to

¹⁴³ It will be noted that 2 drug users (5.5%) gave “other” as their answer, making it impossible to identify the drug.

answer the question, "If yes, where is the place?" The options dealt not only with the place of treatment ("in the commune", "at home", private doctors"), they also included the choices for that treatment ("voluntary" and "compulsory"). It would have been not only preferable not to mix these options into one single question since they dealt with problems of a different nature, it would also have been wise to propose an explicit option relating to supervised treatment in a rehabilitation centre at the district or province level. Moreover, it is difficult to determine just what was meant by treatment with "private doctors" in the context of the rural communes involved in this project. Be that as it may, 28 drug users (70% of the 40 cases) say they followed voluntary treatment and 11 (27.5%) compulsory treatment; 14 (35%) mentioned the commune, 32 (80%) at home, 6 (15%) private doctors and 1 (2.5%) chose "other". It is plain to see that this question gave rise to multiple answers. Also, it will be noted that in the context of a rural commune, the idea of "voluntary treatment" must be seen in function of the social pressure put on drug users who are strongly advised to follow detoxification and rehabilitation treatment.

Out of the 35 drug users who answered the question concerning the number of treatments, 21 (60%) said 1 treatment, 8 (22.8%) 2 treatments, 1 (2.9%) 3 treatments, 4 (11.4%) 4 treatments and 1 (2.9%) 7 treatments. Only 26 drug users answered the question concerning the time of their last treatment: 11 (42.3%) tried to stop during the 6 months preceding the study, 5 (19.2%) in the previous 24 months and 10 (38.5%) more than 2 years before.

To look into the question of IDUs more closely, 14 drug users gave a positive answer to the question, "Do you inject drugs?", which is to say 38% of the 36 drug users who took drugs over the last 6 months.¹⁴⁴ Among the IDUs, 13 are Thai (92.8%) and 1 (7.2%) belongs to the Khang ethnic group. They are aged between 24 and 60 years with the same average as all drug users, 33 years. All work in agriculture, with only one giving no answer about his work; 12 (85.7%) are married and their educational level is similar to that of other drug users. Among the 12 IDUs who answered the question concerning the length of their drug use before they began to inject, the minimum was 5 months and the

¹⁴⁴ The answers to this single question were taken into account when determining the IDU group. Answers to other questions referring to injection would give a different image of the IDU group. The complexity of the questionnaire surely led to some confusion which would explain the contradictions from question to question. In these conditions, the most clearly formulated question was used as a basis for the study of this group. If the contradictory answers were to be taken into account, the IDU group would be much bigger – up to about 20 people. Also, verification was carried out in order to determine whether these 14 IDUs really belonged to the group of 36 drug users who gave positive answers to the question concerning drug use over the last 6 months.

maximum 48 months; to give an indication, the average length of time was 21 months which cannot be considered as an exact value since the IDUs were very vague on this subject. All of them took heroin over the last 6 months, half of them took opium and none of them took amphetamines. It is not possible to determine with any certitude if some inject opium, since the 7 drug users who mention this substance also talk about different ways of taking the drug and have also taken heroin.

Out of the 14 identified IDUs, 5 (35.7%) say they have borrowed used needles over the last 6 months. During the same period, 5 lent their needles, 4 of whom saying they had borrowed needles. During the same period 10 (71.4%) reused their needles and 5 (35.7%) shared the water needed to clean the needles. With regard to cleaning their equipment, 10 (71.4%) say they do it often, 3 (21.4%) "mostly" and 1 (7.4%) sometimes. To the question – which could give more than one answer – concerning the origin of their injection material, 13 (92.8%) said "pharmaceutical shops", 4 (28.5%) hospitals or health clinics, 5 (35.7%) markets, 3 (21.4%) friends, 6 (42.8%) drug dealers and 4 (28.5%) say "at the place of injection". It should be noted that the staff at the Chieng Pha health clinic, questioned during the study, stated that drug users do not go to the clinic for their equipment, certainly for fear of being identified. Which health clinics are mentioned by 4 IDUs still therefore needs to be determined.

Concerning access to equipment, all the interviewees said that it was easy to buy syringes and needles and two of them even talked about "free delivery", even though it was not possible to determine exactly what that meant, considering the affirmations to the contrary by staff at the health clinic. It should be noted that the formulation of options to this question does not facilitate our understanding of the problem; interviewees were only able to choose between 3 options: "easy to buy", "free delivery" and "other".

Out of the 14 IDUs, 10 (71.4%) have already taken drugs in another commune, 1 (7.1%) never has and the remaining 3 don't remember. Of the 10 IDUs who took drugs outside their commune, 7 say they had shared their equipment at that time.

10 out of 14 (71.4%) IDUs have already tried to break their habit. 8 of them answered the question concerning the number of attempts they had made and 3 of them tried only once, 3 tried twice and 2 made 4 tries. For the 6 IDUs who indicated the time period of their last attempt, 3 said in the 6 months prior to the study and 3 over the last 2 years or more. Most tried to break their habit of their own volition. 3 underwent compulsory treatment. Concerning the context of these different attempts, 5 said the commune, 9 at home, 3 private doctors and 1

“other”. This number is clearly more than the number of IDUs since several of them have made successive attempts to stop in different circumstances.

In terms of sexual behaviour, almost all of them are active, 12 or even 13 if we take contradictory answers into account; 6 use condoms, 5 of whom all the time. The IDUs’ level of awareness concerning HIV transmission is generally quite high: 10 (71.4%) answered positively about transmission through shared needles, none answered negatively and the others gave no answer. The same proportion exists when it comes to sexual relations without protection. These results leave the question of high-risk behaviour open since it does not come from a lack of information.

Finally, it should be noted that IDUs’ daily alcohol consumption is the same as drug users who do not inject, a little less than 79% of all cases in both categories.¹⁴⁵ Even though all the drug users who said that they did drink daily did not specify amounts, it would seem that non injectors drank more. Among the 24 non IDUs who answered the question, the average is 4.6 glasses. Among the 10 IDUs the average is 3.7 glasses.

Table 20
Number of glasses of alcohol consumed daily by drug users in Chieng Pha, in %*

	0	2	3	4	5	6	7	8	10	13	20
Non IDUs	36.8	21.1	10.5	2.6	2.6	7.9	2.6	2.6	2.6	0	2.6
IDUs	28.6	35.7	21.4	0	7.1	0	0	0	0	7.1	0

To resume, the Chieng Pha drug scene is characterised by a strong heroin presence and, for the moment, almost no amphetamine use. The typical drug consumer from this commune is a young man in his prime: the average age of drug users is 33 years and almost 60% of them are between 30 and 39 years old. A large number of them are IDUs and are involved in high-risk behaviour, either by sharing needles or, to a lesser degree, sexual behaviour.

Chieng Ly

¹⁴⁵ All 52 drug users in the commune were taken into consideration and not only those who had taken drugs over the past 6 months. Daily alcohol consumption was treated in two successive questions. To the first, interviewees were asked to answer either yes or no. To the second, the precise quantity drunk if they answered yes to the previous question. Some drug users answered “yes” to the first question and “0” to the second.

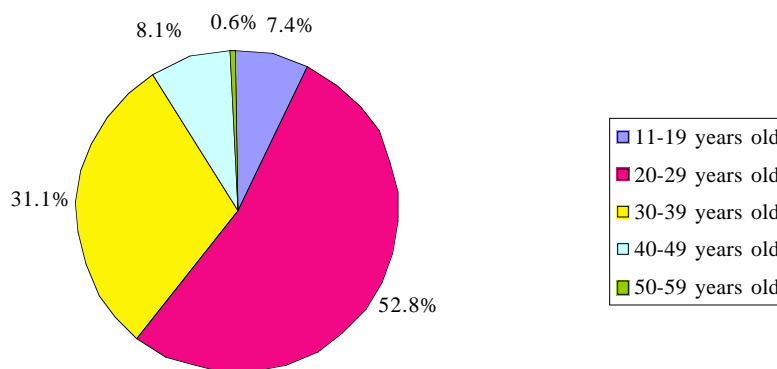
* The interpretation of ‘glass’ as a quantity varied across the research sites, but follow-up research noted that it was usually equated with a small cup (approx. 60-70ml) often used for the drinking of either green tea or ‘ruou’ (rice wine), or both.

Among the 148 drug users from Chieng Ly commune who filled out a questionnaire, 147 (99.3%) were men. The only woman (0.7%) is a 23-year-old Thai who inhales heroin. The average age of drug consumers in the commune is 28.6 years, with a distribution of between 14 and 50 years. Their breakdown by age group is 7.4% between 11-19 years, 52.7% between 20-29 years, 31% between 30-39 years, 8.1% between 40-49 years and 0.6% between 50-59 years.

The ethnic breakdown is 96.6% Thai, 2% Kinh and 1.4% Muong. Looking at their educational level, 6 drug users (4%) gave no answer and 62 (42%) had reached or gone beyond level 6, or secondary school. The 80 others (54%) gave answers ranging from level 1 (41 cases) and level 5 (22 cases).

Graph 27

Distribution of drug users by age group in Chieng Ly, in %



A majority, less overwhelming than in Chieng Pha, is married, 64.2% as opposed to 35.8% single. Most (57.4%) live with their parents or relatives, 52% live in couples, 3.4% live alone and a few cases live with friends or are in another undefined situation. It is clear to see that this total is above 100%, since multiple answers are possible and some people live in couples in their parents' houses. Professionally, 83% work in agriculture, 5.4% are unemployed, 4.7% are pupils or students, 2% are "xe om drivers", 1.4% are teachers, one case (0.6%) is a construction worker and, finally, 4 drug users (2.7%) did not answer the question. For 51% of the cases, their income comes from their professional activity, but 68% do other work; also, 19% get help from their families and 6% say they have another source of income without going into details. Among the 128 drug users who indicate the source of their

drug money, 71.8% say “day labour” – to which must be added 5.4% who say “from family/ask wife/steal from wife”, 2.3% “friends”, 0.7% “salary”, and 0.7% “sell something from own house” – 12.5% say “family income/current work”, 7% “friends”, 6.2% “from family/ask wife/steal from wife”, 1.5% “from other drug users, no need to pay” and 0.7% “salary”.

The average age of their first drug experience for the 144 people who answered the question is 24.6 years, distributed between 12 and 49 years. Regarding the first substance taken, 52% answer opium, 37% heroin, 19% amphetamines and 4% pharmaceutical substances. As in Chieng Pha, some interviewees chose multiple answers, but these details will be ignored for the sake of simplification. It will be noted that a first drug experience with a substance other than opium concerns almost half the Chieng Ly drug users and among these almost 20%, 29 cases, began their drug consumption with amphetamines. Among the 29 amphetamine users, 21 (72.4%) only mentioned this substance; 7 (24.1%) also mentioned heroin (4 only heroin, 2 heroin and a pharmaceutical and 1 heroin and opium), whereas only 1 drug user (3.4%) said he began by using amphetamines with a pharmaceutical substance. The average age of initial amphetamine consumers at the moment of the study was 27.6 years, which is slightly less than the total of all drug users.

The question of methods of taking the first substance evokes the same problems of interpretation as in Chieng Pha. Here, only the 2 most important elements will be mentioned. First of all, out of 29 amphetamine consumers, 28 (96.6%) said they began by inhaling, 5 (17.2%) by smoking, 3 (10.3%) by injection and none by ingesting it. Despite the uncertainty linked to multiple answers, it is clear that amphetamines are not swallowed but most probably taken by “chasing the dragon”. Secondly, injection is mentioned as their initial method by 4 drug users. All of these are consumers who mention multiple substances and methods. Only one of them says he took opium and heroin for the first time, 2 say heroin and amphetamines and 1 amphetamines and pharmaceutical substances. Here again it is not possible to establish clearly whether injection was the first form of contact with the drug.

Most drug users answered the question concerning their drug consumption over past 6 months; only 7 said they had not touched any drugs during that period. On the other hand, 17 drug users said they had consumed several substances, 14 of whom consumed 2 substances and 3 three substances. Among the consumers who said they had taken 2 substances, only 3 mentioned opium and heroin, whereas 9 said heroin and amphetamines and 1 heroin and pharmaceutical substances. As for the 3 drug users who said they had used 3 substances, in one

case they were opium, heroin and amphetamines, in another case opium, heroin and pharmaceutical substances and in the last case heroin, amphetamines and pharmaceutical substances. Out of 141 drug users who took drugs over the previous 6 months, only 12% took opium, including the cases of multiple drug addiction just mentioned. The product of choice for the same period is heroin, with 90% positive answers. When it comes to amphetamines and other pharmaceutical substances, they are consumed by 9% and 2% of the drug users respectively, which is almost the same proportion as for opium users. It should be noted that in most cases amphetamines are taken together with heroin; in 2 cases only was the substance taken alone during that 6 month period. It would seem therefore that an important number of drug users who began their consumption with amphetamines (see above) went on to heroin; some continue to take amphetamines.

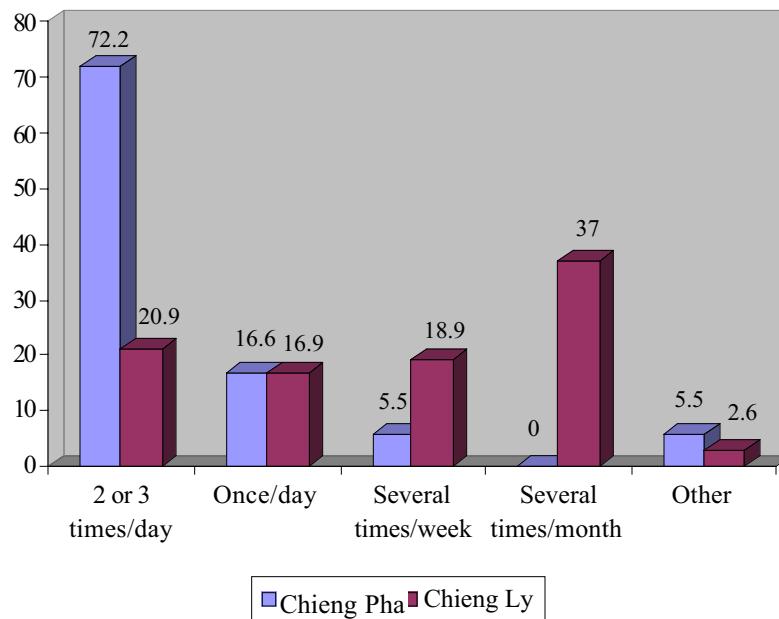
Almost all the drug users involved answered the question pertaining to the frequency of their drug use over the past six months and very few gave multiple answers. Of all drug users, 37% say they took drugs several times a month, 18.9% several times a week, 16.9% once a day and 20.9% 2 or 3 times a day; 2.6% gave the answer "other". In this respect, there is a surprising difference between these results and those obtained in Chieng Pha commune where the frequency of daily use is much higher. These results must be interpreted with care, however. It must be remembered that in Chieng Pha commune only the highest frequency was taken into account in the case of multiple answers. In other words, it remains to be seen whether Chieng Ly drug users really do take less drugs than their neighbours in Chieng Pha or whether this is a problem linked to the way the questionnaires were filled out

Out of the 148 drug users in Chieng Ly who filled out the questionnaire, 36.5% say they took drugs alone, 62.8% with friends of the same ethnic group, 26.3% with friends of other ethnic groups and none with family members. Two comments must be made concerning these results. First of all, it should be noted that there are less multiple answers than in Chieng Pha, which can mean that either drug taking occurs in more diversified conditions in one commune than in the other, or that the questionnaires were filled out with more care in one commune than in the other. It is also interesting to note the high proportion of drug users who take drugs in a group. This result comes in a commune where heroin consumption dominates, and constitutes a characteristic element compared with communes where opium remains the substance mainly or exclusively consumed (see below).

Out of the 148 drug users in the commune who filled out the questionnaire, only 48 (32.4%) said they had tried to stop. We will not repeat here the previous comments made concerning the formulation of questions pertaining to this problem. It will be noted that 32 drug users (66.7% of these 48 cases) said that they had followed voluntary treatment and 8 (16.7%) a compulsory treatment; 45 (93.8%) mention at home, 3 (6.3%) the commune, 1 (2.1%) private doctors and 2 (4.2%) "other". The question concerning the number of times they had tried to stop brought many contradictory answers compared to prior questions, since 62 drug users gave answers. As a consequence, the following percentages are out of 62: 34 (54.8%) tried once, 14 (22.6%) twice, 9 (14.5%) thrice, 1 (1.6%) 4 times, 2 (3.2%) 5 times, 1 (1.6%) 6 times, and 1 (1.6%) 10 times. Finally, 51 drug users answered the question about when they last tried to break their habit. 25 of them (49%) tried in the 6 months prior to the study, 8 (15.7%) in the past year, 5 (9.8%) within the last 24 month and 13 (25.5%) more than 2 years before.

Graph 28

Frequency of consumption over the last 6 months among drug users in Chieng Pha and Chieng Ly, in %



To the question, “Do you inject drugs?”, 11.5% (17 cases) gave a positive answer. All were men, of whom 15 were Thai, 1 Kinh and 1 Muong (category 5). They are aged between 19 and 34 years, the average being 29 years. Professionally, 14 (82.3%) work in agriculture, 1 (5.9%) is a student, 1 is unemployed and 1 did not answer the question. The 10 IDUs who answered the question pertaining to the amount of time it took them to go from smoking to injecting the drug said the minimum was 5 months and the maximum 13 years. As an indication, the average was 6 years, an answer which must be considered with caution given the approximate nature of their answers. Out of the 17 declared cases, 15 (88.2%) used heroin over the past 6 months, 4 (23.5%) amphetamines and 3 (17.6%) opium.¹⁴⁶

Concerning high-risk behaviour related to injections, 4 (23.5%) said they had borrowed used equipment over the past 6 months, the same 4 having lent their equipment over the same period. Among these 17 IDUs, 10 (58.8%) say they reused their own equipment and 2 (11.8%) shared cleaning water. Relating specifically to the cleaning of their material, 8 (47%) say they do it often, 3 (17.6%) “mostly”, and 1 (5.9%) sometimes. To the question concerning the origin of their material, 14 (82.3%) said “pharmaceutical shops”, 5 (29.4%) hospitals or health clinics, 3 (17.6%) markets, 4 (23.5%) friends and 2 (11.8%) from drug dealers. As in Chieng Pha, the Chieng Ly clinic staff affirms that drug users do not come to them for material, probably for fear of being identified. Still concerning access to material, 12 IDUs (70.6%) say it is easy to buy needles, but none – contrary to Chieng Pha – mention getting “free delivery”. The same observation previously made concerning the formulation of options to this question also holds true for Chieng Ly commune.

