



AMPHETAMINE-TYPE STIMULANTS IN VIET NAM

REVIEW OF THE AVAILABILITY, USE AND
IMPLICATIONS FOR HEALTH AND SECURITY



“Support for developing effective ATS prevention strategies and
measures for East Asia:
A Pilot in Viet Nam”
VNM/J93
Viet Nam Country Office

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VNM/J93

TABLE OF CONTENTS

ACKNOWLEDGEMENT	1
PREFACE	2
ACRONYMS AND ABBREVIATIONS	3
EXECUTIVE SUMMARY	4
INTRODUCTION	5
METHODOLOGY	6
BACKGROUND	8
RESULTS	10
A. Overview of ATS and the Current Framework of Response	10
B. Awareness of ATS among School and University Students	28
C. ATS awareness and use and potential health implications among selected risk groups	35
D. Recommendations	47
ANNEXES	56

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The research was undertaken by the United Nations Office on Drugs and Crimes (UNODC) in collaboration with the Standing Office on Drugs and Crimes, Counter-Narcotic Police Department, Institute of Forensic Science under the Ministry of Public Security, Ha Noi Medical University, and Centre for Consulting on Legal and Policy on Health and HIV/AIDS under Viet Nam Lawyers’ Association. Undertaking the research entailed a dedicated team of UNODC, including Mr. Nguyen Duc Long who managed the development and involved in the day-to-day running of the research, supervised interviews with participants from high-risk groups, Key Informants (KI) including health staffs, police and bar/night club owners/managers and school survey, monitored data entry and assisted data analysis.

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PREFACE

In recent years, the production, trafficking and use of Amphetamine Type Stimulants (ATS) has become a major human security concern in South East Asia. Unfortunately, Viet Nam – with its young, dynamic and increasingly affluent population – has not escaped this trend.

While arrest and seizure patterns for the so-called “traditional” drugs like heroin, opium and cannabis remain significant, ATS-related trends are – like elsewhere in the region – becoming increasingly important. The use of these substances is leading to a number of harmful consequences not only to users but also to communities, and is eroding social fabric.

In order to have a better understanding of the problem and build an effective response to the ATS problem, the Government of Viet Nam and the United Nations Office on Drugs and Crime have undertaken this situation assessment of ATS availability and use in Viet Nam as: 1) ATS related arrest and analysis data in the whole country for the period of 2005-2010; 2) high-risk groups survey in Ha Noi, Da Nang and Ho Chi Minh City; and 3) school and university surveys in Ha Noi, Da Nang, Ho Chi Minh City, Quang Ninh and Hai Phong.

A number of recommendations have emerged as a result.

We hope that this report will also provide useful baseline information and data for the Government of Viet Nam to underpin the development and implementation of the National Strategy on Drug Control.

Finally, I would like to express my sincere appreciation to the donors of Japan, Sweden and One UN, who supported the project “Supporting for developing effective ATS prevention strategies and measures for East Asia: A pilot in Viet Nam – VNM/J93”, without your support, this report would not be possible.



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ACRONYMS AND ABBREVIATIONS

ATS	Amphetamine Type Stimulants
FSW	Female Sex Workers
GMS	Greater Mekong Sub-region
GOV	Government of Viet Nam
HIV	Human Immunodeficiency Virus
HMU	Hanoi Medical University
MSM	Men Who Have Sex With Men
MOLISA	Ministry of Labor, Invalids and Social Affairs
SODC	Standing Office on Drugs and Crime
STI	Sexually Transmitted Infection
UNODC	United Nations Office on Drugs and Crime
VND	Vietnamese Dong
PWUD	People Who Use Drugs

EXECUTIVE SUMMARY

This assessment was designed to explore the situation of Amphetamine Type Stimulants (ATS) in Viet Nam. The principle rationale behind conducting this assessment is the fact that ATS use is highly prevalent in neighbouring Greater Mekong Sub region countries and has significantly challenged the law enforcement and public health community in a number of ways. To date, ATS use in Viet Nam has not followed the escalating regional trend and the Government of Viet Nam has rightly sought to ascertain what exactly is the situation of ATS availability and use and to then prepare and base its response on the reality and available evidence.

In consultation with the Government of Viet Nam, we designed an assessment methodology that would give the Government of Viet Nam the best possible estimate of the extent of availability, patterns of use and the potential implications for individual and public health in Viet Nam. This report is divided in to three sections; Section A (part 1) presents an overview of the patterns and trends of seizures, availability and use of ATS in Viet Nam between 2005 and 2010. Section A (part 2) provides an analysis of the legal framework governing ATS in Viet Nam and an analysis of the law enforcement, health and entertainment sectors in the context of their capacity to respond to ATS in Viet Nam; Section B examines the awareness and prevalence of use of ATS among a cross section of school and university students five urban cities; Section C presents the findings from a quantitative and qualitative exploration of ATS awareness, use and potential implications for individual and public health among selected risk groups in three cities of Viet Nam.

In many countries in South East Asia the default response to ATS has been law enforcement crackdowns resulting in large numbers of ATS users being incarcerated for excessive terms in either prisons, compulsory drug treatment centres or both.. This response, however, has neither been effective or evidenced based, a reality highlighted by increasing ATS production, trafficking and use, overcrowded prisons and high rates of relapse post detention in compulsory drug treatment centres. This report presents the findings from each of the three sections and then makes series of recommendations in relation to the design and implementation of an overall National Strategy for ATS in Viet Nam including the design and implementation of component activities and strategies that can be piloted and contextualised to the Vietnamese context.

Given the findings from this assessment, this report makes recommendations that are balanced between law enforcement and public health, based on the best available evidence. This report highlights the use of ATS among the mainstream Vietnamese society is very low and urges the Government of Viet Nam to invest in strategies that will keep the use of ATS across mainstream society very low but also to reduce the negative consequences of ATS among risk groups through partnerships with existing service providers. The report also suggests that collaborative efforts between law enforcement and public health will give Viet Nam the best possible opportunity of minimising the harms of ATS across Vietnamese society.

INTRODUCTION

While the availability and use of Amphetamine Type Stimulants (ATS) has increased significantly among many countries in the Greater Mekong Sub-region (GMS) over the previous decade¹, Viet Nam has not appeared to have been as affected compared with other countries in South East Asia. Given the widespread production and trafficking of ATS in the region, an increase in ATS availability and use in Viet Nam is considered to be strongly possible. Following increasing media and government reports² detailing the increase in availability and use of ATS in Viet Nam, the Government of Viet Nam and the United Nations Office on Drugs and Crime (UNODC) in Viet Nam decided to systematically explore the situation of ATS availability and use among the population of Viet Nam. After receiving support for the project from the Governments of Japan and Sweden and with input from the Viet Nam One UN Plan Fund, the “Support for developing effective ATS prevention strategies and measures for East Asia: A pilot in Viet Nam - VNM/J93” was initiated.

The VNM/J93 project document outlines four outcomes for the project as listed below:

- 1) Conduct an assessment of the extent and nature of ATS abuse in Viet Nam;
- 2) Design a pilot intervention programme on ATS prevention based on the situation assessment findings;
- 3) Pilot and implement the intervention programmes on ATS prevention in selected sites;
- 4) Disseminate the lessons learned and good practices/results reviewed, shared and in East Asia and globally.

The following report details the findings from Output 1, the assessment of ATS availability and use in Viet Nam. This report then uses the data collected to make a series of recommendations that can be used to develop a pilot intervention project as described by Output 2. Based on the current situation in Viet Nam and in preparation for the future, this report also highlights the necessary components of a comprehensive National ATS Strategy for Viet Nam that would aim to not only reduce the availability and use of ATS but to also reduce the negative outcomes for individual and public health associated with the use of ATS in Viet Nam.

1 Methamphetamine tablets are the predominant illicit drug of use across Thailand, Laos and Cambodia and use is reported as increasing in Myanmar.

2 Over the last 5 years there increasing media and state reports detailing police raiding nightclubs and urine testing people for the presence of ATS. For example; the US State Department (2006), International Narcotic Control Strategy Report for 2005 reported that in May and June of 2005, thousands of discotheques, karaoke bars and cafes, mainly in Ha Noi and Ho Chi Minh City, were approached in a sweep targeting ATS consumption. Beyond the nightclub raids, police discovered several cases of amphetamine powder and ice (crystal methamphetamine) possession, presumably for consumption in Ho Chi Minh City.

METHODOLOGY

In late 2009, the Standing Office on Drugs and Crime (SODC) of Viet Nam in collaboration with the UNODC Viet Nam Country Office contracted a consultant, Dr Nicholas Thomson from Johns Hopkins School of Public Health, to design and assist a multi-layered assessment into the extent of ATS availability and use across Viet Nam. Between December 2009 and March 2010, a series of meetings were held between representatives of SODC, UNODC and the consultant in order to discuss and finalise an agreed upon methodology. It was decided that a three-phased multi-layered assessment would give the best possible preliminary estimate of the following aspects of ATS in Viet Nam (as attached in Annex 1):

- The extent of ATS availability;
- A size estimate of the prevalence, scope, patterns of use and awareness of ATS among the school and university student and to further gauge through the student population their perception and awareness of ATS in the broader community;
- The potential implications of ATS use for the public health and security sectors.

The three phases of the assessment and the rationale for each phase are described briefly below. A more detailed methodology used for each phase is described in the relevant sections of the report.

Phase One (Part 1): Arrest, Seizure and Forensic Data Analysis 2005-2010

In order to build up a picture of ATS availability and use in Viet Nam, the VNM/J93 project team conducted a thorough review of secondary data sources related to ATS with the assistance of relevant ministries and institutions of Viet Nam. Arrest, seizure and forensic data of 63 cities and provinces from 2005-2010 related to ATS was collated and analysed in order to identify trends in the trafficking and seizure and to understand the prevalence and chemical breakdown of each type of ATS in Viet Nam. Phase one combined a background desk review with the collation and analysis of all the existing information and literature related to ATS in Viet Nam. A more detailed methodology is described in Section A of this report.

Phase One (Part 2): Analysis of law enforcement and health sector capacity in relation to managing ATS in Viet Nam: Key Informant Interviews with Police, Bar Owners/Managers and Hospital Staffs

As the likelihood of ATS availability and use increases, this section of the report analysed the preparedness of the law enforcement, entertainment and health sector in Viet Nam. A series of key informant interviews were conducted with police, hospital staffs and the owners/managers of popular bars in Ha Noi, Ho Chi Minh City and Da Nang to ascertain their awareness of ATS use in the urban settings of Viet Nam. In combination with a review of previous and current responses to ATS, the purpose of the Key Informant Interviews was to make an initial assessment of the understanding of each key informant group on ATS situation in their venues and localities, the management of ATS from law enforcement, health or bar licensee perspective.

Phase Two: Cross Sectional Survey to Establish both Prevalence of Use and Awareness of ATS in a Representative Student Sample of 16-22 year olds in five cities of Viet Nam

Regional data on ATS use indicates that the initiation of ATS use occurs between the ages of 13-17³. Although initiation of ATS has been shown to occur in individuals below the age of 10, it is predominantly initiated in early to late adolescence. In Viet Nam, there is only limited data on ATS use among specific groups and almost no data exploring ATS among the general population. The purpose of this phase of the project was to conduct a quantitative survey across 5 cities in Viet Nam to ascertain both the prevalence of use and the perceived awareness of the availability and use of ATS among the student population and to gauge the student perception of ATS availability and use in the general community.

The VNM/J93 conducted a stratified cross-sectional survey that investigated life use, knowledge and awareness of and experiences with ATS from up to 2,000 people aged between 16 and 22 in each of 5 cities: Ha Noi, Ho Chi Minh City, Da Nang, Hai Phong and Quang Ninh. The survey sample was drawn from 3 schools and 2 universities from each city across high, middle and lower socio-demographic areas. With the assistance of the Centre for Consulting on Legal and Policy on Health and HIV/AIDS under Viet Nam Lawyers' Association, the survey administration was conducted across a sample of school students from year 10, year 11 and year 12 and first year, second year, third year and fourth year university students from each city. A detailed sampling method is described in Section B of this report. The questionnaires for school and university surveys are attached in Annex 2&3.

3 Thomson, N. (2009). Methamphetamine use in South East Asia. Presented at the International Harm Reduction Association's 20th International Conference.

Phase Three: Quantitative and Qualitative Exploration of ATS Use and Potential Health Outcomes among Specific Risk Groups in Viet Nam.

This phase of the J93 project was designed to explore the prevalence and patterns of use of ATS among various groups across 3 urban cities in Viet Nam:

Ha Noi, Ho Chi Minh City, and Da Nang. This phase used a quantitative survey to estimate the patterns and prevalence of ATS use and the potential health implications associated with ATS use among five risk groups including: people who use drugs (PWUDs), men who have sex with men (MSM), female sex workers (FSW), taxi drivers and construction workers, bar goers and ATS users (Ha Noi only). A series of qualitative semi-structured interviews were conducted with at least 15 representatives from each risk group in each city to further explore the aforementioned themes. A detailed sampling methodology is described in Section C of this report. Survey tools are attached in Annex 4&5.

PROJECT MANAGEMENT AND STAFFING

The Standing Office on Drugs and Crime in collaboration with UNODC had the overall responsibility for all aspects of project management in each of the three phases of the survey under VNM/J93. A National Project Coordinator and Project Assistant based in UNODC Viet Nam Office worked closely with Standing Office on Drugs and Crime and all the contracted research teams plus the technical consultant to ensure smooth management of the each of the survey's phases. The role of the HMU was to assist with ethical oversight of the whole assessment and the management of Phase 3 of the survey through the provision of researchers, data management and analysis.

ETHICAL OVERSIGHT

To maintain the highest ethical standards during the VNM/J93 survey, ethical oversight and approval for each phase of the project was provided by HMU.

TIMELINE

Data collection for the VNM/J93 was conducted between July 2010 and January 2011. Data analysis began in February 2011 and a draft report with recommendations was prepared for the Government of Viet Nam to consider in October 2011.

BACKGROUND

In the past 15 years, both developed and developing regions have witnessed a significant increase in the availability and use of ATS. The regions experiencing the greatest increase are North America, Europe, Australia and South-East Asia. Of an estimated 200 million people who use drugs worldwide, the 2011 World Drug report estimated that between 2009 and 2010, 14-56 million people used amphetamines and 11-28 million people used Ecstasy⁴. This is more than those reported to use cocaine (13 million) and heroin (16 million) combined⁵. South-East Asia accounts for more than 60% of global ATS use⁶ and the production and trafficking of methamphetamine is the most prolific in South East and East Asia compared with other regions in the world⁷. The widespread availability of precursor chemicals, the relative ease of production, the long established drug trafficking routes throughout Asia and the complex regional political environment has meant that law enforcement efforts targeting supply reduction of ATS have largely been ineffective.

The use of ATS in the short term can result in feelings of euphoria, alertness, and confidence⁸ but these feelings can be replaced by anxiety, depression, and insomnia; in some people ATS use can lead to acute psychosis⁹. Of significant concern in South East Asia is the documented increasing use of ATS via injection^{10,11}, which can result in the increased risk of contracting blood-borne viruses,

particularly HIV¹². Regional data from Thailand, Laos and Cambodia indicates that many ATS users are also highly sexually active and at increased risk of acquiring common sexually transmitted infections¹³. Furthermore, regionally relevant data highlights that many ATS users consume large amounts of alcohol and engage in behaviour that often leads to deleterious interactions with the law enforcement resulting in periods of detention^{14,15}.

To date, much attention related to ATS in the South East Asian setting has focused on supply reduction and the establishment of ATS seizure surveillance systems¹⁶. Although these focus areas are important, they cannot have a real impact on the demand for ATS without being reinforced by effective and timely prevention measures and in addition, programmes and activities that reduce the harm associated with ATS use including the reduction and cessation of use. Regionally relevant research has explored the harms associated with ATS use in Thailand, Laos and Cambodia and in addition, one research intervention has compared the effect of peer-based prevention of harms, including HIV, associated with ATS users in northern. Data from the trial showed that peer-based interventions can reduce ATS use and increase condom use amongst ATS users and their drug using and sexual networks¹⁷.

- 4 UNODC World Drug Report 2011 (United Nations publication, Available at: http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf. Accessed on 15 July 2011.
- 5 UNODC, World Drug Report 2006 (United Nations publication, Sales No. E.06.XI.10)
- 6 UNODC. (2007). Patterns and Trends in ATS and Other Drugs of Abuse in East Asia and the Pacific 2006. United Nations Office of Drugs and Crimes Regional Centre for East Asia and the Pacific.
- 7 Ibid.
- 8 Hart, L., Ward, S., et al. (2001). Methamphetamine self administration by humans. *Psychopharmacology (Berl)*, 157(1): 75–81.
- 9 Hall, W., Hando, J., et al. (1996). Psychological morbidity and route of administration among amphetamine users in Sydney, Australia. *Addiction*, 91(1): 81–87.
- 10 Thomson, N (2009). Presentation International Harm Reduction Conference. Implications of and Responses to Methamphetamine Use in Southeast Asia. Bangkok.
- 11 Barret, M., Thomson, N., Aramrattana, A. (2010). Rapid Assessment and Response: Preparation for the scale-up of comprehensive harm reduction services in Thailand. Asian Harm Reduction Network Report. Available at <http://new.ahrn.net/wp-content/uploads/2010/06/rar2010V51.pdf>.

- 12 M.Srisurapanont, N. Jarusuraisin and P. Kittirattanapaiboon, "Treatment for Amphetamine Dependence and Abuse", *Cochrane Database of Systematic Reviews*, No. 4, 2001
- 13 Thomson, N (2009). Presentation International Harm Reduction Conference Implications and Responses of Methamphetamine Use in Southeast Asia. Bangkok.
- 14 Celentano, D., Arramrattana, A., et al (2008). Associations of Substance Abuse and Sexual Risk with Self-Reported Depressive Symptoms in Young Adults in Northern Thailand. *Journal of Addiction Medicine*, June, 2(2):66-73.
- 15 Thomson, N., Sutcliffe, C., et al. (2009). Correlates of Incarceration among Young Methamphetamine Users in Chiang Mai, Thailand. *American Journal of Public Health*, Jul 99 (7), 1232-1238.
- 16 In South East Asia and the Pacific, the Asia Pacific Amphetamine Type Stimulants Information Centre (APAIC) framework is the current incarnation of an earlier UNODC project, "Improving ATS data and information systems", which had the main focus of collecting and collating arrest and seizure data related to ATS in the region. The APAIC currently sits under the Global SMART Programme and is designed to build and strengthen the existing information technology base with the aim to provide long-term sustainable knowledge support to the Member States with regards ATS. More information is available at: <http://www.apaic.org/>. Accessed on February 9, 2011.
- 17 Sherman, S.G., Sutcliffe, C, et al. (2009). Evaluation of a peer network intervention trial among young methamphetamine users in Chiang Mai, Thailand. *Social Sciences and Medicine*, 68: 69-79.

A general drug prevention strategy provides an important basis and context for preventing ATS use but on its own cannot adequately address all of the aspects and requirements of the various systems and sectors important in responding to ATS across society. A specific focus on ATS is necessary in the South East Asian region because of the prevalence of use, the culture of hazardous use within some populations and the significant harms that can be associated with the use of ATS. There is currently little knowledge on how to prevent or delay the use of ATS among young people although it is increasingly clear that a complex balance between law enforcement, public health and harm reduction is required to manage all aspects of ATS use (including the prevention of use or prevention of transition to injection) at the national level.

During the early to mid-1990s, the prevalence of drug use in Viet Nam began to increase and usage patterns began to change. Prior to that period, the drug-use prevalence was considered to be relatively low and primarily involved opium and cannabis smoking and some localized abuse of pharmaceuticals¹⁸. In 1994, opium was the primary drug of use accounting for 86 percent of those who had contact with government officials or agencies, but by the year 2000, 80 percent were heroin users. Changing patterns that occurred during this period included a decline in the average age of users, an increase in female users, and a rapid transition from smoking to injecting¹⁹.

Viet Nam has experienced opium and heroin use for some time and as a result, most people working in the field of law enforcement have a fair understanding of this type of drugs²⁰. Indeed the Government of Viet Nam has acknowledged the individual and public health implications of injecting heroin use and as of 2007 has endorsed harm reduction through the Law on HIV/AIDS Prevention and Control (2007) and though the Decree No. 108/2007/ND-CP (detailing the implementation of the HIV/AIDS Law) provided the authority for a legal framework for conducting effective harm reduction interventions at scale²¹.

In contrast, the general level of knowledge and understanding about ATS is minimal. Not surprisingly, the public at large also have limited knowledge of ATS and its implications for individual and public health. Despite a lack of current national data on ATS, sharp and prolonged rises in neighbouring Mekong countries, including Thailand, Myanmar, Lao PDR and Cambodia, the Government of Viet Nam has recognised that an increased trend of ATS use in Viet Nam is likely. The following sections of this report attempt to outline the current situation of ATS in Viet Nam and offer recommendations for a comprehensive national response that includes; primary prevention, supply reduction, demand reduction, harm reduction as well as the need for the improved capacity of the law enforcement and health sector in managing ATS.

18 Nguyen, V, Scannapieco, M. (2008). Drug abuse in Viet Nam: a critical review of the literature and implications for future research. *Addiction*. Apr;(103(4):534-543.

19 Ibid.

20 VNM/J93 Project Document available at: http://www.unodc.org/eastasiaandpacific/en/Projects/2008_12/ATS_prevention.html. Accessed on January 6, 2011.

21 HIV/AIDS Asia Regional Programme (HAARP). Report (July 2009). Law and Policy Review. The report focuses on an overview of international and national regulatory mechanisms on drug use and related HIV prevention, treatment and care with special reference to six countries (Cambodia, China, Lao PDR, Myanmar, Philippines and Viet Nam) included in the HIV/AIDS Asia Regional Programme 2007- 2015 (HAARP). The report was joint published by HAARP and the United Nations Task Force on Injecting Drug Use and HIV.

SECTION A

PATTERNS AND TRENDS OF SEIZURE, AVAILABILITY AND USE OF ATS IN VIET NAM (Part 1)

A REVIEW OF THE LEGAL FRAMEWORK, LAW ENFORCEMENT, HEALTH SECTOR AND ENTERTAINMENT SECTOR IN THE CONTEXT OF RESPONDING TO ATS IN VIET NAM (Part 2)

This section of the report is essentially split into two components. Part 1 describes the different types of ATS in Viet Nam by analysing multiple data sets that have been made available through the combined resources of Standing Office on Drugs and Crime (SODC) and UNODC and the support of both the Institute of Forensic Science and Counter-Narcotic Police Department. In particular this section of the report presents findings from the Institute of Forensic Science that has examined the chemical composition of various types of ATS that have been seized by the police over the period between 2005 and 2010. This section also uses data obtained from the police relating to arrests and seizures of different types of ATS to describe trends in availability of ATS as well as to describe the trafficking and distribution of ATS and highlight geographical locations where ATS use appears to be more prevalent than in other locations. In combination with secondary data analysis, a literature review was conducted in order to describe the historical patterns and trends of ATS use in Viet Nam.

Part 2 of this report analyses information from Key Informant Interviews conducted with Police Officials, Emergency staffs and Entertainment Owners/Managers to ascertain the current level of understanding about the extent of use of ATS in urban settings in Viet Nam and how the various sectors are responding to ATS.

The main findings relating to this section of the report include:

- There are many types of ATS in Viet Nam but the main types of ATS that are both available and being used are methamphetamine (in both tablet and crystal form), and Ecstasy (in both tablet and MDMA powder form).
- The availability and use of ATS increased slowly between 2000 and 2007 but has increased more rapidly since then.
- Seizures of ATS only represent about 4% of the total seizures of illicit drugs in Viet Nam.

- The tablet form of methamphetamine, Ecstasy and Ketamine are very similar in appearance meaning consumers are unlikely to know exactly what they are purchasing and using.
- ATS precursor materials are freely available in Viet Nam but so far only one ATS production facility has been found.
- ATS is trafficked in from surrounding countries and then transported mainly along the main highways for distribution in predominately urban cities
- Police rely mainly on bilateral intelligence information in order to identify drug traffickers. The use of rapid urine testing equipment is common by police when identifying people using ATS in a social environment such as a nightclub.
- There are significant gaps in the understanding of ATS among law enforcement and health professionals when it comes to street level management of ATS related issues.
- Bar owners and staff do not openly acknowledge ATS use in their bars and clubs but are supportive of strong collaborations with police but would also fully endorse the use of peer-based methods of information dissemination about ATS inside bars and clubs in urban settings of Viet Nam.

Methods and Rationale

Desk Based Literature Review: A review of the literature was undertaken in order to document an historical record of ATS use in Viet Nam. The consultant reviewed: National Government and non-government reports, national and regional UN reports and studies documenting ATS in the context of Viet Nam, the scientific literature through the combined resources of Pub Med and grey material such as media reports and presentations from regional meetings. The literature was then summarised to give a brief insight into the historical and current patterns and trends of ATS use in Viet Nam.

Forensic Analysis: In Viet Nam, seized illicit drugs can be either tested at the provincial or national level depending on the seriousness of a case. The Institute of Forensic Science oversees ATS analysis works. This section of the report uses the findings from the chemical analysis of ATS in Viet Nam to delineate the reported presence of ATS by type and chemical structure of different types of ATS from seized samples. In combination with the seizure and arrest data, this analysis has allowed for estimates

on how much of each type of ATS is being seized in Viet Nam and therefore provide an estimate how much of each type of ATS is being used. The types of ATS identified during analysis include amphetamine tablets, methamphetamine tablets, crystal methamphetamine, Ecstasy (MDMA) and Ketamine. The Standing Office on Drugs and Crime coordinated this component of phase one through the Institute of Forensic Science, operating the 52 provincial forensic laboratories throughout Viet Nam and two central laboratories in Ha Noi and Ho Chi Minh City.

Provincial arrest and seizure data: This component was designed to conduct a thorough review of all the available ATS related arrest and seizure data from Viet Nam. This includes arrest and seizure data (including case reports) at district, provincial and national levels. Provincial arrest and seizure data is collected by provincial public security forces every six months and submitted to the central authorities in an annual report. The Standing Office on Drugs and Crime coordinated this component of the project with the relevant authorities and collated this information from a 5-year period in order to gauge the extent of ATS across different geographical areas in Viet Nam. The VNM/J93 project has been able to build up a picture of geographical hotspots where ATS related arrests and seizures have been reported.

Law Enforcement, Entertainment and Health Sector Analysis: The purpose of the key informant interviews was to ascertain the level of awareness, understanding of police, health staffs and bar owners around ATS use. Furthermore, the key informant interviews were conducted to get a sense of the training needs of police and health workers with regards the management of ATS users from a public health perspective. A total of 45 key informant interviews were conducted with police (n=15), health professionals (n=15) and bar owners (n=15) across the three cities. Interviews were transcribed into Vietnamese, translated into English and then analysed thematically using the Grounded Theory common to analysis of qualitative data.