Out of the 17 declared IDUs, 11 (64.7%) have already taken drugs in a different commune; when doing so, 4 (23.5%) shared their equipment and 1 (5.9%) doesn’t remember. 11 also say they tried to stop taking drugs. 7 of those cases (63.6%) voluntarily and 4 others (36.4%) underwent compulsory treatment. Concerning the context of these attempts, 1 answered in the commune, 5 at home, none with private doctors and 1 “other”. While taking a contradictory answer to previous questions into account, 12 IDUs said how many times they had tried: 6 (50%) once, 4 (33.3%) twice, and 2 (16.6%) 3 and 6 times. For the 8 IDUs who say when they last tried, 3 (37.5%) said within

¹⁴⁶ It is possible that the real number of IDUs is less than the 17 drug users who replied yes to “Do you inject drugs?”. It was noticed that a small number of the drug users who gave a positive answer to this question did not answer the other questions relative to IDU behaviour. This could mean that some IDUs did not fill out the questionnaire fully or it could mean that they were not actually IDUs. On the basis of coherent answers, the real number of IDUs could be 11 or 12 (see below).

the 6 months prior to the study, 1 (12.5%) in the past 2 years and 4 (50%) more than 2 years ago.

Concerning sexual behaviour, almost all are active, 15 out of 17 (88.2%); of these 15 drug users, 4 (26.6%) use condoms, 2 of whom (13.3%) frequently and 2 sometimes. As in Chieng Ly, IDUs have an adequate level of HIV transmission awareness: 13 (76.4%) answered positively when asked about the risks associated with sharing injection equipment and none answered negatively, the rest being those who did not answer the question. The same proportion can be found when it comes to unprotected sexual relations. These results leave open the question of high-risk behaviour previously noted, which in this case does not appear to derive from a lack of information.

Finally, it should be noted that IDUs consume less alcohol than non IDU drug users. 79.4% of non injectors say they drink alcohol every day as opposed to 58.8% of IDUs. On the other hand, those IDUs who do drink daily drink the same amount as non injectors. Out of the 100 non IDUs who answered the question, the average is 4.4 glasses.¹⁴⁷ For the 10 IDUs, the average is 4.1 glasses.

Table 21

Number of glasses of alcohol consumed daily by drug users in Chieng Ly, in %

	0	1	2	3	4	5	6	7	8	9	10	12
Non IDUs	25.2	5.3	10.7	13.7	13	6.1	15.3	1.5	3.1	3.1	2.3	0.8
IDUs	41.2	0	5.9	5.9	35.3	0	11.8	0	0	0	0	0

To sum up, heroin is the drug of choice in Chieng Ly commune where amphetamine use has also been noted generally linked with that of heroin. The typical consumer is the youngest of all the research sites: the average age of Chieng Ly drug users is 28.6 years and a little more than 50% of them are between 20 and 29. Compared to Chieng Pha commune, IDUs make up a smaller proportion of drug users who filled out the questionnaire, but like in Chieng Pha, they engage in high-risk equipment sharing and sexual behaviour.

Den Sang

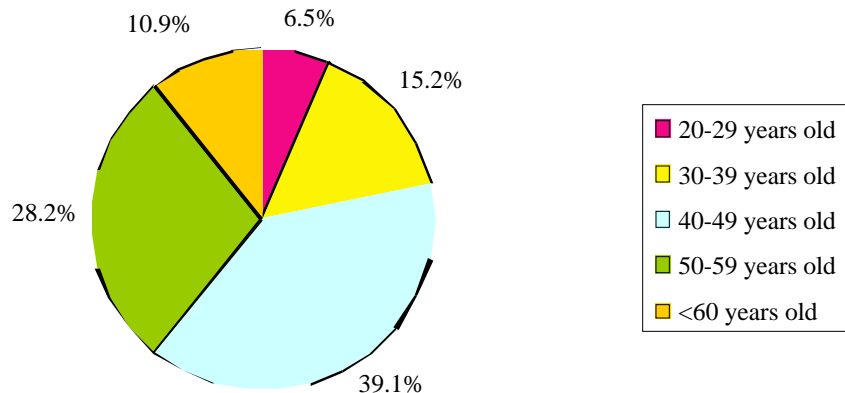
¹⁴⁷ Some non IDUs who say they drink alcohol daily do not say how much.

Out of the 46 drug users in the commune who filled out a questionnaire, 43 (93.5%) were men and 3 (6.5%) were women, all Red Dao. The three female drug users are 43, 45 and 74 years of age, are married and smoke opium. The average age of drug users is 46.4 years, with a range of between 22 and 75. Only 3 drug users (6.5%) are between 20 and 29, 7 (15.2%) are between 30 and 39, 18 (39.1%) between 40 and 49, 13 (28.2%) are between 50 and 59 and 5 (10.9%) are over 60.

In terms of their educational level, 38 drug users (82.6%) did not answer the question, 6 (13%) gave levels 1 and 2, and 2 (4.4%) said levels 3 and 4. The overwhelming majority is married, 44 cases (95.6%) and live with their spouses, 42 cases (91.3%). Among the 4 (8.8%) drug users who give different living quarters, 1 (2.2%) lives with family, 1 lives alone and 2 (4.4%) declared that they were “homeless”, the meaning of which was not clear in the context of this commune. Professionally all obviously work in agriculture, given the commune’s location, 37 (80.4%) chose the option “in house farmer”, 5 (10.9%) “field farmer”, 3 (6.5%) “day manual labour”, and 1 case (2.2%) did not answer the question. For 41 cases (89.1%), their source of income is their present activity, some of whom receive help from their families, since 11 drug users (23.9%) give this option; also, four drug users (8.8%) mention “extra work” and only 1 chose “other”. All say where their drug money comes from. 36 of them (78.2%) say “family income/current work”, 8 (17.4%) “day labour” and 2 (4.4%) “from family/ask wife/steal from wife”.

Graph 29

Distribution of drug users by age group in Den Sang, in %



The average age of their first drug taking is 26.8 years, distributed between 9 and 39 years. Three interviewees gave a very young age: 9, 10 and 12 years. In this case it is difficult to determine if the question was misunderstood and the interviewees were referring to for how long they had consumed drugs, or whether they really did start taking drugs at such an early age. This is certainly a possibility in a Dao village, and this first use may have been for therapeutic reasons. As for the first substance used, 42 drug users (91.3%) gave opium and 3 (6.5%) heroin. For these latter, a check should be made to see if they really were talking about heroin and in what context, or whether they had made a mistake. Heroin does not seem to be present in the commune and all drug users mentioned only opium when asked which drugs they had used in the last 6 months. All began by smoking the drug and this is still the main method of consumption for 45 (97.8%) of the commune's drug users; among them, 3 (6.5%) also mention "swallowing" which does not exclude smoking with the exception of one drug user (2.2%). This low level of positive answers is surprising when one considers that during interviews in the commune opium consumption through decoctions was more widespread. Two interpretations are possible. One is that individual opportunities to obtain drugs are greater than the drug users interviewed admitted. Another is that one section of the interviewees only mentioned their main method of consumption, excluding any other alternative, such as decoctions.

All answered the question regarding their frequency of drug use over the past 6 months: 31 (67.3%) smoked/swallowed 2 or 3 times a day, 14 (30.4%) once a day and 1 (2.2%) several times a week. In the section on Na U commune, a comparative analysis of consumption frequency in communes where opium is either mainly or exclusively consumed will be conducted (see below).

Questions concerning the drug taking context gave multiple answers: 40 drug users (86.9%) took drugs alone, 7 (15.2%) with friends and only 1 (2.2%) with family members. These results show that social opium use is declining and the days when opium was smoked with friends like "cigarettes today" – to use the expression of many smokers – are almost gone. On this subject, a drug user said during an interview:

In the past many people smoked together but now it is best to have only two people smoking; but sometimes they smoke by themselves because opium is so expensive; if they invite someone to smoke with them, they won't have money anymore to buy it.

A police officer from the commune said that as far as he was concerned, smoking alone was the rule: “here people only smoke by themselves and they don’t gather together 2 or 3 people to smoke with them”.

The question “Do you inject drugs?” received no positive answer in Den Sang commune and this form of drug taking seems to be totally absent from the commune. It is nonetheless interesting to note that when it came to HIV transmission awareness, the drug users of the commune had almost no information. Only 8 of them (17.3%) knew about HIV transmission through injection equipment sharing, 19 (41.3%) through unprotected sexual relations and 9 (19.6%) said they had no idea how the virus was transmitted.

The majority has already tried to stop taking drugs, 33 cases (71.7%). Of the 33 drug users who answered the question concerning the number of times they tried to quit, 23 (69.7%) said once, 8 (24.2%) twice and 2 (6%) thrice. For the 32 drug users who said when they last tried to quit, 7 (21.9%) tried within the two years prior to the research and 25 (78.1%) more than two years before. In 13 of the cases (39.3%) the attempt was voluntary, whereas 11 cases (33.3%) underwent compulsory treatment. Concerning the context of this treatment, 19 (57.6%) answered in the commune and 12 (36.3%) at home.

Finally, it should be noted that less than half the drug users consume alcohol daily, 45.7% drinking an average of 4 glasses a day.

Table 22

Number of glasses of alcohol consumed daily by drug users in Den Sang, in %

	0	2	3	4	5	6	9
Drug users	54.3	8.7	15.2	4.3	4.3	10.9	2.2

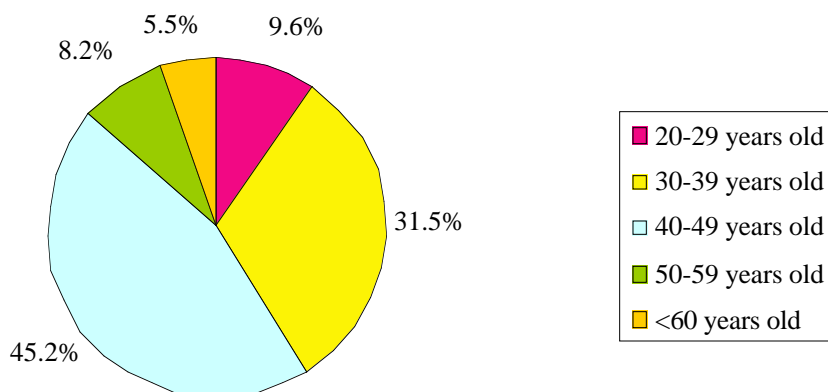
To resume, opium is the only substance currently used in Den Sang commune by consumers who are generally relatively elderly, the majority being between 40 and 59 years old, the average of 46.4 years for all drug users. Drug taking still takes a traditional form, in that it is smoked and injections are unknown. The traditional character of drug taking is changing, however, since more and more people tend to smoke opium alone.

Muong Hum

Among the 73 drug users of the commune who filled out a questionnaire, 68 (93.2%) were men and 5 (6.8%) were women. The 5 female drug users are 42, 46, 47, 57 and 65 years old. They are all married, are Dao and smoke opium. The ethnic breakdown of drug users is 46 (63%) Dao, 20 (27.4%) Giay, 2 (2.7%) Kinh, 2 (2.7%) Cao Lan, 1 (1.4%) Thai, 1 (1.4%) Hmong and 1 (1.4%) Nang. The average age of drug consumers is 41.4 years, ranging between 22 and 65 years of age. Only 7 drug users (9.6%) are between 22 and 29 years, 23 (31.5%) between 30 and 39 years, 33 (45.2%) in the 40-49 year bracket, 6 (8.2%) in the 50-59 year bracket and 4 (5.5%) are 60 and older.

Graph 30

Distribution of drug users by age group in Muong Hum, in %



Concerning their educational level, 27 drug users (36.9%) did not answer the question; 5 (6.8%) reached or went beyond level 6, with most not having reached level 5. The overwhelming majority are married, 67 cases (91.8%), 56 of whom (76.7%) live with their spouses. Other answers pertaining to questions of cohabitation are 14 (19.1%) with relatives, 3 (4.1%) homeless, 2 (2.7%) single and 1 (1.4%) with “other people”; 3 drug users gave several answers, 2 of whom saying they live both with their spouse and relatives, and one saying that he lives with relatives while being homeless. Professionally, 60 drug users (82.2%) say that they are “field farmers”, 7 (9.6%) are “day manual labourers”, 3 (4.1%) are “service providers/resellers”, 1 (1.4%) is a carpenter, another is a veterinarian, while yet another mentioned “hand made goods”. For 57 (78.1%) of them their profession is their source of income, plus “extra work” for 11 of them and help from family in 3 cases. Finally, 11 other drug users (15.1%) say they do “extra work” without mentioning their profession as their primary source of income, 7 (9.6%) family help and only

one (1.4%) give the “other source of revenue” option with no further precision. Among the 71 drug users who say where their drug money is coming from, 31 (43.7%) say “day labour”, 19 (26.8%) “sell something from own house”, 17 (23.9%) “family income/current work, 2 (2.8%) “from family/ask wife/steal from wife” and 2 (2.8%) “selling firewood”.

The average age of their first contact with drugs is 27.4 years, ranging between 9 and 60 years. Two Giay interviewees gave the very early ages of 9 and 10 years; the remark made before concerning Den Sang commune on this very subject holds true for Muong Hum as well. When asked about the first substance tried, 68 (93.2%) of drug users answered opium and 5 (6.8%) heroin. Just as in Den Sang, it would be worthwhile to clarify whether heroin is really what was meant and in what context, or if it was a mistake. Heroin does not seem to be present in the commune and all drug users mention opium when asked about their consumption over the past 6 months; the 4 drug users (5.5%) who did not mention opium did not choose heroin either, but rather “other” with no further details. All of them began by smoking the drug and among them 7 (9.6%) also mentioned “swallowing” and 1 (1.4%) chose the “other” option as his first way of taking drugs. For 72 of them (98.6%) smoking is still the way they consume the drug, whereas 1 single drug user (1.4%) said he only swallowed; 8 others (10.9%) said they both swallowed and smoked the drug.

All drug users answered the question pertaining to their rate of consumption over the past 6 months: 28 (38.4%) smoked 2 to 3 times a day, 22 (30.1%) once a day, 15 (20.5%) several times a month and 8 (10.9%) several times a week. In the section concerning Na U commune there is a comparative analysis of communes where opium is the main or only drug consumed (see below).

Questions pertaining to the context of drug consumption gave more than one answer: 49 drug users (67.1%) said they took the drug on their own, 18 (24.6%) with friends of the same ethnic group, 5 (6.8%) with friends from different ethnic groups and 3 (4.1%) with family members. Here as well, solitary use is predominant. A smoker gave a similar explanation to one heard in Den Sang during an interview: the drug is becoming rarer and more expensive since the policy of eradicating poppy fields began and smokers now tend to keep their opium for themselves when they can get it.

In answer to the question, “Do you inject drugs?” only one user replied yes, but without answering the other questions pertaining to IDUs. In fact, it came to light in several interviews that there are probably several cases of injection in the commune. This hypothesis is based on the account, mentioned

previously, of a drug user from the commune. This 37-year-old Giay began taking drugs in 1986. After having drunk dross decoctions because of lack of opium he went on to intravenous drug use in 2000 or 2001. He did this with his friends. On that occasion, needles were shared between three or more people. At first, the man said he stopped doing this because he had heard that it was “very bad”. However, as more questions were asked of him, it became clear that he continued to inject “when he could not do otherwise”. He went on to state that young drug users of the commune inject more frequently than he does; they buy the needles at the Sunday market for 1,000 dong each. Relative to this account, it is interesting to examine the question pertaining to the means of HIV transmission. It would seem that the level of awareness is higher than in the neighbouring commune of Den Sang: 50 drug users (68.5%) gave positive answers concerning transmission and equipment sharing. 41 (56.1%) gave positive answers about unprotected sexual relations. None said they had no idea how the virus was spread. It is unfortunately impossible to get a clear idea of unsafe equipment sharing behaviour, but we can consider sexual behaviour. Of the 65 drug users who declared themselves sexually active, 5 (7.7%) say they use condoms, 1 of which (1.5%) always and 3 (4.6%) sometimes.

The majority has already tried to stop taking drugs, 48 cases (65.8%) or possibly 49 (67.1%) if contradictory answers are taken into account. Among these, 37 (77.1%) tried once, 10 (20.8%) twice and 2 (4.2%) thrice. Of the 49 drug users who specify when they last tried to stop, 10 (20.4%) said during the last 6 months, 4 (8.2%) in the last year, 9 (18.4%) in the last 2 years and 23 (46.9%) more than two years before. On the basis of their answers, these attempts were voluntary in 10 cases (20.4%) and compulsory in 24 cases (48.9%). Concerning the context of these attempts, 6 (12.2%) mentioned the commune, 11 (22.4%) at home and 3 (6.1%) “private doctors”.

Finally it should be noted that daily alcohol consumption involves 44 (63.3%) of the commune’s 73 drug users. Among the 43 who give details, the average consumption is 5.4 glasses a day.

Table 23
*Number of glasses of alcohol consumed daily by drug users
in Muong Hum, in %*

	0	1	2	3	4	5	6	7	8	9	11	12
Drug users	41.1	1.4	4.1	11.0	5.5	5.5	16.4	1.4	8.2	2.7	1.4	1.4

To sum up, opium is apparently the only substance currently consumed in Muong Hum commune by drug users, who are generally relatively old. The average age of drug users is 41.4 years; the majority is in the 40-49 years age bracket. As in Den Sang commune, the opium is mostly smoked. It is probable, however, that there is also a small core of IDUs who inject either occasionally or regularly. It also seems likely that needles are often exchanged within this group.

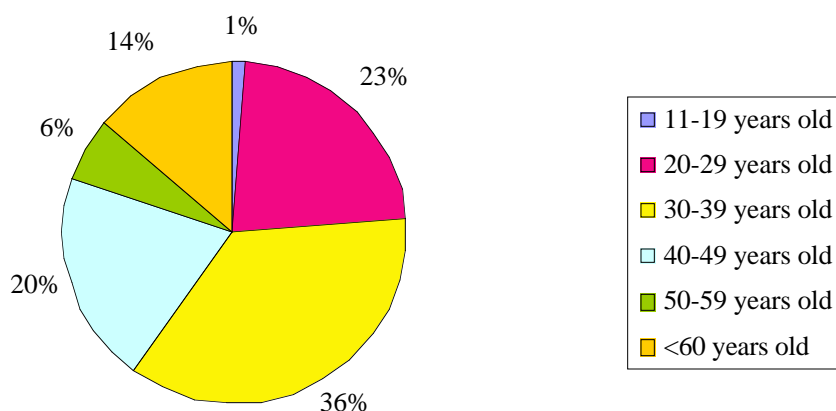
Muong Nha

Among the 100 drug users in the commune who filled out a questionnaire, 90% of them are men and 10% are women. The 10 female drug users are 33, 37, 40, 43, 45, 47, 59, 60, 75 and 80 years old giving an average age of 51.9 years. All are married, Hmong, and smoke opium, although one of them does say that she also swallows opium. The ethnic breakdown of drug users is 77% Hmong, 11% Lao, 10% Thai and 2% Kho Mu. The average age of consumers in the commune is 39.6 years, ranging between 19 and 80 years of age. There is one drug user in the 11-19 year age bracket, 23 in the 19-29 age bracket, 36 in the 30-39 age bracket, 20 in the 40-49 age bracket, 6 in the 50-59 age bracket and 14 are 60 or over.

Regarding to their educational level, 50% of the drug users did not answer the question and among the 50 others, 6 reached or went beyond level 6, with the majority not reaching level 5. The overwhelming majority is married, 84%; 79 of whom live with their spouses, and some of those with relatives. Other answers concerning living conditions are: 25% with relatives, including the couples just mentioned, and 1% "single". Professionally, 89% say they are "field farmers", 8% unemployed, 1% carpenter, and 2% give no answer. For 77% of them their source of income is their present activity, on top of which 7 state "extra work" without mentioning their present activity as a source of income and 13 state family support. 94 drug users state where their drug money is coming from. 46 (48.9%) mention "day labour", 20 (21.3%) "sell something from own house", 16 (17%) "family income/present work", 8 (8.5%) "from family/ask wife/steal from wife" of whom one mentions "day labour" as well and another "friends" and finally 4 (4.2%) chose "salary".

Graph 31

Distribution of drug users by age group in Muong Nha, in %



The average age of their first drug experience is 27.5 years, ranging between 12 and 60 years. With regard to the first substance consumed, 53% say opium, 47% heroin; 2 drug users, Hmong men aged 40 and 43 years, say amphetamines as their first substance, consumed jointly with opium or heroin. An initial heroin experience may be more likely in a commune of Dien Bien district than in a commune of Bat Xat district, since heroin is easily available in the region. Still, a doubt does remain concerning the reliability of such a high percentage of initial heroin takers in Muong Nha commune.

Indeed, in answer to the question pertaining to the substances consumed over the past 6 months, 96% of the drug users mentioned opium and none of them mentioned heroin. This choice of drug use cannot point to a dearth of heroin on the local market since some drug users in the neighbouring commune of Na U say that they had consumed heroin during that same period. It is therefore important, as in the communes of Bat Xat district, to make sure that initial drug use was indeed heroin or whether this is a mistake. For 96% of the Muong Nha drug users, their first contact with the drug was through smoking it; among these cases, 2 drug users also mentioned inhalation and 9 swallowing. Two drug users mention only swallowing as their first contact, none mention injection and 2 do not answer the question. In 94% of the cases, smoking is the current way of taking the drug, among whom 2 drug users say they also inhale,

11 swallow and 2 inject; also, 3 drug users say they only swallow and 3 do not answer. Opium is the drug which was used in the past 6 months for 96% of the interviewees, one of whom also mentioned amphetamines; the remaining 4% giving no answer to the question.



Photo by Jason Eligh

**A drug use "den" carved into the bamboo
in the remote highlands of Son La**

Regarding frequency over the past 6 months: 75.5% of the drug users who answered the question took the drug 2 or 3 times a day, 11.7% several times a month, 9.6% once a day and 3.2% several times a week. In the section concerning Na U commune there is a comparative analysis of communes where opium is the main or only drug consumed (see below).¹⁴⁸

Questions concerning the context of drug use gave rise to multiple answers: 80% of the drug users take the drug alone, 20% with friends of the same ethnic group, 4% with friends of other ethnic groups and 8% with family members. As in the communes of Bat Xat district, solitary use dominates social use.

To the question, "Do you inject drugs?", 2% of drug users answered yes, without however answering the other questions pertaining to IDU behaviour. Other

¹⁴⁸ Also, two drug users give a frequency of less than once a month.

interviews conducted in the commune during the study shed no further light on the subject. According to the commune “party leader”, local drug users “inhale” opium and do not inject it.¹⁴⁹ Also, due to inclement weather Muong Nha commune could not be visited during the 4th phase of the research and therefore no further interviews with drug users could be conducted to shed more light onto this question. The question of injections in the commune consequently remains open, even if few clues exist outside the contradictory answers to the questionnaire.

The question pertaining to HIV transmission gives 40% positive answers when it comes to sharing injection equipment, 39% when it comes to unprotected sexual relations, but more than half the drug users of the commune, 53%, say they have no idea how the virus is transmitted. In the absence of any information concerning injection practices, we will only consider high-risk behaviour as it concerns unprotected sexual relations. Among the 74 drug users who say they have sexual relations, 12 (16.2%) mention condom use, “always” in one case (1.3%), “often” in 4 cases (5.4%) and “sometimes” in 7 cases (9.4%).

A little over half the drug users have tried to stop taking drugs, 51%. Among the 49 drug users who answered the question pertaining to the frequency of their attempts to quit, 29 (59.2%) tried once, 16 (32.5%) twice, 3 (6.1%) thrice and one (2%) 5 times. 10 cases (20.4%) tried for the last time within the past 6 months, 22 (44.9%) within the last year, 8 (16.3%) within the last 2 years, and 9 (18.3%) more than two years ago. On the basis of answers given, 13 of those attempts (26.5%) were voluntary and 1 (2%) was compulsory. Regarding the context of these attempts, 34 (69.4%) mentioned the commune and 20 (40.8%) at home.

Finally, it should be noted that 56 drug users say they consume alcohol daily. Among the 51 who say how much they drink, the daily average is 4.9 glasses.

Table 24

Number of glasses of alcohol consumed daily by drug users in Muong Nha, in %

	0	1	2	3	4	5	6	7	8	9	10	12	13	15
Drug users	49	2	11	4	16	1	4	1	7	1	1	1	1	1

¹⁴⁹ In looking at the translation of the interview with the party leader it should be noted that the term “inhale” and not “smoke” is used. This would tend to corroborate a previous remark about the confusion between the two terms when it comes to taking opium or heroin via the respiratory tract.

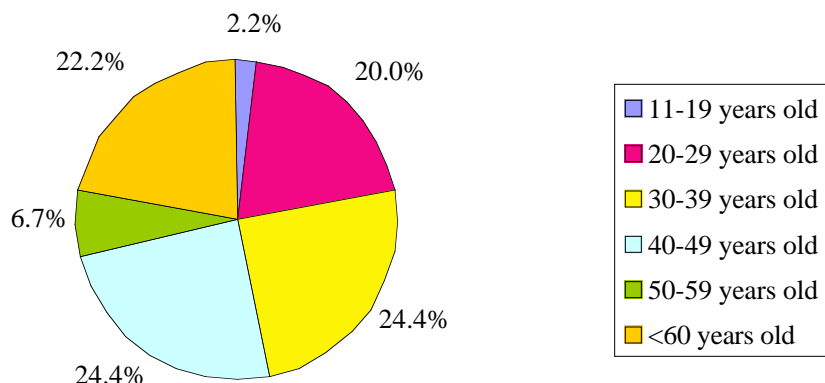
To resume, opium is currently the drug mainly consumed in the commune, along with marginal amphetamine use. With an average age of 39.6 years, the drug users of Muong Nha are generally younger than in the three other opium-dominated communes; almost one-quarter of the Muong Nha drug users are less than 30 years of age and the majority is in the 30-39 year age bracket. Injection does not seem to be practised, but more information is required. Most drug users have a poor level of awareness of HIV transmission.

Na U

Among the 45 drug users of this commune who filled out the questionnaire, 37 (82.2%) are men and 8 (17.8%) are women. The 8 female drug users are 21, 31, 40, 41, 47, 66, 70 and 73 years old, an average age of 48.6 years. All are married, Hmong and smoke opium. Two of them also swallow opium and one of them inhales it. All the drug users are Hmong, and their average age is 43.6 years, between the ages of 19 and 82 years of age. One drug user (2.2%) is in the 11-19 years age bracket, 9 (20%) in the 20-29 bracket, 11 (24.4%) in the 30-39 bracket, 11 (24.4%) in the 40-49 bracket, 3 (6.7%) in the 50-59 bracket and 10 (22.2%) 60 years or over.

Graph 32

Distribution of drug users by age group in Na U, in %



Concerning their educational level, 25 drug users (55.6%) do not answer the question, 3 (6.7%) reached level 6 or above, most having not reached level 4. The overwhelming majority, 40 cases (88.9%), is married, 39 of whom live with their spouses. 2 live with relatives and 1 lives alone. Also, 3 drug users live with relatives and are not married, 1 lives alone and 1 says he

simultaneously lives alone, with his parents and that he is homeless. Professionally, 43 (95.6%) say they are “field farmers” and 2 (4.4%) do not answer the question. Only 20 of them (44.4%) say that their source of income is from their present activity, 19 of whom get help from their families and 14 do “extra work”. Among the 25 drug users who indicate that their income comes from a source other than their present job, 20 (80%) mention help from family and 5 (20%) “extra work”. Of the 42 interviewees who say where their drug money comes from, 19 (45.2%) say “family income/current work”, 15 (35.7%) “day labour” – of whom 2 drug users also say “current work” – and finally 8 (19%) chose the “from family/ask wife/steal from wife” option.

The average age of their first contact with drugs is 31 years, ranging from between 17 to 57 years. To the question pertaining to the first drug they ever tried, 19 (42.2%) answered opium and 26 (57.8%) heroin and 1(2.2%) amphetamines alone; in 6 cases, multiple answers are given: three drug users saying heroin, amphetamines and pharmaceutical substances, one case opium and pharmaceutical substances, for one case heroin and amphetamines and in one case opium and heroin. Initial heroin use is more believable in Na U commune than in the three other previously mentioned communes.

The number of drug users beginning their careers with heroin does all the same seem high when compared with the substances consumed over the past six months. It must be noted that during the period in question only 7 drug users (15.7%) mention heroin use. Here again, the question of initially used substances should be brought to light by systematic interviews with the drug users involved.

The question of how the initial contact with the drug was administered also gives multiple answers. Among the 41 drug users (91.1%) who said that they began by smoking the drug, 7 also said they swallowed it, two inhaled it and two others both inhaled and injected it. Also, 3 drug users (6.7%) only mention inhalation as their initial means of taking drugs; 2 of them took amphetamines and 1 of them amphetamines and heroin. Finally, 1 single drug user (2.2%) mentioned only swallowing while declaring that his initial drug experience was with only heroin.

Current means of consumption also give multiple answers. Amongst the 43 drug users (95.5%) who say they smoke drugs, 8 also swallow it, 3 inhale it and 4 both inhale and inject. Finally, 2 drug users (4.4%) say they never smoke, 1 preferring only inhaling and the other only swallowing. The type of substances consumed over the last six months for 44 drug users ((97.8%) was opium, among whom 4 (8.8%) also took heroin and amphetamines and 2 (4.4%)

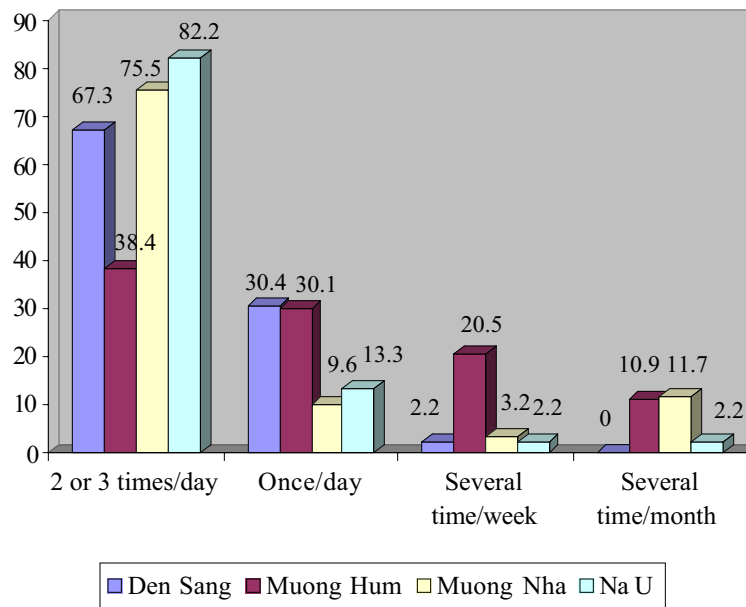
only heroin. Only 1 single drug user (2.%) gave heroin as the only substance consumed during that period. The 7 drug users (15.5%) who mentioned heroin have an average age of 32.8 years.

Concerning the frequency of consumption over the past 6 months: 37 drug users (82.2%) took drugs 2 or 3 times a day, 6 (13.3%) once a day, 1 (2.2%) several times a week and 1 (2.2%) several times a month. Given the structure of the questionnaire, it is unfortunately impossible to get a clear picture of frequency in the cases of multiple drug addiction. We can however note that for the drug user who says that he has consumed only heroin over the last six months, his rate of consumption is "once/day".

If we are to compare drug use frequency in the 4 communes where opium is the main or exclusive drug consumed, we will note that consumption tends to be lower in Muong Hum commune, while in Den Sang, Muong Nha and Na U communes 67% to 82% of the drug users take drugs several times a day. In the two Dien Bien district communes, located on the Laotian border, daily consumption is much higher. Also, these consumption levels prove that drug users have no difficulty in obtaining drugs regularly. In other words, opium is still widely available, as can be seen by the low percentage of drug users who swallow it; since this technique is only used when the substance is not easily obtainable. On the basis of these results, the possibility cannot be excluded that the drug users interviewed overestimated their problems in buying drugs (see above). It would be interesting to look into this question more deeply, especially in order to determine the proportion of drug users who consume dross and those smokers who consume chandoo.

Graph 33

*Drug consumption frequency in Den Sang, Muong Hum, Muong Nha
and Na U communes, in %*



The question of context of consumption gave multiple answers: 44 drug users (97.8%) say they took drugs alone, 17 (37.8%) with friends of the same ethnic group, 1 (2.2%) with friends of other ethnic groups – which in Na U means taking drugs outside the commune or during visits of friends to the commune – and 8 (17.8%) with family members. As in other communes, solitary consumption is predominant, but it will be noted that group consumption is proportionally the highest in Na U.

In answer to the question, “Do you inject drugs?”, 5 drug users (11.1%) said yes. They are 27, 31, 36, 42 and 44 years old with an average age of 36. All 5 mentioned opium use over the past 6 months, and 4 of them mentioned heroin – which suggests that at least 1 of them injects opium – and 3 of them mention amphetamines. Among the 4 who indicated how long they had used drugs before beginning to inject, the minimum is 1 year and the maximum is 2 years; the average being 18 months, a number to be considered with caution given the approximate information given by IDUs. Concerning high-risk behaviour over the past 6 months, 1 said that he borrowed used equipment and two others that they had lent equipment. All four reused their own injection equipment.



**For use later, a hidden syringe in a hotspot
in Thuan Chau, Son La**

None said that they shared water to clean equipment, but according to one villager, the common practice is to wash this equipment in mountain streams. Two IDUs say they clean their material “often”, and two others “sometimes”. All 4 say it is easy to buy injection equipment, but the previous observation concerning the wording of the question is still valid. Asked about where they can buy syringes and needles, all 4 said “pharmaceutical shops”, but two also said “hospitals and health clinics”. On this subject, a staff member of the Na U health clinic assured us that IDUs do not get their injection equipment at the clinic, preferring to go to “pharmaceutical shops”. Among other sources of supply, 3 of them mention drug dealers and the option “at the place of injection”. Finally, 2 say that they have taken drugs in another commune and shared needles when doing so.

The question relating to means of HIV transmission shows that IDUs are proportionally better informed than other drug users on the subject, at least when it comes to sharing syringes and needles. Of the 23 (51.1%) positive answers concerning sharing injection equipment and HIV, four are IDUs. Regarding unprotected sexual relations, 2 IDUs were among the 25 (55.5%) positive answers and finally one single IDU was among the 15 drug users (33.3%) who said they had no idea how HIV is transmitted. This level of information does not prevent IDUs from engaging in high-risk behaviour, as can be seen from the 2 IDUs who answered the question positively and who also shared injection material when outside the commune. It would be

interesting to understand why such well informed IDUs engage in such high-risk behaviour.

Concerning their sexual practices, only 25 to 28 drug users (55.5%-62.2%) – taking contradictory answers into account – say they have already had sexual relations, among whom are 4 of the IDUs. When asked about condom use, only 3 drug users, among whom 1 IDU, answered positively. 1 said he used condoms frequently and the 2 others said they used them “sometimes”.

A majority of drug users has already tried to stop taking drugs, 31 (68.9%) of whom 4 are IDUs. All answered the questions pertaining to the frequency of these attempts: 24 (77.4%) tried once – one of them an IDU – 5 (16.1%) twice – one of them an IDU – and finally 2 drug users (6.5%), who are IDUs, tried three times. Among the 29 drug users who say when they last tried to stop, 2 (6.9%) – one IDU – tried within the past six months, 1 (3.4%) within the past year, 13 (44.8%) – 2 IDUs – within the past 2 years and finally 13 (44.8%) – one IDU – more than two years ago. On the basis of answers given, 8 of these cases (25.8%) were voluntary – three of whom were IDUs – whereas five drug users (16.1%) – one of them an IDU – say they underwent compulsory treatment. With regard to the context of these attempts, 28 interviewees (90.3%) – of whom 4 are IDUs – say the commune, 11 (35.8%) – among whom are 3 IDUs – at home, 3 (9.7%) – among whom 1 IDU – say they went to a private doctor and finally 2 drug users (6.4%) answered “other”.

Finally, only 6 drug users (13.3%) say they consume alcohol daily, on an average of 2.3 glasses per person.

Table 25

Number of glasses of alcohol consumed daily by drug users in Na U, in %

	0	1	2	3	6
Drug users	86.7	6.7	2.2	2.2	2.2

To resume, opium is still the drug mainly consumed in the commune, but marginal amphetamine use also exists as does, to a greater extent, heroin consumption. It would seem that exclusive heroin use is rare and that heroin is part of a multiple drug addiction which involves a small number of the commune’s drug users. The same can be said for the practice of injections which is marginal and apparently associated with other forms of consumption. As in

other communes where opium is primarily or exclusively used, the average age of drug users is high, 43.6 years. It must, however, be noted that drug users under the age of 30 do make up 22% of the total. Regarding their distribution by age groups, the situation in Na U is similar to that in Muong Nha. However, the presence of elderly smokers of more than 60 years of age brings the Na U average up to that found in Den Sang. Finally, it should be noted that women are an important part of the Na U drug user population, a phenomenon also found in Den Sang, being together the two ethnically homogeneous communes, made up as they are of Hmong and Dao. In Muong Hum and Muong Nha the high proportion of women drug users can also be explained by the respective presence of these two ethnic groups. Along with the substances used, the age of consumers and the tendency of taking drugs in groups or alone, this high proportion of women in the drug user population is an element which sets these 4 communes apart from the 2 Thuan Chau communes.