1.1 A Historical Overview of ATS Availability and Patterns of Use in Viet Nam

A presentation of Ministry of Labor, Invalids and Social Affairs (MOLISA) at a scientific workshop on ATS in 2009 reported that ATS had begun appearing in Viet Nam in the late 1990s and that by 2009, ATS was available in all provinces and cities of Viet Nam. The presentation noted that the most common types of ATS available were: the methamphetamine tablets, Ecstasy and Ice and that these ATS were mainly used by young people who were children of high-income

families²². While heroin and opium have consistently been used much more than ATS, an increasing trend of ATS availability and use can be seen since the late 1990s²³.

In 1999, MOLISA and the UNDCP²⁴ reported that approximately 1% of drug users were using ATS²⁵. In 2001, a MOLISA survey of drug users in Viet Nam suggested 1.5% of the sample used ATS²⁶. In 2003, amphetamine use was recorded in a sample of 180 drug users aged between 18-25 in three northern cities²⁷. Another study among ethnic minority drug users reported that 7% had used ATS. Ecstasy use was first described in a 2001 MOLISA and UNDCP study among a sample of 18-25 under/unemployed drug users, 2.2% of the sample reported using ecstasy and 2% had used other forms of ATS²⁸.

In 2005, heroin, methamphetamine tablets, and ecstasy (thuoc lac) were reported as the leading drugs of concern in Viet Nam and the trend in the use of all these three substances were reported to be increasing. There was almost a fivefold increase in methamphetamine pills seized in 2005 over the previous year, measuring almost a quarter of a million pills. In addition, there was an increase in the quantity of methamphetamine powder seized in

- 22 Nguyen Thi Van (2009). "Amphetamine Type Stimulants (ATS) Using Situation in Viet Nam. Presentation at the Scientific Workshop on Stimulants, Ho Chi Minh City, 29 May, 2009.
- 23 Nguyen, V., Scannapieco, M. (2008). Drug abuse in Viet Nam: a critical review of the literature and implications for future research. *Addiction*. Apr;(103(4):534-543
- 24 The United Nations International Drug Control Programme (UNDCP) combined with the United Nations Crime Prevention and Criminal Justice Division at the United Nations Office in Vienna to become the United Nations Office for Drugs and Crime (UNODC) in 2002.
- 25 Ministry of Labor, Invalids and Social Affairs (MOLISA) & United Nations International Drug Control Programme (UNDCP). Report on Drug Abuse Situation in Viet Nam. Hanoi, Viet Nam: Author; 2000 [in Vietnamese]. Cited by: Nguyen, V., Scannapieco, M. (2008). Drug abuse in Viet Nam: a critical review of the literature and implications for future research. *Addiction*. Apr;(103(4):534-543.
- 26 Ministry of Labor, Invalids and Social Affairs (MOLISA). Report on Results of Survey on Drug Addiction Situation in 2001. Hanoi, Viet Nam: Author; 2001 [in Viet Namese]. Cited by: Nguyen, V., Scannapieco, M. (2008). Drug abuse in Viet Nam: a critical review of the literature and implications for future research. *Addiction*. Apr;(103(4):534-543.
- 27 Ministry of Labor, Invalids and Social Affairs (MOLISA) & United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). Report on Drug Use Among Youth in Viet Nam. Hanoi, Viet Nam:2003.
- 28 Ministry of Labor, Invalids and Social Affairs (MOLISA) & United Nations International Drug Control Programme (UNDCP). Report on Drug Use Among Unemployed Youth in Viet Nam. Hanoi, Viet Nam: Author; 2001.

2005 compared to the previous year and a change in the type of methamphetamine available with the emergence of crystal methamphetamine (Ice).

Between 2002 and 2006, imports of pseudoephedrine and ephedrine into Viet Nam increased 262% raising concerns that some of the chemicals may have been diverted to the illicit manufacture of ATS. In 2006, heroin still ranked as the number one drug of abuse and the trend of abuse was increasing. The ATS drugs, namely methamphetamine and Ecstasy, were ranked second and third respectively and they had also shown an increasing trend in use since 2003.

Opium was the remaining drug of abuse in Viet Nam according to officials of Viet Nam and the trend in abuse was on the decline as it had been in the preceding year²⁹.

Following the regional trend, methamphetamine tablets were the most commonly used type of ATS in Viet Nam between 2003 and 2006. Crystal methamphetamine (Ice) reportedly appeared in the local market in 2007. ATS use was still linked with affluent youth coming from middle-income to high-income families with unofficial information of the street price of ATS indicating that the price of ATS in major cities was high, varying from 200,000 to 500,000 VND (USD 12.50 – 31.25) per tablet. In a classified operation by Counter Narcotic Police Department of the Ministry of Public Security (MPS) in 2007, one of the entertainment venues for Viet Nam's wealthy people was raided; 1,163 people (mostly aged between 17 and 24 years) were detained on suspicion of "thuoc lac" use and distribution. Over 200 personal pouches containing heroin and ecstasy were seized at the site³⁰.

The UNODC Patterns and Trends of ATS report in 2010 confirms that ATS in its various forms (methamphetamine tablets, Ecstasy and crystal methamphetamine) has increased in availability and use and when classed together represent the third most widely used illicit drug after heroin and opium³¹.

Drug type	2003	2004	2005	2006	2007	2008	2009
Crystalline methamphetamine	•	•	•	•	•	4	3
Methamphetamine pills	•	5	2	2	4	4	3
Ecstasy-type (MDMA)	•	4	3	•	•	4	3
Cannabis	•	3	•	•	•	3	4
Heroin	•	1	1	1	1	1	1
Ketamine	•	•	•	•	•	4	•
Opium	•	•	•	•	•	2	2

• = Not reported

Source: UNODC (2010). *Patterns and Trends of Amphetamine Type Stimulants*

ATS use remains small in comparison to injecting heroin use; according to Government of Viet Nam statistics, by the end of 2008, there were 173,603 registered drug abusers, which was a decrease of 4,702 persons (2.63%) compared with the previous year. The Government believes that of the people who use drugs, 56.29% of people live in the community compared with 17.99% who are in treatment and rehabilitation centres and 25.72% who are detained in prisons. Male drug users account for 95.47% of all drug users and heroin is the primary illicit drug used, accounting for 88.13% of all drugs used while opium accounts for: 10.21%; cannabis: 0.79%; ATS: 0.35%. The predominant form of drug administration is injecting (63.52%) followed by smoking (22.65%) and sniffing 13.52%³².

1.2 The Chemical Analysis, Appearance and Legal Framework of Specific Types of ATS in Viet Nam

There are many different types of ATS available in Viet Nam that come in a variety of forms including tablet, crystalline, and powder. The following is a brief description of the main types of ATS available in Viet Nam according to the chemical analysis undertaken by the Institute for Forensic Science on selected seized samples of ATS between 2005 and 2010. This section also describes the legal framework that governs the law enforcement response to each type of the ATS found in Viet Nam.

29 UNODC. (2007). *Patterns and Trends in ATS and Other Drugs of Abuse in East Asia and the Pacific 2006*. United Nations Office of Drugs and Crimes Regional Centre for East Asia and the Pacific.

30 VNM/J93 Project Document available at: http://www.unodc.org/eastasiaandpacific/en/Projects/2008_12/ATS_prevention.html. Accessed on January 6, 2011.

31 UNODC. (2010). *Patterns and Trends of Amphetamine Type Stimulants and Other Drugs, Asia and the Pacific 2010*. United Nations Office of Drugs and Crime, Vienna Office, November 2010.

32 Viet Nam Country Report at the the 30th ASEAN Senior Officials Meeting on Drug Matters (Phnom Penh, 28 Sept – 3 October 2009)



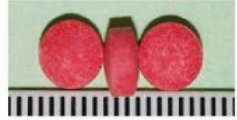

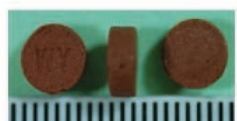

Photo: ATS analysis center

Methamphetamine

Methamphetamine is known by a variety of names in Viet Nam: Hong phien (tablets), viên chúa (blue tablets), hàng đá (crystal - ice). It is either ingested (can thuốc) or melted on foil or in a glass tool with the resulting vapour inhaled. Methamphetamine tablets are often sold as Ecstasy. The tablet form was the predominant form available in Viet Nam prior to 2008 but crystal methamphetamine has now become more widespread. Methamphetamine tablets are reportedly trafficked predominately into the north of Viet Nam most commonly from the Laotian-Vietnamese border. Crystal methamphetamine is reportedly trafficked mainly from Cambodia into southern Viet Nam. Both forms of methamphetamine are then trafficked into urban settings.

Legal Status: Methamphetamine is listed as No. 151 on the Table II of controlled substances which refers to: harmful drugs with limited use in analysis, testing, scientific reference, and criminal investigation or in medical field under a treatment request. It is mandated by Governmental decree No. 67/2001/ND-CP, October 1, 2001.

Photo 1.1: Seized sample of methamphetamine tables

PHOTO	COMPOSITION	SIZE (mm)	WEIGHT (mg/tab)
	MA	6,033x3,146	116
	MA, Caffein	6,079 x 3,250	91,18
	MA	6,014 x 2,731	103
	MA	6,075 x 4,000	191,4

Ecstasy

Ecstasy mainly appears in either a cylindrical or tablet form. Its active ingredient is MDMA (3-32%) and is slightly larger than the methamphetamine tablets. Tablets come in a range of colours and motif design. The tablets are frequently adulterated with caffeine and sometimes also contain Ketamine, 2CB, MDA or methamphetamine. Ecstasy is mainly distributed in urban cities especially in Ha Noi, Ho Chi Minh City, Quang Ninh and Hai Phong. Ecstasy has steadily increased in availability since 2005 but is not as common as methamphetamine in tablet form. Street names for Ecstasy include: Love, XTC, MDMA.

Legal Status: Ecstasy is listed as No. 28 of Table I which refers to substances that are: very poisonous substances and strictly forbidden to be used in the health sector; utilization of these substances in for analysis, testing, scientific and criminal investigations and only regulated by the appropriate authorities—according to Decree No. 67/2001/ND-CP dated 1/10/2001 by the GOV.

Photo 1.2: Seized MDMA (Ecstasy) tablets and capsules.








PHOTO	COMPOSITION	SIZE (mm)	WEIGHT (mg/tab)
	MDMA	8,064 x 5,409	269,6
	MDMA	8,139 x 4,784	270
	MDMA, Caffein	8,319 x 4,886	240,7
	MDMA		

Photo 1.3: Seized Ketamine showing similarities in appearance as the seized methamphetamine tablets and Ecstasy tablets.

PHOTO	COMPOSITION	SIZE (mm)	WEIGHT (mg/tab)
	Ketamine	0,001 x 4,407	268
	Ketamine	8,714 x 5,116	285
	Ketamine	8,127 x 4,497	311
	Ketamine, Caffein	8,158 x 4,747	300,5

Ketamine

Although not actually a stimulant³³, Ketamine has been increasingly seized in Viet Nam. It originally appeared in Viet Nam in its pharmaceutical form but over the last two or three years has been found more commonly in tablet and crystal form. It is significant for this report as it is often found either in a tablet form on its own but is also being used as an adulterant in methamphetamine and ecstasy tablets. International literature suggests that the illicit recreational use of Ketamine is often done in combination with other ATS drugs, especially among people who use MDMA and Ecstasy³⁴. In Viet Nam, the availability and use of Ketamine is not widespread but has increased in parallel with Ecstasy use. Actual case numbers are small and have mainly been detected in nightclubs.

Legal Status: Ketamine is listed on a supplementary list of Table III which refers to substances that are; poisonous narcotic substances and use is regulated and limited to analysis, testing, scientific research, criminal investigations or in the health sector as required by treatment needs, according to Decree 133/2003/ND-CP dated 06/11/2003 by the GOV.

33 Ketamine is a dissociative anesthetic developed in 1963 and is currently used in human anesthesia and veterinary medicine. It is manufactured in clear liquid form and when seized on the street has generally been diverted from veterinary supplies and evaporated into a white, soluble powder form.

34 Maxwell, C. (2005). Party drugs: properties, prevalence, patterns, and problems. *Substance Use and Misuse*. 40(9-10):1203-1240.

2C-B

The official name of 2C-B is 4-bromo-2,5-dimethoxyphenethylamine although it is also commonly referred to as either 2C-B or nexus. It is a synthetic substance with no known medical purpose, which means it is manufactured illegally and sold to people wanting to use it for its effect. 2C-B has a similar chemical composition to amphetamine but also produces a psychedelic and hallucinogenic effect. In Viet Nam, 2C-B first appeared in 2007 in a tablet form containing mainly 2C-B but in 2009 and 2010, 2C-B tablets were analysed and found to contain a variety of other substances including methamphetamine, MDMA and caffeine. While only small amounts of 2C-B have been found in some urban settings in Viet Nam, like Ketamine, the availability of 2C-B appears to have increased in the last two years and in parallel with Ecstasy. It is also being used as an adulterant in other ATS tablets.

Legal Status: 2C-P is listed as No.2 on the supplementary list of Table II which means it is classified as: a poisonous narcotic substance and use is regulated and limited for analysis, testing, scientific research, criminal investigations or in the health sector as required by treatment needs, according to Decree No. 163/2007/ND-CP dated 12/11/2007 by the GOV.

TFMPP and BZP

In 2009 and 2010 very small amounts of 3-Trifluoromethylphenylpiperazine (TFMPP) and Benzylpiperazine

have been seized in Viet Nam. When these drugs are used in combination they produce a similar effect to Ecstasy. TFMPP and BZP have also been found in both cylinder (capsule) and tablet form and have been either mixed or tablet pressed together to make a single capsule or tablet. In addition, chemical analysis of some of the seized combination capsules or tablets have found that the samples have been adulterated with caffeine and in some cases, trace amounts of Ketamine and MDMA.

Legal Status: TFMPP and BZP are currently not on the list of controlled substances in Viet Nam.

2CE, DOET AND AMFREPRAMONE

The Institute of Forensic Science has also identified 2CE (2,5-Dimethoxy-4-ethlenethylamine) and DOET (2,5-Dimethoxy-4-ethylamphetamine) from samples seized by the police. These drugs have psychedelic and stimulant properties. In addition, the Institute of Forensic Science has also isolated Amfrepramone, which is a pharmaceutical drug with some stimulant properties. All of these drugs have only been seized in very small quantities and appear to be associated with the trade in other club drugs such as Ecstasy.

Legal Status: DOET and Amfrepramone are on a controlled substance list in Viet Nam but 2CE is not.

Photos and chemical components of each type of ATS are attached in Annex 6

1.3 ATS Trafficking and Production in Viet Nam³⁵

The Government of Viet Nam reported concern that ATS trafficking was increasing into Viet Nam as far back as 2004³⁶. Viet Nam is currently not viewed as a major drug producing country but a country where drugs are trafficked through for local consumption and trafficked to third countries³⁷. In 2009, the Government of Viet Nam reported that drug trafficking into Viet Nam had become increasingly sophisticated and utilized land, air and water routes.

35 In addition to the annotated footnotes and citations in this section, much of the information regarding trafficking of drugs through land, sea and air routes detailed in this section comes from the report from the Counter Narcotic Department of the Ministry of Public Security which produced a report commissioned by the VNM/J93 through the joint auspices of SODC and UNODC.

36 US State Department. 2005. International Narcotic Control Strategy Report 2004. Available at <http://www.state.gov/p/inl/rls/nrcrpt/2005/vol1/html/42367.htm>. Accessed March 20, 2011.

37 US State Department. 2010. International Narcotic Control Strategy Report 2009. Available at <http://www.state.gov/p/inl/rls/nrcrpt/2010/vol1/137199.htm>. Accessed on May 12th, 2011.

A Viet Nam Country Presentation at the 30th ASEAN Senior Officials Meeting on Drug Matters reported that drugs moved into and out of the country across border areas, particularly along the northern border with China. This area reportedly saw synthetic drugs coming into Viet Nam and heroin going out. On the South-western border with Cambodia, ATS reportedly came into the country through foreign criminal networks. Drug trafficking through air routes, predominately using the Tan Son Nhat International airport continues to see drugs trafficked both into and out of Viet Nam³⁸.

A 2008 report on drug use and HIV reported the increasing availability and use of ATS in its methamphetamine tablet form in Cao Bang province in the north east of Viet Nam³⁹. This not only challenged the notion that ATS use was only prevalent among drug users from higher income families in urban settings but also highlighted that ATS was becoming increasingly available and being trafficked from the Golden Triangle area through China, Laos and into Northeast of Viet Nam. Drug trafficking in Viet Nam has traditionally utilized strong family networks across borders and provinces to facilitate trafficking.

Evidence that precursor chemicals were being trafficked from Viet Nam to other countries surfaced in 2007, with the Australian Federal Police reported seizing 44 kilograms of ephedrine trafficked from Viet Nam⁴⁰. A report released in 2010 by the US State Department reported a significant increase in the amount of ATS being trafficked through Viet Nam after being manufactured in Cambodia, China, Lao PDR, Myanmar and Thailand. Furthermore, the report noted that the production of ATS had been confirmed for the first time in Viet Nam⁴¹. The report also noted that precursor chemicals used in the production of ATS were increasingly being shipped from Viet Nam into other countries⁴². A similar report released in 2011, noted that Viet Nam's geographic location and improving, but still limited drug enforcement capabilities, made it an attractive target for drug trafficking organizations for

38 Viet Nam Country Report presented at the 30th ASEAN Senior Officials Meeting on Drug Matters. Phnom Penh 28th September – 3rd October, 2009.

39 Asian Harm Reduction Network (2008). Report: RAR on Drug Use and HIV in Cao Bang Province

40 Crime Commission of Australia (2007). Illicit Drug Data Report 2006-2007. Available at http://www.crimecommission.gov.au/publications/iddr/_files/2006_07_revised/iddr_2006_07_revised_ats.pdf. Accessed on July 28th, 2011

41 US State Department. 2010. International Narcotic Control Strategy Report 2009. Available at <http://www.state.gov/p/inl/rls/nrcrpt/2010/vol1/index.htm>. Accessed on May 18th, 2011.

42 Ibid.

trafficking illicit narcotics⁴³.

Land Routes

The North East route, which includes the provinces of Cao Bang, Quang Ninh, Lang Son and Hai Phong is bordered by both China and the South China Sea and reportedly is a significant importing area for crystal methamphetamine and MDMA. The area is characterized by high volumes of import and export trade goods. The North West route and in particular the provinces along the No.6 Highway that border Laos including Dien Bien, Lai Chau, Son La and Hoa Binh are where ATS tablets and methamphetamine tablets are often intercepted. Police report often seizing both ATS tablets together with heroin from Laos as it makes its way along the small trails, inter-district roads to the No.6 Highway and onto other provinces for consumption.



Photo: ATS concealment modus operandis

The North Central route taking in Thanh Hoa, Nghe An, Ha Tinh, Quang Binh and Quang Tri is characterised by a shared border with Laos and its mountainous terrain. Counter-narcotic law enforcement is extremely difficult in this area due to the terrain but this makes it a popular drug trafficking route with criminal networks. Amphetamine and methamphetamine are reportedly often seized along this route.

A long border with Cambodia characterises the South West route (including Long An, Tay Ninh, An Giang, Kien Giang, Dong Thap, Binh Phuoc) and there is reported frequent movement of people from both countries through the international and national border gates. In addition, the recent building of casinos on the Cambodian side of the border has attracted more visitors who come to the casinos to gamble. This has also led to increases in drug related activity, particularly the trafficking and use

of ATS. In fact, in recent years, the trafficking and use of methamphetamine in powder form, crystal form (Ice) and tablets of MDMA and MDA have replaced heroin as the main drugs trafficked and used in this area. The GOV believes that drug traffickers increasingly take advantage of corrupt military, police and customs officials from Cambodia to facilitate drug trafficking.



Photo: ATS traffickers

Internally, Viet Nam's main highways are used to transport illicit drugs; National Highway Number 1 from the North to the South is used to move illicit drugs north to south and south to north. Narcotics are also trafficked through the internal postal services and drug traffickers reportedly also use the Internet and mobile phones to arrange drug deals with clients in urban settings.

Sea and River Routes

Viet Nam has a long coastline and as the economy has developed, the amount of shipping activity through Viet Nam's ports has been increasing significantly. There is a huge number of vessels and a high volume of goods transiting through the ports on a daily basis. The GOV recognizes that this poses a significant threat for ATS trafficking due to both the vastness of the coastline and the limited human resources to conduct customs and law enforcement activities. At this stage, there has been only limited detection of drugs and few drug related arrests associated with Viet Nam's commercial coastline trade operations.

Air Routes

Over the last several years, the Counter-narcotic police force has arrested a number of foreign nationals trafficking narcotics in and out of Viet Nam. The GOV believes there is also recent evidence of drug traffickers coordinating with aviation staff to traffic ATS from Cambodia through Ho Chi Minh City and into Ha Noi. The US Government is also concerned that criminal networks will seek to traffic Ephedrine, Pseudo ephedrine and Safrole through Tan Son Nhat International Airport and into third

43 US State Department. 2011. International Narcotic Control Strategy Report 2010. Available from http://www.state.gov/p/inl/dls/nrcrpt/2011/vol1/156363.htm#Viet_Nam. Accessed February 19th, 2011.

countries like Canada⁴⁴.

1.4 Government Law Enforcement Framework and Interventions related to ATS

The National Committee on AIDS, Drugs and Prostitution Control conducts annual meetings to coordinate matters related to AIDS, drugs and prostitution, and the Counter Narcotic Police Department is responsible for drug supply reduction and coordinates its efforts with the customs, maritime police and border army forces. Viet Nam is a signatory to Memorandum of Understanding (MOU) with other Sub-regional Mekong countries, the main purpose of which is to forge cooperation and collaboration on issues of drug production, trafficking and use⁴⁵.



Photo: International cooperation between UNODC and Viet Nam

In addition, Viet Nam has multiple bilateral and trilateral agreements with many countries in and outside of the region. For example, Viet Nam has trilateral meetings with Cambodia and Laos and strong bilateral cooperation with China, Laos, Cambodia, Thailand, Myanmar and the United States on drugs matters including ATS.



Photo: Bilateral cooperation on drug control between Viet Nam and Lao PDR

In recent years the GOV has implemented drastic law enforcement measures to counter the trafficking of ATS across its borders. In January 2004, the Ministry of Public Security and the UNODC Viet Nam Country Office initiated Project AD/VIE/03/G55 “Interdiction and Seizure Capacity Building with Special Emphasis on ATS and Precursors”.

It was implemented by the Counter-Narcotics Police Department, the Anti-Smuggling Department of Customs and the Surveillance Department of the Border Army. Through UNODC, and with full funding of US\$736,800 provided by the government of the United States of America, the project implemented drug law enforcement activities in six ‘hot spot’ provinces (2 bordering China, 2 bordering Laos and 2 bordering Cambodia). A final project evaluation reported the significant success of the project and cited significant increases in the seizure of illicit drugs including ATS resulting from project deliverables⁴⁶.

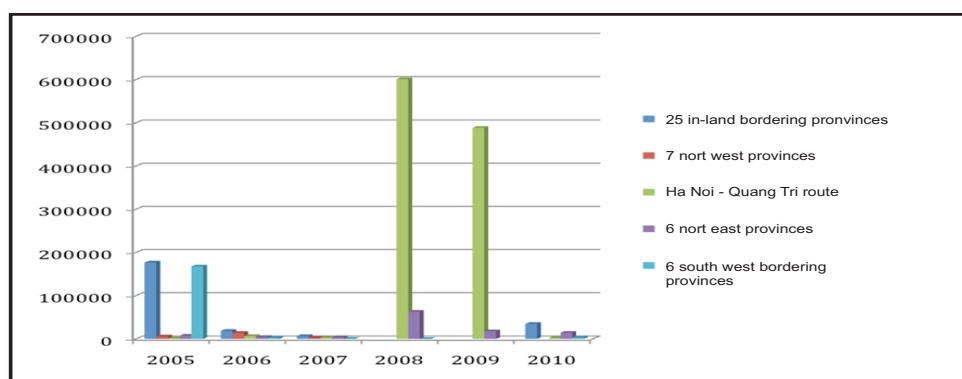
Furthermore, the GOV has attempted to improve the monitoring of precursor chemicals used for the production of ATS. While the Ministry of Health is responsible for the import and export of chemicals used for health and medical purposes, the Ministry of Industry and Trade is responsible for import and export of chemicals used for industrial purposes. The GOV implemented the Scheme on Strengthening Control and Management of Precursors from 2005-2010, yet the Standing Office on Drugs and Crime reported that in 2009 delegations were sent to provinces to visit import enterprises of controlled chemicals that may be used for drug production and determined most of the organizations visited did not have strict enough control systems in place to prohibit these imports from being diverted and used

⁴⁴ Ibid.

⁴⁵ In 1993, the Governments of China, Lao PDR, Myanmar, Thailand and UNDCP (UNODC) signed a Memorandum of Understanding (MOU) to enhance and collaborate concerted efforts to address the worsening problems of illicit drug production, trafficking and use in the region. In 1995 Cambodia and Viet Nam joined the sub-regional cooperation agreement in drug control and became parties of the regional group. The MOU group has held multiple meetings on ways to address ATS supply, demand and use.

⁴⁶ Terminal evaluation report of AD/VIE/03/G55: Interdiction and Seizure Capacity Building with Special Emphasis on ATS and Precursors. Available at: <http://www.unodc.org/documents/evaluation/ProjEvals-2006/ProjEval-2006-16.pdf>. Accessed on August 5, 2011.

Graph 1.4: The majority of ATS has been seized along the Ha Noi – Quang Tri route



Source: SODC Arrest and seizure data related to ATS from 2005-2010

for illegal drug production⁴⁷.

Despite these efforts, the GOV has reported increased trafficking of ATS every year since 2005, particularly in the border areas of Dien Bien, Son La, Nghe An, Lao Cai, Lang Son, Quang Ninh, Quang Binh, Quang Tri, Tay Ninh, Long An and An Giang. The GOV reported their growing concern that there were close linkages between criminal networks from Laos and Viet Nam that had facilitated the increase in ATS trafficking into Viet Nam. Law enforcement agencies have also reportedly engaged in fierce armed struggles when they have attempted to arrest members of these networks, particularly in Tuong Duong-Nghe An, Moc Chau, Song Ma – Son La and Hoa Binh and Lang Son⁴⁸.