Risk reduction and HIV

The analysis of data relating to the awareness of inhabitants of each commune – drug users and non drug users – concerning HIV leads to the establishment of two groups of communes.¹⁵⁰

In the first group, comprised of Chieng Pha and Chieng Ly communes, information is well established and the awareness level is generally high, even if a significant portion of the population is still unaware of the basic facts of the problem. In the second group, comprised of Den Sang, Muong Nha and Na U communes, information is less well established and a large proportion of the population does not have an elementary understanding of HIV and the ways in which it is transmitted. Muong Hum commune is close to belonging to the first group on the basis of some of the answers given by its inhabitants; others, however – for example the fact that only 42.5% of non drug users know that blood testing is a way of detecting HIV – tend to exclude it from that group.

Awareness building in each of these 6 communes may be important, and yet the means to do so are not necessarily identical. In the first group, priority must be given to identifying those individuals who have not been exposed to previous information campaigns and to bringing their awareness level up to that of the rest of the population. IDUs and drug users who suffer from a low level of

¹⁵⁰ The results of answers to questions in the questionnaires asked of both drug users and non drug users can be found in comparative tables. The results of specific questions in the non drug user questionnaires are not tabled but are rather dealt with in the text.

awareness are particularly targeted. In the second group, the problem must be dealt with on a grassroots level. This should include a large information campaign designed for local conditions. Developing these materials in conjunction with local inhabitants, and with direct attention paid to the local socio-cultural aspects of each location's drug use environment as discussed above is strongly recommended.

The questionnaire for non drug users included a question relating to the best means of spreading information ("best way of propaganda") about HIV. The answers given by non drug users in the 6 communes can be found in Table 26. Depending on the commune, the opinion of the population is quite different. It should be noted that clubs are considered to be a good way of spreading information by only a minority – or even a very small minority in Den Sang, Muong Hum and Muong Nha communes, whereas the idea of village meetings is generally well received. The handing out of documents and posters appeals to a very large majority in Chieng Pha, to a minority in Den Sang and to a more or less clear majority in the four other communes. Interactive debates with the population ("discussing") have the approval of Chieng Pha and Den Sang, but other communes are less enthusiastic. A majority in Chieng Pha, Chieng Ly and Den Sang favour activities by propaganda groups, whereas only very small minorities in the three other communes share this opinion. Answers relating to "broadcasting" vary according to local conditions and also probably to the ambiguity of this option, since it is not clear whether the reference is to audio-visual media in general or the internal information network in each commune.

Table 26
*"What is the best form of propaganda" according to non drug users
of the 6 communes, in %*

	Chieng Pha	Chieng Ly	Den Sang	Muong Hum	Muong Nha	Na U
Broadcasting	83.8	33.1	35.3	46.7	60.0	77.3
Discussing	71.1	44.8	79.0	32.9	28.6	47.3
Village meetings	91.9	74.7	95.8	84.2	72.9	57.3
Delivery of documents and posters	82.7	50.0	32.8	51.7	65.7	60.9
Propaganda groups	69.4	61.0	68.1	39.2	12.9	41.8

Clubs	34.1	31.2	4.2	9.2	4.3	30.0
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These data give an indication as to the most appropriate method for each commune. These methods have already been largely used in certain communes, however, and if they have proven their worth to a large part of the population they have been less efficient at passing on information to a more marginalised group that are probably less affected by traditional propaganda methods. As a consequence, information diffusion should continue as it has begun and at the same time the potential should be strengthened for reaching less accessible sectors of the population. More concretely, health clinics and their staff are pivotal in any public health policy at the communal level. The designation and training of a local HIV information diffusion and risk reduction programme leader (doctor, medical assistant or nurse) should favour the co-ordination and establishment of such programmes in each commune.¹⁵¹ This leader should benefit from the help of peer workers, trained by him, who speak the main dialects of the commune.¹⁵² It has already been seen during this project that a poor understanding of Vietnamese could be an obstacle to communication (see above), and this factor could in part explain the difficulties of establishing HIV information programmes in certain communes. It will come as no surprise that answers to questions pertaining to the most understandable language for information diffusion closely follows the ethnic makeup of each commune. It is not necessary to go into the details of these results, other than to mention that Vietnamese is given by a part of the inhabitants of the communes: 37.6% of non drug users and 51.5% of drug users in Chieng Pha; 40.3% of non drug users and 54.7% of drug users in Chieng Ly; 9.2% of non drug users but no drug users in Den Sang; 40% of non drug users and 24.7% of drug users in Muong Hum; 54.3% of non drug users and 22% of drug users in Muong Nha; and finally, 7.3% of non drug users and 35.6% of drug users in Na U.

Other than the didactic material which is already available in the communes, it would be wise to show a video giving the important points about HIV. According to the suggestion of a police officer in Den Sang commune, the video could be shown during party meetings in hamlets. This video would have to be dubbed into Dao and Hmong before being shown in Den Sang and Na U, as well as in the hamlets of other predominantly Dao or Hmong communes;

¹⁵¹ Apparently, such leaders are not present at the communal level where social work is supervised by a "Deputy Chairman of culture and society".

¹⁵² In order to ensure the motivation of the people involved, any government workers involved should get a bonus. Peer workers should receive a salary.

since these two ethnic groups have a large proportion of low awareness levels (see below). If this material is not available, the UNODC could support its creation and even participate in it. Form and content must be adapted to each target group by getting the help of members of each group when filming the message aimed at them.

When it comes specifically to risk reduction, three main problems exist. The first concerns HIV testing in communes containing IDUs. According to locally obtained information from health clinic staff, no testing programme was undertaken in Chieng Pha. Testing was done in Chieng Ly in 2001, with no positive results. In Muong Hum, 2 cases of HIV were detected. In Na U, an HIV/AIDS prevention project will soon be introduced (see below), which would seem to indicate that testing there has not yet taken place. In order to obtain precise information pertaining to the spread of the virus, systematic testing of all IDUs and their spouses should be done. This testing should be part of an information and prevention campaign and be voluntary, not compulsory. Also, even if testing should target IDUs and their spouses, it should be made available to any inhabitant of the commune concerned by the question.

The second problem inherent in any risk reduction policy at the local level concerns the use of condoms among IDUs. As was seen before, condom use is neither general nor systematic. This tendency should be corrected by targeting this high-risk population and aiming for a 100% rate of use. Information about condoms should go along with the availability of condoms. At present, condom distribution at the communal level is done by the person in charge of family planning. It would be wise to make IDUs – and not only their sexual partners – part of the list of those receiving condoms.

It is very difficult to imagine that there are sex workers in any of the six communes, although it must be said that no specific investigations have been carried out. This high-risk group does however exist in other nearby communes – in the provincial capital of Thuan Chau district, for example – and these receive the trade of the inhabitants of the 6 communes involved in the project. Even though this aspect of the problem is not directly part of the stated objectives of this Project, it does represent an environmental factor which risk reduction policy cannot ignore. In this perspective, an exchange of information and co-ordination with other risk reduction programmes in the area might be called for. These programmes have not yet been systematically identified, but one such project in Lai Chau province which distributes condoms to high-risk

groups and is co-financed by the Vietnamese government and the Asian Development Bank, is known to exist.

The third problem is the most difficult to deal with, since it is the distribution of injection equipment to IDUs. As was seen before, sharing syringes is not solely due to lack of information on the risks of catching HIV. In other words, some IDUs share equipment even though they know how dangerous this is. The reasons for this have been treated above; we will only mention here the paradox in which IDUs living in rural areas find themselves. Firstly, it is more difficult for them to obtain injection equipment discreetly than urban IDUs. Secondly, the local community usually knows exactly what they are doing. In these conditions, it is clear that easier access to injection equipment at the communal level would be a significant factor in reducing risks. There are, however, two major obstacles to such a distribution policy. First of all, there is a conflict between the "social evils" philosophy and the launching of a syringe exchange/distribution programme. For this reason, the question must be examined from every aspect together with the Vietnamese authorities at all political and administrative levels. This examination must also take place at the district and commune level, since the success or failure of such a programme depends on the active participation of all administrative ranks and not merely their agreement in principle. Secondly, it is not certain that such an initiative would be well received by the people of the communes involved. The only indication we have for the perception of the problem by the general population is supplied by non drug users' answers to the question pertaining to the possible means of controlling drug use and HIV/AIDS transmission.

Among the proposed options, which were not mutually exclusive, was "free delivery of syringes and needles, condoms". The results commune by commune can be seen in the following sections. We will merely note that only in Chieng Pha did a small majority of non drug users (50.9%) gave a positive answer to this option; in the other communes with an IDU population, only a minority chose this option, from 25.3% in Chieng Ly to 45.5% in Na U.

It is not possible, however, to deduce that the non drug users who answered this question in the negative are necessarily against the principle of such a programme. Firstly, because one must be aware of the means of transmission of the virus to understand the importance of such a measure. Secondly, the wording of the question itself was somewhat ambiguous. It would have been preferable not to lump drug use and HIV together in the same question if one wanted to measure the potential agreement of non drug users to the principle of

syringe distribution to IDUs. Distributions of this sort are a very efficient tool for reducing risk when used in an HIV epidemic control policy. It is only normal that interviewees would have trouble seeing it as a way of reducing drug use in their communes. Be that as it may, it would be wise when establishing a needle distribution programme to accompany it with measures that would benefit the population as a whole such as improving services at local health clinics. There is an increasing demand, for example, for minor surgery equipment in Chieng Pha as well as for the adaptation of equipment for use in delivery of babies at the Chieng Ly health clinic. In Muong Hum, the problem is different since the clinic there was recently completely renovated and functions as an inter-communal clinic. The case of Na U will be examined in the last section of this report, because it would appear to be an appropriate time to establish a pilot project combining drug treatment and rehabilitation with HIV transmission risk reduction. Even though the accompanying measures mentioned for Chieng Pha and Chieng Ly communes do not enter into the Project's framework, it would be wise to link them by some means or other to it. One function of this would be to demonstrate the impartial intentions of the Project by not giving non drug users the impression that only drug users can obtain outside help. Another reason for this would be to meet the expectations of health clinic staff and encourage their co-operation, since clinic staff are an essential element in the implementation of any risk reduction policy at the communal level.

Chieng Pha

From a comparative point of view, Chieng Pha belongs to the group of communes in which the HIV transmission awareness level is generally high. It is however slightly different between drug users and non drug users (Table 27).

A clear majority can identify the ways in which the virus is transmitted, more than 70% of the non drug users and more than 60% of the drug users.¹⁵³ Consequently, only a minority suffer from misinformation: 21% of the drug users believe that the virus can be spread by mosquito bites; 25% of the drug users and 27% of non drug users believe that there is a risk of contamination in living with an infected person. Also a limited proportion of non drug users (11%) and drug users (23%) say they have no idea on this matter.

¹⁵³ In another question pertaining to the "negative effects of drug use", 70.5% of the non drug users were able to identify HIV transmission risks and 59% could identify the risks of transmitting hepatitis C and B; the latter case yielding the highest rate of positive answers for any of the 6 communes. The question was however worded ambiguously, since it did not refer directly to injecting. For this reason, it did not have much meaning in communes where injecting is marginal or nonexistent.

Leaving comparisons aside, it is possible to interpret these results differently by looking at the proportion of inhabitants who have no idea how the virus is transmitted. The relatively large proportion of drug users who say they have no idea on this question, like the proportion of drug users who do not agree to the risks of sharing injection equipment (30%), is clearly a problem in a commune where drug injection is practised.

By trying to build a profile of the inhabitants of the commune who are poorly informed, it will be noticed that certain categories are over-represented. For example, among non drug users who answered “no idea”; 15% of the Kinh non drug users gave this answer (2 Kinh of the 13 in the non drug users category), among the Khang 25% (5 cases out of 20) whereas among the Thai there are 9.7% positive answers (12 out of 124).

Table 27
Positive answers to the question “What are the reasons for the transmission of HIV” in Chieng Pha commune, in %

	Non drug users	Drug users
No Ideas	11.0	23.1
Sharing syringes and needles	75.7	69.2
Unsafe sex	74.6	63.5
Unsafe blood transmission	72.3	63.5
From mother to the baby	76.3	75.0
Living with HIV infected people	27.2	25.0
Mosquitoes*	-	21.2

* Option only given in the questionnaire for drug users

Among non drug users women are over-represented, but it must be said in a very limited and so not very representative way: almost half of them (6 women out of 13 in the category) have no idea how the virus is transmitted, while 8.1% of the men are in the same situation (13 out of 160). If their educational level plays a role, it plays a much smaller role than could have been expected. Those having no idea as to how the virus is transmitted represent the 15.9% of non drug users who did not go beyond level 5, or primary school, whereas they only make up the 4.8% of non drug users who reached secondary school (level 6). There are no non drug users who reached high school who answered “no

ideas". Among the non drug users who do not indicate their level of education, the absence of knowledge is limited (1 positive answer out of 9, or 11.1%, to the option "no ideas"). It can be seen that among those who have a low educational level, positive answers to the option "no ideas" tend to be more frequent among those who reached level 5 than among those who did not get beyond level 4. In other words, if those who have a higher educational level are better informed, low educational levels do not necessarily translate into ignorance about HIV transmission. This consideration is equally valid for the other communes and, in the following sections, only exceptions to this general principle will be dealt with. Finally it will be noted that the average age of non drug users who say they have "no idea" about the ways the virus is transmitted (39 years) is higher than the average age of this whole category who answered the questionnaire (37.9 years). Without going into as many details when dealing with ways in which the virus is transmitted, it should be noted that 45% of the Khang do not answer positively when asked about sharing injection equipment or unprotected sexual relations. In other words, 9 Khang out of the 20 who filled out the questionnaire are unaware of the fact that HIV can be transmitted through sharing injection equipment and sexual relations without condoms.

Among drug users, who tend to be less well informed than non drug users (Table 27), this phenomenon of over-representation of certain categories of the population is less obvious, excluding educational level where it is clear that people who have not gone beyond primary school tend to be less well informed than those who reached secondary school, 29% (9 cases out of 31) and 15% (2 cases out of 11) respectively of positive answers to the "no ideas" option.

In short, the minority in the commune which should be the target of a new information campaign do not form an easily identifiable homogeneous group. Some ethnic groups are better informed than others, the better educated among them tend to be better informed, but generally speaking, those who need to be made more aware can be found in all population categories. Having said this, it remains to be seen if the poor level of awareness found among women in the non drug users category is characteristic of all women in the commune.

As for a category of questions only asked of non drug users, there seems to be a gap between the knowledge of ways in which the virus is transmitted and concrete action needed to avoid contamination. In fact, only 44.5% of the non drug users say that not sharing injection equipment is a way of avoiding HIV transmission. It is true that non drug users may feel less concerned by the problem. As soon as the question touches upon behaviour which is of interest to

them, theory knowledge is matched by identification of preventive attitudes: 74% consider that using condoms is a method of prevention. Finally, it must be noted that the potential stigma attached to HIV carriers is a real problem, since nearly 40% of the non drug users say that being separated from infected persons is a method of preventing contamination.

Positive answers to questions relating to detection methods of contamination by the virus confirm that a majority of the population possesses correct information (Table 28). In this case, drug users tend to be better informed, while the proportion of non drug users who say they have no idea on the subject increases significantly when related to the question pertaining to knowledge of the ways in which the virus is transmitted.

Table 28
Positive answers to the question "How do you identify HIV/AIDS" Chieng Pha commune, in %

	Non drug users	Drug users
No ideas	28.9	25
Blood testing	65.3	71.2
Symptoms of the disease	32.9	38.5

Most people in the commune get their knowledge about HIV from television and radio: in almost 80% of the cases of both drug and non drug users for television, and almost 80% of the cases for non drug users and a little over 70% of the cases of drug users for radio. Newspapers and commune officials are also considered as an information vector by a majority of the inhabitants (or at least almost a majority when it comes to answers by drug users relative to information supplied by officials). On the other hand, the family, friends and communal broadcasting are only mentioned by a minority, which is significant when compared with the results from other communes.

Table 29

Positive answers to the question "Where do you get information on HIV" in Chieng Pha commune, in %

	Non drug users	Drug users
Radio	78.0	73.1
Newspapers	63.6	55.8
TV	79.8	78.8
Commune Broadcasting	36.4	34.6
Commune officials	59.5	48.1
Family	46.8	36.5
Friends	46.2	42.3

Information about HIV, and also about drug use (the question mentioned both problems) is supplied "frequently" for 40.5% of non drug users, "sometimes" for 58.4%, "rarely" for 5.8% and only 1.7% say that such information is "never" supplied. The inhabitants of Chieng Pha are, in proportion to other communes, the most numerous in requesting information about HIV with 77% positive answers.

Chieng Pha also has the highest proportion of positive answers to one of the options given for the question pertaining to means of controlling drug use and HIV: 50.9% mention free distribution of needles and condoms. This high proportion would seem to show that the population is open to this type of experiment, the more so when one considers the fact that the wording of the question was not only about controlling the spread of HIV (see above).

Finally, here are the results concerning condom use by drug users, including the case of IDUs, already examined in a previous section. In Chieng Pha, 96.2% of the drug users are or have been sexually active. Among these 50 cases, 40% answered positively to the question pertaining to condom use. Among the 20 drug users who say they use condoms, several gave multiple answers (5 "always" and "frequently", and 1 "always", "frequently" and "sometimes"); also 2 drug users, who did not answer the question about condom use positively, say they used condoms frequently. To sum up, possibly 22 drug users use condoms, and it is impossible to know from where to subtract some of the multiple answers to get a coherent result. In these conditions, let it be stated simply that the "always" option was ticked 9 times, the option "frequently" 11 times and the option "sometimes" 9 times.