1.4 Analysis of trafficking and seizure trends between 2005 and 2010⁴⁹

In 2005, the Counter-Narcotics Police force reported that the total number of narcotics related arrested cases was 11,772 with a total of 17,712 subjects. Of these, there were only 300 cases related to ATS with a total of almost 1,000 subjects. The total amount of ATS seized in 2005, was reportedly 5 times than that seized in 2004. The GOV reports that 83% of total seizures of ATS nationwide occurred in 25

provinces. In addition to counter narcotic efforts to curb ATS trafficking, the police in Viet Nam conducted a series of approaches on bars, karaoke venues and restaurants, utilizing the rapid urine test to identify ATS users in these venues. In addition, the police used their powers of observation to identify ATS users. A police report from 2005 notes:

On the 10th April, 2005, the Hanoi Police cracked down a group of drug users at Huong Xuan karaoke, Dong Da district, Hanoi. 30 subjects were detected with signs of using drugs; many of them were almost naked or danced crazily...After inspection by functional forces, 18 subjects were identified to use synthetic drugs and possessed depraved tapes...

Also in 2005, the counter narcotic police also arrested suspects trafficking ATS across the border with Cambodia indicating the strong bilateral law enforcement cooperation between Cambodia and Viet Nam. The police case report notes:

In November 2005, police from Kien Giang province arrested a subject of Cambodian nationality, illegally crossing the border and also transporting 167,601 methamphetamine tablets.

In 2006, a similar number of ATS related cases (n=300 cases) were reported with a similar number of arrested offenders (n=1,200 subjects). This was almost exactly the same as in 2005. The amount of ATS seized across 25 provinces during these various efforts was mainly small in total number of tablets. For example, in 7 provinces along the North West route, 13,916 tablets were seized and in 6 provinces along the North East route, 4,494 tablets were seized. In Ho Chi Minh City, in addition to 637 tablets of methamphetamine, the police seized 597 tablets of

47 US State Department. 2010. International Narcotic Control Strategy Report 2009. Available at <http://www.state.gov/p/inl/rls/nrcrpt/2010/vol1/index.htm>. Accessed on May 18, 2011.

48 Information taken from “Report on the Seizures of ATS in Viet Nam from 2005-2010”. Counter Narcotic Department of the Ministry of Public Security produced a report commissioned by the VNM/J93 through the joint auspices of SODC and UNODC.

49 This section of the report is a synthesis of the report produced by the Counter Narcotic Police Department, Ministry of Public Security. “Report on Situation on ATS Seizure in Viet Nam from 2005-2010”. The report was a specific and planned activity of VNM/J93 and was facilitated by SODC.

MDMA. The police continued to rely on both raids on bars, conduct rapid urine tests and police counter trafficking operations to identify and arrest suspects. Police case notes related to ATS in 2006 report:

On 16th October 2006, Police of Cam Pha District in Quang Ninh Province inspected Phuong Nam Karaoke bar, detecting 17 young males and females using synthetic drugs. Rapid urine testing showed that 17 out of the 17 subjects had a positive urine result for the presence of ATS; in addition 4 MDMA tablets were seized...

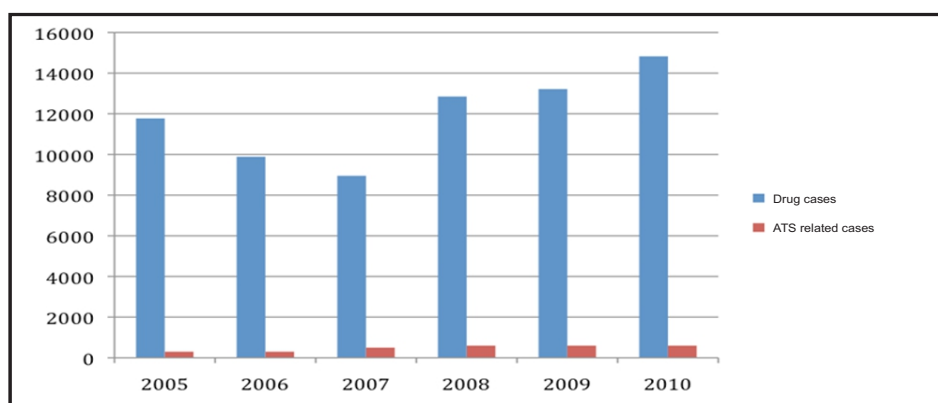
On the 3rd of May 2006, Division on Precursor and Synthetic Drug related Crime of the Counter-narcotic Police department in coordination with police forces of Thai Binh province arrested

a man of Chinese nationality in the act of illegal drug trafficking, seizing 1,000 tablets of MDMA and 54.4 grams of Ketamine.

In 2007, the police reported a small increase in the number of ATS related cases, 500 cases and 1,500 subjects. This still represented only a small amount of the total illicit drug-related arrests, which numbered 8,950 cases and 13, 568 subjects. During this year, the first reports of the increasing availability of Ice began to surface and police often seized different types of ATS and other substances during single operations. Single operations still only yielded small amounts of ATS.

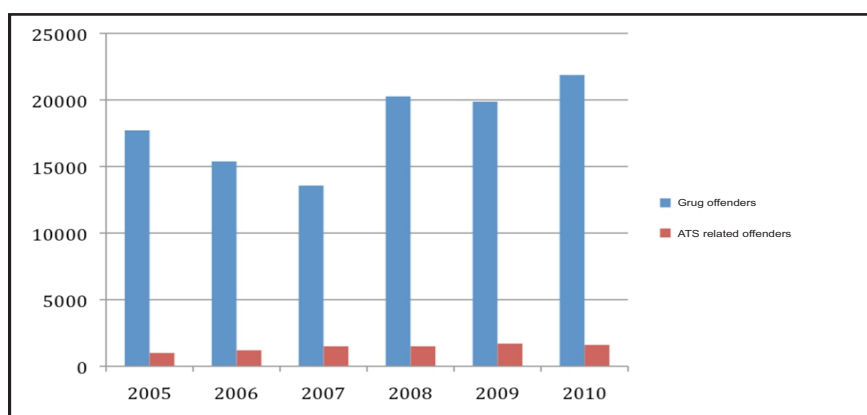
On the 8th of November 2007, Counter-narcotic police department in coordination with the Hanoi Police arrested 5 subjects in the act of illegal drug trafficking and

Graph 1.5: A comparison of the number of ATS cases versus the total number of cases pertaining to illicit drugs 2005-2010



Source: SODC 5 year compiled data

Graph 1.6: A comparison of the number of ATS related subjects versus the total number of arrested offenders



Source: SODC 5 year compiled data

seized 2,241 tablets of MDMA, 5.776 grams of Ketamine and 1.3 grams of Ice.

In 2008, the police reported a further small increase in the number of cases related to ATS but the number of people associated with those cases remained the same as in 2007. There was, however, a significant increase in the actual amount of ATS seized. The police seized 685,552 tablets of ATS, almost twenty times the amount of tablets seized in 2007. The most number of tablets were seized from an operation at the Cha Lo International border crossing in Quang Binh where police arrested a suspect involved in trafficking ATS from Laos into Viet Nam, seizing 600,000 methamphetamine tablets. MDMA seizures increased and evidenced emerged that heroin trafficking syndicates were also trafficking ATS. In addition, interaction between police and drug traffickers became increasingly armed and dangerous highlighted by shootouts and the seizing of weapons.

On the 5th of February 2008, the police force of Le Chan District in Hai Phong City struggled with drug syndicates equipped with military weapons in an operation targeting drug production, concealment and sale of illicit drugs, the officers arrested 6 subjects and seized 693 tablets of MDMA. As further investigations continued, the Counter-narcotic police force arrested a further 4 subjects in Hai Phong and seized 51,000 tablets of MDMA and 1 kg of heroin.

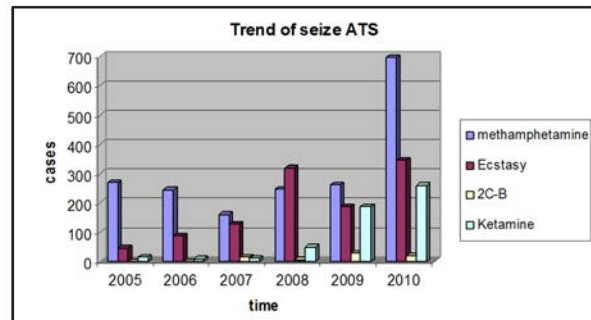
On the 8th of May 2008, the police force of Son La Province cracked down on 4 syndicates illegally purchasing and trafficking drugs. In the operation they seized 33 blocks and 103.81 grams of heroin, 4,921 tablets of methamphetamine, one carbine and one K59 rifle plus bullets.

In 2009, police reported another small increase in the number of ATS related cases and this pattern repeated itself in 2010. The actual amount of ATS seized over the last five years remains relatively small compared to the amount of heroin being seized. In addition, the number of cases related to ATS has only shown small incremental increases since 2005 and in 2010 the number of ATS cases (n=600 cases) represented only 4% of the total number of drug related cases (n=14,828). While this is still only a small amount of the total cases, the percentage of ATS cases had at least doubled up from 1.7% of total cases in 2005. Furthermore, the percentage of ATS related subjects was 6% of the total subjects for all illicit drugs in 2005 and this had increased to 8% in 2010. A break down of the total numbers

of offenders charged with trafficking compared to those arrested for recreational use was not available.

Since 2005, methamphetamine has been the main illicit ATS associated with both seizures and prosecuted cases. In 2005, there were almost 300 cases associated with methamphetamine and in 2010 this had risen to almost 700 cases. The amount of cases associated with Ecstasy increased from under 50 cases in 2005 to over 300 cases in 2010. The police also seized increasing amounts of Ketamine since 2005 and there were over 200 cases related to Ketamine in 2010.

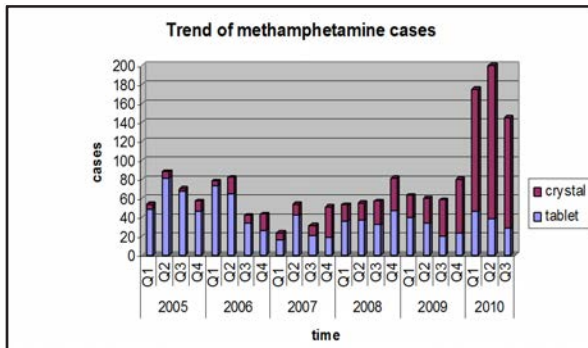
Graph 1.7: ATS case type between 2005 and 2010



Source: Institute of Forensic Science

When the type of methamphetamine related to the particular case is analysed, it is clear that the availability of crystal methamphetamine, known as Ice, has significantly increased particularly since the beginning of 2009. In 2005, crystal methamphetamine was only responsible for a very small number of the total cases of methamphetamine when compared to the methamphetamine tablets. However, this ratio completely reversed and through each quarter of 2010, cases related to crystal methamphetamine account for over 75% of all methamphetamine related cases.

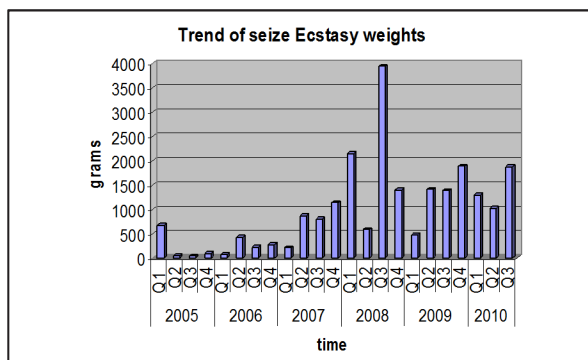
Graph 1.8: The availability of Crystal Methamphetamine has appeared to have significantly increased highlighted by the number of cases related to crystal methamphetamine currently far outweighing cases related to methamphetamine in tablet form



Source: Institution of Forensic Science

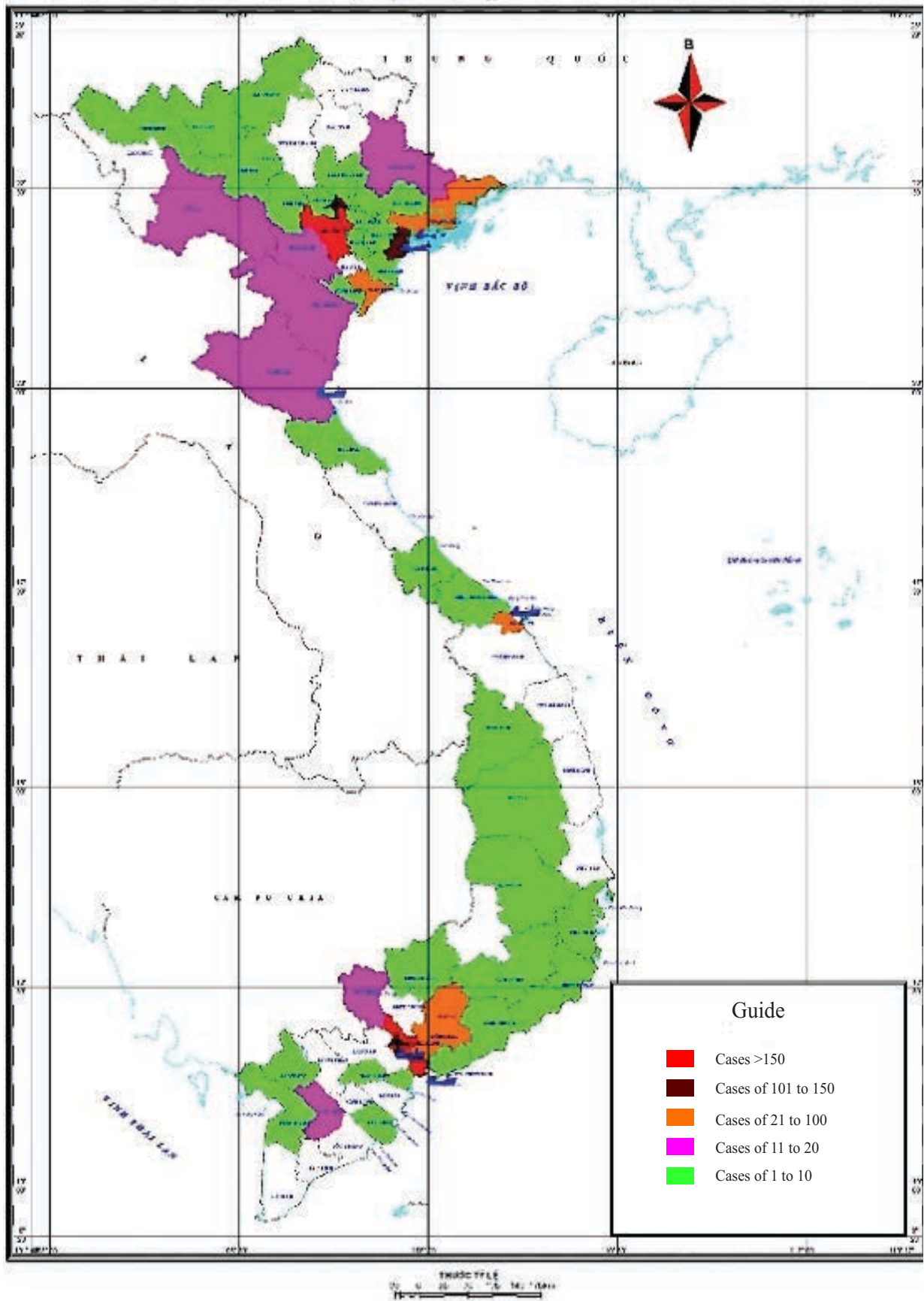
The total amount of Ecstasy seized has also increased exponentially since 2005. A significant spike in the total amount of grams of ecstasy seized in 2008 has been followed by slight reduction in 2009 and 2010 although it is still close to ten times the amount seized in 2005.

Graph 1.9: Trend in weight of Ecstasy seized has increased significantly since 2005



Source: Institution of Forensic Science

ATS TẠI VIỆT NAM NĂM 2010
(SỐ HIỆU THEO SỐ VỤ)



1.5 Awareness, Understanding and Capacity of the Law Enforcement, Health Sector and Entertainment Industry on ATS Related Issues at the Operational Level in Urban settings of Viet Nam

This assessment investigated the understanding of police, health professionals and bar owners or managers from the entertainment sector in order to assess their understanding of ATS in the urban settings of Ha Noi, Ho Chi Minh City and Da Nang. The purposes of this component of the assessment was to ascertain how much these people knew about ATS and its effects, how they responded or could respond to ATS and to also assess their capacity to be involved in sectoral and multi-sectoral responses related to ATS use at the level of nightclubs, bars and other spaces where people use ATS in urban settings in Viet Nam. In many countries, it is widely acknowledged that frontline police, ambulance and emergency hospital staffs and the staffs in entertainment venues are often the first people to have to respond to ATS related issues.

Police

Awareness and familiarity

Police were asked some basic questions to gauge their level of understanding and familiarity of ATS and their perceived prevalence of use in the community. The majority of police believed that ATS were indeed some sort of synthetic stimulant. When asked to describe the effects of ATS on the user, their understanding ranged from quite a low level to being reasonably sophisticated. Overall however, the majority of police interviewed had a poor understanding of ATS, the psychological and physical effects and the prevalence of use of ATS in their communities.

ATS is an addictive substance, banned by the law, not to be transported, possessed or used. This is a new issue, so experience is limited.

ATS is synthetic drug that strongly stimulates nerve system and causes the user to be excited and to hallucinate.

There is small number of users, thanks to support from local authorities, social union, they have been sent to treatment centre, and therefore, the spread is under control now.

Causing users hallucinated, and if use many times, it would cause cerebral palsy and death even faster than heroin use.

The majority of police reported never having come across ATS in their work. Some police had come across it and were able to describe the street name of the drugs, the main types of ATS they saw, the cost of various types of ATS and the type of people that used ATS.

So far, I have not detected any case, therefore, I do not know how widespread it is.

I have not seen any type of ATS, so I don't know the price

In the area, there were two subjects suffering effects of ATS, they sneakily injected in public area, in 2005-2007, they were sent to treatment programme and now they don't relapse.

These young people belong to rich families, and they like to enjoy, but I don't think so many of them.

Currently, in my area, there are many types of synthetic drugs such as Ecstasy, methamphetamine, Ice... used mostly in bars, guesthouses or hotels in this area. Ice costs about 250,000 – 300,000VND/1 dose. Ecstasy costs about 250,000 – 300,000VND/1 tablet.

Policy and Practice

Police were of the opinion that the supply of ATS had to be stopped and many police believed that ATS users needed to be sent to compulsory drug treatment centres. Police also believed that their role was to raise awareness on the harms associated with ATS through their interactions with people's committee at ward/commune level. Police acknowledged that urine testing suspected ATS users was common practice.

Involved in arresting users in public or residential areas, sending them to local police stations to test for drug use, if they have positive test, they will be sent to drug control police units of district to clear procedure to transfer them to 05,06 centres.

There is coordination of health sector unit at ward and district level. On law enforcement aspect, treatment centres should coordinate to treat ATS addicts.

Normally coordinate with ward clinic to test drug users, we also carry out advocacy in many forms; Police force uses their

police car with speakers to advocate 2 times a day, conducts advocacy in local people's meeting, draws advocacy banners and places them along all the roads in the area.

Recommendations

Police were asked their opinions on whether there was any specific training needs that would help them manage ATS in the community and in general police suggested that they required basic training on all aspects of ATS including awareness of the different types of ATS and their effects. To further enhance their ability to manage ATS, police agreed that guidelines and standard operating procedures were essential, particularly in relation to managing any acute clinical cases related to ATS in which the police were generally contacted to manage such a case. Police suggested they were able to respond to issues of ATS but required leadership and direction from their relevant authorities.

I think we should organize trainings for ward police in this field, because it is new and we do not know clearly. In addition, we should be provided necessary equipments, documents... to facilitate us in managing activities

We should have frequent training for local (ward) police to share and disseminate new knowledge and working methodology. ATS is a social problem that need collaboration of all relevant agencies, ministries.

Police suggested that their role was very important both to conduct supply reduction law enforcement operations, but also to be involved in advocacy efforts at the ward level. Police also wanted support from higher-level authorities to provide the required resources so they could manage ATS issues better at a grass routes level.

Strictly control border gates, airports, seaports; timely suppression of traffickers; hotels, guesthouses, bar, nightclubs should have commitment not to possess, smuggle or let customers smuggle drugs.

Police station at ward level is an agency that directly manages all subjects in general and social evil subjects in particular, and meets dangers everyday; it is requested that police authorities at higher lever should equip enough and sufficient equipments to grassroots level.

While many police recommended that ATS users should be sent to treatment centres or made an example of in the community, some police believed that employment opportunities should be created to assist ATS users trying to reintegrate into the community.

Blame drug addicts in front of local people's committee and coordinate with agencies to support these persons in accordance with Decree No. 163/CP. If they do not have ability for self-treatment, they will be recorded in accordance with Decree No. 135/CP and sent to compulsory treatment centre.

Create job for person who reintegrate into community.

Overall, there was a perception that if police were to be more successful in managing ATS, they simply had to be provided with a better understanding of ATS, the effects of ATS and the harms associated with ATS. In addition, they believed that the GOV should invest in equipment and facilities that was able to test and detect different types of ATS.

There is a need to conduct training for commune police force to help them understand more about harms, prevention measures, methods to treat synthetic drugs, so that commune police can deliver these knowledge to each individuals, each household in the area. The State should have favourable policies for officers who directly involve in managing and educating synthetic drug addicts. There is a need to equip us with suitable materials and facilities for testing ATS so we can prevent synthetic drugs.

Health Sector

Familiarity and Awareness

In terms of health sector staff, this assessment predominately interviewed medical doctors who were in charge of emergency departments at public hospitals in Ha Noi, Da Nang and Ho Chi Minh City. The purpose of this was to ascertain how familiar emergency departments were with managing acute clinical complications associated with ATS. Medical doctors were asked about their familiarity with ATS, its effects and how they managed ATS in the hospital setting. In general, the medical staffs were very familiar with what ATS actually were and their effects on the user but suggested that they actually had very little exposure to ATS users.

We have low portion in dealing with ATS case but they were serious cases (only emergency cases) about 0.5%

Most Key Informants interviews from the health sector were able to describe the symptomatic presentation of clinical manifestations of acute ATS toxicity. While many Key Informants could describe the type of clinical management that ATS users would require if they presented to the emergency department, others could only vaguely describe ATS presentations.

Cannot distinguish patients who use synthetic drug as we don't have test kit

Normally, patients comes to our department because of writhing due to lack of drug and then escape from hospital

Conduct appropriate first aid and other emergency methods until they feel alright again

There did appear to be some confusion over both clinical presentations of ATS users and also specific clinical treatments. Many Key Informants appeared to confuse the clinical requirements of ATS users with those showing signs of opiate overdose.

If it is not serious, we just use oxygen, if its serious we will use intubation and if someone is in a very serious condition we will use Naloxone, which is an opiate antagonist.

If serious, with symptom of poison of pharmaceuticals consisting of ATS, we will clean the stomach, using an antagonist and provide respiratory support... If just screaming, writhing, we will use tranquilizers (in careful manner), oxygen, respiratory support, health support and counselling ... until drug effect is over.

Policy and Practice

It was clear from this assessment that there were no clinical guidelines in place at any of the hospitals, where medical doctors interviewed for this assessment worked. Doctors suggested that there was definitely a need for clear clinical guidelines to inform the management of ATS users but warned that guidelines would be meaningless without up-to-date diagnostic equipments with which to confirm ATS toxicity and access to information and pharmaceuticals used in managing ATS use. Furthermore, there appeared to be almost no statistical data taken on people admitted to hospital with suspected ATS related clinical issues.

There has not yet been any regulation, guidance regarding ATS users in place.

We have not done any statistic or survey so we cannot have official conclusion.

Quite a lot of ATS users came to our hospital, but we don't have official statistics. Recent years, rates of ATS users came to our hospital decreases. They have symptoms that indicated they were effected by drugs or they might be aggressive.

Recommendations

Many of the Key Informants from the health sector believed that ATS users seeking hospital assistance should be managed better than they currently are. They felt that the provision of the appropriate training and required equipments and medicines would improve hospital management of ATS users in emergency departments and that the hospitals should have guideline and standard operating procedures in place so that health sector personnel are able to provide better care.

We should be able to manage the clinical cases associated with drug use much better than we are. We should have specific regulations on management of addictive substances including ATS. We need to be provided with test-kits free of charge so we can identify which types of drugs people are using. We can also play a role by providing education on drug issues in the newspapers, radio and Internet

The majority of health staff interviewed expressed their desire to see ATS supply reduced in Viet Nam and believed that the main role they could offer society, aside from clinical management, was information about the harmful effects of ATS. Furthermore, they suggested that the main responsibility for managing ATS lay with the police and that in terms of collaboration with the police, they believed that once someone suffering symptoms related to ATS toxicity had been treated, they should be handed over to the police for investigation.

Suppress synthetic drug trafficking (particularly in environments of education, universities, schools, night clubs, cafes); Seriously punish synthetic drug traffickers; Continuously implement advocacy activities in schools/universities and localities on harm of ATS; Cooperate with families to manage; For health sector: when detecting any cases with ATS, should have responsibilities

to inform to families or local authorities to manage.

When a hospital receives ATS users, together with treatment, hospital should inform the police to approach and manage as well as investigate. After releasing from hospital, we will hand them over to local authorities to manage. Health sectors should play a role as advocacy workers together with other social agencies and be responsible to treat patients and strictly control addictive pharmaceutical substances.

Bar owners, managers and staff

Awareness and Familiarity

It is clear from the information gleaned in this assessment that much of the recreational ATS use in Viet Nam occurs in bars and nightclubs in urban settings. In addition, it is believed that people who use ATS in bars and clubs are often from wealthy backgrounds and can afford to use ATS. Many of the Key Informants involved with bars or clubs confirmed they had heard about ATS from the media but most of them denied that ATS use occurred in clubs or bars where they worked. Many Key Informants thought they could tell if someone was on ATS and some key informants suggested that ATS use was common and ATS was easy to purchase.

I don't know much about ATS but I know people just called "thuoc lac"

Now, number of customers to nightclubs/ bars uses addictive substances. As my experience, if a person is in vague or imbalanced status, this customer might use addictive substances.

Using Ecstasy obviously happens in Bar or nightclub where have loud and exciting music.

Now, there are a lot of people using ATS in bars, nightclub and they usually have symptoms as sluggish or shaking head, aggressive and easy to fight, and some cannot stand and vomit.

Policy and Practice

Key Informants involved in the entertainment venues suggested that there were strict policies in place that forbid the use of ATS in the bars and clubs. They also believed that it was very difficult to stop everyone using ATS as sometimes it was hard to know if people were using or not. The majority of those interviewed believed that the majority of

bars and clubs strongly warned their staffs not to use ATS and constantly educated them on the dangers of ATS. Furthermore, they encouraged their staffs to inform the police of ATS in their bars and clubs

I am not sure 100% that there are no users in my bar, but they may use outside and come to our club, but we can be sure that this number is no more than 5%. If we find out any suspicions regarding drug use, we will refuse to receive them. In our bar, I confirm that there is no user.

Being a business manager, I discourage customers who use ATS from coming to our club as they will affect directly to our club.

Talked to and all staffs must write commitments not to use or sell all types of drugs.

Regularly discuss with staffs in order to prevent them from trial use or being lured by friends to use

I will suggest that manager of bars, nightclubs should regularly educate staffs (particularly security staffs); not sell or buy ATS and strictly, seriously stop people who use ATS and inform competent authorities if detect any case.

Recommendations

Key informants were asked how ATS use in bars and clubs should be managed and they overwhelmingly suggested that there needed to be strong collaboration between bars owners, staffs and the police in order to be able to investigate and control ATS use in bars and clubs.

In order to better manage and restrain ATS use situation, owners and police should have regular meetings to coordinate and share information.

Need to have close coordination between manager and local police to have early and timely prevention measures.

Key informants were asked whether peer education inside the bars and nightclubs would be a good idea and what else could be done inside the venues to make them safer. Almost all the Key Informants, despite not openly acknowledging ATS use in their bars and clubs, thought that the provision of peer-based harm reduction strategies was a good idea and they would welcome such an intervention. They also felt that they could perhaps disseminate information about the harms of ATS in posters around the club or bar.

I would support a peer-based team and hopefully it is something that can happen more often.

I think we should organize more training to introduce, talk and disseminate information on danger of addictive ATS.

Should advocate on danger and disseminate addictive nature of ATS

Place the contents and images of the bad consequences when people use ATS.

SECTION B

AWARENESS AND PREVALENCE OF USE OF ATS AMONG SCHOOL AND UNIVERSITY STUDENTS IN 5 CITIES IN VIET NAM

The primary objective of the second component of this survey was to assess the general awareness, familiarity and prevalence of use of ATS among school and university students from 5 cities in Viet Nam. The information generated from the school and university survey will assist in developing appropriate strategies that can deliver the necessary information and skills to young people across Viet Nam in order to make better informed decisions including preventing ATS use and reducing the harm associated with ATS use. The main findings related to this section include:

- School and University students are very aware of ATS, having learned about ATS either through the media, Government campaigns or from their friends.
- Despite having heard of ATS, the majority of students could not really explain the difference between the various types of ATS indicating actual familiarity and understanding of ATS very low.
- Participants felt that ATS was increasingly available within their communities and that many people in their communities used ATS
- While students thought availability and use was high within their communities, reported prevalence of life time use of the various types of ATS was around 1% indicating that use of ATS is very low across this cross section of school and university students in 5 cities and provinces in Viet Nam.

Participants and Methods

The Centre for Consulting on Legal and Policy on Health and HIV/AIDS under the Viet Nam Lawyers' Association were contracted by the VNM/J93 project to conduct the school and university surveys across 5 cities/provinces in Viet Nam. The survey implementing team participated in one-day protocol training in December 2010 with the international consultant. The training included survey familiarization, the background and objectives of the

study, ethical concerns relating to human subjects⁵⁰ in research projects including the process of seeking oral consent from survey participants.

The five biggest urban cities in Viet Nam were selected for the survey as both the Government of Viet Nam and indeed the data analysed in Section A of this report suggest that urban settings is where ATS use is more prevalent. The cities and provinces selected were Ha Noi, Ho Chi Minh, Da Nang, Hai Phong and Quang Ninh. Schools and universities from each city were selected following discussions and recommendations with the Department of Education and Training at provincial and city level and through discussions with Department of Public Security in each city and province respectively.

A representative cluster sample was selected from each school and university. A class of students from each of year 10, year 11 and year 12 were sampled from each school and a class of university students were selected from each of first year, second year, third year and fourth year were sampled from each university. A formal request for assistance and cooperation was sought from the directors of each educational institution. This was facilitated through the Department of Education and Training, the Departments of Public Security of respective city or province and the National Project Coordinator based within UNODC Hanoi. Participation in the survey was voluntary and all potential student participants were asked for their oral consent before participating in the survey. A total number of 5,985 school students and 4,191 university students agreed to participate in the study.

Data Collection and Instruments

To meet the aims of this section of the study, the project team developed a survey instrument that would assess the level of understanding, awareness and familiarity of school and university students with ATS in their social networks and communities. Some sections of the survey were based on previous research conducted in South East Asia while other sections were developed specifically for this study in the Vietnamese context. The survey was designed by members of the project team from SODC and UNODC and finalised in English first then translated into Vietnamese and checked for accuracy by a

50 Many Governments, UN agencies, donor agencies and research institutes have a strict set of guidelines related to the protection of human subjects who participant in research trials. The guidelines cover such important issues as doing no harm, confidentiality and good clinical practice. Researchers who assisted in this assessment were tutored in the basics of protection of human subjects. In addition, our assessment was approved by a the Institutional Review Board of Hanoi Medical University.

project team member who was bilingual in both English and Vietnamese languages. The survey was made up of five specific sections and focused on the following key themes:

- A) Background demographics and socio-economic circumstances of participants;
- B) The participants' level of knowledge, familiarity and understanding of different types of ATS in Viet Nam;
- C) Participants perceptions and awareness of the availability and use of ATS in among their social networks and in their communities;
- D) History of use of ATS among participants;
- E) Participants' attitudes and perceptions towards ATS use, ATS users, the reasons why people used ATS and their ideas to prevent ATS use in their communities.

Data Analysis

Data from school students and university students was double entered into a Microsoft Access programme developed by an programme designer based in Chiang Mai, Thailand. The complete school and university data sets were then sent to an experienced data analyst who cleaned the data set and sought clarification for any missing or unexplained data. Data was then cleaned again and analysed. For the purposes of this section and this report, data was invariably and descriptively analysed. Findings from the analysis are presented in order to respond to the main objectives of this section of the study.

RESULTS

A. Participant Demographics

Table 2.1: Description of demographics of survey participants

SCHOOL AND UNIVERSITY SURVEY PARTICIPANTS DEMOGRAPHICS ANALYSIS					
CHARACTERISTIC	SCHOOL STUDENTS		UNIVERSITY STUDENTS		
	N	%	N	%	
SEX					
Male	2678	46.3	1900	45.3	
Female	3107	53.7	2291	54.7	
TOTAL	5785	100	4191	100	
AGE					
Mean	16.7		20.5		
Median	17.0		20		
CURRENT RELATIONSHIP STATUS					
Single	5071	87	3185	76	
Have girlfriend	400	6.9	415	9.9	
Have boyfriend	314	5.4	484	11.5	
Married			107	2.6	
WHERE DO THEY LIVE					
Parent's House	5464	94.5	887	21.2	
Relative's House	154	2.7	240	5.7	
Rented Apartment	87	1.5	1502	35.8	
School/University Dormitory	73	1.3	1441	34.8	
With Partner			79	1.9	
TOTAL MONTHLY INCOME					
<5 million VND	2365	40.9	714	17	
5-10 million VND	377	6.5	64	1.5	
> 10 million VND	248	4.3	101	2.4	
Not earning money	2795	48.3	3312	79	
TOTAL MONTHLY SPENDING					
< 5 million VND	2706	46.8	2155	51.4	
5-10Million VND	350	6.1	111	2.6	
> 10 Million VND	193	3.3	106	2.5	
Not spending	2536	43.8	1819	43.4	

In this cross sectional sample of students from both schools and universities across Viet Nam, we have attempted to draw a sample that is reflective of young school and university students across all of Viet Nam. The sample sizes are similar across both of the student groups with 5,785 students drawn from 14 schools and 4,191 students drawn from 10 universities. The gender ratio between participants recruited into the survey from schools student (males 46.3%) and university students (45.3%) are essentially identical. The majority of students are single (87% of school students versus 76% of university students) and only a very small percentage of participants reported either having a boyfriend/girlfriend (approximately 6% of school students and 10% of university students), no school student reported being married and only 2.6% of university

students reported being married. School students were more likely to live with their parents than university students (94.5% versus 21.2%) indicating that students attending university tend to move out of the family home. University students tend to live in shared apartments (35.8%) or in university dormitories (34.8%). The majority of students are either earning less than 5 million VND per month or not earning any money at all (79% of university students) indicating that students rely on financial support from families during their education.

B. Knowledge, Familiarity and Understanding of different types of ATS

In this section of the survey, students were asked a series of questions to ascertain their general knowledge about ATS and whether they could distinguish between different types of ATS. Students were also asked where they had heard about ATS from and how prevalent they thought ATS was in their communities. Students were also asked a series of questions that assessed their knowledge about the physiological and psychological effects of ATS.

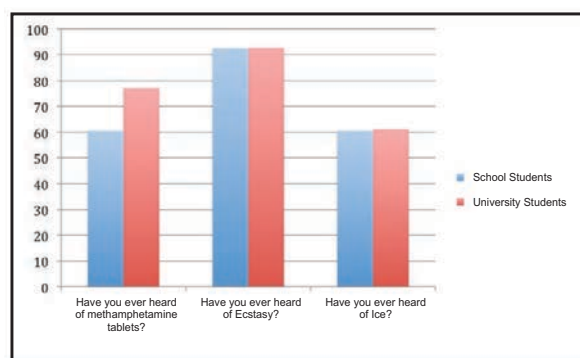


Photo: Drug advocacy campaign among students

Awareness of methamphetamine tablets, Ecstasy or Ice among students

School and University students were asked if they had ever heard of the three main types of ATS that are available and used in Viet Nam: methamphetamine tablets, Ecstasy or Ice. The majority of school and university students had heard of Ecstasy (92% for both school and university students) and almost two thirds of school and university students surveyed had heard of methamphetamine tablets (60% and 77% respectively) and Ice.

Graph 2.2: Percentage of students from school and university who have ever heard of ATS



The Government of Viet Nam uses anti drug propaganda as one of its main activities to raise awareness about illicit drugs in Viet Nam. For example, on June 26 every year the Government of Viet Nam holds a meeting to acknowledge World Drug Day, June is also the National Month against Drugs. Furthermore, the Government of Viet Nam utilises mass communication and media agencies to work closely with the Standing Office on Drugs and Crime to produce and highlight anti-drug activities. The anti-drug propaganda is underpinned by the Viet Nam’s “prevention is first” priority to anti-drug messages. The Ministry of Culture, Sport and Tourism and the Ministry of Public Security collaborate to ensure that messages are tailored to specific sectors of society so that all of society is ultimately receiving anti-drug education.



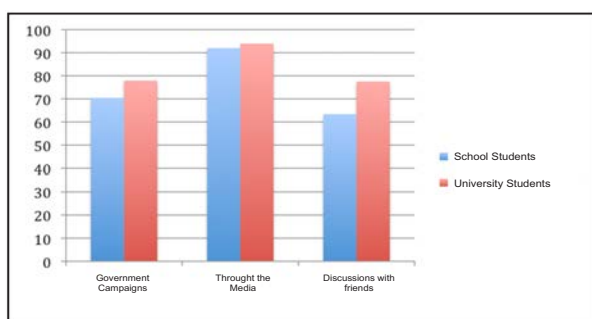
Photo: Drug advocacy campaign among school students

School based drug prevention is considered a critical component of the National Target Drug Control Programme and the Ministry of Education and Training and the Ministry of Public Security work closely together on the inter-ministerial drug control plan organising many different events. These events range from mass student signing ceremonies where students show their commitment to not use or sell drugs, the promotion of groups of self protection

against drugs and sports events where drug control knowledge and messages about the damage that drugs can do are combined with a sporting event.

Although there is no specific ATS prevention or education strategy in schools or universities, the anti-drug propaganda efforts appear to have reached a large part of their target audience. Over 90% of students from both school and university report that they had mainly heard about ATS through the media and over 70% of students report they had heard about ATS through Government campaigns. In addition almost two thirds of the school students reported hearing about ATS from their friends at school and almost 70% of university students had heard of ATS from their friends.

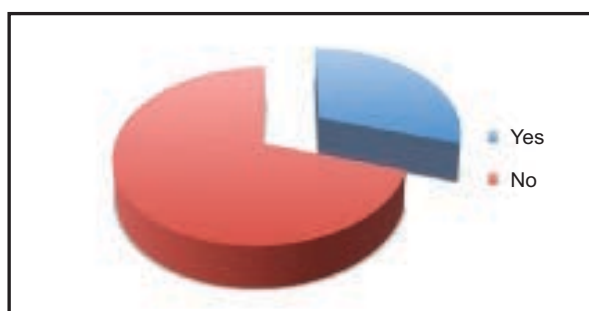
Graph 2.3: Where did you hear about ATS?



Distinguishing the difference between different types of ATS

The majority of students were, however, unable to actually distinguish between different types of ATS. Only 30% of school students and 36% of university students believed they could tell the difference between methamphetamine tablets, Ecstasy and Ice.

Graph 2.4: Do School Students Understand the Difference between Different Types of ATS?



Awareness of the effects of ATS

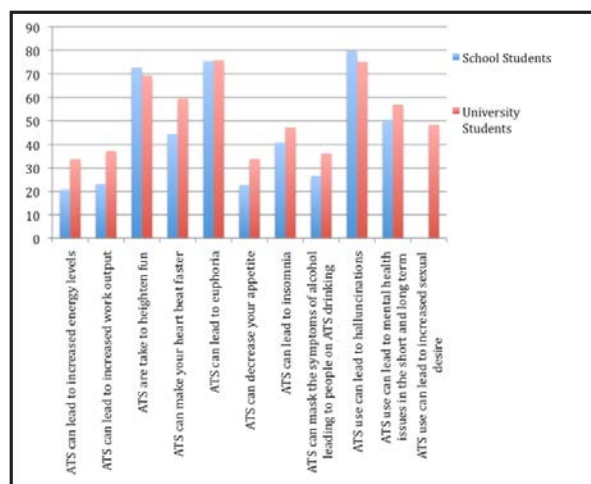
While the Government and media awareness raising on ATS has led to the majority of students having heard about ATS, it is clear that important information relating to the properties of ATS

and the affects of ATS are not being delivered. Students were asked a series of questions about the physiological and psychological effects of ATS. Overall, it is clear that students from both school and university do not really understand how ATS affect the physiology or the psychology of the individual using ATS. While students have heard of ATS, they do not really understand many of the side effects of ATS. For example, only 21% of school students and 33% of university students believed that the use of ATS could lead to someone having an elevated energy level.

Across the series of questions, university students generally showed a more sophisticated level of understanding than school students although significant gaps in knowledge related to many of the affects of ATS are common to both groups.

Both school students (72%) and university students (69%) associate the use of ATS with having fun. Furthermore, over 75% of both school and university students reported that they believed that the use of ATS could lead to euphoria. Over 50% of all students reported that they believed the use of ATS could lead to either short-term or long-term mental health issues. The majority of students did not know that ATS could lead to appetite suppression or insomnia. Almost 50% of university students believed that the use of ATS could increase sexual desire.

Graph 2.5: Student were asked a series of questions related to their knowledge of the affects of ATS

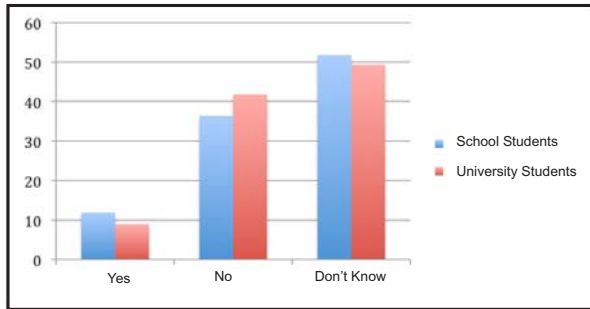


C. Perceptions and awareness of ATS use among the students’ social networks and broader community

The use of ATS among the peer networks of school and university was also perceived to be very low with only 11% of school students believing they know someone who uses ATS although over half of

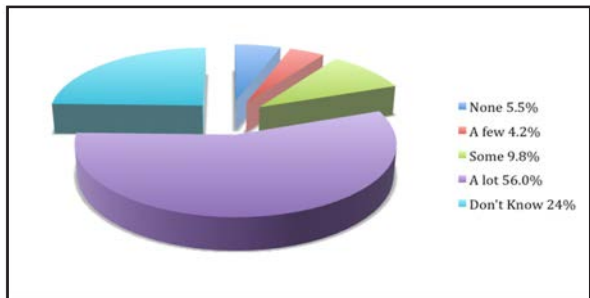
respondents didn't actually know whether or not they knew someone who used ATS. This would suggest that their familiarity with how someone taking ATS would appear or act is actually very low. Surprisingly even less university students thought that they knew someone who used ATS (8.9%).

Graph 2.6: Do school and university students actually know someone who has used an ATS?



While students were less likely to know someone who used ATS, school students surveyed indicated that they thought that there were *some* people in their community that used ATS (13%) and over half of the school students indicated that they thought there was *a lot* of people who used ATS living in their communities. The university students also perceived there to be *a lot* of ATS users in the community (56%).

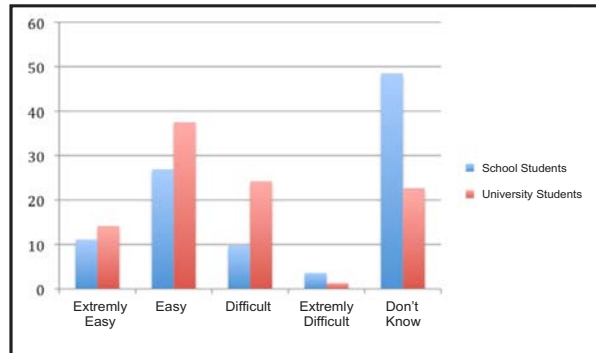
Graph 2.7: University students' perception of how many people used ATS in their communities



Perceptions of Availability of ATS

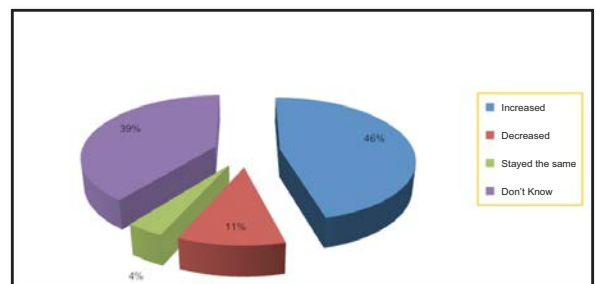
Almost 40% of school students and 50% of university surveyed felt that accessing ATS was either extremely easy or easy indicating that ATS is readily available.

Graph 2.8: Participants were asked about their perceptions of ATS availability in the community



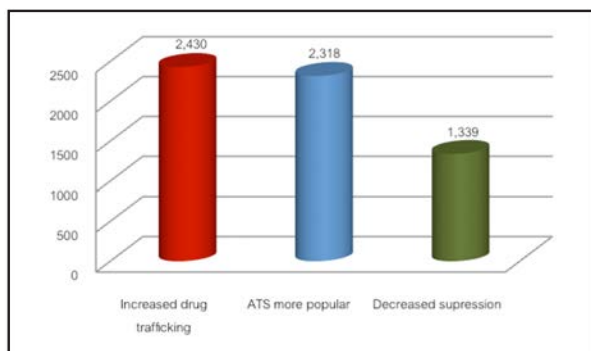
Supporting this availability data, 46% of school students and almost 50% of university students surveyed also thought that the availability of ATS had increased in the last 12 months in the city or the surrounding areas.

Graph 2.9: Students were asked if the availability of ATS had changed in the last 12 months



School and university students were asked why they thought ATS availability had increased with the majority of students from both school and university believing that the reasons behind the increase in ATS availability was largely due to the combined effect of both an increase in the supply of ATS and the demand for ATS. Almost 85% of both school and university students believed that the trafficking (supply) of ATS had increased and 83% of school students and 81% of university students believed that ATS use had become more popular (demand). Only a third of school students but almost half of the university students believed that the increase of ATS availability and use was a direct result of decreased drug suppression activities.

Graph 2.10: University Students believe ATS trafficking has increased and the use of ATS is more popular



D. History of use

Across all of the students surveyed from both schools and universities, the reported lifetime “ever used” of all types of ATS was extremely low. So, while the students believed that ATS was widely available, it didn’t mean that they reported that they had ever used ATS. Among school students, reported prevalence of use of methamphetamine tablets was 1%, Ecstasy use was 1.6% and Ice was 1.1%. University students reported even less ATS use with a lifetime prevalence of ever using methamphetamine tablets at 0.9%, Ecstasy 0.7% and Ice only 0.4%.

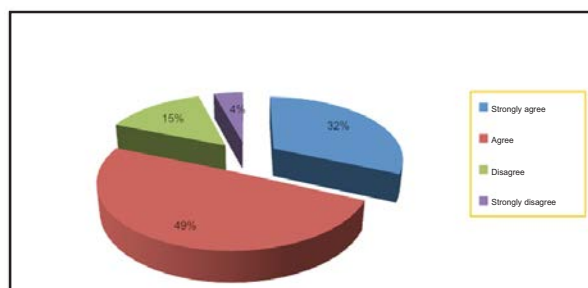
Table 2.11: Lifetime prevalence of “ever used” different types of ATS

Reported use of different ATS	School Students		University students	
	N	Percentage	N	Percentage
Methamphetamine Tablets	57	1	36	0.9
Ecstasy	92	1.6	28	0.7
Ice	65	1.1	18	0.4

E. Protective factors to reduce ATS use in the community

Students were asked a series of questions about what type of activities or factors would be important for preventing and reducing ATS use in the communities of Viet Nam. Although the participants showed a limited knowledge of ATS when they were asked about its effects they perceived that there was a lot of information available in the communities about ATS. The results of this survey suggest that while there may be a perceived availability of information about ATS in the community, the information would appear to be focused on anti-drug propaganda rather than scientific based information related to the effects and implications of ATS.

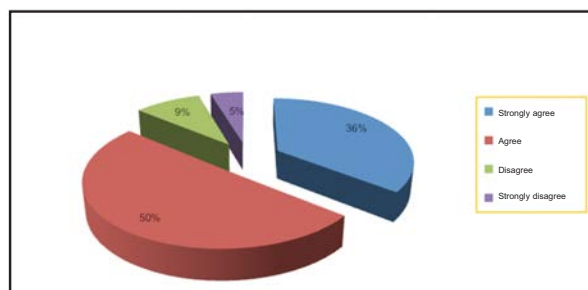
Graph 2.12: Students believed that information on ATS was widely available in the community



When students were asked if the provision of educational information on ATS would be useful at the community level, an overwhelming percentage of participants from both school (90.2%) and university students (86.1%) either agreed or strongly agreed that the provision of educational material about ATS would be an important component of the Government’s ATS strategy.

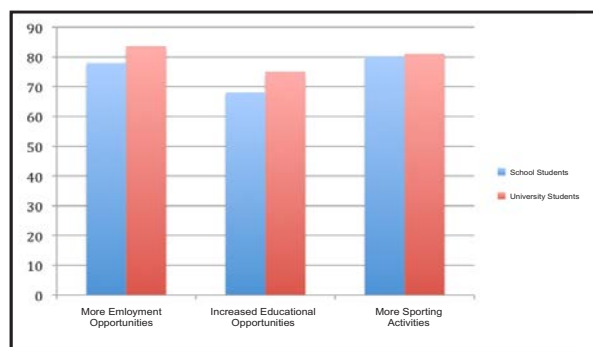
Students were asked if they thought there were enough activities for young people to do in their communities and the large majority of university students (86%) believed that there were enough activities for young people to participate in.

Graph 2.13: University students report there are enough activities for young people to participate in the community



Students were then asked more specific questions about what sort of opportunities and activities would lead to a decrease in the uptake or use of ATS. School and university students overwhelmingly (88% of school students and 92% of university students) agreed that the provision of more economic opportunities through greater employment opportunities would help prevent initiation of ATS use or decrease the use of ATS. In addition, students from both schools and universities believed that greater access to ongoing education opportunities and the provision of a wider range of sporting options would further decrease the demand for ATS among students in Viet Nam.

Graph 2.14: Participants were asked what they thought would prevent the use of ATS or reduce the use of ATS in the community



SECTION C

ATS AWARENESS, USE AND POTENTIAL IMPLICATIONS FOR INDIVIDUAL AND PUBLIC HEALTH AMONG SELECTED RISK GROUPS IN VIET NAM

This section of the assessment explored ATS familiarity and use among various groups considered high risk for the use of ATS. Using a targeted sampling method, we explored the awareness and prevalence of ATS use among people who use drugs (PWUDs), men who have sex with men (MSM), female sex workers (FSW), taxi and construction workers, specific ATS users (Ha Noi only) and bar and nightclub goers across three cities in Viet Nam. The intention of this section of the study was to explore the implications of ATS use in selected groups so in order to guide the development of strategies that could be considered to reduce the harms of ATS among these groups. The main findings from this section of the assessment include:

- Risk groups surveyed in this study had an overall high awareness and familiarity of ATS, especially Ecstasy and Ice.
- Risk groups showed a much higher understanding of the physical and psychological effects of ATS than the school and university students.
- The majority of participants across all risk groups acknowledged the role of ATS use in increasing sexual libido and desire, prolonging sexual activity and the role of ATS in sexual risk behaviour.
- Prevalence of Ecstasy and Ice among all risk groups was very high (80%) while the use of methamphetamine tablets was much less.
- The vast majority of participants reported only recreational use of ATS (a few times per month or occasionally over 3 months (70%) while a smaller percentage of participants reported using ATS weekly (20%).
- Participants reported that drug related arrest rates were high among their social networks indicating responses of law enforcement among these groups were common.
- Lifetime prevalence of sexually transmitted infections and sexual risk behaviour associated with ATS indicate that STIs and HIV acquisition remain an ongoing concern for many participants in these risk groups.
- Many participants reported that knowing

other people who injected ATS.

Participants and Methods

Between December 2010 and January 2011 a team of researchers from the Ha Noi Medical University (HMU) recruited participants from various high-risk groups in Viet Nam. In consultation with the study team a methodology was designed that would give this study section the best opportunity of exploring ATS awareness, use and selected health outcomes among risk groups in Viet Nam. A list of risk groups was discussed and agreed upon after discussions with the GOV and a review of available literature. The study team was assigned to explore the awareness, use and selective health outcomes associated with ATS among the following groups of people:

- Heroin users
- Men who have Sex with Men (MSM)
- Female Sex Workers (FSW)
- ATS users (only in Ha Noi)⁵¹
- Taxi Drivers/Construction workers
- Bar Goers

The three largest urban cities in Viet Nam; Ha Noi, Ho Chi Minh City and Da Nang, were selected as the study site locations for recruitment of these risk groups.