Chieng Ly

Like Chieng Pha, Chieng Ly belongs to the group of communes where HIV transmission awareness levels are generally high. There is similarly a slight difference between non drug and drug users (Table 30). Both categories of the population are proportionally better informed about ways of transmission linked to drug taking (83.1% and 72.3%) and sexual behaviour (78.6% and 64.9%) than blood transfusion (49.4% and 43.9%) and mother to child contamination (57.1% and 46.6%). Comparatively speaking, the lowest proportion of positive answers amongst drug users to the option “no idea” (17.6%) and “mosquitoes” (2.7%) and the highest rate of answers about injection equipment sharing (72.3%) and unprotected sexual relations (64.9%) can be found in Chieng Ly. Among non drug users, the rate of positive answers to the first of these options (12.3%) is among the lowest of the 6 communes, while the relative rates of options pertaining to injection equipment sharing (83.1%) and unprotected sexual relations (78.6%) are comparatively the highest. These elements indicate a successful initial establishment of information on the risks of transmission of the virus.¹⁵⁴

Table 30
Positive answers to the question “What are the reasons for the transmission of HIV” in Chieng Ly commune, in %

	Non drug users	Drug users
No Ideas	12.3	17.6
Sharing syringes and needles	83.1	72.3
Unsafe sex	78.6	64.9
Unsafe blood transmission	49.4	43.9
From mother to the baby	57.1	46.6
Living with HIV infected people	7.8	2.0
Mosquitoes*	-	2.7

* Option only given in the questionnaire for drug users

The profile of the 19 non drug users who say they have no idea how HIV is transmitted is only slightly differentiated. From an ethnic point of view, all are Thai, but it must be said that only 1 non-Thai was in this category of the

¹⁵⁴ Concerning the question pertaining to the “negative effects of drug use”, 64.9% of the non drug users say HIV transmission and 16.9% say hepatitis C and B. The previous remark about this question is also valid for Chieng Ly commune.

population which filled out the questionnaire. Women are not over-represented (7 cases of positive answers to the “no ideas” option out of 63 women who are in the category of non drug users who filled out the questionnaire, or 11.1%). The only discriminating factors are age and educational level. For the question of age, non drug users who answered positively to the “no ideas” option are on average 40 years old while the average age of the category is 36.8 years of age. For the question of educational level, the remark made previously about Chieng Pha also applies to Chieng Ly, which is to say that if those with a higher education are better informed, a low educational level is not synonymous with ignorance of means of HIV transmission.

Of the drug users, the only woman represented in this category of the population who filled out a questionnaire is not among those who said that they had no idea how the virus was transmitted. Age is a slightly more discriminating factor than for non drug users (28.6 years in average for all drug users who filled out a questionnaire and 27.8 years for drug users who had no idea how the virus was transmitted). Even educational levels vary only slightly between drug users with no awareness: 18.7% positive answers for drug users who did not get beyond primary school and 17.2% of those who reached secondary school.

Answers given to the question pertaining to preventive measures confirm that – as in Chieng Pha – non drug users care more about the risks which concern them potentially directly, regardless of their awareness level: 79.9% mention condom use, but only 60.4% indicate not sharing injection equipment even though more than 80% say they are aware that sharing injection equipment is high-risk (see above). Finally, it should be noted that the smallest rate of positive answers relating to the risks of living with a contaminated person (9.1%) is in Chieng Ly commune, which shows a high level of awareness among the population.

Similarly, the positive answers given to the question pertaining to ways of detecting HIV contamination place Chieng Ly commune among the best informed of the 6 communes. Of the non drug users, 73.4% say blood tests, the highest comparative rate, while only 19.5% mention symptoms of the illness. On this relatively difficult question, only the inhabitants of Muong Hum and Muong Nha do better (13.3% and 4.3% positive answers), but in the specific contexts of those two communes (see below). It should be noted that, contrary to neighbouring Chieng Pha commune, Chieng Ly drug users do not tend to be better informed than

non drug users: 65.5% give positive answers pertaining to blood tests and 23.6% believe that HIV contamination can be identified through symptoms

Table 31
Positive answers to the question "How do you identify HIV/AIDS" in Chieng Ly commune, in %

	Non drug users	Drug users
No ideas	24.7	31.3
Blood testing	73.4	65.5
Symptoms of the disease	19.5	23.6

As in Chieng Pha, the population's knowledge came mostly through television and radio: in a little more than 80% of the cases for non drug users and 90% of the drug users for television and in more than 70% of the cases from both categories for radio. Newspapers are still considered as a source of information by a majority (53.2%) of non drug users, but only by a minority (46.6%) of drug users. Of the first category, 41.6% mention commune officials but only 27.7% do so in the second category. Finally, as in Chieng Pha commune, although in even smaller proportions, the family, friends and the communal broadcasting system are considered as a source of information only by a minority.

Information on the subject of HIV, but also drug use, is supplied "frequently" for 53.9% of non drug users, "sometimes" for 41.6%, "rarely" for 2.6% and only 1.9% say this information is "never" supplied. The rate of those who answered "frequently" is the highest of the 6 communes, which confirms the fact that HIV information is well distributed in Chieng Ly commune. However, 59.1% would like more information on the subject.

One notable difference between Chieng Ly and the neighbouring commune of Chieng Pha is the low rate of positive answers to the option pertaining to the distribution of condoms and syringes: only 25.3% of non drug users mention this means of controlling the spread of the virus, whereas this proportion was twice as high in Chieng Pha.

Table 32
Positive answers to the question "Where do you get information on HIV" in Chieng Ly commune, in %

	Non drug users	Drug users
Radio	71.4	77.0
Newspapers	53.2	46.6
TV	81.8	90.5
Commune Broadcasting	17.5	18.2
Commune officials	41.6	27.7
Family	32.5	16.9
Friends	27.3	31.1

Finally, here are the results concerning condom use by drug users, including the case of IDUs, already examined in a previous section. In Chieng Ly, 78.4% of the drug users are or have been sexually active. Among these 116 cases, 42% answered positively to the question pertaining to condom use. Among the 49 drug users who say they used condoms, only one did not answer the question pertaining to frequency of condom use. The distribution of the 48 answers is 12.5% “always”, (4% of total drug users), 16.7% “frequently” (5.4% of total drug users) and 70.8% “sometimes” (23% of total drug users).

Den Sang

Den Sang commune belongs to the group of communes in which HIV awareness is generally lacking. Even though the proportion of non drug and drug users who say they have no idea how the virus is transmitted is low (14.3% and 19.6%), the inhabitants of the commune do not for the most part have sufficient information on the subject. If a small majority of 55.5% non drug users give correct answers when it comes to the risks of unprotected sexual relations, other risk factors are only identified by a minority. Only 17.4% of the drug users gave positive answers concerning injection equipment sharing; among non drug users this number is higher, but still remains limited (38.7%). False information is widespread: 54.3% of the drug users and 43.7% of non drug users consider it dangerous to live with a contaminated person and half the drug users believe that HIV is transmitted through mosquito bites.¹⁵⁵ In Den Sang commune, the challenge is therefore not simply to increase awareness in a small percentage of the population which has been missed by previous information campaigns, but rather to stage a full-scale operation of this kind.

¹⁵⁵ Concerning the question pertaining to the “negative effects of drug use”, 27.7% of non drug users mention HIV transmission and 30.3% mention that of hepatitis C and B.

In order to get a clearer picture of the inhabitants of this commune who display a low level of awareness, villagers who answered “no idea” will not be taken into consideration. Those who did not mention injection equipment sharing, 61.3% of non drug users and 82.6% of drug users, supply the most pertinent information. The ethnic dimension plays no role in this commune since it is exclusively Dao. Among non drug users, men are slightly over-represented, 64.5% (60 cases out of 93) of them do not mention injection equipment sharing, while 50% of the women are in this situation (13 cases out of 26). Also, it will be noted that non drug users who did not answer positively to this question are on average older (38.5 years) than the total of non drug users interviewed in the commune (35.9 years).

Table 33
Positive answers to the question “What are the reasons for the transmission of HIV” in Den Sang commune, in %

	Non drug users	Drug users
No Ideas	14.3	19.6
Sharing syringes and needles	38.7	17.4
Unsafe sex	55.5	41.3
Unsafe blood transmission	34.5	28.3
From mother to the baby	41.2	54.3
Living with HIV infected people	43.7	54.3
Mosquitoes*	-	50.0

* Option only given in the questionnaire for drug users

Drug users tend to give the same answers, but out of more limited total numbers: 36 men out of 43 (83.7%) do not answer positively, while this is also the case for 2 women out of 3 (66.7%). The average age of drug users who do not mention injection equipment sharing is slightly higher (47 years) than that of the total number of drug users interviewed (46.4 years).

Answers given to the question pertaining to measures of protection from HIV contamination confirm the necessity of a large-scale information campaign. If 71.4% of the non drug users mention condom use, only 25.2% of them indicate that injection equipment sharing is high-risk; and along the same lines as a

previously mentioned result, 58.8% consider that not living with persons infected with HIV is an efficient way to prevent transmission.

Positive answers to the question pertaining to ways of detecting contamination by the virus show a higher awareness level among non drug users, at least where blood testing is concerned (59.7%). The proportion of positive answers among drug users is however low (37%), whereas in both categories the proportions are high relative to identification of the symptoms. In a question with 3 possible options and where 15% of the interviewees said they had no idea and 60% gave an option linked to a mistaken idea, the fact that 59.7% chose a pertinent option is in no way of itself an indication of high awareness of the subject.

Table 34
Positive answers to the question "How do you identify HIV/AIDS" in Den Sang commune, in %

	Non drug users	Drug users
No ideas	15.1	24.0
Blood testing	59.7	37.0
Symptoms of the disease	60.5	63.0

The sources of information given by inhabitants correspond to the social and geographic specificities of the commune and for this reason are very different to those mentioned by people from the Thuan Chau district communes. The radio here is still an important source of information (for 80.7% of non drug users and 58.7% of drug users), on the other the television is only mentioned by a small minority (23.5% of non drug users and 10.9% of drug users).¹⁵⁶ As for newspapers, their impact is clearly almost nonexistent (5% of non drug users, or 6 people, and 0% of the drug users). On the other hand, direct communication between individuals is widely mentioned: more than 80% for information supplied by commune officials; more than 70% of non drug users and more than 50% of the drug users for information from friends; and in a lesser proportion, the family for 40% of the non drug users and 26% of the drug users.

¹⁵⁶ There are television sets, powered by small 0.5 to 1 kw hydro-electric generators, in each of the commune's hamlets. Their number, however, is limited and many of the inhabitants do not speak Vietnamese well.

Table 35

Positive answers to the question “Where do you get information on HIV” in Den Sang commune, in %

	Non drug users	Drug users
Radio	80.7	58.7
Newspapers	5.0	0.0
TV	23.5	10.9
Commune Broadcasting	2.5	0.0
Commune officials	83.2	91.3
Family	40.3	26.1
Friends	72.3	52.2

Information about HIV and drug use is “frequent” for only 11.8% of the non drug users, making this the lowest rate of the 6 communes, “sometimes” for 72.3%, “rare” for 19.3% – the highest of the 6 communes – and only 0.8% say “never”. These results confirm that an additional effort must be made in Den Sang commune. The majority of the inhabitants agree with this, since 64.7% of the non drug users would like to have more information about HIV transmission.

Taking the drug situation of the commune into account (see above), the problem of syringe and condom distribution is clearly not considered as important by non drug users, of whom only 21.8%, the smallest proportion of the 6 communes, say that this is a way of controlling the spread of the HIV epidemic.

Finally, here are the results relative to condom use by drug users. In Den Sang, 93.5% of the drug users say they are or have been sexually active. Among these 43 cases, 30.2% answer that they use condoms. Among these 13 drug users who say they use condoms, only 1 gives no indication as to the frequency of his condom use. The distribution of the 12 other answers is 8.3% for “always”, (2.2% of the total drug users), 0% for “frequently”, and 91.7% for “sometimes” (23.9% of the total drug users).

Muong Hum

Muong Hum commune is in the category of communes with high HIV transmission awareness, even though its rate of pertinent answers is often lower than that of the two Thuan Chau district communes. Knowledge relative to some means of HIV transmission appears to be lacking.

Among non drug users, 20.8% say they have no idea how HIV is transmitted and no drug users chose this option.¹⁵⁷ Needle sharing was identified as a risk by a clear majority of 61.7% of non drug users and 68.5% of drug users. Transmission by unprotected sexual relations is also identified as a risk by a majority, 54.2% of non drug users and 56.2% of drug users. This is only a slight majority, however, and the fact that nearly 1 non drug user out of 2 does not recognise this vital aspect of prevention is clearly a problem. On the other hand, very few drug users gave the incorrect answers concerning transmission via mosquito bites or living with infected people (9.6%)

Table 36
Positive answers to the question “What are the reasons for the transmission of HIV” in Muong Hum commune, in %

	Non drug users	Drug users
No Ideas	20.8	0.0
Sharing syringes and needles	61.7	68.5
Unsafe sex	54.2	56.2
Unsafe blood transmission	47.5	54.8
From mother to the baby	41.7	32.9
Living with HIV infected people	35.8	9.6
Mosquitoes*	-	9.6

* Option only given in the questionnaire for drug users

Amongst non drug users, Dao are over-represented among those who have no idea how the virus is transmitted: 27.9% (17 cases out of 61) of the Dao interviewed give a positive answer to the “no ideas” option, while for the

¹⁵⁷ When asked about the “negative effects of drug use”, 9.2% of non drug users mention HIV transmission and 1.7% mentioned that of hepatitis C and B. The low first rate of positive answers is in contradiction with non drug users’ HIV awareness. This result is probably linked to the fact that the question was interpreted in terms of the impact of drug taking on the commune. In order to confirm this hypothesis, peer workers who distributed the questionnaires would have to be questioned to see how they themselves presented the question to the interviewees. In the context of marginal intravenous drug use, these answers would not be incoherent in the mind of non drug users. They do, however, appear contradictory when one takes into account the fact that the commune apparently has two cases of HIV infection (see above).

Giay and the Kinh this proportion is 14.3% (7 out of 49 and 1 out of 7 respectively). If we take into account the interviewees who did not identify injection equipment sharing as a means of transmission, then this over-representation is even greater: 50.8% (31 cases out of 61) of the Dao do not give a positive answer to this question, while for the Giay and the Kinh the proportion is 28.6% (14 out of 49) and 14.3% (1 out of 7). Breaking down these numbers by gender, it can be seen that 21.8% of the men have no idea how the virus is transmitted (8 out of 42 non drug user men interviewed), while this proportion drops for women to 19% (8 out of 34). Finally, the average age of non drug users who answered positively to the “no ideas” option is 39 years, while the average age of all non drug users interviewed is 37.5 years.

Among drug users, the over-representation of Dao is lower: 34.8% (16 out of 46) do not identify injection equipment sharing, whereas for the Giay this proportion is 20% (4 out of 20). There are so few drug users in the other ethnic groups that their percentages are not very meaningful. Just to give an idea, however; out of the two Kinh interviewed, one did not identify injection equipment sharing as a risk, and the only Hmong and the only Nhang who are Muong Hum drug users were also in the same situation. Looking at the genders of the interviewees, 32.4% of the men (22 out of 68) did not give a positive answer concerning injection equipment sharing as well as 1 woman out of 5. Finally, the average age of drug users who could not identify injection equipment sharing as a means of transmission is 39.6 years while the average age of the category is 41.5 years.



Posters inside the Dien Bien Phu 05/06 Treatment Center

Answers to questions pertaining to preventive measures show that the population needs to be better informed as to the risks of unprotected sexual relations: only 55% of the non drug users identify condom use as a preventive measure, whereas in Chieng Pha and Chieng Ly this proportion is over 70%, and this is also the case in Den Sang. This 55% corresponds to the awareness level of means of transmission in Muong Hum (see above). One does not get the same impression when 39.2% of the non drug users identify not sharing injection equipment as a way of preventing the spread of HIV. The underlying logic of this low level of positive answers has already been examined in the case of other communes, and it can only be underlined here that this percentage is not a reliable indicator of the real knowledge of the population. Finally, it should be noted that the inhabitants of Muong Hum are, along with those of Den Sang, the most numerous in considering not living with HIV infected people as a good measure of prevention (44.2%).

Positive answers to questions pertaining to HIV contamination detection methods show higher awareness amongst drug users, at least when it comes to blood testing (56.2%). As for non drug users, 45.8% have no idea on the subject and a minority gave blood testing as an answer; these results show a clear difference to those seen in Thuan Chau district (see above). It will be noted that the rate of incorrect answers concerning contamination detection through identifying symptoms is low (13.3% of non drug users and 24.7% of drug users).

Table 37

Positive answers to the question "How do you identify HIV/AIDS" in Muong Hum commune, in %

	Non drug users	Drug users
No ideas	45.8	8.2
Blood testing	42.5	56.2
Symptoms of the disease	13.3	24.7

In Muong Hum, the answers to questions pertaining to sources of information on HIV are much more varied than in other communes. Two media are mentioned by a small majority of the population: television for 60% of non drug users and

53.4% of drug users and radio for 60.8% of drug users.¹⁵⁸ All the other means of information are only mentioned by a small minority. Compared with the neighbouring commune of Den Sang, it should be noted that commune officials are only considered as a source of information by 32.5% of non drug users and a mere 13.7% of drug users. Similarly, friends are mentioned by only 33.3% of non drug users and 23.3% of drug users, while in Den Sang they were mentioned by more than half the interviewees in both categories.

¹⁵⁸ In comparison with Den Sang, the higher rate of answers concerning television can be explained by the fact that 142 households have a television set, or 43.7% of the households in Muong Hum commune.

Table 38

Positive answers to the question "Where do you get information on HIV" in Muong Hum commune, in %

	Non drug users	Drug users
Radio	60.8	37.0
Newspapers	13.3	4.1
TV	60.0	53.4
Commune Broadcasting	1.7	0.0
Commune officials	32.5	13.7
Family	25.0	1.4
Friends	33.3	23.3

Information about HIV and also drug use comes "frequently" for 42.5% of non drug users, "sometimes" for 45%, "rarely" for 3.3% and 9.2% (9 cases out of 120) say "never", which is one of the highest proportions in the 6 communes. These results confirm the fact that more information is needed in Muong Hum commune in order to reach those who have an insufficient HIV awareness level. Moreover, most inhabitants share this opinion since 62.5% of non drug users would like to have more information about how HIV is transmitted.

Considering the probable presence of a small number of IDUs in Muong Hum commune, the answers of non drug users about distribution of syringes and condoms are very important: 37.5% of the inhabitants of the commune say that this is a good way to check the spread of HIV. If we take into account the ambiguity of the wording of the question (see above) and the small number of IDUs in the commune, then this percentage can be considered as relatively high.

Finally, here are the results of drug user condom use. In Muong Hum, 89% of the drug users say they are or have been sexually active. Among these 65 cases, 7.6% say they used condoms. Of the 5 drug users who said they used condoms, only one did not answer the question pertaining to frequency. The distribution of the 4 answers is 1 for "always", (1.4% of all drug users), 0% for "frequently" and 3 for "sometimes" (4.1% of all drug users).

Muong Nha

Muong Nha belongs to the group of communes which have a low awareness level of means of HIV transmission, especially among drug users. It would seem in fact that, broadly speaking, about half the population of the commune have understood how to prevent the spread of the virus whereas the other half remains completely unaware of these precautions. More than 50% of the drug users, the highest rate of the 6 communes, and 44.3% of the non drug users say they have no idea how HIV is transmitted. The knowledge that sharing injection equipment is a means of HIV transmission concerns exactly half of the non drug users and 40% of the drug users. Unprotected sexual relations are identified as high-risk by 44.3% of the non drug users and 39% of the drug users¹⁵⁹

From a comparative point of view, the most important results concern mistaken ideas about HIV transmission. Muong Nha has the smallest rate of positive answers out of the 6 communes for transmission through mosquitoes (4% of the drug users) and living with infected people (0% of drug users and 8.6% of non drug users). This could most probably be explained by the phenomenon of polarisation mentioned above and confirms the fact that part of the population has a high level of HIV awareness. In other words, those who do not know do not answer and those who have an idea are generally right.