Justification for each risk group

ATS use in the nightclub and bar scene in Viet Nam: ATS use in Viet Nam has been reported amongst wealthy nightclub goers in the big cities of Viet Nam including Ha Noi, Ho Chi Minh City and Da Nang⁵². There have been regular raids on clubs in Viet Nam for suspected ATS use, yet the extent of ATS use is unknown and the patterns of use are also unknown.

51 Considering the sensitive nature of recruiting active ATS users, the study team wanted to explore the possibility of recruiting active ATS users in a small sample in Hanoi. HMU believed they had a reasonable chance of accessing actual ATS users from their experience with a previous research study they had conducted. The overall risk group recruitment strategy was designed to trial recruitment methods and also ascertain the prevalence of ATS use amongst each risk group.

52 Consistent media reports, Government presentations and findings from this assessment confirm that recreational ATS use occurs in some nightclubs and bars in Hanoi, HCM City and Da Nang. In addition, it is widely acknowledged that many of the bars and clubs where ATS is reportedly used are frequented by young adults who appear to be wealthy.

ATS use amongst men who have sex with men in Viet Nam: Information pertaining to MSM in Viet Nam indicates that the practice is becoming less hidden. ATS use amongst MSM populations around the world has been reported as highly prevalent and the VNM/J93 project sought to clarify the situation of ATS use amongst MSM in Viet Nam. Internationally, ATS use among MSM communities has been shown to have implications for sexual risk behaviours that can lead to HIV transmission and therefore ATS use among this group could have widespread implications for HIV prevention policies and programmatic planning.

ATS use among female sex workers in Viet Nam: Sentinel surveillance of HIV amongst female sex workers in Viet Nam is regularly collected. There is currently no information relating to the use of ATS among commercial sex workers. Evidence from surrounding countries in the Mekong has shown that the use of ATS amongst sex workers and their clients is prevalent. Information pertaining to ATS among this group is important for ongoing HIV prevention programme and policy development.

ATS use in the labour (construction) and transport (taxi drivers) in Viet Nam: The use of ATS in the construction and transport industries has been documented in many countries in South East Asia. This aspect of the assessment sought to clarify whether ATS use is prevalent among people who work in construction or drive taxis. The purpose of this aspect of the assessment was to ascertain if and how widespread ATS use was in these industries with a view to interventions aimed at workplace safety.

ATS use among networks of people who use drugs: There is widespread evidence of injecting drug use in Viet Nam and policies and programmes have been implemented to provide a range of services for this group, including harm reduction services. Little is known about the use of ATS among traditionally opiate injecting networks. The purpose of this component was to estimate the use of ATS among networks of people who use opiates. Heroin use through injection is already prevalent in Viet Nam, the use of ATS and especially the injecting of ATS would have implications for not only blood borne viruses but harm reduction programmes providing services to injecting drug users.

Study Team

A central study team of researchers from the Centre for Research and Training on HIV/AIDS – Hanoi Medical University (HMU), undertook a VNM/J93 study protocol training to ensure they were familiar with the study protocol, study objectives, ethical standards in research involving human subjects and screening and enrolling participants including oral

consent procedures. In addition, the HMU research team participated in the design of the quantitative and qualitative survey tools and discussions about the most appropriate geographical areas in the selected cities and logistical considerations in order to access and recruit participants from the various high-risk groups across three cities.

In order to conduct the survey in Ho Chi Minh and Da Nang, two key researchers from HMU moved to each of Da Nang and then Ho Chi Minh after completing the survey in Ha Noi. In order to conduct the survey work in Ho Chi Minh and Da Nang, HMU entered into a formal collaboration with the Ho Chi Minh Committee for HIV/AIDS Control and Prevention and the Da Nang Centre for HIV/AIDS Control and Prevention respectively. The HMU researchers delivered a half-day training to the respective Provincial HIV/AIDS Control and Prevention Committees in Ho Chi Minh and Da Nang. The training was similar to the training conducted by the technical consultant with the HMU research team and covered; protocol training, background and objectives of VNM/J93, survey familiarisation, ethical standards in research involving human subjects including confidentiality of participants and voluntary consent.

Quantitative Survey Recruitment

The research team in consultation with project team decided to pilot and explore the proposed recruitment strategy and survey instruments in Ha Noi ahead of the formal recruitment drive. To access and recruit participants from high-risk groups we used the Respondent Driven Sampling (RDS) method. The principal was the same for each high-risk group although slightly adapted depending on the type of risk group. The following steps outline the main generic steps used with each group to implement this recruitment strategy:

- Step 1: Interviewers went to the field and identified sites where each different high-risk group are known to frequent and can be approached. Interviewers then approached potential participants in nearby locations which are private, safe, comfortable and out of sight of public officials.
- Step 2: Interviewers then selected the first targeted subjects in the community by assessing the targets potential suitability to be a “seed” targeted participant. Seeds were targeted subjects of research (IDU, FSW, MSM etc) who met the following criteria:
 - a. Were willing to participate in the research and have the ability to introduce 3 others who met the requirements of inclusion

criteria of the survey, to participate in the research;

- b. Understood the purposes and objectives of study after being briefed by a member of the interview team;
- c. Had a broad and widespread connections with other people from the risk group in his/her network(s);
- d. Were well known and trusted by other members in his/her network(s).

Step 3: After the targeted subject's applicability to be "seeds" had been assessed, they were then screened using the study screening questionnaires to ensure they also meet the inclusion criteria of the particular risk group of interest.

Step 4: After the seeds completed the interviewing process, they were provided with a maximum of 3 coupons with referral-codes on each coupon to introduce their friends in their network(s) to participate in research. The coupons included the contact information of interviewers. Potential interviewees then contacted the interviewers and arranged a place and time to meet. The interviewers then ask successive referred participants if they could also introduce the friends in their network(s) to the study team.

Initial seeds and referred participants were asked to introduce other potential participants from risk groups to the study. The study team provided the seeds and referred participants with a guiding strategy on which to gauge the suitability of potential referred participants as follows, "Do you think you could refer other people to us who you think know other people from the risk group who may have experience using ATS?" The only other inclusion criteria, was that they had to know the name of the potential introduced participant and the participant had to know their name.

Step 5: The process is similarly repeated with new referred targeted subjects also provided with a maximum of 3 coupons with referral-codes on each coupon to introduce other people in their network to participate in research. This process continued until the amount of participants in each high-risk group was sufficient. At that time, the recruitment for the quantitative survey stopped. From this perspective, the study team was not guaranteed to actually recruit ATS users but the reported prevalence of

use of ATS among risk groups in the results section of this study section indicate that our recruitment methodology was successful in recruiting networks of ATS users.

Table 3.1: Total Number of Participants Recruited from each Risk group per City

HIGH RISK GROUP	HANOI	DANANG	HOCHIMINH	TOTAL
Heroin Users	100	70	101	271
MSM	100	70	100	270
FSWs	100	70	100	170
Taxi Drivers/ Construction Workers	0	70	100	170
Bar Goers	0	70	100	170
ATS users	200	0	0	200
TOTAL	500	350	501	1,351

Qualitative Survey Recruitment

The qualitative in-depth interviews were conducted to draw out more specific and descriptive information relating to the use of ATS among participants among each risk group. After participating in the quantitative survey, participants, who had reported that they had used ATS in the past, were asked if they would agree to participate in an anonymous in-depth interview. After obtaining oral consent, participants were asked a series of semi-structured open-ended questions designed to elicit responses that would give more detailed descriptions and accounts of subjects and themes explored in the quantitative survey. A total of 195 qualitative in-depth interviews were conducted with participants from risk groups across the three cities.

DATA COLLECTIONS AND INSTRUMENTS

The VNM/J93 project designed and in conjunction with the team from HMU to revise both the quantitative and qualitative survey instruments.

Quantitative Survey

The quantitative survey explored the following key themes:

- A. Participant Demographics;
- B. Participant Knowledge and Awareness of Different Types of ATS and the Effects of ATS;
- C. Prevalence of ATS use and the extent of ATS use among social networks;
- D. Social context of initiation of use of ATS including the route of administration; and
- E. Risk behaviours and experiences associated with ATS use including unprotected sex and

interactions with law enforcement agencies and participant knowledge of HIV/AIDS and STIs including a history of testing and treatment.

Qualitative Survey

The qualitative survey tool was comprised of a semi-structured in-depth interview guide, which was designed to elicit responses from participants that would further describe the social context of ATS use as asked in the quantitative survey. The in-depth interviews ask participants to describe and explored the following themes:

- To describe the social context of use and to elaborate on how ATS were actually taken
- To reflect on the effects of ATS and what they saw as the risks of ATS use, including the impacts of ATS on physical and psychological health, sexual risk behaviour: condom use and the transmission of STIs
- To think about the sort of interventions required to reduce the harms associated with ATS use among high-risk groups in Viet Nam

Data Analysis

Quantitative data was cleaned and double entered by the HMU research team. The data was then entered into EPI DTA 3.1 and then transferred to SPSS 16.0 for analysis. Data was invariably and descriptively analysed to give a crude analysis of the variable for the purposes of this report.

Qualitative data was entered into NVIVO 8 in Vietnamese and nodes were constructed to elicit common themes according to Grounded Theory, common is the analysis of qualitative work. For the purposes of this report, quotes that best illustrated commonly occurring themes were selected for translation into English and double-checked for translation and accuracy by a study team member bilingual in both Vietnamese and English.

RESULTS

A. Participant Backgrounds and Demographics

Table 3.2: Demographic Characteristics of Participants among Selected Risk Groups

Demographics of Risk Groups in Survey	Drug users (n= 271)	MSM (n=270)	FSW (n=270)	ATS (n=200)	Taxi Driver/workers (n= 170)	Bar Goers (n=170)
Mean/median age (years)	26.33	23.00	28.03	24.25	23.59	28.74
Sex (male), (female) (percentage)						
<i>Male</i>	100.00	99.50	0.00	65.53	62.85	65.00
<i>Female</i>	0.00	.50	100.00	33.80	36.15	35.00
Live with (top 3)						
<i>Family (grandparents, parents, spouse)</i>	21.17	21.87	14.23	32.65	28.00	21.50
<i>Parents' house</i>	54.90	21.90	15.97	29.55	50.05	33.00
<i>Spouse</i>	8.43	1.80	6.87	26.50	3.35	7.50
<i>Friends</i>	3.97	21.90	14.37	3.55	6.00	11.00
<i>Boy friend/girl friend</i>	4.10	7.03	9.70	1.50	1.70	13.50
<i>Co-workers</i>	0.00	3.33	12.10	1.00	6.50	1.50
<i>Others</i>	6.93	22.13	26.43	5.20	4.35	10.00
<i>Living alone</i>	0.00	0.00	0.33	0.00	0.00	2.00
Marital Status (single, partner, married)						
<i>Single, not live with lover</i>	54.57	74.70	38.37	37.00	80.00	43.00
<i>Not married but living with lover</i>	10.60	13.67	13.67	4.45	7.95	16.00
<i>Married</i>	22.33	2.80	15.90	53.05	8.55	18.50
<i>Divorced</i>	9.53	7.13	24.20	2.00	3.00	15.50
<i>Separated</i>	1.33	0.33	4.10	2.00	0.50	3.50
<i>Others</i>	1.67	1.33	2.63	1.50	0.00	2.50
<i>Widow</i>	0.00	0.00	1.13	0.00	0.00	1.00
Highest education completed						
<i>No education</i>	2.00	3.00	4.63	0.00	1.00	0.50
<i>Primary school</i>	13.90	14.33	22.20	3.15	4.00	4.00
<i>Secondary school</i>	42.50	19.23	45.47	25.05	23.05	38.50
<i>High school</i>	38.30	26.30	26.43	61.85	41.00	49.00
<i>Vocational training</i>	0.67	5.43	0.47	5.70	7.30	1.00
<i>In college/university</i>	1.33	18.43	0.80	1.70	12.15	3.00
<i>Completed college/university</i>	1.33	13.30	0.00	2.50	11.50	4.00
Currently in the education system	3.97	34.03	2.43	6.30	27.05	7.00
Currently employed (collapse table)						
<i>Yes</i>	15.57	13.43	22.83	77.15	15.85	8.00

No	84.50	86.60	77.17	22.85	84.15	92.00
Mean Income						
< 2 million	19.73	23.77	6.43	4.30	19.95	6.00
2 - 3 million	26.57	25.53	21.40	17.95	35.80	18.00
3 - 5 million	27.70	20.63	30.00	41.55	33.00	24.00
5 - 10 million	8.10	20.37	37.17	28.50	3.65	16.00
> 10 million	2.67	3.47	4.17	7.70	0.00	27.50
No income	15.27	6.23	0.80	0.00	7.65	8.50

Participants from risk groups were on average older than participants from the school and university survey. FSWs and bar goers were on average the oldest participants surveyed, 28-29 years, heroin users were slightly younger with a mean age of 26.3 years. MSM, ATS users in Ha Noi and taxi/construction workers had a similar mean age between 23 and 24.3 years. Drug users surveyed were all male as were MSM (aside from one 0.5% who identified as transgender), FSW were 100% female, approximately two-thirds of taxi drivers/construction workers, bar goer and ATS users in Ha Noi were male. The vast majority of participants from the drug using, taxi/construction, ATS users or bar goers risk groups reported living with their families. MSM and FSWs also reported living with their families (40%) but were more likely to report living with friends (approximately 20%) than the other risk groups. Participants from all risk groups were overwhelmingly single apart from ATS users in Ha Noi who were either single (37%) or married (53%). MSM and ATS users were far more likely to have either entered the university system or still be in the university system, compared to all other risk groups where finishing high school was common enough but entering the university system was very rare (1.3% of drug users risk group had ever finished university and none of the female sex workers reported completing university). The vast majority of all risk group participants were currently unemployed part from ATS users in Ha Noi where of 77% reported being currently employed. FSW (37%) and ATS users (28%) were more likely than any other risk group to report earning between 5-10 million VND but bar goers (27%) were most likely to report earning over 10 million VND per month than any other group.

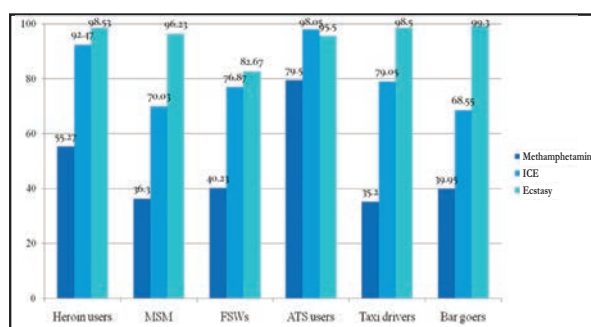
B. Participants knowledge and awareness of different types of ATS and the effects of ATS

Participants were asked a series of questions to gauge their awareness of different types of ATS. Overall, almost 100% of participants across all risk groups and across all of the three cities had clearly heard of Ecstasy. Over 90% of heroin users, ATS users in Ha Noi had heard of Ice but this percentage dropped to between 70-80% for participants from MSM, FSW, and taxi drivers/construction workers.

Surprisingly, participants from all risk groups were on average much less likely to have heard of ATS in tablet form, although heroin users (55%) and ATS users (79%) had heard of the tablets, knowledge of methamphetamine tablets was much lower across MSM (36%), FSW (40%), taxi drivers (35%) and bar goers (40%).

The survey noted some widespread differences across several of the risk groups and indeed across different cities, this was mainly reflected in participants' awareness of methamphetamine tablets. For example, 97% of heroin users in Ha Noi had heard of this type, but only 14% of heroin users in Da Nang had heard of methamphetamine. Similarly, while 61% of MSM in Ho Chi Minh city had heard of the methamphetamine in tablet form, only 3% of MSM in Da Nang had heard of it. In fact, there was on average very low awareness of Methamphetamine across all groups in Da Nang compared to risk groups in Ha Noi and Ho Chi Minh city.

Graph 3.3: Awareness of different types of ATS among different risk groups



Participants were asked where they had heard about the different types of ATS from, including if they had heard about different ATS from posters or mass media reports and government campaigns or in fact if they had heard from their friends. In contrast to the school and university survey, participants overwhelmingly reported that they had heard about methamphetamine tablets, Ecstasy and Ice from their peer group friends and networks. Over 90% of participants who had reported being aware of ATS had heard about it from their friends. This was consistent across all groups in all cities. Hearing about different types of ATS from mass media reports accounted for between 30% and 50% of participants' awareness of ATS.

Knowledge of the effects of ATS

Participants were asked a series of questions related to their knowledge of the effects and/or characteristics of different types of ATS on the user. The survey gave a list of possible side effects and characteristics that may result from ATS use as described in the international literature. Participants were asked

whether they knew of these potential side effects or characteristics. In particular, participants were asked whether they knew that in some cases, the use of ATS could result in the following effects:

- Feelings of increased energy
- An irregular heartbeat
- Hallucinations
- Feelings of depression post use
- Increased excitement
- Increased sexual desire
- ATS could prolong sexual intercourse
- May increase the likelihood of sexual risk behaviour
- Insomnia
- Decreased appetite
- ATS use could lead to violent or uncontrollable behaviour

Participants were asked each series of questions in relation to each different type of ATS: Methamphetamine, Ecstasy and Ice. Overall the majority of participants across each group in each city showed very high awareness of many of the physical effects of different types of ATS. Responses from the participants suggest that they believe that each type of ATS (Methamphetamine, Ecstasy and Ice) could result in many of the physical and psychological manifestations acknowledged in international scientific literature. For example, at least 80% of heroin users in all three cities acknowledged that using Ecstasy could result in a feeling of increased energy (84% in Ha Noi, 83% in Da Nang and 89% in Ho Chi Minh city). In fact, over 80% of all risk groups believed that the use of ATS resulted in feelings of increased excitement. Furthermore, many participants described experiencing insomnia and appetite suppression following ATS use.

Right after having it, I felt excited and cheerful, feeling good about myself, it made me think of nothing and enjoy that feeling. (Male heroin user describing Ecstasy use in HCM City)

I did not think of anything, just watched movie and accessed the internet on my mobile phone until late night. I could not sleep. To be honest, taking Ice decreased my appetite. Eating rice was like chewing straw. But this feeling lasted for one day only. Everything was back to normal on the second day. (Male heroin user describing using Ice in Hanoi)

Table 3.4: Risk Groups in Hanoi were asked what they thought the effects of Ecstasy were on the user

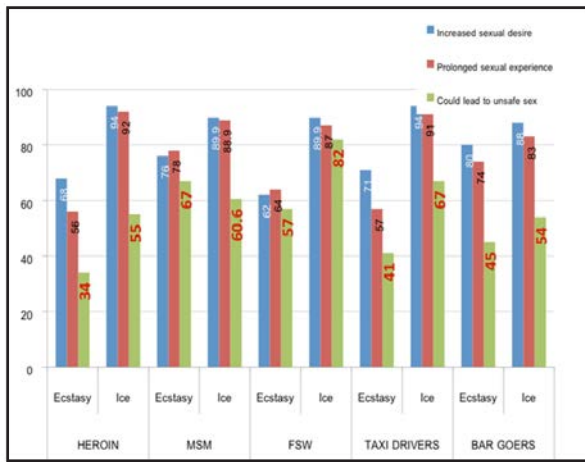
Effect of Ecstasy	Heroin User	MSM	FSW	ATS User
Increased Energy	84.8	91.4	73.9	83.8
Irregular heart beat	76.8	88.2	76.8	75.9
Hallucinations	79.8	92.5	89.9	94.8
Depression	27.3	50.5	34.8	38.2
Increased feeling of excitement	84.8	96.8	79.7	91.1
Increased sexual desire	63.6	87.1	75.4	75.9
Longer lasting sexual intercourse	81.8	79.6	71	73.3
Increased chance of sexual risk behaviour	53.5	75.3	42	40.8
Sleeplessness	68.7	77.4	69.6	70.2
Decrease appetite	66.7	72	62.3	72.3
Violent or uncontrolled behaviour	60.2	71	65.2	45.5

In terms of the impact of ATS on sexual behaviour, there was much more variation across groups and across cities. In general participants felt that both Ecstasy and Ice, more so than Methamphetamine, could induce sensations of increased sexual desire and could prolong the time that participants could have sex. In general participants felt the effect was more marked for Ice than Ecstasy. Participants were less likely to acknowledge that the use of Ecstasy and Ice could increase their participation in unsafe sexual activities although qualitative reports indicate that the use of Ecstasy and Ice did impact negatively in sexual risk behaviour in specific cases.

When using synthetic drugs, sexual ability is increased... and surely people do not use condoms... because under its affects, we would not be able to remember to use condoms, just want to have sex as soon as possible...and if going in group, we were also more likely to have collective sex [with many partners] (MSM Ha Noi)

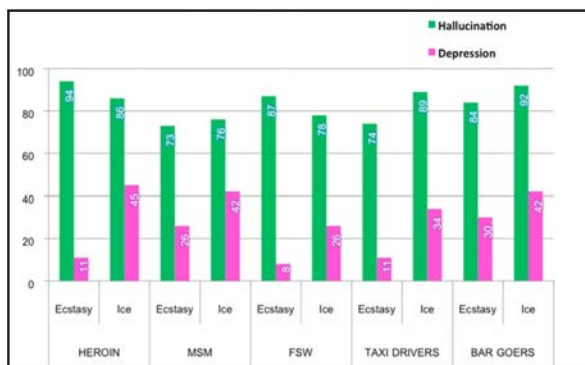
When taking ecstasy, it will depends on each individual person, some feels high... like us, we danced when listened to music, after dancing, we thought of sex... using ecstasy, it help last intercourse duration to more than half an hour... if with a lover, I didn't think of using a condom, but with dance girls, I still remembered to use a condom (Male, Construction Worker, Da Nang)

Graph 3.5: Depicting what risk group participants from Ho Chi Minh City believed the effect of Ecstasy or Ice on sexual desire, prolonged sexual experience and influence on unsafe sexual practices



While participants believed that the use of ATS could lead to hallucinations, the majority of participants did not seem to think that the use of ATS could lead to short or long-term feelings of depression. This finding was more pronounced for the use of Ecstasy than for Ice. Participants were more likely to think that using Ice could lead to feelings of depression after use although this perception was still under 50% across all groups in all cities.

Graph 3.6: Showing whether risk groups in Da Nang believed Ecstasy use could lead to experiencing hallucinations or short or long-term depression



C. Prevalence of ATS use and the extent of ATS use among social networks

Participants were asked a series of questions about their own use of ATS, the use of ATS in their social networks. Participants were asked to reflect on when they had first heard of any of the types of ATS, how many people they knew who used ATS in their social network.

Social Networks of ATS Use

On average participants had heard about the different types of ATS about 4-5 years before the survey took place. This was consistent across all of the groups in all of the cities. For example, the average age of ATS users in Ha Noi was 28 years but they had heard about ATS when they were 24. Similarly, the average age of FSW in Ho Chi Minh City was 25 and they had first heard about different types of ATS on average when they were 20 years of age.

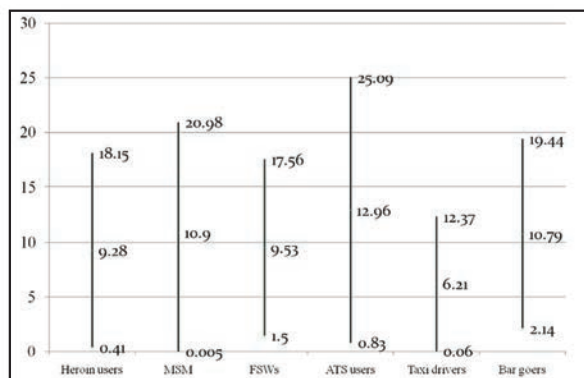


Photo: ATS users

The survey was designed to ascertain how extensive ATS use was among the different risk groups and we asked how many people in their social network did they know who used ATS. Across the majority of risk groups in each city, participants felt that they knew on average about 10 people who used ATS indicating that among these risk groups ATS use was quite common. The survey then asked the participants how many ATS users did they not only know but had actually seen in the last 30 days. The participants reported that over the last 30 days that they had seen almost half of the total number of ATS users that they knew indicating quite tight knit groups of ATS users within each risk group. For example, FSW in Ha Noi on average knew 11 people in their social network who used ATS and reported seeing 6 of these people in the last 30 days. Similarly, bar goes in Ho Chi Minh City knew an average of 14 ATS users in their social network and over the last 30

days prior to the survey they had met 8 people who they knew used ATS.

Graph 3.7: shows the range and average number of ATS users that participants reported were in their social network.



Prevalence of ATS use among risk groups

Participants were asked about their own use of different types of ATS. The inclusion criteria for the survey did not specify that participants had to have used ATS. The recruitment methods and screening asked potential participants to introduce other potential participants who they believed might know someone who used ATS. Despite not specifically recruiting ATS users, the prevalence of ATS use all of the among risk groups was very high.

Table 3.8: Prevalence of ATS use (percentage) by type of ATS across different risk groups in Viet Nam. Figure represents the percentage participants from each risk group who reported ever using different types of ATS

TYPE OF ATS	PWUDs	MSM	FSW	ATS users	Taxi Drivers or Construction Workers	Bar Goers
Methamphetamine	28	10.7	21.4	47.5	17	22.4
Ecstasy	77	81.5	54.4	85.5	75	85.8
ICE	80.7	57.4	57.8	93.5	54	61.2

Methamphetamines

The reported prevalence of use indicates that the majority of participants reported having ever using different types of ATS. Ecstasy and ICE are the most commonly used types of ATS among the participants in this survey. Methamphetamine tablets were the least reported ATS used across all groups. In Ha Noi, the use of Methamphetamine was more common than in the other cities but still much lower than the reported use of Ecstasy and ICE. PWUDs (47%) and FSWs (39%) from Ha Noi were much more likely to report ever having used Methamphetamine tablets than other risk groups in Ha Noi where MSM (13%)

and ATS users (20%) reported lower prevalence of using this type. In fact there was almost no reported use of Methamphetamine at all in Da Nang among any risk group, the highest reported prevalence of Methamphetamine tablets in Da Nang was FSW reporting 6% prevalence of use. Risk groups in Ho Chi Minh City reported slightly higher prevalence of use of Methamphetamine tablets than Da Nang but that use was essentially confined to FSW (10%) and Bar Goers (20%) with the other risk groups reporting insignificant prevalence of Methamphetamine tablet use.

Ecstasy

The reported prevalence of Ecstasy use was very high among all risk groups in all cities although its use was the most popular among participants from the MSM groups who consistently reported the highest prevalence of use rates compared to other groups. For example, MSM reported prevalence of Ecstasy use at 87% in Ha Noi, 100% in Da Nang and almost 80% in Ho Chi Minh City. Ecstasy was also popular among bar goers in Da Nang (100%) and Ho Chi Minh City (97%). The above table shows that in general, Ecstasy use was very common across all groups with the only group reporting low levels of Ecstasy use being heroin users in Ho Chi Minh City (27%).

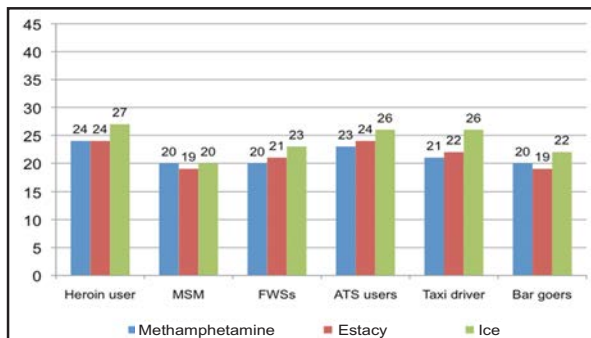
ICE

The use of ICE also appears to be very common across these risk groups. The use of ICE was extremely high among all groups in Ha Noi and Ho Chi Minh city with reported prevalence of use between 70%-97% across all groups. Only in Da Nang did the use of ICE appear to be less widespread among some of the risk groups although PWUDs (87%) and taxi drivers (52%) reported high rates of use. MSM (34%) and FSW (22%) reported much lower levels of using ICE, especially when compared to Ecstasy use among these groups in Da Nang.

D. Social context of ATS including the initiation of use, route of administration at initiation, frequency of use and locations for ATS use

Participants were asked to reflect on the first time they had used any ATS. The survey asked questions that would explore the social context of initiation into ATS use. Of particular interest was how ATS was introduced to people, where they accessed the ATS the first time, whether they had to pay for it, where they used ATS and with whom. Participants were also asked questions related to the context of initiation of ATS.

Graph 3.9: The average age of initiation of different types of ATS across different risk groups in Viet Nam



The above graph shows that participants in the survey began initiating ATS mainly between the ages of 20-23 years of age, although PWUDs appear to initiate ATS use slightly older than other groups at 24-27 years of age. In general, Ecstasy and Methamphetamine tablets are initiated at a younger age compared with the initiation of ICE.

Overwhelmingly, it appears that ATS use was initiated at the suggestion of other friends in their social network. While participants expressed that they used ATS because they were curious about ATS, it was their friends that satiated this curiosity by supplying their friends with ATS and encouraging them to use it. On average across all groups in all sites, 80% of participants reported that the first time they had used ATS, they were with their friends.

The first time I used was when I joined my friends, they took me to a discotheque, and we saw people taking ecstasy, we tried it. At first I was not ready to take it but all of my friends took it and lured me to try... That day, I was sad because of my family stuff, when I entered discotheque, I was still sad and drank alcohol with my friends. We danced until we were tired. My friend took it out and said it would help make feel stronger and no more tired, so I tried it (MSM Ha Noi)

In my context, I used ATS the first time when I was unemployed and sad. Friends invited me to join them taking ATS free of charge, and I joined them. (Male heroin user, Ho Chi Minh City)

Generally, people reported using ATS the first time in small friendship groups of approximately 4-5 people, where the majority of the friends in the group were male. Across all groups, the first time people used ATS, it was very often supplied free of charge. Only FSWs in Da Nang reported that they had commonly bought it themselves (50%) which was much higher than any other risk groups in Da Nang and other

cities. FSWs also often reported that they had used ATS the first time at the behest of one of their sexual partners who had encouraged them to use it. This was a common reported reason to use among FSWs in Da Nang (50%) and Ho Chi Minh City (23%) but not to the same extent as in Ha Noi (11%).

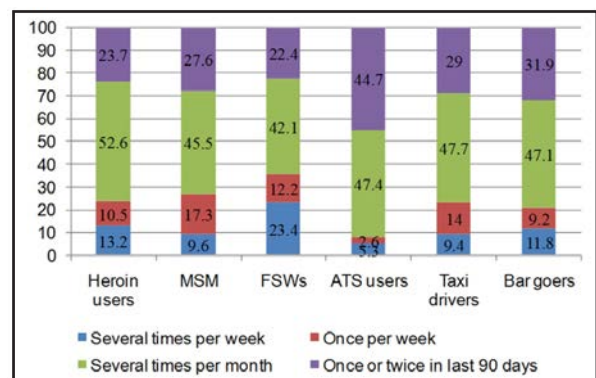
Route of Administration of ATS upon Initiation

The first time people used ATS was generally either smoked, inhaled nasally or orally ingested. Smoking ATS as the predominant form of administration for the first time use was reported by PWUDs (65%) and ATS users (69%) in Ha Noi, bar goers in Da Nang (100%) and taxi driver/construction workers (69%) in Ho Chi Minh City. MSM groups in Ha Noi (63%) and Da Nang (100%) were more likely to report orally ingesting ATS the first time, as were taxi drivers or construction workers in Da Nang (66%). A small percentage of heroin users (10%) in Ha Noi reported injecting ATS as the route of administration the first time they tried it.

Frequency of use of ATS

Of participants, who reported using different types of ATS, the most common frequency of use was several times a month. Participants were asked to describe how often they used any type of ATS within the last 90 days and while there did appear to be a percentage of people who were reporting use several times a week or once a week, the most common frequency of use was a several times a month. This indicates that the use of ATS is primarily recreational rather than dependent use. Of participants reporting using Ecstasy, FSWs in Ho Chi Minh City (50%) reported the highest frequency of using several times a week, which was much higher than FSW in Ha Noi (11%) and Da Nang (10%).

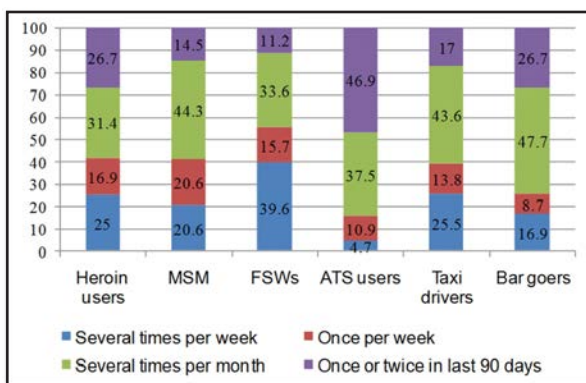
Graph 3.10: Frequency of using Ecstasy the last 90 days



About 50% of participants, who reported actually using Ice, were also likely to mainly report using several times per month. This pattern of use was far more common than reporting use once a week

or several times a week. More frequent Ice use was however described among Ice users in Ho Chi Minh City where FSWs (61%), PWUDs (35%) and MSM (26%) reported using Ice several times a week. Patterns of Ice use in Ha Noi and Da Nang suggested many people, who reported to use Ice, did so infrequently compared with those in Ho Chi Minh City. For example 40% of PWUDs who used Ice in Ha Noi did so only once or twice in the last 90 days compared to PWUDs in Ho Chi Minh City, where only 8% reported using once or twice in the last 90 days and more commonly reported doing so several times per week (26%) or once a week (23%).

Graph 3.11: Frequency of using Ice the last 90 days



Not many people reported using Methamphetamine tablets across all groups and in all sites, so it is difficult to gauge frequency of use of Methamphetamine tablets, as numbers are too small to be significant.

Locations of use of ATS



Photo: Entertainment venues where ATS is used

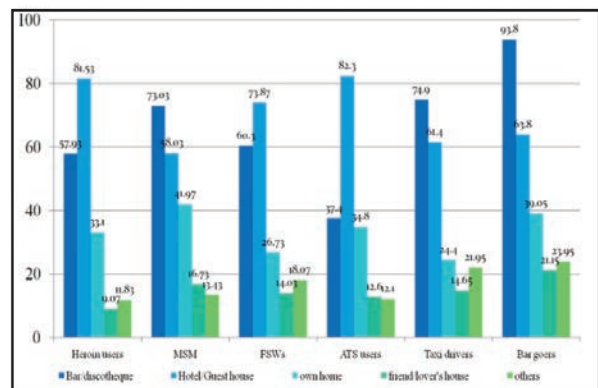
The use of different types of ATS reportedly mainly takes place in either bars and discotheques or hotels and guesthouses. The use of Ecstasy reportedly took place almost exclusively in the bars and discos of Ha Noi, Da Nang and Ho Chi Minh city rather than the

hotels or guesthouses. Between 70 and 90 percent of participants who reported ever using Ecstasy did so in a bar or disco regardless of risk groups or locations. For example, PWUDs who reported Ecstasy use in Da Nang, reported using it in a bar or disco (90%), out of the taxi drivers in Ho Chi Minh city who used Ecstasy, almost 90% reported using in a bar or disco. This sharply contrasted with the preferred location for using Ice. Participants who used Ice were more likely to report using Ice in a guesthouse or hotel. For example, MSM from Ho Chi Minh city, who reported using Ice, did so in a hotel or guesthouse (68%) compared with those reporting using Ice at a bar or disco (4%). Participants, who used Ice, were actually more likely to report using Ice at a friend's house (29% of MSM in Ho Chi Minh city) than at a bar. On average, Ice seems to be predominately used in more private locations rather than in public spaces like bars and discos.



Photo: ATS is used in hotels

Graph 3.12: Shows that the use of ATS predominately takes place in Bars and Discos or Hotels and Guesthouses in Viet Nam



Activities associated with ATS use

Participants were asked what they mainly did when they were taking ATS and were given a selection of activities that they could select from. Participants were encouraged to acknowledge as many activities as they felt they had participated in when using ATS. The main activities that participants were asked about included: drinking alcohol, working at

construction sites, driving a truck or taxi, dancing, fighting, sexual intercourse, talking, spending time at home or studying. The purpose of this section of the survey was to ascertain the main activities associated with ATS for the purposes of potentially designing any type of intervention.

The most common activities associated with Methamphetamine included engaging in sexual intercourse, dancing or drinking alcohol. Engaging in sexual intercourse was the most frequently acknowledged activity from heroin users in Ha Noi (84%), FSWs in (100%) and Bar Goers in Ho Chi Minh City although it should be remembered the actual number of people who reported using Methamphetamine is quite small. The reported other main activities associated with ATS tablet use included dancing (83% of MSM in Ho Chi Minh city) and drinking alcohol (70% of heroin users who reported ATS tablet use in Ha Noi).

Dancing, having sex and drinking alcohol were the main reported activities associated with Ecstasy use among people who actually reported using Ecstasy. For example of the 90 bar goers in Ho Chi Minh city who reported Ecstasy use, the majority commonly reported three main activities: 90% reported that they drank alcohol while taking Ecstasy, 88% reporting engaging in sexual intercourse and 99% reported dancing while taking Ecstasy. In Ha Noi, 78% of 129 ATS users, who reported using Ecstasy, drank alcohol when taking Ecstasy; 82% of 68 taxi drivers reporting Ecstasy use in Da Nang said that they engaged in sexual intercourse while taking Ecstasy. The most commonly reported activity associated with Ecstasy use among all Ecstasy users and across all groups was dancing with on average over 95% and responding to this question (n=989) listing dancing as the main activity undertaken with Ecstasy use.

E. Implications of ATS use: Arrest rates, history of sexually transmitted infections, condom use and injecting ATS among risk groups in Viet Nam

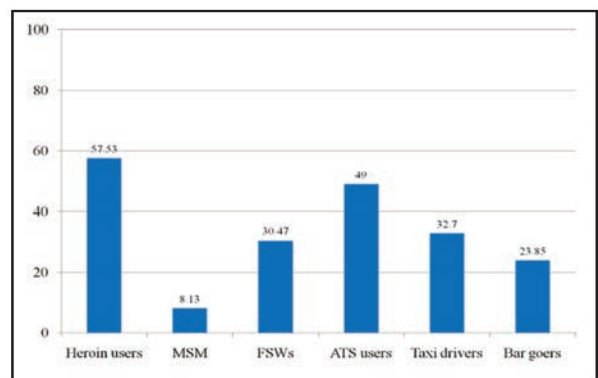
Participants were asked a series of questions to ascertain other characteristics of risk related in risk groups in Viet Nam. Participants were asked about their history of arrest, their history of diagnosis of STIs and their frequency of condom use associated with their sexual intercourse activity. Participants were also asked to reflect on the injection of ATS among risk groups. This information was considered important when designing an overall strategy to reduce harms associated with ATS use among risk groups in Viet Nam.

Arrest Rates

Participants were asked whether they knew of

someone who had ever been arrested and across all risk groups in the three cities, the majority of participants reported knowing someone who had ever been arrested. Furthermore, when participants were asked if the arrests were drug related, almost all participants suggested the main reason someone they knew was arrested was drug related. PWUDs (86.6%) and FSWs (77%) across Ha Noi and Ho Chi Minh City reported knowing someone who had been arrested on a drug related matter. The reporting of knowing someone who had ever been arrested was much lower in Da Nang (74.3% PWUDs and 32% of FSWs). Self reported arrest rates were generally higher among PWUDs (69% in Ha Noi) and FSWs (40% in Ha Noi and Ho Chi Minh City) although an unusually high number of taxi drivers reported being arrested (54%) in Ho Chi Minh City and of those, 95% reported being arrested on a drug related matter. Bar goers in Ho Chi Minh City reported high rates of arrests (40%) and of those arrested, 92% reported that the reason they were arrested was drug use. Overall, arrest rates in Da Nang were significantly lower across all risk groups which has accounts for the lower average reported arrest rates calculated across all risk groups from each city.

Graph 3.13: Arrest rates



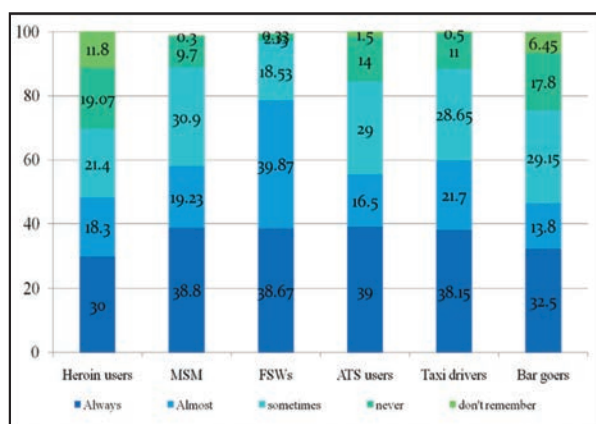
Sexually Transmitted Infections and Condom Use

Participants were asked a series of questions designed to assess their awareness of various sexually transmitted infections (STIs). The majority of participants (90%) had heard of HIV and over 80% of participants in Ha Noi had also heard of Gonorrhoea. Awareness of Gonorrhoea was highest among PWUDs on average across the three cities and was lowest among FSWs in Da Nang (57%) and HCMC (43%). By comparison, there was overall very low awareness of Chlamydia across all groups in all cities with FSWs in Ha Noi having the highest awareness of Chlamydia (24%) compared with only 1% of taxi drivers in Da Nang and Ho Chi Minh City.

Participants were asked about the frequency of their

condom use for sexual intercourse over the last 12 months. Aside from MSM in Da Nang (51%), FSW (48%) and taxi drivers in Ho Chi Minh City (52%), the majority of participants reported quite low levels of consistent condom use including 38% of FSWs and 23% of PWUDs in Ha Noi. Participants were more likely to report almost always or sometimes using condoms. Condom use is at best inconsistent among participants surveyed in this assessment.

Graph 3.14: Frequency of condom use



Injecting ATS

Participants were asked a series of questions to reflect their routes of administration of ATS use. In general, injection of ATS was more frequently reported in Ha Noi, and was more likely to be reported by PWUDs, FSW and ATS users than the equivalent groups in Da Nang and Ho Chi Minh City. None of the MSM participants from any of the cities reported ever across injecting ATS.

The highest rate of reported injection was methamphetamine injection among PWUDs (25%) in Da Nang. Methamphetamine was also reportedly injected by PWUDs (22.4%), FSW (5.7%) and ATS users (18.9%) in Ha Noi, while injection of methamphetamine was only encountered among Bar goers in Ho Chi Minh City (8.1%). Reported Ecstasy injection was rare: PWUDs in Hanoi (1.6%) and ATS users (0.6%). Ice was also reported injected in Hanoi PWUDs (2.8%), FSW (1.8%) and ATS users (1.6%), and also in Ho Chi Minh City with taxi drivers (5.6%), Bar goers (4.3%) and PWUDs (1.1%). Ketamine was also reportedly injected by a small number of participants: in Ha Noi among PWUDs (3.7%) and FSW (3.8%) and in Ho Chi Minh City by Bar goers (9.1%).

SECTION D

CONCLUSIONS, NECESSARY COMPONENTS OF A FUTURE NATIONAL ATS STRATEGY FOR VIET NAM AND PILOT PROJECT OPPORTUNITIES

The objective of this assessment was to conduct a thorough review of the situation relating to ATS availability and use in Viet Nam. This was done with a view to designing a pilot intervention programme aimed at preventing ATS use in Viet Nam. Given the scale of the work undertaken in this assessment and the significant findings related to ATS availability and use, this section of the assessment proposes components of a pilot intervention embedded in an overall National ATS Strategy for Viet Nam. While the availability and use of ATS are increasing in Viet Nam, the levels of use in the general youth population are not nearly as pervasive as has been seen in neighbouring GMS countries. Viet Nam is therefore in the enviable position of being able to systematically and pragmatically design an overall National ATS Strategy that is able to respond to the unique situation of ATS in Viet Nam.

When considering a response to ATS in Viet Nam, it is important to consider a multi-pronged approach. Law enforcement efforts need to be combined with school, university and community based prevention efforts as well as best practice therapeutic interventions and harm reduction efforts that can work with risk groups to reduce the harm associated with ATS including: reducing the use of ATS, reducing ATS related sexual risk behaviour and prevention of transition to injection of ATS. The following conclusions and recommendations are based on the findings from the assessment and also on the valuable lessons learned and experiences from other countries in the region. While the sum of these components, strategies and recommendations contributes to an overall National ATS Strategy, individual line items can be selected and piloted as part of the VNM/J93 activities.

Recommendations related to Government policies and legal frameworks required to respond to ATS issues in Viet Nam

- 1. The Government of Viet Nam needs to continue to monitor the patterns and trends of ATS availability and use through an ongoing monitoring mechanism. The monitoring of trends concerning ATS could be done in conjunction with the trends of all substance use in Viet Nam utilizing a National Household Survey method. In addition, the Government of Viet Nam would need to consider ongoing and more in depth assessment**

of the prevalence and implications of ATS among high-risk groups.

In order to design and implement effective responses to ATS, it is important to have strong empirical data upon which to base interventions and indeed to evaluate any interventions. It is recommended that the Government of Viet Nam consider surveillance of patterns and trends of ATS in conjunction with patterns and trends of other substances. National Household Surveys are methods often employed to ascertain the prevalence of use of various substances⁵³. Given that ATS use in Viet Nam appears to be very low among the general population, it is also recommended that any National surveillance efforts examine both licit and illicit substances and are combined with ongoing assessments of trends among high-risk groups utilizing similar methods as in section C of this assessment.

- 2. The Government of Viet Nam needs to review and revise its legal framework governing the importation and distribution of chemicals and products used for industrial, health (including pharmaceutical medicines) and scientific purposes that may be diverted for the illegal manufacture of ATS**

It is clear that the Government of Viet Nam has begun the process of improving the ability of the relevant agencies to improve the regulation of the importation of precursor chemicals that can be diverted into the illicit production of ATS. It is vital that this work is continued and seeks to replicate best practice legal and regulatory standards in ensure that Viet Nam does not become either a primary producer of ATS or as a transit country for secondary distribution of pre cursor chemical that are diverted into illicit ATS production.

- 3. There is need for a set of specific regulations that provide guidelines for the law enforcement sector to enhance the prosecution of individuals involved in large scale manufacturing and trafficking of ATS**

At this current stage, there are no clear guidelines that law enforcement officials can use to specifically prosecute individuals involved in the large scale manufacturing and trafficking of ATS. There are laws

⁵³ National Household Surveys examining substance use are periodic surveys done with the aim of estimating the number of people in a country population who use licit and illicit substances. National Household Surveys generally use multi-staged sampling methods that sample provinces, districts, communes, households to make a representative sample of a country's population aged between 12 and 64 years of age.

relating to illicit drug production but not specifically the manufacture of ATS.

- 4. A mechanism is required to be designed and implemented that strengthens cooperation, information sharing and enhances capacity across all law enforcement agencies in Viet Nam including police, forensics, customs officials, border army, maritime police in relation to detecting, investigating and seizing illicit ATS**

It is important that a mechanism exists that can enhance the ability of Viet Nam's diverse law enforcement sector to share information relating to ATS detection, investigation, seizure and prosecution. For example, the chemical analysis of seized ATS needs to occur in a timely manner and findings from the analysis need to be circulated to other relevant agencies that can in turn use that information to improve intelligence and enhance investigations. The flow of information needs to be able to cross into different departments at different levels across all of Viet Nam in a timely manner.

- 5. A mechanism needs to be designed and implemented that enhances and facilitates cooperation between commune level law enforcement agencies and the health sector for the referral and management of acute clinical cases of ATS use into an equipped medical facility**

This assessment has highlighted that there is currently no mechanism that allows for the collaboration between law enforcement agents and the health sector in response to ATS users who may be either suffering acute ATS related toxicity or experiencing some other physical or psychological issue. Such a mechanism is required so people who need medical attention can receive it in a timely manner and that street level law enforcement agents know that this mechanism exists so any medical emergency may be managed without being hindered by law enforcement procedures.

- 6. There is a need to design and implement standard operating procedures for the police, ambulance and emergency care staff for the management of acute cases of ATS use.**

Police and health care workers are the most likely agencies to come into contact with ATS users who are exhibiting signs and symptoms of adverse reaction related to ATS. These people may be exhibiting behaviours that could be considered to be a physical danger to themselves and to others and/or they may be in need of acute medical care. Regardless,

the first priority in these instances is to protect the individual and the public and ensure safe and timely delivery of the person into medical care. In order to respond in this manner the police, ambulance and emergency staffs need to not only collaborate, but have a shared understanding of standard operating protocols. While each sector will require its own set of guidelines, it is imperative that they also have a shared understanding of each sector's role and how the best outcome can be achieved.

Recommendations Related to Law Enforcement

Supply Reduction

- 7. The Government of Viet Nam and its international partners should invest in strengthening capacity to improve supply reduction efforts in Viet Nam. Increased capacity needs to be built around the following:**

- **The prevention of precursor chemical diversion;**
- **Intelligence gathering, surveillance and monitoring of the trafficking of precursor chemicals used in ATS production and manufactured ATS from outside Viet Nam into Viet Nam;**
- **Detecting, investigating and dismantling clandestine ATS manufacturing laboratories including the safe handling of precursor chemicals and equipment;**
- **Appropriate handling of evidence.**

Despite efforts to improve the interdiction efforts related to ATS trafficking into Viet Nam and with regards the monitoring of precursors in and out of Viet Nam, the evidence suggests that the trend in both ATS availability and the movement of precursor chemicals is increasing. The reported success of the project AD/VIE/03/G55: Interdiction and Seizure Capacity Building with Special Emphasis on ATS and Precursors, should encourage the GOV to reinvigorate efforts and improve the capacity of its various law enforcement agencies; The Counter Narcotics Police Department and the Border Army and Maritime Police Forces. The movements of both precursor chemicals and manufactured ATS in and out of Viet Nam highlights the inter-connectedness of regional and indeed international trafficking and production of ATS.

The production of ATS inside Viet Nam has been considered minimal but recent discoveries of equipment and the known flow of precursor chemicals in Viet Nam indicates that the production of ATS in Viet Nam is likely to increase. The Counter Narcotic Police Department needs to ensure that it has the required number of skilled and trained officers who can detect, investigate and dismantle clandestine laboratories including being able to safely handle chemicals and equipment.

8. Through collaborative efforts between law enforcement and the health sector, there is a need to improve the awareness and responsibility of pharmacies with regards distribution of pharmaceutical products that contain chemicals that could be extracted for production of ATS

Internationally, the diversion of legal pharmaceutical drugs that contain chemicals such as pseudo-ephedrine from pharmacies remains an ongoing challenge. Tighter regulation and the education of pharmacists about the potential for bulk buying of pharmaceuticals for the extraction of chemicals used in ATS production are essential supply reduction components of reducing the purchase and distribution of legal pharmaceuticals for illegal purposes. Many countries have either tightened the regulatory practices and procedures governing the sale and purchase of pharmaceuticals containing pseudo-ephedrine, reclassified these pharmaceuticals so they require medical prescription or forced the mandatory reporting by pharmacists of attempts to procure pharmaceutical containing chemicals used in the manufacture of ATS⁵⁴. The successful implementation of legislation pertaining to this issue requires significant collaboration between the pharmacies and the relevant government agencies responsible for monitoring the importation, sale and distribution of such pharmaceutical products.

Police Training and Capacity Building

9. The People's Police Academy should consider implementing a much more sophisticated ATS related training for all levels of police including policy level and senior police management, criminal investigations and street level

⁵⁴ Australia, New Zealand, Mexico, the United States and the United Kingdom have all implemented a combination of efforts aimed at decreasing the distribution or purchase of pharmaceuticals containing pseudo-ephedrine from pharmacies. The method appearing to have had the greatest effect has been the reclassification of pharmaceutical drugs containing pseudo-ephedrine so that one requires a medical prescription in order to purchase.

operational police on all aspects of ATS including: identification, production, clandestine laboratory detection and safe dismantling, criminal investigations (including controlled delivery), effects of use, potential harms, the safe management of ATS users who come into contact with police, and first aid skills for frontline police officers

Apart from the isolated trainings given to specific police units with regards ATS, there has been almost no formal investment in training all aspects of the law enforcement sector in Viet Nam in how to respond to all issues of ATS. Although some training has been given to the Counter Narcotic Police Department and some units of the border army and marine police, the general capacity of the entire law enforcement sector of Viet Nam to respond to all aspects of ATS is low. This assessment particularly highlighted major gaps in understanding of street level police in Ha Noi, Ho Chi Minh City and Da Nang.

Street level police are the sector of society most likely to have to respond to ATS issue. This assessment sought to gauge the level and awareness of ATS among street level police. It is clear from the Key Informant Interviews with police in Ha Noi, Da Nang and Ho Chi Minh City that street level police has a low overall understanding and awareness of ATS. It is recommended that information and awareness related to all aspects of ATS be made part of the training curriculum at the People's Police Academy. Such training should include: identification of different types of ATS, intelligence gathering, investigation, early detection of clandestine laboratory, patterns and trends of use, harms associated with ATS, management of ATS users including self-protection and first aid skills for frontline police officers.

ATS use in Viet Nam is often concentrated among nightclubs frequented by wealthy young people. It is also clear that different ATS are frequently sold as Ecstasy when in fact it is highly likely the tablet contains methamphetamines and/or Ketamine. The use of controlled delivery in investigation of ATS distribution rings will assist police in gathering information and evidence about the higher levels of ATS distribution; targeting bigger dealers rather than small dealers and casual users.