Table 39

Positive answers to the question "What are the reasons for the transmission of HIV" in Muong Nha commune, in %

	Non drug users	Drug users
No Ideas	44.3	53.0
Sharing syringes and needles	50.0	40.0
Unsafe sex	44.3	39.0
Unsafe blood transmission	40.0	37.0
From mother to the baby	42.3	35.0
Living with HIV infected people	8.6	0.0
Mosquitoes*	-	4.0

** Option only given in the questionnaire for drug users*

¹⁵⁹ Concerning the question pertaining to the "negative effects of drug use", 40% of the non drug users mention HIV transmission and 28.6% mention that of hepatitis C and B.

Amongst non drug users, 41.7% of the Thai (15 cases out of 36), 44.4% of the Hmong (8 out of 10) and 46.2% of the Lao (6 out of 13), chose the “no ideas” option; as well as 1 Kho Mu out of 2 and the only Tay. Breaking down the numbers in terms of gender, it can be seen that 71.4% of the women (5 out of 7) and 41.3% of the men (26 out of 63) say they had no idea on the subject. The average age of all non drug users is 37.7 years while the average age of those who say they have no idea is 41 years.

Among the drug users, 58.4% of the Hmong (45 cases out of 87) chose the “no ideas” option; whereas this proportion is 45.5% of the Lao (5 out of 11) and 20% of the Thai (2 out of 10); of the Kho Mu, one gave a negative and one gave a positive answer. Gender is also a discriminating factor with 80% of the women drug users (8 cases out of 10) saying they had no ideas on the subject. Finally, the drug users who say they do not know how HIV is transmitted tend to be older than the total of their category with an average age of 41.9 years as opposed to 39.7 years for the total. This last result can be explained by the fact that the very elderly drug users (3 out of 4 aged 70, 1 aged 75 and 2 aged 80) are among those who chose this option. This does not necessarily mean that the younger drug users are better informed, since the 19 year old drug user and 3 out of 4 of those aged 22 say they have no idea concerning the question.

If the Hmong, Lao and women are categories to which special attention must be paid, the prevention message must concern all population categories in Muong Nha.

Answers given to questions pertaining to measures preventing contamination by the virus confirm the phenomenon of polarisation mentioned before, at least where it involves condom use which is mentioned by 50% of the non drug users. The rate of positive answers concerning not sharing injection equipment is the lowest of the 6 communes at 10%. This can be explained in the same way as for the other communes: this percentage only takes into account non drug users' knowledge in areas of their immediate preoccupation and the IDU situation in their commune. Also, it should be noted that the idea of not living with people infected with HIV is only identified as a means of prevention by 15.7% of the non drug users, the lowest level after Chiang Ly.

Positive answers given to the question pertaining to methods of detection of contamination by the virus confirm previous observations concerning the polarisation of the commune in the domain of HIV awareness. Muong Nha has the highest proportion of interviewees of the 6 communes who say they have no idea on the question: 54% of the drug users and 45.7% of the non drug users (a similar rate to that of Muong Hum). Muong Nha also has, on the other hand,

the lowest proportion of mistaken ideas on the identification of infected persons by their symptoms: 4.3% of the non drug users and 27% of the drug users; in this latter case, the rate is slightly lower in Chieng Ly and in Muong Hum.

Table 40
Positive answers to the question "How do you identify HIV/AIDS" in Muong Nha commune, in %

	Non drug users	Drug users
No ideas	45.7	54
Blood testing	54.3	41
Symptoms of the disease	4.3	27

Answers to questions pertaining to sources of information about HIV are generally close to those found in Den Sang and Muong Hum. The radio is mentioned by more than 80% of the non drug users and more than 70% of the drug users. All other media are mentioned by only a minority. Communal officials in particular receive very few positive answers (15.7% of non drug users and 25% of the drug users), as do friends (2.9% of non drug users and 6.6% of drug users) and family members (8.6% of non drug users and 0% of drug users).

Information about HIV and drug use is "frequent" for 20% of the non drug users, "sometimes" for 68.6%, "rare" for 1.4% and "never" for 8.6% (6 cases out of 70), making this one of the highest proportions recorded in the 6 communes. Finally, it should be noted that 50% of the non drug users wish to receive more information about HIV.

The answers of non drug users concerning the distribution of syringes and condoms are proportionally the lowest of the 6 communes: only 14.3% of the non drug users consider that this is a way of controlling the spread of HIV. This could be explained by the absence or marginality of the practice of injection in the commune, but as mentioned before this last point still needs to be clarified.

Table 41
Positive answers to the question "Where do you get information on HIV" in Muong Nha commune, in %

	Non drug users	Drug users
Radio	84.3	70.0

Newspapers	27.1	8.0
TV	48.6	24.0
Commune Broadcasting	7.1	14.0
Commune officials	15.7	25.0
Family	8.6	0.0
Friends	2.9	6.6

Finally, here are the results pertaining to condom use by drug users. In Muong Nha, only 73% of the drug users say they are or have been sexually active. Among these 73 cases, 16.4% answer the question pertaining to condom use positively. Among the 12 drug users who say they use condoms, 8.3% say they use them “always” (1% of the total drug users), 33.3% “frequently” (4% of the total drug users) and 58% “sometimes” (7% of the total drug users).

Na U

Na U belongs to the group of communes in which awareness relative to HIV transmission is generally low, and it tends to be lower for non drug users than for drug users, especially when it comes to the main means of transmission of the virus. In the case of non drug users, 50% say they have no idea how the virus is transmitted and 33.3% of the drug users give the same answer. A small majority of drug users identify injection equipment sharing and unprotected sexual relations as a means of transmission, 51.1% and 55.6% respectively. But only a minority of non drug users are able to make this identification, 41.8% and 47.8%.¹⁶⁰ Also, when it comes to mistaken ideas concerning HIV transmission, 48.9% of the drug users believe that transmission is possible through mosquitoes and 35.6% through living with an infected person, giving this commune the highest proportion of positive answers after Den Sang commune.

¹⁶⁰ Concerning the question pertaining to the “negative effects of drug use”, 44.5% of the non drug users mention HIV transmission and 34.5% mention that of hepatitis C and B.

Table 42

Positive answers to the question "What are the reasons for the transmission of HIV" in Na U commune, in %

	Non drug users	Drug users
No Ideas	50.0	33.3
Sharing syringes and needles	41.8	51.1
Unsafe sex	47.8	55.6
Unsafe blood transmission	40.9	44.4
From mother to the baby	36.4	44.4
Living with HIV infected people	26.4	35.6
Mosquitoes*	-	48.9

** Option only given in the questionnaire for drug users*

Among non drug users, age is not a discriminating factor; on the other hand, men are over-represented among the interviewees who said they had no idea how HIV was transmitted: 53.8% of them (50 cases out of 93) answered positively, while only 29.4% (5 out of 17) of the women did so. Among drug users, age is not very discriminating (average of 44.8 years for positive answers and 43.6 years for the total category) and there is a gender difference: 35.1% of the men answered positively (13 out of 37) while only 25% of the women (2 out of 8) did so. The ethnic factor cannot be considered since the commune is exclusively Hmong.

Answers to questions pertaining to preventive measures aimed at protecting oneself from contamination by the virus show low awareness in the inhabitants of Na U: only 17.3% of the non drug users mention not sharing injection equipment and 34.5% mention condom use, which makes it the lowest of the 6 communes. On the other hand, positive answers to not living with infected people are relatively low, at 22.7%.

Positive answers given to the question pertaining to HIV contamination detection methods obviously follow along the same lines. More than 40% of the interviewees from both categories say they have no ideas on the subject; only a small majority of drug users mention blood testing (51.1%), while proportionally even fewer non drug users mention it (48.2%).

Table 43

***Positive answers to the question "How do you identify
HIV/AIDS" in Na U commune, in %***

	Non drug users	Drug users
No ideas	47.3	42.2
Blood testing	48.2	51.1
Symptoms of the disease	31.8	42.2

Answers pertaining to sources of information on HIV are quite different from those received in the other remote communes of Den Sang, Muong Hum and Muong Nha. As in those communes, radio is mentioned by a clear majority of more than 80% of drug users and 70% of non drug users. On the other hand, the proportion of positive answers pertaining to newspapers is considerably higher than in those other communes mentioned: 73.3% of drug users and 46.4% of non drug users. Among the drug users, the same holds true for information supplied by the television (71.1%), family members (53.3%) and friends (64.4%). It should be noted that, as in the case of Den Sang and as opposed to the cases of Muong Hum and Muong Nha, most drug users consider communal officials as a source of HIV information.

Information about HIV and drug use is supplied "frequently" for 42.7% of the non drug users, "sometimes" for 29.1%, "rarely" for 0%; 36.4% (40 cases out of 110) consider it to be nonexistent ("never"), which is by far the highest proportion recorded in the 6 communes. This is almost the same proportion of non drug users who wish to receive more information concerning HIV, 38.2%.

Positive answers given by non drug users pertaining to the distribution of syringes and condoms are among the most numerous of the 6 communes: 45.5% consider that this would be a good way to check the spread of HIV, only a little less than in Chiang Pha. This result would seem to show that the population tends to favour an experiment of this type, especially if previous remarks concerning the wording of the question are taken into account.

Table 44

***Positive answers to the question "Where do you get information
on HIV" in Na U commune, in %***

	Non drug users	Drug users
Radio	70.9	88.9
Newspapers	46.4	73.3
TV	57.3	71.1
Commune Broadcasting	31.8	71.0
Commune officials	43.6	64.4
Family	39.1	53.3
Friends	32.7	64.4

Finally, concerning condom use among drug users, only 55.6% of the drug users (25 cases out of 45) say they are or have been sexually active, an astonishingly low proportion. More information from the peer workers who handed out and explained these questionnaires is needed in order to understand why the proportion is so small. Be that as it may, out of 25 drug users, 12% said they used condoms. Among these 3, none of them used them “always” and, taking into account 1 multiple answer, 1 used them “often” and 3 “sometimes”.

Treatment and rehabilitation

One of the foundations of the policy of the Vietnamese authorities concerning the treatment and the rehabilitation of drug users relies on the principle of a “drug-free environment”. According to this principle, the consumer who has completed a weaning process must not find himself in contact with drugs during the rehabilitation and reintegration phase that immediately follows the treatment. Several solutions may be foreseen in order to achieve this goal.

The first solution is to extend the length of stay in a treatment and rehabilitation centre, that is, to prolong the isolation of the former drug user after the weaning period.¹⁶² This is the solution adopted by the 05/06 centres. In Lai Chau province, the transformation in 1999 of the Dien Bien Phu voluntary treatment centre into a 05/06 centre was accompanied by an extension of the stay from 1 to 6 months. In Lao Cai province, the initial length of treatment in the 05/06 centre was 3 months, and then it was increased to 6 months, then to one year. If this solution extends the period during which the former drug users are under the control of the authorities, and consequently increases the opportunities for ideological and professional training, it nonetheless only postpones the decisive test, with its inherent risk of relapse, namely his return to his home community.

¹⁶² At least so long as drugs are not brought clandestinely into the centres.

A second solution is to impose a simultaneous weaning programme on all the drug users of a given community. The idea here is that after the weaning phase, the former drug addicts are not tempted to resume their consumption by friends who have not followed any treatment. This solution can be applied from within the framework of the community and it does not necessarily require sending the drug users to treatment centres. Besides the problems linked to the provisions of this in situ treatment, which will be addressed later, it is worth pointing out that it is unlikely that all persons consuming drugs more or less regularly simultaneously undergo a weaning programme. It is much more realistic that some drug users continue their consumption while the most excessive consumers – the drug addicts registered with the authorities – follow a weaning programme.

A third solution is the elimination of the supply. In theory, the battle against drug trafficking is easier to conduct in small communities of mountainous regions than in urban areas. In practice, it is nevertheless difficult to impose drastic coercive measures liable to destroy the drug market. First of all, the notion of drug trafficking as it is usually perceived only gives a partial idea of the minor drug trade that supplies the drug users concerned by the Project. For instance, when a Dao smoker from Den Sang explains that he may happen to smoke opium when given it by friends from Phong Tho, we are closer to the exchanges that characterise the socio-economic life of an ethnic group bound together by family links and the necessity of maintaining internal relations within the group than to organised crime. Besides, local communities who used to grow poppies have already made a significant effort by giving up in a very short period of time the opium production, a cash crop which played a crucial part in the domestic economy¹⁶³. In these conditions, it would not necessarily be strategic policy to increase the pressure on former opium producers by launching an all-out repression of the minor opium trade. Lastly, and in the same vein as the previous idea, an excessively repressive policy would generate tensions prone to destabilise local communities. To the question: “Are the local officials afraid of revenge if they catch drug traders?” a Den Sang commune official answers “In general, they are afraid of revenge.” In this perspective, it is important to leave to the local authorities the possibility of expressing their opinion on the level of repression which is socially acceptable within a given community.

¹⁶³ On this subject, Jess Pourret writes: “To this day Yao still regard their past “opium days” with nostalgia. It was a period of relative prosperity for many”. During the study, no-one expressed this idea that clearly, but it is quite clear that the eradication policy was not enthusiastically accepted. Pourret Jess, *The Yao. The Mien and Mun Yao in China, Vietnam, Laos and Thailand*, London, Thames & Hudson, 2002, p. 181.

In short, whatever the type of treatment followed by drug users – home treatment, collective within the community or in a 05/06 centre, it is hardly realistic to believe that their reintegration phase within their communities can really take place in a drug-free environment. Most officials interviewed during the study are aware of this and thus insist on the importance of two factors that can help prevent the relapse of former drug users: their own will and the socio-economic conditions of their reintegration. The problem of the high relapse rate of the drug users who have followed treatment has led the authorities of each of the three provinces to reconsider their policy in the matter of treatment and rehabilitation. In the provinces of Lai Chau and Son La, the upgrading is planned of the two existing 05/06 centres that do not presently meet the requirements set by their mandate.

During the 4th phase of the research, it became clearly apparent that Dien Bien Phu centre was facing problems related to its budget (insufficient to cover the needs of those committed), to its infrastructure (no available space for agricultural activities) and to the subsequently extremely high rate of escape of those committed. The project of a new centre located 6 km outside the town of Dien Bien Phu, is presently being studied. At best, construction will begin at the end of 2004, on land provided by the province and big enough to allow both the construction of buildings suitable to cater to the committed and the agricultural and vocational training activities designed for them. Its accommodation capacity is planned to permit the annual treatment of 500 drug users.¹⁶⁴ Regarding the opening of this new centre, its management has expressed the wish to receive the support of UNODC in order to better accommodate the committed as well as their vocational training. If such support would be indisputably beneficial to the committed, better defining who will be catered to by the centre is crucial, in order to establish whether the drug users from Na U and Muong Nha communes are concerned. It would be especially important to determine that this new centre is not going to be in priority intended for drug users coming from urban or suburban areas of Lai Chau province, that is to say a population which is not directly targeted by the Project. Moreover, this support should be accompanied by a joint reflection on the means liable to improve the functioning of the centre and the treatment conditions of persons committed.

The Son La province centre was not visited during the 4th phase of the research and during the interviews made in the province, no special request was

¹⁶⁴ Lai Chau Department of Labour, War Invalids and Social Affairs, Centre 05-06, *Report on the Results of Carrying out Tasks in 2002*, Lai Chau, September 12th, 2002. Most of the information mentioned does not appear in this report, but derives from a visit to the present centre.

expressed regarding a possible support from UNODC. We note that the new 05/06 centre in Son La province aims to take care of 2,000 drug users, who will later be sent to various institutions located in the main districts of the province in order to pursue the 4th phase of their treatment, that is, rehabilitation through work.¹⁶⁵

In Lai Chau and Son La provinces, the upgrade projects of 05/06 centres appear not to question the continuation of the treatments given at the community level or in the family of drug users. In contrast, it seems that in Lao Cai province, the authorities are more critical towards one of these forms of treatment. According to the Director of the Department of Social Evil's Prevention of the province:

"Before 1999, drug treatment was held in the community, including at home, at the local authority, and in groups. But this method didn't have tight rules. The time for drug treatment was too short and the treatment in the community was voluntary. Therefore, this resulted in low effectiveness. (...) Drug treatment in the local community was removed because it costs a lot of money to do it in the local community and the result was people relapsing after 1 week or 1 month. (...) Therefore we decided to temporarily stop in order to build a clear procedure and assign duties to each department before we continued. After 3 years of organising drug treatment at the centre, we gained some experience and this year we will release a new method of drug treatment, which is treatment at farm working site 06. (...) We concentrate on detoxification treatment and the recovery stage at the centre and after they recover, they will go back to their local area to work in the work site."

The absence of the required skills at the local level to effectuate the weaning phase is the core argument that justifies this new model as it was confirmed by the vice-president of the provincial anti-drugs committee and as it is stated in the report of the Lao Cai People's Committee Service of Labour and Invalids and Social Affairs:

"The organization of activities helping drug-giving up at the community meets many difficulties because treatment in accordance with the diazepam diagram requires healthcare teams at communes and districts while they are insufficient for the provincial hospital. On the other hand, social vice prevention teams from the provincial to district, provincial town, and

¹⁶⁵ Committee of Son La Province, *Report on the Results of Drug Evils prevention and Fighting throughout 2 Years (2001-2002)*, Son La, September 21, 2002

grassroots level have not yet met the requirements of their tasks both in quality and quantity.”¹⁶⁶

The new 3-step model consists in accompanying the weaning phase in the 05/06 centre, then transferring the former drug users to camps of about 50 persons located at the district level, before reintegrating them into their home community under the control of the communal mass organisations¹⁶⁷ It did not appear clearly if this model was to be generalised, hence excluding any treatment inside the community, or if it concerned only the more severe cases of drug consumption. This point would be worth clarifying by the provincial authorities, so it is possible to determine whether this model inevitably affects the drug users of Muong Hum and Den Sang.

If we now consider the problem of treatment and rehabilitation from the drug users’ viewpoint, three main considerations should be taken into account.

Firstly, must the drug users’ treatment automatically affect all of them, including the eldest? To this question, an official from Den Sang commune answered positively without hesitation:

In my opinion, the old people also have to go to the rehabilitation centre because if they don’t, they will affect young people who are rehabilitated. (...) If we don’t ask old people to go to the rehabilitation centre, not only do they affect other people but also drugs are still traded for their need.

As we can see, the argument is based on the principle of a drug-free environment. But aren’t the consequences implied by this principle a little excessive when talking about opium smokers over 60 years old? In fact, it is far from certain that the relapse of persons having followed a treatment is affected by the presence of a few old people who continue to smoke opium. The principle of a drug-free environment is an ideal that could not be totally achieved, just as would be the ideal of a zero relapse rate. In these conditions, it seems reasonable not to force very old consumers to receive treatment that they would not want. As a general rule, voluntary treatment is always preferable to an imposed one since willpower is the crucial element in

¹⁶⁶ Lao Cai People’s Committee Service of Labour and Invalids and Social Affairs, Summary Report on Activities Struggling against Prostitution and Helping Drug-Addicts Return to the Community in 2002 and on Orientations and Tasks for 2003, Lao Cai, 26 December 2002.

¹⁶⁷ The length of the treatment period in the 05/06 centre is not mentioned in the previously quoted report. According to the vice-president of the provincial anti-drug committee, it would be of 1 month before the transfer to the centre located at the district level. As for the director of the 05/06 centre, he seemed to suggest that it could be of 3 months. It appears that the following stay in a centre located at the district level would be of about 11 months.

avoiding a relapse, as numerous Vietnamese officials have clearly understood. As far as old smokers are concerned, this notion of voluntary treatment should be understood in its strictest sense, that is to say that these drug users should not receive any pressure forcing them to volunteer for a weaning programme. When an older smoker does indeed volunteer, a request such as that from an elderly smoker from Na U, namely that he should receive a course of specific medical care, should be met with a positive response.

The second issue concerns the place of weaning. Should it take place within the community or in a 05/06 centre? The arguments previously mentioned given by the authorities of Lao Cai province are certainly valid, but still they cannot eclipse the genuine reluctance of drug users to leave their communities to receive treatment in a 05/06 centre. In Na U as well as in Muong Hum or Den Sang, the rehabilitation centres have a bad reputation and the local authorities seem to be generally in favour of supporting the wish of the drug users to follow treatment in their communities¹⁶⁸; these authorities considering referral of cases to 05/06 centres only for more severe cases. In addition, different reasons converge to favour treatment within the community. In a case like that of Den Sang commune, the practice of injection is apparently unknown. In these circumstances, it does not seem judicious to send the drug users of the commune to a centre where they could well come into contact with persons who would introduce them to this type of practice. But most of all, the commune and the hamlet represent the living context of a community which is even more closely knit for being ethnically homogenous. It is in this very context that drug users will have to reintegrate and it is very far from certain that their temporary removal would be a positive factor in facilitating this subsequent reintegration. In other words, it is the community (communal authority, hamlets heads, clan chiefs) who should decide the best method for dealing with the problems inherent to the community, which must of course be within the general framework set by the Vietnamese authorities.

If treatment within the community appears preferable to sending drug users to a 05/06 centre, it is nevertheless true that the objections raised by the Lao Cai provincial authorities have to be taken seriously into consideration. In this regard, the training of health clinic staff is an indispensable prerequisite for

¹⁶⁸ According to the researcher who supervised the data collection in Dien Bien district: "There is no real drug rehab centre to speak of. Drug users are simply locked up or even handcuffed in a centre or clinic compound. Often they are beaten up until they "confessed" that they are fully detoxified. In some cases, clients described that they were forced to drink urine". According to someone from Den Sang commune: "When they were at the drug treatment centre in Bao Thang they were beaten, so they preferred to come to the drug treatment centre at the village".

the implementation of a collective weaning programme on a voluntary basis; such a weaning programme can only happen in good conditions under the supervision of a specialised team guiding the local staff. At the same time, the drug users' families should be able to count on economic support, whether this support comes from a poverty reduction aid programme or from a budget specially designed for this purpose.

The third question is essential since on the response it receives depends the success – at least partial – of the efforts made by the community and the drug users to reduce the negative impact of drugs on the commune: which are the measures likely to create favourable conditions to prevent relapse of former drug consumers, or at least likely to reduce the relapse rate among the rehabilitated? While the response obviously lies partly in the continuation of information and prevention efforts, and partly on the development of accompanying measures likely to facilitate the socio-economic reintegration of former drug users in the community, hence reducing the impact of poverty, it is more difficult to define the exact nature of these measures. As we will see later on, the inhabitants of the communes concerned – non drug users and drug users alike – think that this support for reintegration has to take the form of jobs or credit allocation. But again, it is difficult to determine concretely what form these general propositions should take. In short, it would be necessary that the project go beyond the framework of risk reduction concerning drug consumption and attempt to define options of economic development for the households of drug users. This delicate task may only be achieved in collaboration with the departments liable to intervene in this field, especially the provincial department of agriculture, but also in collaboration with drug users themselves so that they can define what they would like to accomplish after their treatment is completed. Without anticipating this venture that should be conducted in parallel with the establishment of a weaning programme within the community, it is important to define its main aims.

A thorough survey of the economic activities of each community would be essential to grasp their inherent constraints, but also their development potential. On the whole, these constraints are certainly not very different from those on all communities in mountainous areas: contradiction between population growth and the limited lands available; contradiction between the poor level of training and knowledge of the inhabitants and the necessity to improve production techniques; contradiction between certain traditions and

the changes introduced by the changes in society.¹⁶⁹ But the means of updating them is probably specific from one community to the other, not only according to the environmental and economic context, but also the cultural context. For instance, in Den Sang, the uxorilocal residency pattern (the fact that a young married man lives with his wife's family for a long period of time) affects the economic activities of the community. Or again, the existence of economic activities traditionally accomplished by women, such as rearing pigs and chickens for the Hmong, is a parameter that should be taken into account when establishing which are the economic sectors that can be developed by credit allocation. In other words, the collaboration of a Vietnamese anthropologist in the phase of assessing the resources and needs of the households including drug users would certainly be profitable.

Without going into details regarding the concrete mechanisms of the economic aid that could be granted to former drug users, three crucial points are worth mentioning. Firstly, the potential beneficiaries of this aid do not necessarily master the basic techniques of loan management or investment planning. For this reason, it would be a good idea to train these people in order to enable them to take the best advantage possible of the opportunities they are granted. Secondly and similarly, it would be appropriate that someone – if possible a member of the community – should keep track of the development of the situation in situ and assist the beneficiaries with their procedures and everyday problems. This person should naturally be compensated for his involvement in this undertaking; in other words, a small portion of the budget dedicated to assist in the reintegration of drug users should be allocated to the managing of this budget itself. Thirdly, the co-ordination of a collective weaning programme within the community with a support for socio-economic reintegration of former drug users needs careful planning of the various measures aimed at harmoniously implementing such an enterprise. It would be especially important that potential loans within this framework should be awarded at the appropriate moment, that is well-timed to be suitably invested in seasonal productive activities rather than awarded according to the pace of the administrative management of the project.

Regarding the results reported below, the general outline which has just been sketched could be applied to the 6 communes concerned by the Project. Nevertheless, for 5 of them, it is necessary to gather complementary data in order to determine the feasibility conditions of such an endeavour. For the 2

¹⁶⁹ Vuong Xuan Tinh, *Looking for Food: The Difficult Journey of the Hmong in Vietnam*, University of Wisconsin-Madison unpublished paper. Poffenberger Mark (ed.), *Stewards of Vietnam's Upland Forests*, Research Network Report n° 10, 1998 (Berkeley).

communes of Bat Xat district, it would be vital to consult with the authorities of Lao Cai province in order to determine whether this endeavour would be reconcilable with the measures presently implemented to carry out the treatment of drug users from the province following the 3-phase outline previously described. For the two communes of Thuan Chau district, it would also be preferable to obtain some more details from the authorities of Son La province and of the district about the implications for Chieng Pha and Chieng Ly communes of the decisions related to the drug users' treatment in the province. Moreover, it would help to arrange some interviews with drug users from both communes as well as with their authorities in order to clarify the situation and establish local expectations. As for Muong Nha commune, which could not be visited during the 4th phase of the study, it should also be more fully investigated and documented. In fact, it is in Na U commune that all the conditions appear to be marshalled to immediately launch a programme of treatment and rehabilitations for the drug users within their community.

In Na U, several opium smokers interviewed during the study expressed the desire of a significant number of drug users of the commune to volunteer for a collective treatment within the community, which is also confirmed by the results of the quantitative data analysis (see below). The local authorities, who are probably behind this show of goodwill on the part of their citizens, expect external aid to establish such a treatment programme, and most importantly, they have the support for their procedures of the authorities of Dien Bien district. Putting this local initiative into practice would require setting up an appropriate infrastructure, since the health clinic facilities are not sufficient for such an undertaking. The staff of this health clinic will also have to be trained in order to participate in the weaning phase, but above all in order to provide the medical follow-up for the drug users after this weaning phase. This training would also create a centre of expertise within the community in terms of care, information and prevention of all the problems related to drug consumption. The weaning phase itself should also probably benefit from the expert assistance of an external medical team, maybe with the addition of a UNODC-mandated expert who could report on how the experience unfolds in order possibly to repeat it at other locations. This undertaking would also imply ensuring the availability of the necessary medicine for weaning and for the medical follow-up of those weaned off drugs. Finally, it is most advisable that the treatment is preceded by information and explanations provided to the volunteers.

In order to maximise the chances of success for the experience, UNODC could also support a long term socio-economic reintegration programme for the

former drug users inside their communities. Such a support would involve, starting from the elaboration of the treatment phase, the conducting of a study on the potential economic development of the households of drug users. This study should be able to count on the collaboration of a Vietnamese anthropologist, but also should integrate the drug users themselves, whose participation is essential for them to involve themselves from the very start in the rehabilitation process. This type of study – which should more widely include the participation of all the community, especially heads of hamlets and clan chiefs – is a prerequisite for the possible release of credits dedicated to the support the economic activities of former drug users.

Should the Na U experience prove to be a positive one, it could be extended to the other communes involved in the Project, given of course the agreement of the concerned authorities. As a matter of fact, it can be observed in each of the communes that the expectations of drug users in terms of support are widespread and that as a whole, the population of the communes is largely in favour of such support, which upon completion is likely to profit all of the community.

Chieng Pha

As in the all of the other communes, a huge majority of drug users in Chieng Pha expect help from the community, 94.2%. Only 3 of the drug users give an explicitly negative answer to the question.

The organisations likely to provide this support tend not necessarily to be the same ones in the minds of drug users and non drug users.¹⁷⁰ A little over 90% of both categories agree though that the local authorities can play this part. Some differences then appear between the two categories as drug users are proportionally less numerous in mentioning mass organisations, the police, the family or the health care agency (or health clinic); but still, the majority of them do mention these. It is worth noticing the paradoxical fact that drug users are slightly more likely to mention the police than the health care agency or their own family. In fact, these choices are in all probability linked to the wording of the question. The family is neither an “agency” nor has the means to provide specific help for drug users. As for the health care agency, its field of action is medical care and for the time being it does not directly

¹⁷⁰ In the questionnaire intended for drug users, two questions were practically similar and offered the same options. The first one followed the question: “Would you like any support of the community?” and its wording was: “If yes, which source?”. The second one ended the questionnaire as follows: “Which agencies do you think can help?”. Slight differences appear between the answers to both questions. Nonetheless, it has not appeared relevant to consider

intervene to help drug users. More surprising is the quite low proportion of drug users who mention the Fatherland Front (59.6%). Perhaps the explicit mention of another member association of the Fatherland Front, besides the Women's Union and the Youth Union, namely the Farmers' Association would have brought a greater number of positive answers.¹⁷¹ In any case, it is a fact that these mass organisations are mainly involved in propaganda and they have few resources of their own to assist drug users.¹⁷² We can nevertheless note the part played by the women's unions in the establishment of micro-credit programmes on a local scale, which may explain the significantly high number of drug users (57.5%), and most of all non drug users (78%) who mentioned this organisation even though the drug consumption phenomenon is essentially a male issue.

Table 45

Positive answers to the question "Which agencies do you think can help drug users?" in Chieng Pha commune, in %

	Non drug users	Drug users
Local authority	91.9	90.4
Health care agency	85.0	69.2
Women's union	78.0	57.7
Youth union	82.1	65.4
Fatherland front	80.3	59.6
Police	89.6	73.1
Families	78.6	67.3

these minute differences and only the results of the second question appear in the tables of this report.

¹⁷¹ Article 9 of the first chapter of the Vietnamese Constitution gives the following definition of the Front: "The Vietnam Fatherland Front and its member organisations constitute the political base of people's power. The Front promotes the tradition of national solidarity, strengthens the people's unity of mind in political and spiritual matters, participates in the building and consolidation of people's power, works together with the right to mastery, ensures the strict observance of the constitution and the law, and supervises the activity of state organs, elected representatives, and state officials and employees." In fact, it is an umbrella organisation that brings together all of the mass organisations.

¹⁷² The fact that the local communities do not perceive the mass organisations as their main support to solve their socio-economic problems is not at all specific to the 6 communes targeted by the Project. On this subject, see *Community Views on the Poverty Reduction Strategy, Vietnam: Local Consultations on the Draft Comprehensive Poverty Reduction and Growth Strategy 2002*, vol. III, Report from the Six Consultation Sites, Hanoi, 2002.

It is in fact in the shape of credits that drug users mostly wished to be supported (88.5%). The other proposed options brought less positive answers, even though they still drew the attention of a majority of interviewees. Support in the form of work is chosen by 73.1% of drug users, whereas 89% of the non drug users mention this option. But the kinds of jobs to be proposed in the socio-economic context of the mountainous regions are still to be defined. In reality, other than agricultural work, there are relatively few options, one of them being activities of maintenance or of road infrastructure development. In that respect, it is probably in the two communes of Thuan Chau district, less remote than the communes of Bat Xat and Dien Bien district, that potential alternatives to agricultural work are the most likely, though they remain uncertain. Professional prospects thus appear doubtful outside the community. This issue of job opportunities also explains why the option of training support is the one that collects the least positive answers (50%): since the alternatives to agricultural jobs are not conceivable in the minds of local communities, the value of vocational training is less than obvious to them, or the issue should be tackled as a skills and agronomic knowledge improvement and diversification for the persons targeted by such training. Noticeably, there was an ambiguity in the way that the question was asked of the drug users. Indeed, it was not clear whether the different support options were to happen before detoxification or if this support was to accompany the phase of rehabilitation and reintegration into the community, after the weaning phase. So, if one hand it could appear obvious that the help offered was conditional on having ceased drug consumption, on the other hand, the mention of an option related to a “support giving up drug use” could be confusing to drug users.

This ambiguity is not present in the questionnaires of non drug users where the question was worded in these terms: “The best support for post-treatment care”. It should be noted that support for weaning from drugs is asked for by 59% of drug users, a majority of them but a less clear majority than that in favour of credits or jobs. The motivations of 41% of drug users who do not respond positively can be interpreted in 3 different ways. Some drug users perhaps do not intend to stop consuming drugs. Some of them perhaps consider that they have no real choice in the matter and that this support will be implemented whatever their wishes. Or again, perhaps some believe they are capable of stopping their drug intake by their own means. The support of the health care service is asked for by 69.2% of drug users, but it is not easy to determine to what type of support reference is made. Does this mean support during the drug consumption phase? During the weaning phase? Or after the weaning phase within the framework of reintegration into the community?

The question should be explored in order to improve the definition of the role that health clinics could play in the support to be offered to drug users. It should be pointed out that, as things stand now, drugs users are unlikely to have specific expectations regarding health clinics, since like all other inhabitants of the commune, they use them and have access to them for the treatment of minor medical complaints that are not directly linked to their consumption of drugs. In the field of information and prevention, 57.7% of drug users have such expectations, a relatively low proportion compared to other recorded results. In contrast with other communes (see below), this proportion of drug users remains a majority, but it is clear that it is concrete measures that garner the most support. Finally, it is notable that the support of the community was a factor chosen widely, by both drug users (76.9%) and by non drug users (85%).

Table 46

Positive answers to the question concerning "The best support measure" in Chieng Pha commune, in %

	Non drug users	Drug users
Job	89.0	73.1
Credit	84.4	88.5
Health care service	85.0	69.2
Consulting on prevention of drug use and HIV	73.4	57.7
Job training	52.6	50.0
Being sympathized by local community	85.0	76.9
Support giving up drug use*	-	59.0

** Option only given in the questionnaire for drug users*

Called upon to specify the behaviour that the community should adopt, 74.6% of non drug users continue to mention the support that drug users should receive, while only 15.6% choose the option: "abandoning" and 31.8% "strict fine". These results confirm that there is no phenomenon of rejection or mass marginalisation of drug users, who thus continue to be integrated within their community. It should be noted however that 78% of non drug users mention the option of "gathering them in one place" which in this instance for a majority

of interviewees probably means making them follow a detoxification and rehabilitation treatment in a centre. This is the highest rate of positive response in the 6 communes.

Asked about the means of controlling consumption of drugs, 87.3% of non drug users choose “give up drug use”¹⁷³, barely less than “elimination of drug purchase”, an option chosen by 90.2% of interviewees. The eradication of poppy crops is considered a suitable control method by 85.5%, and 80.3% of non drug users also mention information, meaning propaganda and prevention activities. Concerning exactly what information non drug users expect on the drugs problem, 96.5% say legal aspects, 88.4% the risks associated with consumption and 83.2% would like to know more about treatment methods and rehabilitation of consumers.

Chieng Ly

As in all the other communes, an overwhelming majority of the drug users of Chieng Ly, 95.3%, expect support from the community. Only 7 drug users give an explicitly negative answer to this question.

Answers regarding organisations liable to give this support show an important difference with Chieng Pha. While the role of the local authorities and the family is perceived in a generally identical manner (85.1% and 68.2%), by contrast all the other options proposed generate only a minority of positive answers among drug users. Among non drug users, the rates of positive answers are significantly higher, but nonetheless remain lower than those observed in Chieng Pha in the same population category. The logic that drives the inhabitants of the commune to mention one or another of these institutions is not fundamentally different from in the neighbouring commune, and we will not repeat the preceding observations that remain valid here.

The forms of support expected by drug users, as in Chieng Pha, feature credit and employment, but with a reversal in the order of the options most mentioned, 72.3% and 78.4% respectively of positive answers. All the other options are only selected by a minority and support for giving up drug use is only chosen by half of drug users. It should be noted in particular that expectations relative to the attitude of the people of the commune are more limited than in Chieng Pha, since a little less than half of the drug users of Chieng Ly (46.6%) mention this option.

¹⁷³ This option has in all likelihood been interpreted as the weaning of drug users.

Giving an opinion on the behaviour that the community should adopt, 81.2% of non drug users mention the support which drug users should enjoy. While only 4.5% choose the option “abandoning” and 9.7% “strict fine”. These results tend to show that the community is very widely disposed to support drug users, even when a majority of them do not themselves expect such support. In addition, it should be noted that half of non drug users choose the option “gathering them in one place”, which is a significantly lower proportion than in Chieng Pha, but much higher than those in the 4 other communes.