The People's Police Academy should consider the development of protocol guidelines for how police not only manage ATS investigations but also manage ATS users, who may or may not be requiring hospitalization. Internationally, police are increasingly required to manage individuals, who are affected by ATS, especially those exhibiting signs of acute psycho-stimulant toxicity. These

individuals may demonstrate a range of behavioural disturbances including aggression and violence and their ATS use can also lead to a number of serious physical complications. Medical intervention is the first priority for police response and usual police procedures should only be initiated after any medical complications have been stabilized. In combination and in collaboration with ambulance and hospital staff through the development of a shared standard operating protocol as suggested above, such guidelines would ensure that police officers are able to protect themselves, the public and the individual ATS user from harm associated with any negative side effects of ATS use⁵⁵.

10. Significant investments in training, equipment and staff capacity building of the Forensic Science Institute are required to enhance and improve the efficiency with which identification and chemical analysis of seized ATS and new chemicals that are being used to manufacture ATS.

The Forensic Institute of Viet Nam has in the past years received some international support in the form of equipment and training to support the timely analysis of seized ATS⁵⁶. Globally however there is a large increase in the number of precursor chemicals able to be used to produce ATS. Small changes in the molecular chemistry of various chemicals can enhance the ability of a growing number of chemicals being able to be used for ATS production. Being able to keep up with evolutions in chemicals used in the manufacture of ATS requires ongoing training and international information sharing for both the police of Viet Nam and the staff at the Forensic Institute of Viet Nam. The timely identification of new chemicals through sound analysis means responses across a range of sectors can be implemented more rapidly including banning or monitoring the importation and/or export of various chemicals that are being diverted into ATS manufacture.

11. There is a need for improved cooperation between the Government of Viet Nam and its bilateral, sub regional, regional and international law enforcement partners to improve the law enforcement activities regarding ATS.

To maximize the effectiveness and efficiency of law enforcement activities around ATS, the GOV should expand its cooperation and collaboration with its bilateral, sub-regional, regional and international partners on illicit drug investigations. Furthermore, it should seek the assistance and the necessary training, equipment and capacity building from regional and international law enforcement agencies to build its capacity to detect, investigate and seize diverted precursor chemicals and manufactured ATS. Section A of this report highlighted several examples where bilateral and multi-lateral cooperation and intelligence has led to successful seizures of ATS and its precursors. This should encourage the GOV to increase its cooperation, intelligence and information sharing with bilateral, regional and international law enforcement counterparts.

International law enforcement agencies represented in Viet Nam continue to seek opportunities to collaborate with the GOV on a comprehensive range of national, sub-regional, regional and international law enforcement activities surrounding the investigation of production, trafficking and trade of illicit drugs.

Recommendations related to the Health Sector

12. The Government of Viet Nam needs to ensure that its health sector can respond to the needs of different types of ATS users. It will be important to improve capacity for the health sector so it can provide acute clinical management, clinical and community based psychosocial therapy and community based harm reduction responses in relation to ATS.

The World Health Organisation recently released a technical brief on ATS that examines the full range of therapeutic interventions for users of ATS. The technical brief is a summation of internationally accepted principles of drug treatment, psychosocial treatment and community based harm reduction alternatives in the management of ATS. The brief notes that there is no evidence of effectiveness of compulsory drug treatment centres for the treatment or management for people who use ATS. The technical brief is evidenced based and reflects a public health perspective on the management of ATS in society. The brief also classifies ATS users into 3 classes: Occasional ATS users, Problem ATS users and Heavy/dependent ATS users⁵⁷.

55 For an example of best practice police guidelines see, "Psychostimulants – management of acute behavioural disturbances; guidelines for police services". Available at: www.druginfo.nsw.gov.au/illicit_drugs/psychostimulants. Accessed on 21 July 2010.

56 The Struggle to Ban Precursors. (20 June, 2011). Insight: Organised Crime in the Americas. Available at <http://insightcrime.org/insight-latest-news/item/1109-the-struggle-to-ban-precursor-chemicals>. Accessed on 20 July, 2011.

57 World Health Organization Western Pacific Region (2011). Technical Briefs on amphetamine-type stimulants (ATS) No. 4. Therapeutic interventions for users of amphetamine-type stimulants. Available at http://www.who.int/hiv/pub/idu/ats_brief4.pdf. Accessed on 17 June, 2011.

While only a small percentage of ATS users will actually experience the negative physical and psychological impacts from using ATS⁵⁸, a comprehensive National ATS Strategy needs to ensure that the health system can respond to the health needs of all types of ATS users.

This assessment explored the capacity of Viet Nam's health sector to respond and manage acute clinical cases associated with the use of ATS. Through an exploration of the knowledge and awareness of how to manage ATS among health sector personnel in the public health system of Viet Nam, it is clear that the capacity to clinically manage acute cases related to ATS is minimal. The majority of Key Informants interviewed from among the health sector showed very low levels of general knowledge about various types of ATS.

13. Enhance the capacity of the health system in Viet Nam to provide medical health care in the clinical management of acute ATS related cases, ATS consultation through the provision of specific training and the necessary pharmaceuticals and diagnostic equipment.

While some medical staffs were able to describe the use of benzodiazepines and anti-psychotic medicines in the management of an acute ATS related psychosis, the overall sophistication and detailed preparedness to manage hospital related ATS cases is negligible. Training, equipment and standard operating procedures are required to build up the health sector's ability to provide essential cares to ATS users. Furthermore, it is recommended that hospitals should establish a data and monitoring system related to ATS related admissions.

It is recommended that specific guidelines be developed for both ambulance services and emergency department doctors and nurses to manage acute cases of ATS toxicity and psychosis. Ambulance and emergency department workers need to be aware of the physical and psychological symptoms of psycho-stimulant toxicity which could include myocardial infarction, CVA, cerebral vacuities, disseminated intravascular coagulation, hypertension, hyperthermia, seizures, coma, agitation, panic states and other acute behavioural disturbances, delirium, psychosis (particularly paranoid hallucinations and delusions) and (rarely) serotonin. The main priorities for the response teams facing such challenges is to ensure timely transport to a emergency facility, control of behavioural disturbances, emergency

58 Winstock, A. (2006). Amphetamines: Dependence, Depression, Withdrawal and Psychosis. Training kit developed for Australian General Practice Network.

management of symptoms and ongoing specialist care post emergency care⁵⁹.

14. Enhance the awareness and ability of medical, health sector staff in clinical and non-clinical settings to provide psychosocial interventions, in addition to any medical care that may be required, in the management of problematic ATS use.

A range of psychosocial interventions, including cognitive-behavioural therapy (CBT) and motivational interviewing (MI) have shown encouraging results in mitigating the negative implications of ATS use including the reduction and cessation of use⁶⁰. Given the extremely low number of trained professionals who are capable of delivering either medical or psychological services, it is recommended that partnerships and collaborations be explored between regional and international professionals and organizations that are working on ATS related clinical and psychosocial management.

15. Design and implement curriculum concerned with the clinical and psychological management and treatment of health issues associated with acute ATS related cases in both short-term courses and through formal medical and associated professional education

To build country level capacity to clinically manage ATS in Viet Nam, there is a need to design and implement ATS related training into the curriculum of medical and related fields such as nursing, psychology, ambulance training courses. As the patterns and trends of ATS are subject to frequent change it is recommended that an ongoing professional development be part of the requirements of front line health staff likely to come into contact with adverse clinical manifestations of ATS use.

Recommendations for school and university based prevention activities

16. Develop appropriate educational and communication tools that can provide the relevant information, skills and understanding of ATS for different population groups in order to increase the primary prevention of ATS use

59 An example of guidelines for emergency care of acute ATS related cases is the "Management of Patients with Psychostimulant Toxicity: Guidelines for Ambulance Services". Available at: www.druginfo.nsw.gov.au/illicit_drugs/psychostimulants. Accessed on 4 July, 2011.

60 Methamphetamine. Prevention Research Quarterly: Current evidence evaluated, 2008, 24:2

across different populations in Viet Nam including school and the university students.

This assessment suggests that ATS use among young people within the school and university system in Viet Nam is actually very low, under 1%. Any educational and health promotion effort should be geared towards building the capacity of different populations to make informed decisions regarding drug use. At a school and university level, information and education around ATS should be incorporated into new or existing programmes and educational curriculums designed to increase knowledge, improve decision-making and reduce risk across a range of issues including substance use and sexual risk reduction. These programmes are more commonly termed, “life skills” programmes, and in many cases have become increasingly sophisticated around the world.

There are many considerations when selecting, designing or adapting school and university based programmes aimed at preventing initiation of substance use and significantly reducing the impact and morbidity associated with substance use. Characteristics associated with successful school-based programmes include:

- Linking health and education
- Ensuring programmes are aligned within existing health and education policies
- Built on work already being done by schools
- Build a strong and accessible framework and process that meets the needs of individual schools
- Has measurable outcomes⁶¹

This assessment showed that there was very little use of ATS among university students who participated in this assessment. There is little international literature on preventing substance use among

university students and further discussion is required to design and implement university based prevention activities in Viet Nam but similar common sense principles as described for school based populations should be adhered to.

Recommendations related to Risk Groups: A Harm Reduction Approach

This assessment explored the prevalence and context of use of ATS among various risk groups in urban settings in Viet Nam. It is clear that the use of ATS is widespread among these risk groups. It is also important to acknowledge the particular implications of ATS use among various risk groups. For example, the use of ATS can lead to increases in libido⁶² and therefore by association, increased sexual risk behaviour heightening the risk for HIV acquisition and other sexually transmitted infections; a pertinent issue for anyone sexually active but particularly high sexually active risk groups such as bar goers, sex workers and MSM.

The injection of ATS has been reported in Laos, Cambodia and Thailand⁶³ and indeed, this assessment suggests that ATS is being injected in Viet Nam. This carries significant implications for the spread of blood borne viruses and reinforces the need to take existing needle/syringe distribution programmes to scale.

This assessment recommends that as part of an overall National ATS Strategy that steps are taken to incorporate harm reduction approaches for ATS that can work within the existing harm reduction and service provision efforts already being implemented for risk groups in the context of HIV prevention and care. In addition, this assessment recommends that a health promotion and harm reduction strategy be implemented across a range of vocational sectors, particularly among the transport and construction industry, where ATS use is prevalent to not only reduce the harms, but also increase workplace safety.

Harm reduction and risk reduction interventions for **individual ATS users** should be aimed at minimizing the adverse consequences of ATS use, include peer-based approaches and be community-based. Some of the basic harm reduction approaches for ATS users include:

- Sexual and drug use risk reduction information, education and strategies to reduce risk
- Provision of condoms, water-based lubricant and voluntary counseling, testing and care for HIV and other sexually transmitted infections

61 These recommendations for elements of successful programmes are based on an Australian example, “The Gatehouse Project”, which has shown the potential to significantly reduce morbidity associated with alcohol, tobacco and illicit substances. Information is available at http://www.rch.org.au/gatehouseproject/project/index.cfm?doc_id=174. Accessed on 29 July, 2011.

62 Sherman, S., Gann, D., German, D. et al (2008). A qualitative study of sexual behaviors among methamphetamine users in Chiang Mai, Thailand: a typology of risk. *Drug and Alcohol Review*. May; 27(3):263-269.

63 Thomson, N. (2009). Methamphetamine use in South East Asia. Presented at the International Harm Reduction Association's 20th International Conference.

- Brief Cognitive Behavioral Interventions where indicated
- Provision of sterile needles and syringes in the case where people are injecting ATS
- Referral to medical assistance if required
- Diverting ATS users away from the criminal justice system, prisons and compulsory drug treatment centres through collaborations between the law enforcement, education, health and community sectors.

Bars and Nightclubs, Guess houses and hotels

- 17. It will be important to consider the need to raise awareness of legal and health issues related to the use of ATS among patrons of bars and nightclubs, guess house and hotels and their staffs in Viet Nam including information pertaining to drug interactions, alcohol and ATS, unsafe sex while on ATS, hydration, the transition to injection of ATS in order to reduce the harms associated with ATS use.**

Our assessment suggests that the use of ATS, particularly Ecstasy and Ice, is prevalent among many bars and nightclubs, in the urban cities of Viet Nam. In addition, many nightclub and bar goers reported combining ATS use with alcohol use. Further information from the assessment suggests that the people reporting ATS use in bars, nightclubs and guess house, hotels have a limited understanding of the effect of ATS, especially in the context of combining ATS with other substances. These programmes do not condone drug use but provide information and services that help reduce ATS related harms including overdose and risky sexual practices. Other elements of these programmes can include the provision of anonymous “party drug” checking service⁶⁴ that has been shown to be an important harm reduction component to high consumption ATS users including poly drug users⁶⁵.

64 “Party Drugs” refer to a range of drugs, most commonly ATS but also include cocaine and Ketamine, that are commonly taken at organized parties or events. The drug checking service involves the service providers testing a small sample of the drug that someone is proposing to use so as to ascertain what exactly is in the drug and therefore be able to inform the person of the risks of taking the drug.

65 Hungerbuehler, I., Buecheli, A., Schaub, M. (2011). Drug Checking: A prevention measure for a heterogeneous group with high consumption frequency and polydrug use - evaluation of Zurich’s drug checking services. *Harm Reduction Journal*. June 10;8(1):16

- 18. Consider strategies of health promotion/harm reduction that involve collaborations between bar owners, police, health sector and bar goers to decrease the harms of ATS use including the use of ATS**

While the use of ATS in entertainment venues in Viet Nam is illegal, it is nonetheless common in many venues across Viet Nam. This report did not investigate the number of venues where ATS may be available but it did speak with venue owners, managers and staff about ATS in entertainment venues. It was widely acknowledged that ATS was available in many venues in urban settings in Viet Nam despite the rigorous efforts of both the police and bar owners and managers. The most effective way of working through this issue is to ensure that nightclubs and bars contain information relating to both the legal and health implication of ATS use in Viet Nam. Furthermore, while bar owners should be held accountable if certain venues are found to consistently be associated with ATS dealing and use, it is a more pragmatic response to involve bar owners and their staff in solutions with the law enforcement community.

Avoiding the individual and public health implications of ATS should be the first priority in venues in Viet Nam and as a result a harm reduction strategy that involves the provision of information and referrals to health services can help reduce the negative impacts of ATS and are an important aspect to responding to ATS. This assessment recommends that comprehensive strategies in Viet Nam around entertainment venues include these efforts in collaboration entertainment venues, the local police and health sector personnel. There are international examples of harm reduction programmes that work in combination with police, entertainment venues and formal health services in the context of ATS use and these could easily be tailored to the Vietnamese context and piloted in designated bars and clubs in Viet Nam⁶⁶.

Drug users

- 19. There is a need to adapt the existing harm reduction strategies available in Viet Nam to respond to the different patterns and harms associated with injecting ATS and also invest in the design and implementation of new harm reduction strategies that access people**

66 “DanceWize” is a programme of Harm Reduction Victoria, in Australia, providing venue-based harm reduction services to people frequenting organized parties where ATS use is prevalent. Information is available <http://www.hrvic.org.au/home.html>. Accessed on 20 July, 2011.

using ATS via non-injection methods in order to prevent the transition to injecting of ATS.

This assessment investigated ATS awareness and use among a cohort of participants who used other drugs, predominately heroin and opium, often via injection. There was a perception in Viet Nam that heroin and opiate users were not using ATS. The findings from this assessment suggest that ATS use amongst this group is in fact quite common. Participants from this risk group reported high rates of familiarity and use of both Ecstasy and Ice. In addition, it was reported that people who inject opiates, also inject ATS.

The presence of ATS injecting as described in this assessment poses a significant challenge for HIV in Viet Nam considering Viet Nam's large injecting population and relative high prevalence of HIV amongst injecting drug users⁶⁷. In addition, injecting ATS has been associated with increased drug use and sexual risk behaviour than compared to non-injecting ATS use⁶⁸. Viet Nam continues to build a national comprehensive harm reduction programme for the prevention of HIV among injecting drug users and it is extremely important that this strategy continues to increase in its comprehensiveness and its scale.

This assessment also recommends that the harm reduction response, particularly the availability of sterile needle and syringe equipment, in Viet Nam needs to factor in people who are already injecting ATS. These people may already be being reached by existing harm reduction services but may also be new groups of injectors. Harm reduction strategies in the form of information and awareness raising that can prevent the transition to injection of ATS amongst people who are already taking ATS through other methods such as snorting, inhaling or ingesting will also be a critical component of a National ATS Strategy.

Men who have sex with men

20. Programmes providing HIV prevention, treatment and care services to MSM communities in Viet Nam also need to factor in that ATS use among MSM appears common and could impact HIV risk behaviour. Programmes and services providers as well as MSM communities need to collaborate in the design and

67 Reid, G. and Higgs, P. (2011). Viet Nam moves forward with harm reduction: an assessment of progress. *Global Public Health*. March 6(2):168-180.

68 Cheng, W., Garfein R., Semple, S. et al (2010). Increased drug use and STI risk with injection drug use among HIV-seronegative heterosexual methamphetamine users. *Journal of Psychoactive Drugs*. March;42(1):11-18.

implementation of harm reduction strategies and programmes around ATS use among MSM communities in Viet Nam.

The use of ATS, especially methamphetamine and crystal methamphetamine has been independently associated with increased sexual risk behaviour among cohorts of MSM around the world⁶⁹. In recent years there has been a documented increase in the visibility of MSM across Asia and the Pacific, including in Viet Nam⁷⁰ and recent evidence suggests that illicit drug use, including ATS, amongst MSM in Viet Nam appears to be increasing⁷¹. Indeed both the qualitative and quantitative findings of this assessment indicate that the use of ATS, especially Ecstasy and Ice are widespread among the MSM community in urban settings in Viet Nam. Our findings also appear to indicate that ATS use does negatively influence decision-making around sexual risk practices amongst MSM in Viet Nam.

While HIV prevention efforts targeting MSM in Viet Nam are slowly increasing⁷², it is now very clear that in addition to scaling up condom and water-based lubricant distribution and referral for Voluntary Counseling and Testing, programmes targeting MSM communities need to provide awareness of the implications of ATS on sexual risk behaviour as part of an overall HIV prevention and ATS harm reduction effort for this group.

Female Sex Workers

21. HIV prevention programmes including sexual risk reduction and harm reduction programmes providing services to female sex workers in Viet Nam will need to implement ATS related harm reduction activities into their existing programmes

The intersection of drug use and female sex work has been well documented as an increased risk for HIV acquisition but this has mainly been described

69 Lyons, T., Chendra, G., Goldstein, J., Ostram, D. (2010). Breaking the bond between stimulant use and risky sex: a qualitative study. *Substance Use*. Oct;31(4): 224-230.

70 Ngo, D., Ross, M., Phan, H., et al. (2009). Male homosexual identities, relationships, and practices among young men who have sex with men in Viet Nam: implications for HIV prevention. *AIDS Education Prevention*. June; 21(3): 251-265.

71 Family Health International. Report (2011). Drug use and risk among men who have sex with men, male sex workers and transgender in Hanoi and Ho Chi Minh City, Viet Nam.

72 Information relevant as of August 2010 indicates that HIV prevention activities related to MSM have increased but are still not approaching the coverage levels required. http://aidsdatahub.org/dmdocuments/MSM_Country_Snapshots_-_Viet_Nam_online.pdf

in the context of injecting drug use⁷³. In Viet Nam, injecting drug use has been documented as one of the prevalent HIV risks associated with HIV among female sex workers⁷⁴. One recent study from Cambodia has showed ATS use to be independently associated with incident STI infection among young female sex workers⁷⁵. Female sex workers from our assessment report high familiarity and use of ATS, especially the use of Ecstasy and Ice. Programmes working on HIV prevention and care among female sex workers will need to ensure that harm reduction strategies for ATS are incorporated into existing HIV prevention and care strategies.

Taxi Drivers and Construction Workers

- 22. In addition to strategies to reduce the drug use harms and sexual risk associated with ATS use among taxi drivers and construction workers, the Government of Viet Nam should explore workplace safety intervention strategies that can reach people working in the taxi and construction industries. Such strategies could capitalise on the use of media by people working in these industries, for example the Voice of Viet Nam and also include strategy discussions between National Committee on AIDS, Drugs and Prostitution Control, the Ministry of Transport, Ministry of Construction and industry leaders.**

This assessment looked at the awareness and use of ATS among taxi drivers and construction workers participants from these sectors reported high rates of both awareness and use of ATS. While the use of ATS

may be both recreational and vocational among these groups, it will be necessary to pilot health promotion and harm reduction messages around ATS that not only increase education and information about the legal and health implications associated with ATS in Viet Nam but also to improve workplace safety in transport and construction sectors. This assessment did not investigate the use of ATS among other industries in Vietnamese society and any interventions designed to prevent the use of ATS and reduce the harms associated with ATS among industrial sectors

73 Estebanez, P., Fitch, K., Najera, R. (1993). HIV and Female Sex Workers. *Bulletin of the World Health Organisation*. 71(3-4):397-412

74 Nemoto, T., Iwamoto, M., Colby, D. et al (2008). HIV-related risk behaviors among female sex workers in Ho Chi Minh City, Viet Nam. *AIDS Education Prevention*. Oct;20(5):435-453.

75 Maher, L., Phlong, P., Mooney-Somers, J. et al. (2011). Amphetamine-type stimulant use and HIV/STI risk behaviour among young female sex workers in Phnom Penh, Cambodia. *International Journal of Drug Policy*. May;22(3):203-209.

will need to be based on an understanding of the culture of ATS use in the industry in question and the best way to respond given the type of industry and the culture of use in the industry. Interventions related to ATS use in various industries will need to be coordinated through the relevant line ministries, for example the Ministry of Transport and the Ministry of Construction, in the case of taxi drivers and construction workers.

ANNEXES

Annex I

RESEARCH DESIGN PLAN J93

INTRODUCTION

BACKGROUND

In the past 15 years, both developed and developing regions have witnessed a significant increase in the availability and use of Amphetamine-Type Substances (ATS). The regions experiencing the greatest increase are North America, Europe, Australia and South-East Asia. Of an estimated 200 million people who use drugs worldwide, some 35 million people use ATS. This is more than those reported to use cocaine (13 million) and heroin (16 million) combined¹. The effects on South-East Asia have been particularly severe with more than 60% of global ATS misuse taking place in the region². Rates of methamphetamine use are the dominant concern in South-East Asia and most methamphetamine trafficking occurs in South-East and East Asia. Despite these concerning trends, there have been only limited efforts to create strong and effective ATS reduction, prevention and harm reduction policies and practices in many of the countries within the region³.

ATS can result in a range of immediate and serious long-term health harms to individuals and have a great toll on families and communities around the world. Of significant concern is ATS use by smoking or injection which can result in a very high misuse and dependence liability, as well as increased risk of contracting blood-borne viruses, particularly HIV⁴. Regional data from Thailand, Laos and Cambodia indicates that ATS users are highly sexually active and at increased risk of acquiring common sexually transmitted infections⁵. Furthermore ATS users consume large amounts of alcohol and engage

in behaviour which often leads to deleterious interactions with law enforcement behaviour^{6,7}.

To date, much attention related to ATS in the South east Asian setting has focused on supply reduction and the establishment of ATS seizure surveillance systems. Although these focus areas are important, they cannot have a real impact on demand without being reinforced by effective and timely prevention measures and in addition, programs and activities that reduce the harm associated with ATS use. Regionally relevant research has explored the harms associated with ATS use in Thailand, Laos and Cambodia and in addition, one research intervention has compared the effect of peer-based prevention of harms, including HIV, associated with ATS users in northern. Data from the trial showed that peer-based interventions can reduce ATS use and increase condom use amongst ATS users and their drug using and sexual networks⁸.

A general drug prevention strategy provides an important basis and context for preventing ATS abuse; it can not on its own adequately address the specific problems related to ATS. A specific focus on ATS is necessary in the East Asian region because of the prevalence, the culture of hazardous use within some populations and the significant harms associated. There is currently little knowledge on how to prevent or delay use of ATS among young people.

During the early to mid-1990s, the prevalence of drug use in Viet Nam began to increase and usage patterns began to change. Prior to that period, the drug-use prevalence was considered to be relatively low and primarily involved opium and cannabis smoking and some localized abuse of pharmaceuticals. In 1994, opium was the primary drug of use accounting for 86 percent of those who had contact with government officials or agencies, but by 2000, 80 percent were heroin abusers. Changing patterns that occurred during this period included a decline in the average

1 United Office on Drugs and Crime, World Drug Report 2006 (United Nations publication, Sales No. E.06.XI.10)

2 http://www.apaic.org/reports/2007/Forum_Report_Regional%20ATS%20Forum_%20August%2029-31.pdf

3 United Nations Office on Drugs and Crime, Ecstasy and Amphetamines: Global Survey 2003 (United Nations publication, Sales No. E.03.XI.15)

4 M.Srisurapanont, N. Jarusuraisin and P. Kittirattanapaiboon, "Treatment for Amphetamine Dependence and Abuse", Cochrane Database of Systematic Reviews, No. 4, 2001

5 Thomson, N (2009). Presentation International Harm Reduction Conference Implications and Responses of Methamphetamine Use in Southeast Asia. Bangkok.

6 Celentano, D, Arramrattana, A., et al (2008). Associations of Substance Abuse and Sexual Risk with Self-Reported Depressive Symptoms in Young Adults in Northern Thailand. *Journal of Addiction Medicine*, June, 2(2):66-73.

7 Thomson, N., Sutcliffe, C., et al. (2009). Correlates of Incarceration among Young Methamphetamine Users in Chiang Mai, Thailand. *American Journal of Public Health*, Jul 99 (7), 1232-1238.

8 Sherman, S.G., Sutcliffe, C, et al. (2009). Evaluation of a peer network intervention trial among young methamphetamine users in Chiang Mai, Thailand. *Social Sciences and Medicine*, 68: 69-79.

age of users, an increase in female users, and a sharp increase in injection.

ATS Use in Viet Nam

In 2005, heroin, methamphetamine (yaba), and ecstasy (thuoc lac) were reported as the leading drugs of concern in Viet Nam and the trend in the use of all these three substances were reported to be increasing. There was almost a fivefold increase in methamphetamine pills seized in 2005 over the previous year, measuring almost a quarter of a million pills. In addition, there was an increase in the quantity of methamphetamine powder seized in 2005 compared to the previous year and a change in the type of methamphetamine available with the emergence of crystal methamphetamine (shabu).

In 2006, heroin ranked as number one drug of abuse and the trend of abuse was increasing. The ATS drugs, namely methamphetamine and ecstasy, were ranked second and third respectively and they had also shown an increasing trend in use since 2003. Opium was the remaining drug of abuse in Viet Nam according to officials and the trend in abuse was on the decline as it had been in the preceding year (Table 1, Table 2 and Table 3)⁹.