Table 47

Positive answers to the question “Which agencies do you think that can help drug users?” in Chieng Ly commune, in %

	Non drug users	Drug users
Local authority	94.2	85.1
Health care agency	63.6	38.5
Women’s union	48.7	22.3
Youth union	52.6	29.7
Fatherland front	44.2	16.9
Police	56.5	21.6
Families	81.2	68.2

Asked about the means of controlling consumption of drugs, 93.5% of non drug users choose “elimination of drug purchase”, 76% “give up drug use”, 61.7% the eradication of poppy crops and 58.4% information. Concerning exactly what information non drug users expect on the problem of drugs, 72.1% indicate the legal aspects, 64.9% the risks associated with consumption and 50% wish to be better informed on the methods of treatment and rehabilitation of consumers.

Table 48

Positive answers to the question concerning "The best support measures" in Chieng Ly commune, in %

	Non drug users	Drug users
Job	92.9	78.4
Credit	65.6	72.3
Health care service	58.4	39.2
Consulting on prevention of drug use and HIV	43.5	23.6
Job training	49.4	41.2
Being sympathized by local community	64.9	46.6
Support giving up drug use*	-	50.0

** Option only given in the questionnaire for drug users*

Den Sang

As in all the other communes, an overwhelming majority of the drug users of Den Sang, 97.8%, expect support from the community. This proportion is equal highest, with that of Na U, of positive answers in the 6 communes. No drug user gives an explicitly negative answer, the remainder being the result of the question being left unanswered.

Answers regarding organisations liable to give this support show the same support for the local authorities with 84.8% of positive answers among drug users and 97.7% among non drug users. Among drug users, it is the health care agency that collects the most positive answers, 97.8%, which with Na U is the highest rate of the 6 communes.

How should this result, that seems to contradict a previous observation on the subject of health clinics, be understood? Aside from their importance in the life of the community and the confidence invested in their staff, it is possible that the health clinics are seen as a necessary support in a context where only opium is consumed and where traditionally the drug has been used for medicinal purposes, even if this use has died out over a recent period. Another notable difference relative to the results observed in the two communes of Thuan Chau district is the much lower proportion of drug users mentioning the

Women's Union and the Youth Union. In the latter case, this result must be placed in the context of the generally higher age of drug users in Den Sang commune. As for the Women's Union, this result seems to show that here it plays a lesser part in the life of the local community.

The forms of support expected by drug users, as elsewhere, feature credit (91.3%) and employment (76.1%), more clearly the first than the second. Vocational training however provokes practically no interest (4.2% for non drug users and 13% for drug users), probably for the simple reason that the inhabitants of Den Sang do not really grasp what this concept could cover in the context of their commune. Finally, it should be noted that communal solidarity is chosen by large proportions in the 2 categories of the population (79.8% and 69.6%).

Table 49

Positive answers to the question "Which agencies do you think that can help drug users?" in Den Sang commune, in %

	Non drug users	Drug users
Local authority	97.8	84.8
Health care agency	79.0	97.8
Women's union	22.7	4.3
Youth union	31.1	19.6
Fatherland front	26.9	34.8
Police	69.7	41.3
Families	45.4	63.0

Giving an opinion on the behaviour that the community should adopt, 92.4% of non drug users mention the support which drug users should enjoy, the highest level of positive answers recorded in the 6 communes. Symmetrically, only 3.4% choose the option "abandoning" and 5.9% "strict fine", the lowest levels of the 6 communes. These results tend to show the scale of community solidarity, but the most significant element is the very limited number of non drug users who choose the option "gathering them in one place" (10.9%). There can be little doubt that this option has been interpreted as sending drug users to a treatment and rehabilitation centre, to which the overwhelming majority of the population is clearly not favourable.

Table 50

Positive answers to the question concerning "The best support measures" in Den Sang commune, in %

	Non drug users	Drug users
Job	74.8	76.1
Credit	89.9	91.3
Health care service	84.9	78.3
Consulting on prevention of drug use and HIV	24.4	17.4
Job training	4.2	13.0
Being sympathized by local community	79.8	69.6
Support giving up drug use*	-	67.4

** Option only given in the questionnaire for drug users*

Asked about the means of controlling consumption of drugs, 96.6% of non drug users choose "elimination of drug purchase", the highest level of the 6 communes; 93.3% mention eradication of poppy crops, which seems to have been generally accepted; 92.4% choose giving up drug use and only 42% information, the lowest rate of all 6 communes. Concerning exactly what information non drug users expect on the problem of drugs, 94.1% indicate the risks associated with consumption, 88.2% would like to be better informed on the methods of treatment and rehabilitation of consumers and 71.4% on the legal aspects.

Muong Hum

As in all the other communes, an overwhelming majority of the drug users of Muong Hum, 91.8%, expect support from the community. Only 4 drug users give an explicitly negative answer to this question.

Table 51

Positive answers to the question "Which agencies do you think that can help drug users?" in Muong Hum commune, in %

	Non drug users	Drug users
Local authority	63.3	71.2

Health care agency	17.5	23.3
Women's union	16.7	0.0
Youth union	11.7	2.7
Fatherland front	15.0	1.4
Police	31.7	4.1
Families	32.5	58.9

Answers regarding organisations liable to give this support show that expectations are mainly aimed at the local authorities, but in smaller proportion than in the other communes: 71.2% of drug users and 63.3% of non drug users. Another characteristic of the results recorded in the commune is the low rate of positive answers to all the other options, apart from the family, which is mentioned by 58.9% of drug users. This phenomenon is moreover repeated in answers to the other questions asked of both drug users and non drug users.

The forms of support expected by drug users above all feature credit (84.9%) and, to a much lesser degree, employment (43.8%). Only a minority however of non drug users of the commune mention credit (30%), the most popular option in this category of the population being employment (47.5%). Significantly, with the exception of credit for drug users, no option is chosen by a majority of the population, some of them being mentioned by only a small minority. This is the case of support by the health care service (15% of non drug users and 17.8% of drug users) or vocational training (8.3% of non drug users and 13.7% of drug users). As in the case of credit, a significant divergence can be seen in the answers given by the 2 categories of the population on the subject of prevention of consumption and information on HIV: only 10% of drug users choose this option against 40.1% of non drug users. Finally, it should be noted that the option concerning support by the community is only chosen by a small minority of drug users (17.8%) and a minority of non drug users (29.2%). In both categories, these are the lowest recorded rates of positive answers in the 6 communes; only the results of Muong Nha come close to those of Muong Hum, at least as far as non drug users are concerned (see below).

Table 52

Positive answers to the question concerning "The best support measures" in Muong Hum commune, in %

	Non drug users	Drug users
Job	47.5	43.8
Credit	30.0	84.9
Health care service	15.0	17.8
Consulting on prevention of drug use and HIV	10.0	40.1
Job training	8.3	13.7
Being sympathized by local community	29.2	17.8
Support giving up drug use*	-	21.9

** Option only given in the questionnaire for drug users*

Giving an opinion on the behaviour that the community should adopt, only 50% of non drug users mention “support”, one of the lowest rates of the 6 communes along with Muong Nha. The option “abandoning” is chosen by 12.5%; “strict fine” by 9.2% and “gathering in one place by “12.5%.

Asked about the means of controlling drug consumption, 90% of non drug users mention “elimination of drug purchase”; 63.3% eradication of poppy crops; 63.3% giving up drug use and 43.3% information. Concerning exactly what information is expected by non drug users on the problem of drugs, 66.4 % indicate the legal aspect, 57.5% treatment of drug users and 52.5% the risks associated with consumption.

The atypical results observed in Muong Hum can partly be explained by the fact that the interviewees tend to have made less multiple answers than in other communes, hence producing an obvious reduction of choices made in response to the options offered for some questions. It would still need to be determined whether this is a phenomenon linked to the conditions in which the study was conducted – that the interviewees were encouraged by the peer workers not to multiply their answers – or whether it was a deliberate choice implying the exclusion of some options. In the first case, it would be better to avoid drawing hasty conclusions from the low rates of positive answers observed for certain questions, the answers of drug users and non drug users alike in Muong Hum being distributed differently to those in the other communes. In the second case, it could mean that Muong Hum drug users tend to be less well integrated than those in the other communes. This interpretation problem reappears in the data for the Muong Nha commune.

Muong Nha

As in all the other communes, the overwhelming majority of drug users in Muong Nha expect help from the community, 94%. Only 6 drug users explicitly gave a negative answer to this question.

Answers regarding organisations liable to give this support show that expectations are mainly aimed at the local authorities (88% of drug users and 72.2% of non drug users). Among the other options mentioned by the inhabitants of the commune, an almost identical proportion indicate the health care agency (88% of drug users and 71.4% of non drug users), while all of the other answers are only mentioned by a minority of interviewees. It is however noticeable that this minority is significant among non drug users for the police (47.5%) and among drug users for the family (47%), but is especially low for the mass organisations of the commune, except for the Fatherland Front which is mentioned by 31% of drug users.

The forms of help expected by the drug users mainly feature credit (88%) and, in a significantly smaller proportion, employment (55%). Just as in Muong Hum, only a minority of non drug users in the commune mention credit (41.4%), the most popular option in this category of the population being employment (72.9%). But unlike in Muong Hum, drug users and non drug users in Muong Nha for the large majority have expectations regarding the health care service, 68% and 64.3% of positive answers. Lastly, it is noticeable that the option of help from the community is chosen by a minority of non drug users (30%), a rate almost identical to that in Muong Hum, but that the rate of positive answers among drug users is significantly higher (46%).

Commenting on the attitude the community should adopt, only 47.5% of non drug users mention "support", the lowest rate of the 6 communes. The option "abandoning" is chosen by 4.3%; "strict fine" by 48.6% and "gathering in one place" by 17.1%.

Table 53

Positive answers to the question "Which agencies do you think that can help drug users?" in Muong Nha commune, in %

	Non drug users	Drug users
Local authority	72.2	88.0
Health care agency	71.4	85.0
Women's union	4.3	1.0

Youth union	5.7	7.0
Fatherland front	8.6	31.0
Police	45.7	33.0
Families	22.9	47.0

Table 54
Positive answers to the question “The best support measures” in
Muong Nha commune, in %

	Non drug users	Drug users
Job	72.9	55.0
Credit	41.4	88.0
Health care service	64.3	68.0
Consulting on prevention of drug use and HIV	14.3	1.0
Job training	4.3	23.0
Being sympathized by local community	30.0	46.0
Support giving up drug use*	-	56.0

** Option given only in the questionnaire of drug users*

Asked about the means of controlling consumption of drugs, 90% of non drug users mention “elimination of drug purchase”; 71.4% eradication of poppy crops; 60% giving up drug use and 55.7% information. Concerning exactly what information is expected by non drug users on the problem of drugs, 70% indicate the legal aspect, 58.6% the risks associated with consumption and 57.5% treatment of drug users.

Muong Nha is the only commune in which only a minority of drug users believe that it is appropriate to support drug users (45.7%). At the same time, it is in this commune that the highest rate of positive answers to the option “strict fine” can be observed when determining the attitude to adopt towards drug users (48.6%). Also, they are along with Muong Hum non drug users the least inclined to consider that sympathy from the community is a factor likely to contribute to the support of drug users (30%). On the basis of these results, it seems that the population of Muong Nha tends to be less disposed towards potential measures of support for drug users than in the other communes.

Na U

As in all the other communes, the overwhelming majority of drug users in Na U expect help from the community, 97.8%, the highest rate of positive responses along with Den Sang. Only 2 drug users explicitly gave a negative answer to this question.

As everywhere else, expectations of drug users in terms of help are mainly aimed at the local authorities, 97.8% of positive answers, but also in a similar proportion towards the health care agency; with Den Sang, this is the highest rate of positive answers to this option. A characteristic of Na U commune is that over 70% of drug users systematically give a positive answer to all the options they are offered.

This phenomenon of overwhelmingly positive answers among drug users is again present regarding forms of help they could receive. Credit and medical support are mentioned by more than 90% of drug users; the sympathy of the community and employment by more than 80%; prevention by an almost identical proportion; as for vocational training, a little-chosen option in the other communes, even this is selected by more than half of them. But the most significant result is the 93.3% of drug users in Na U who claim they wish to be supported in giving up drug use, which is far and away the highest rate of positive answers in the 6 communes.

Table 55

Positive answers to the question "Which agencies do you think that can help drug users?" in Na U commune, in %

	Non drug users	Drug users
Local authority	94.5	97.8
Health care agency	97.3	97.8
Women's union	45.5	71.1
Youth union	41.8	71.1
Fatherland front	48.2	75.6
Police	50.0	73.3
Families	47.3	73.3

Table 56

Positive answers to the question concerning “The best support measures” in Na U commune, in %

	Non drug users	Drug users
Job	87.3	84.4
Credit	87.3	91.1
Health care service	57.3	93.3
Consulting on prevention of drug use and HIV	45.5	77.8
Job training	36.4	55.6
Being sympathized by local community	50.9	86.7
Support giving up drug use*	-	93.3

** Option only given in the questionnaire for drug users*

A large majority of non drug users opt for the support of drug users in the commune, 72.7%. But it is also in Na U that the highest rate is recorded for the option “abandoning”, with 17.3% of positive answers. Even though this result only concerns a small minority of inhabitants of the commune, it nevertheless seems to indicate a form of polarisation in the community’s attitude. It should also be noted that 29.1% of non drug users choose the option “gathering in one place”, a significantly higher proportion than in Den Sang, Muong Hum and Muong Nha communes. In addition, 25.5% select the option “strict fine”.

Answers given to the question concerning the means of controlling drug consumption are very evenly distributed: 58.2% of non drug users choose giving up drug use, 57.3% the eradication of poppy crops, 56.4% the elimination of drug purchasing and the same proportion for information. Concerning exactly what information is expected by non drug users on the problem of drugs, 55.5% indicate the legal aspect, 53.6% the treatment of drug users and 46.4% the risks associated with consumption.

Despite the fact that a larger minority of non drug users than in the other communes selects the option of abandoning drug users – the reasons for which would be worth exploring further – the other results recorded in Na U suggest that the establishment of a pilot treatment and rehabilitation programme in the commune would benefit from favourable conditions. If such a programme

were to meet with success here and be expanded to include other sites, the Project will not only have fulfilled the important function of contributing to diminish the impact of drugs among the ethnic minorities of the communes concerned, but it will also have promoted the management of these problems by the communities themselves.



Photo by Jason Eligh

Inside Lao Cai Drug Treatment Facility

Summary of Recommendations

Supplement the information concerning farmers who replant poppy crops and create a computerised data base.

Design a more refined conceptual framework to delineate the different categories of drug users according to their level and means of consumption. Create a computerised data base aimed at enabling a long-term monitoring of changes in consumption.

Associate members of local communities in the drafting of survey tools (questionnaires, interview procedures) in order to guarantee their relevance and easy understanding by the subjects of the study.

Identify in advance the members of the local communities able to act as linguistic intermediaries at the time of data collection. It is essential that the explanation of the content of the analysis tools – written in Vietnamese – provided for the members of local communities, who express themselves in their vernacular languages, is as clear as possible.

Associate the district authorities and the Border Guards more closely in future projects in order to avoid such activities appearing as external and unilateral interventions over which they have no influence.

Better define control procedures applied by UNODC teams pertaining to data collection and fee distribution to persons who have filled out questionnaires.

Associate Vietnamese anthropologists in the research and projects developed among the ethnic groups. Identify and integrate the cultural particularities of the ethnic minorities liable to have an incidence on the establishment of the Project.

Analyse the respective operations of the 05/06 centres in order to determine the causes of disparate rates of relapse. Consider whether experiences at the Lao Cai and Yen Bai centres are reproducible in those of Lai Chau and Son La, both in the field of reduction of the relapse rate and in that of care, treatment, supervision and living conditions of drug users committed to these centres.

Organise a community-based IEC prevention and intervention programme peculiar to each district, taking into account the socio-cultural specificities of each drug use and harm environment, and developing the programme in collaboration with local inhabitants. This development process should specifically include the participation of local drug users, and particular

attention should be paid to creating materials suitable for non-literate and culturally diverse audiences.

Make use of visual materials, as a support for interviews and questionnaires, when substances consumed and means of consuming them are to be determined; this in order to avoid ambiguities in terminology as well as confusions arising from the translation in the cases of interviewees with a poor grasp of Vietnamese.

Conduct a qualitative survey among heroin and ATS consumers in Chieng Ly, Chieng Pha and Na U communes in order to clarify data relating to the consumption of these substances.

Appoint locally a person in charge of HIV information and the risks reduction programme, chosen from among health clinic staff. Carry out the training of peer workers who speak the main vernacular languages used in the communes. Provide financial reward for the accomplishment of new tasks.

Make available teaching aids devoted to HIV and its means of transmission, in the form of a video dubbed into Dao and Hmong.

Detect HIV among IDUs and their spouses in the communes concerned. Consider the possibility of registering IDUs on a list of people to whom condoms are handed out. Examine with the Vietnamese authorities, at the various administrative levels, the possibility of establishing syringe distribution programmes in the communes with IDUs. Should this consultation be favourable, rapidly establish such a programme in Chieng Pha, Chieng Ly Muong Hum and Na U communes.

Do not impose weaning treatment on the oldest drug users. If one of them volunteers, provide him with special medical supervision.

Support the treatment and rehabilitation of volunteer drug users from Na U within their community. This initiative would involve an adaptation of local infrastructure necessary for weaning treatment, training of health clinic staff so that they may participate in the weaning phase and carry out the medical monitoring of former drug users, the intervention of an exterior medical team – possibly accompanied by a medical expert appointed by UNODC – and make available medication necessary for weaning and medical monitoring of drug users. This treatment should be preceded by information provided to drug users. In addition, consider the possibility with the relevant authorities of handing out syringes to IDUs in Na U while waiting for the treatment programme to be implemented.

In order to maximise the chances of the experiment's success, support a long-term programme of socio-economic reintegration of former drug users within their communities. Such a support would entail the conduct – at the planning stage of the weaning phase – of not only a survey of the economic development

potential of drug users' households, but also one of the whole community. This survey should be able to call upon the collaboration of a Vietnamese anthropologist and fully integrate the participation of drug users themselves.

Carry out the training of recipients of possible financial support in loan management techniques. Carry out the training of a person locally in charge of the monitoring of this aid, responsible for assisting the recipients. Provide financial reward for the work of this person.

Consult with the authorities of Lao Cai and Son La provinces on the compatibility of the Na U pilot project with the master plans for treatment and rehabilitation developed in their provinces.

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Như xuât bản Thở Giĩ
46 TrÇn H_ng §_o, Hµ Núi, ViÕt Nam
Tel: 84.4.8253841 – Fax: 84.4.8269578
Email: thegioi@hn.vnn.vn

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Ch_u tr , ch nhiÖm b¶n th¶o:

V_n phßng UNOCD

Söa b¶n in:

V_n phßng UNOCD

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