Table 1: Reported trends in drug abuse in Viet Nam

Drugs abused in the past year	Drug abuse trend	Rank	Main route of administration
Heroin	↑	1	Injected
Methamphetamine pills	↑	2	Swallowed
Ecstasy	↑	3	Swallowed
Opium	↓	4	Injected

Table 2: Rank of ATS abuse in Viet Nam, 2003 – 2006

Methamphetamine pills				Ecstasy				Methamphetamine crystal			
2003	2004	2005	2006	2003	2004	2005	2006	2003	2004	2005	2006
.	5	2	2	.	4	3	3

9 United Nations Office on Drugs and Crime, Patterns and Trends of Amphetamine-Type Stimulants (ATS) and other drugs of abuse in East Asia and the Pacific 2006” (United Nations report from project: TDRASF97)

Table 3: Trends of ATS abuse in Viet Nam, 2003 – 2006

Methamphetamine pills				Ecstasy				Methamphetamine crystal			
2003	2004	2005	2006	2003	2004	2005	2006	2003	2004	2005	2006
↑	↑	↑	↑	↑	↑	↑	↑

Since Viet Nam has experienced opium and heroin use for some time, most people working at the national Government and Party level have a fair understanding of this type of drug. In contrast, the general level of knowledge and understanding about ATS is minimal. Not surprisingly, the public at large also have limited knowledge of ATS and its implications for individual and public health. Despite a lack of current national data on ATS, sharp and prolonged rises in neighbouring Mekong countries, including Thailand, Myanmar, Lao PDR and Cambodia, the Government of Viet Nam has recognised that an increased trend of ATS use in Viet Nam is likely.

Following the regional trend, methamphetamine is the most commonly used type of ATS in Viet Nam. Although usually found in tablet form, increasing amounts of the crystal form have appeared in the local market during the last few years. In Viet Nam, ATS use is often linked with affluent youth coming from middle-income families with unofficial information of the street price of ATS indicating that the price of ATS in major cities is high, varying from 200,000 to 500,000 VND (USD 12.50 – 31.25) per tablet. In 2007, one of the entertainment venues for Viet Nam’s wealthy people was raided in a classified operation by the central Ministry of Public Security (MPS). 1,163 people (mostly aged between 17 and 24 years) were detained on suspicion of thuoc lac drug use and distribution. Over 200 personal pouches containing heroin and ecstasy were seized at the site¹⁰.

Current Situation

According to Government of Viet Nam statistics, by the end of 2008 in Viet Nam, there was 173,603 registered drug abusers, a decrease of 4,702 persons (2.63%) compared with the previous year. The Government believes that of the people who use drugs, 56.29% of people live in the community compared with 17.99% who are in treatment in the rehabilitation centers and 25.72% who are detained in the prisons. Male drug users account for 95.47% of all

10 <http://www.thanhniennews.com/society/?catid=3&newsid=27568>

drug users and heroin is the primary illicit drug used, accounting for 88.13% of all drugs used while opium accounts for: 10.21%; cannabis: 0.79%; ATS: 0.35%. The predominant form of drug administration is injecting (63.52%) followed by smoking (22.65%) and sniffing 13.52%¹¹.

Between 2002 and 2006, imports of pseudo ephedrine and ephedrine into Viet Nam have increased 262% raising concerns that some of the chemicals may be diverted to the illicit manufacture of ATS. Despite this, ATS seizures remain low but the Government of Viet Nam believes that the use of ATS is increasing, especially amongst youth. With this in the mind the primary objective of the J93 project is to ascertain the real situation of ATS use in Viet Nam by attempting to calculate both the prevalence of use of ATS and also document behavioural aspects of ATS use amongst networks of ATS users. This is being done in order to understand the discrepancy between limited ATS seizures and the increasing reports of its use. Furthermore, the results from this ATS survey will be used to inform the piloting of interventions that both reduce ATS use and the harms associated with its use.

OBJECTIVE OF J93

To conduct a three-phased multi-layered assessment to give the best possible preliminary estimate of the population size, the scope and the patterns of use of ATS in Viet Nam, and secondly, to use this information to design and pilot interventions that aim at prevention of ATS use and reduction of individual and public health implications of ATS use in Viet Nam

PHASE ONE: SECONDARY DATA COLLECTION AND ANALYSIS

In order to begin to build up the picture of ATS use in Viet Nam the J93 project team will conduct a thorough review of secondary data sources related to ATS with the assistance of relevant ministries and institutions of Viet Nam. Secondary data collection and analysis will cover two main areas:

- forensic analysis of ATS samples in the last 5 years across all 63 provinces and cities;

11 Viet Nam Country Report at the The 30th ASEAN Senior Officials Meeting on Drug Matters (Phnompenh, 28thSept - 3rd October 2009)

- Analysis of arrest and seizures related to ATS in the last 5 years across all 63 provinces and cities.

Phase one will help clarify the ATS situation in Viet Nam by compiling these data sources over a five year period to establish baseline trends and patterns related to the different types of ATS, the availability of ATS and a record of use among certain groups. Phase one is primarily a background desk review, collation and analysis of all the existing information related to ATS in Viet Nam.

Specific Aims

- 1) **To use forensic analysis of ATS samples seized in Viet Nam over the last 5 years to establish the prevalence of different types of ATS in Viet Nam and the chemical breakdown of each type of ATS.**
- 2) **To collect and analyse arrest and seizure data from across the 63 provinces of Viet Nam in order to establish trends in ATS availability over the last 5 years.**

Methodology

1) **Forensic Analysis:** Provincial and national forensic ATS analysis will be conducted to delineate the reported presence of ATS by type of ATS and chemical structure of different types of ATS from seized samples. This will assess how much of each type of ATS is being seized in Viet Nam and therefore provide an estimate how much of each type of ATS is being used. The types include methamphetamine tablets, crystal methamphetamine, ecstasy (MDMA) and ketamine. SODC will coordinate this component of phase one through the relevant authorities operating the 52 forensic laboratories in Viet Nam.

2) **Provincial arrest and seizure data:** This component is designed to conduct a thorough review of all the available ATS related arrest and seizure data from Viet Nam. This includes arrest and seizure data at district, provincial and national level. Provincial arrest and seizure data is collected by provincial public security forces every six months and submitted in an annual report. SODC will coordinate this component of the project with the relevant authorities and collate this information from a 5 year

period in order to gauge the presence of ATS across each province of Viet Nam. The purpose of this is to establish how many provinces in Viet Nam have ever reported the presence of ATS. With SODC assisted and facilitated access to this information, the J93 project will be able to build up a picture of where ATS related arrests and seizures has been reported.

3) National and regional sources of information:

Every year the National Committee on AIDS, Drugs and Prostitution Control meets to discuss and coordinate matters related to AIDS, drugs and prostitution. SODC will coordinate the access to the reports from these meetings which will provide further information from a broader range of sources including the maritime police and anti narcotics forces located under the control of the army. In addition information will also be sought from the Border Liaison Office (BLO) mechanism to clarify the reported arrests, seizures and presence of ATS, the presence of precursor chemicals or equipment related to ATS production at international cross border points of Viet Nam and its neighbouring countries. UNODC will assist in facilitating access to this information. This component will also collect and analyse existing information from the MOU meetings related to ATS between the 6 countries in the Mekong Delta. In addition, Viet Nam has trilateral meetings with Cambodia and Laos and strong bilateral cooperation with China on drugs matters and we will seek the minutes from these meetings related to ATS.

Note: All other sentinel surveillance of drug use, both injecting and non injecting would be collected from national and international partners in Viet Nam to investigate any reporting of ATS use in the gathering of sentinel data. All information gathered in phase one will be mapped, graphed and analysed for trends.

PHASE TWO: QUALITATIVE AND QUANTITATIVE EXPLORATION OF ATS USE AMONG SPECIFIC RISK GROUPS IN VIET NAM

This phase of the J93 project will explore prevalence and patterns of use of ATS among various groups across 3 cities in Viet Nam: Ha Noi, Ho Chi Minh city and Da Nang. This phase will use qualitative semi-structured interviews and a brief quantitative survey to estimate the patterns and prevalence of ATS use

and the vocational and health implications of ATS use among five risk groups including: commercial sex workers, men who have sex with men, taxi drivers, construction workers, people who frequent high class night clubs and networks of people who use drugs.

Specific Aims

- 1) To conduct at least 15 semi-structured interviews with participants who have ever used ATS from each of the five risk groups in each of the 3 cities selected for this phase of the project. The semi-structured interview guide will ascertain patterns and trends of ATS use in these groups and the perception of the role that ATS use plays in the networks of these groups from both a vocational and health perspective.**
- 2) To administer up to 100 brief quantitative surveys with people from each subgroup across each city to establish the prevalence of use among the various groups and the awareness of the use of ATS in these groups**

Sampling methodology for qualitative semi-structured interviews

A team of qualified and trained qualitative researchers will be paired with key informant peers from each risk group in each city. The key informant peers will help the research team access and interview people from each risk group who have ever used ATS. This component will help the project ascertain the perceived extent of ATS use among each group and the role that ATS plays in vocational and non vocational related activities. Snow ball methods will be used to access the 15 participants from each risk group in each city but background preparation will identify key geographical hotspots for each risk group and every attempt to draw an equal sample from each geographical hot spot will be made.

Sampling methodology for brief quantitative survey

Up to 100 participants from each risk group evenly distributed across geographical hotspots will be randomly asked to participate in a brief survey that will focus on the perception and awareness of ATS

use in each risk group. This will be done in each city and in combination with the semi-structured interviews, this component will allow the project to make an estimate of prevalence of ATS use in each group and identify particular patterns of use and implications of ATS use in each group which will be used to discuss potential public health interventions.

Justification for each risk group

ATS use in the Nightclub scene in Viet Nam:

ATS use in Viet Nam has been reported amongst wealthy night club goers in the big cities of Viet Nam including Ha Noi, Ho Chi Minh City, Quang Ninh, Hai Phong and Da Nang. There have been recent raids on clubs in Viet Nam for suspected ATS use yet the extent of ATS use is unknown and the patterns of use are also unknown. In order to carry out this aspect of the assessment we would firstly utilise information from the background city profiles to identify geographical hotspots of night club associated ATS use.

ATS use among men who have sex with men in Viet Nam:

Information pertaining to MSM in Viet Nam is only just beginning to be collected but anecdotal reports indicate that the practice is becoming increasingly less hidden. ATS use amongst MSM populations around the world has been reported as highly prevalent and the J93 project would seek to clarify the situation of ATS use amongst MSM in Viet Nam. Internationally, MSM and ATS use has been shown to have widespread implications for HIV transmission and therefore widespread implications for HIV prevention policies and programmatic planning.

ATS use among commercial sex workers in Viet Nam:

Sentinel surveillance of HIV amongst sex workers in Viet Nam is regularly collected. There is currently no information relating to the use of ATS among commercial sex workers. Evidence from surrounding countries in the Mekong has shown that the use of ATS amongst sex workers and their clients is prevalent. This information would be useful in ongoing HIV prevention program and policy development.

ATS use in the labour (construction, fishing) and transport (truck drivers and taxi drivers) in Viet Nam:

The use of ATS in the construction and transport industries of countries that neighbour Viet

Nam is common and widespread. This aspect of the assessment will seek to clarify whether ATS use is prevalent in a selection of labour intensive industries in Viet Nam including construction, fishing and transport industries. The purpose of this aspect of the assessment is to ascertain if and how widespread ATS use is in these industries.

ATS use among networks of people who inject drugs:

There is widespread evidence of injecting drug use in Viet Nam and policies and programs have been implemented to provide a range of services for this group, including harm reduction services. Little is known about the use of ATS among traditionally opiate injecting networks. The purpose of this component is to estimate the use of ATS among this group and the patterns and trends of use to help inform current programs that provide services to people who inject drugs.

PHASE THREE: POPULATION SURVEY TO ESTABLISH BOTH PREVALENCE AND AWARENESS OF ATS USE IN A REPRESENTATIVE SAMPLE OF 16-22 YEARS OLDS IN 5 CITIES OF VIET NAM

Regional data on ATS use indicates that the initiation of ATS use occurs between the ages of 15-17. Although initiation of ATS has been shown to occur in individuals below the age of 10, it is predominantly initiated in late adolescence. In Viet Nam, there is only limited data on the use of ATS across the general population. Despite recent increases in arrests and seizures related. The purpose of this phase of the project is to conduct a quantitative survey across 5 cities in Viet Nam to ascertain both the prevalence of use and the perceived awareness of the availability and use of ATS in the general community. The J93 proposes conducting a stratified cross-sectional survey that investigates life use, knowledge and awareness of and experiences with ATS from up to 2000 people aged between 16 and 22 in 5 cities of Viet Nam.

Specific Aims

- 1) To conduct a quantitative survey of up to 2000 people in each of the 5 selected cities in Viet Nam that explores the prevalence of use and the awareness of ATS use and availability**

- 2) To draw the survey sample from 3 schools and 2 universities from each city which are distributed across high, middle and lower socio-demographic areas.

Methodology

Sampling Framework

The J93 will survey 2000 school and university students of age 16- 22 in each of the 5 cities selected by the SODC. Survey administration will be done across a randomly selected group of students from each of the school and university in different demographic areas. Participants will be distributed evenly across age so that we would have intra and inter sample comparability and representation.

Data Analysis

Phase One: The analysis of secondary data collected during phase one of the project will be analysed by the respective agencies contracted by SODC to specifically collect and analyse data from sources: forensic data on ATS, arrest and seizure data.

Phase Two: The quantitative and qualitative research with risk groups in three cities across Viet Nam will be coordinated through the Ha Noi Medical University. For analysis of the rapid quantitative survey, the data will be entered into EPI DTA 3.1 and then transferred to SPSS 16.0 for analysis. Analysis will be conducted in country at the offices of the Hanoi Medical School with oversight from the technical consultant and project team.

Qualitative semi-structured interviews will be transcribed into Vietnamese as soon as possible after each interview. Interviews will be analysed for common themes according to the theory of ground behaviour commonly used in qualitative data analysis. Some interviews will be translated into English for comparison of terms and definitions and to confirm findings.

Phase Three: The 2000 plus school and university surveys will be cleaned and entered into a pre designed data management program. The Center for Consulting on Legal and Policy on Health and HIV/AIDS under Viet Nam Lawyers' Association will be responsible for conducting the survey and the cleaning and entering of data into the designed

program.

Inclusion Criteria and Consent

Phase One: Data collected during this phase is secondary data and no individual names or locator information is being sought for this phase of the project so therefore no consent is required for this phase

Phase Two: The inclusion criteria for both the semi-structured interviews and the rapid surveys in phase two are:

- Giving oral consent
- Age 18-45 and active in the three months
- Self-identify as one of the risk groups

Semi-structured interviews and rapid surveys will not seek identifying information and therefore we are only seeking oral consent. Participants will be given a small stipend to compensate them for their time.

Phase Three: The inclusion criteria for the school and university survey are:

- Giving oral consent
- Being randomly selected from a school and university enrolment list within the geographical target area
- Being aged between 16 and 22

The quantitative survey will not seek any identifying information and the completed surveys will be identified by a number only.

Project Management and Staffing

SODC in collaboration with UNODC has the overall responsibility for all aspects of project management in each of the three phases of the survey. It is proposed that SODC staff will work closely with the project team and technical consultant to ensure smooth management of the survey's phases. The role of the Ha Noi Medical University representative will be to assist with ethical oversight.

Phase one of the survey is essentially outsourced to various agencies. It is proposed that phase two of the survey is conducted under the auspices of the Ha Noi Medical University with independent researchers

working within a team consisting of researchers from SODC, project team, technical consultant. Researchers will be paired and will work with a peer recruiter from each sub-group to conduct both the rapid quantitative and qualitative surveys.

The school and university surveys will be managed by the Center for Consulting on Legal and Policy on Health and HIV/AIDS under sub-contract.

ETHICAL OVERSIGHT

To maintain the highest ethical standards pertaining to research with human subjects during the J93 ATS project, ethical oversight is sought from the Ha Noi Medical University. Project staff will undergo training in considerations for human subjects in research training as part of the protocol training before data is collected in phase two and three and survey staff will be trained and familiar with protocol pertaining to seeking oral consent

Annex II

SCHOOL SURVEY QUESTIONNAIRES

Study Id Number: ___/ ___/ ___ _ _ _ _

SCHOOL ATS AWARENESS SURVEY SODC, NOVEMBER, 2010

NAME OF SCHOOL _____

SECTION A: DEMOGRAPHICS

A1. Sex Male 1
 Female 2

A2. How old are you? Age in years ___ _

A3. In what district of this city do you currently live? _____ district

A4. When you are at school or university where do you live or sleep most of the time during the school or university term?

Parents' house 1

Relative's house 2

Friend's house 3

Rented apartment 4

School/college's dormitory 5

Other, (specify) _____ 6

A5. What is your current relationship status?

[CIRCLE ONE CATEGORY ONLY]

Single 1

Have boyfriend 2

Have girlfriend 3

A6. What is your total monthly income as given by parents/relatives (in VND)? (circle most appropriate answer)

<5 million 1

5-10 million 2

>10 million 3

Not applicable because not earning any money 4

A7. What is your total monthly spending (in VND)? (circle most appropriate answer)

<5 million 1

5-10 million 2

>10 million 3

Not applicable because not earning any money 4

SECTION B: KNOWLEDGE OF DIFFERENT AMPHETAMINE TYPE STIMULANTS

B1. Have you ever heard of the following type of amphetamines?

Methamphetamine Tablets	Yes	1	No	2
Ecstasy	Yes	1	No	2
ICE	Yes	1	No	2

B2. Where did you hear about these amphetamine type stimulants from?

Government awareness campaigns	Yes	1	No	2
The media (radio, TV, print)	Yes	1	No	2
From friends at school or university	Yes	1	No	2
Other source (Please Specify).....	Yes	1	No	2

B3. Do you understand the differences between all the different types of ATS?

Yes	1	No	2
-----	---	----	---

B4. What do you know about the effects of ATS? (please answer every statement)

ATS can lead to increased energy	Yes	No	Don't Know
ATS are associated with increased ability to work long hours	Yes	No	Don't Know
ATS are commonly used by young people to have fun	Yes	No	Don't Know
ATS are can make your heart beat faster	Yes	No	Don't Know
ATS can be associated with euphoria	Yes	No	Don't Know
ATS can lead to decreased appetite	Yes	No	Don't Know
ATS can lead insomnia	Yes	No	Don't Know
ATS can mask the affects of alcohol so people using ATS drink more alcohol	Yes	No	Don't Know
ATS use can make people hallucinate	Yes	No	Don't Know
ATS use can increase mental health problems in the short term and long term	Yes	No	Don't Know

SECTION C: AWARENESS OF ATS USE IN THE COMMUNITY

Please circle the number corresponding with your answer the following questions

C1. Do you know anyone who currently uses one or more types of ATS?

Yes	1
No	2→C3
Don't know	3→C3

C2. How many people do you know who currently use some type of ATS (write your answer as a number)? _____

C3. How many people do you think currently use in your community?

None	1
A few	2
Some	3

A lot	4
Don't know	5

C4. Do you know of any ATS users who have been arrested by the police in the last 12 months?

Yes	1
No	2
Don't know	3

C5 How easy is it to currently access ATS in this city or the surrounding areas?

Extremely easy	1
Easy	2
Difficult	3
Extremely difficult	4
Don't know	5

C6. Has the availability of ATS changed in the last 12 months?

Increased	1
Decreased	2
Stayed the same	3
Don't know	4 (go to section D)

C7. What do you think has affected the increase in availability of ATS in the last 12 months?

	Yes	No
a) Increased Drug trafficking	1	2
b) ATS use is becoming more popular	1	2
c) Decreased ATS suppression activity	1	2
d) Other __ (please write) _____	1	2

C8. What do you think has affected the decrease in availability of MA in the last 12 months?

	Yes	No
a) Decreased Drug trafficking	1	2
b) ATS use is becoming less popular	1	2
c) Increase in ATS suppression activity	1	2
d) Other __ (please write) _____	1	2

SECTION D: HISTORY OF ATS USE

The next set of questions is about using drugs. Please remember that your answers are strictly confidential. Your name is not on this form. No one can trace these answers back to you. If you do not want to answer certain questions you don't have to, but please answer all the questions that you can.

[If you answer no or don't know to the following questions, please move on to the next question

	A. Have you ever used ___ ?	B. Age when you first used	C. How often did you use ___ in the <u>past 3 months?</u>	D. How did you use ___ ?
D1	Methamphetamine Tablet Yes 1→B No 2→D2 DK 3→D2	— —	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)
D2	Ecstasy Yes 1→B No 2→D3 DK 3→D3	— —	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)
D3	ICE Yes 1→B No 2→E1 DK 3→E1	— —	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)

SECTION E: ATTITUDES TOWARDS ATS USE IN THE COMMUNITY

In the next section we would like to ask you about your attitudes and opinions about ATS use and its effects on individuals, families and communities. For each statement, please circle the answer that most closely represents your opinion on the statement; if you strongly agree, agree, disagree, or strongly agree.

Reasons for using MA:	Strongly agree	Agree	Disagree	Strongly disagree
E1. Young people in my community have heard of the different types of ATS	1	2	3	4
E2. Some people in my community use ATS	1	2	3	4
E3. Young people in this community use ATS to have fun	1	2	3	4
E4. Young people in this community use ATS because some of their friends use ATS	1	2	3	4
E5. Young people in this community use ATS as a way to deal with family problems	1	2	3	4
E6. Young people in my community use ATS because it is a part of youth culture	1	2	3	4

E7. Some youth in this community use ATS to have more fun	1	2	3	4
E8. Some youth in this community use ATS so that they are not bored	1	2	3	4
E9. Some youth in this community use ATS because it is easy to get	1	2	3	4
E10. Some youth in this community use ATS to be in a better mood	1	2	3	4
E11. Some youth in this community use ATS to forget unpleasant things	1	2	3	4
E12. People in this community are likely to get arrested when they use ATS	1	2	3	4
E13. Youth in this community use ATS to be more accepted by peer	1	2	3	4
Effects of ATS use on the individual:				
E14. Some youth in my community who use ATS spend all of their money on ATS	1	2	3	4
E15. Youth in my community who use ATS are disrespectful of their elders	1	2	3	4
E16. Youth in my community who use ATS get in more trouble in school than youth who do not use ATS	1	2	3	4
E17. Youth who use ATS have more motorcycle accidents compared to youth who do not use ATS	1	2	3	4
E18. Youth who use ATS become thinner because of ATS	1	2	3	4
E19. Youth who use ATS are more irritable than those who do not use ATS	1	2	3	4
E20. Youth who use ATS fight more than those who do not use ATS	1	2	3	4
E21. Youth who use ATS are more aggressive than those who do not use ATS	1	2	3	4
E22. Youth who use ATS are lazier than those who do not use MA	1	2	3	4
E23. Youth who use ATS are more likely to be kicked out of school or university compared to those who don't use MA	1	2	3	4
E24. Youth who use ATS are more likely to have an unplanned pregnancy	1	2	3	4
Effects of ATS use on families:				
E25. If a child uses ATS it their family will be gossiped about	1	2	3	4
E26. Young people who use ATS are a financial drain on the family	1	2	3	4
E27. It is the family's responsibility for their children not to use ATS	1	2	3	4
E28. There is nothing a family can do to stop their child from using ATS	1	2	3	4
E29. Most families don't want to deal with the issue of drug use	1	2	3	4
E30. Young people who use ATS contribute less to the family income	1	2	3	4
E31. Parents should talk to their kids about drug use	1	2	3	4
E32. Families without drug using children are respected	1	2	3	4
Effects of ATS use on communities:				
E33. If there is ATS use in a community, it brings the district shame	1	2	3	4

E34. ATS increases the financial well-being of a community	1	2	3	4
E35. It's the community's responsibility to keep ATS out of their community	1	2	3	4
E36. It's the community's responsibility to keep community members from using ATS	1	2	3	4
E37. Community members should talk about how ATS effects their community	1	2	3	4
E38. If there are a lot of drug users in my community, the community will not be respected	1	2	3	4
E39. Communities do not want to deal with the issue of ATS use	1	2	3	4
E40. There is nothing a community can do to stop its members from using ATS	1	2	3	4

Now we would like to ask you about your opinion on how common ATS use in your community is. For each statement, please circle the answer that most closely represents your feeling on the statement; strongly agree, agree, disagree, or strongly disagree.

Perceived MA us in communities:	Strongly agree	Agree	Disagree	Strongly disagree
E41. A lot of people use ATS in my community?	1	2	3	4
E42. Drug users are ruining my community	1	2	3	4
E43. Drug trafficking is common in my community	1	2	3	4
E44. My community is unsafe because there are a lot of youth who use ATS	1	2	3	4
E45. Our community hasn't been strongly affected by ATS use	1	2	3	4
E46. Youth who use ATS give our district a bad name	1	2	3	4
E47. Our community has suffered because of ATS use	1	2	3	4

Now we would like to ask you about your opinion on how common ATS use in your community is. For each statement, please circle the answer that most closely represents your feeling on the statement; strongly agree, agree, disagree, or strongly disagree.

Community-level risk factors for MA use:	Strongly agree	Agree	Disagree	Strongly disagree
E48. ATS is easy to buy in my community	1	2	3	4
E49. Youth do not have many economic opportunities	1	2	3	4
E50. There's nothing for youth to do in this community	1	2	3	4
E51. Traditional Vietnamese family values are eroding	1	2	3	4
E52. Schools/Universities/teachers have a role in reducing ATS use among youth	1	2	3	4
E53. Information on ATS is readily available in the community	1	2	3	4
E54. The provision of educational materials on ATS would improve the understanding of ATS in the community in general	1	2	3	4
E55. There are enough activities for young people in this community	1	2	3	4

Please answer yes or no to the following questions.

E56. Do you think ATS users would not use as much if there were other things to do such as:
[You can answer yes to more than one; an answer should be circled for each option.]

	Yes	No
a) Job work	1	2
b) School work	1	2
c) Play sport	1	2
d) Exciting activities	1	2
e) Other _(please write)_____	1	2

Annex III

UNIVERSITY SURVEY QUESTIONNAIRES

NAME OF UNIVERSITY _____

SECTION A: DEMOGRAPHICS

A1. Sex Male 1
 Female 2

A2. How old are you? Age in years _____

A3. In what district of this city do you currently live? _____ district

A4. When you are at school or university where do you live or sleep most of the time during the school or university term?

Parents' house 1
Relative's house 2
Friend's house 3
Rented apartment 4
School/college's dormitory 5
Boyfriend/girlfriend's house 6

Other, (specify) _____

A5. What is your current relationship status?
[CIRCLE ONE CATEGORY ONLY]

Single 1
Have boyfriend 2
Have girlfriend 3
Married 4

A6. What is your total monthly income (in VND)? (circle most appropriate answer)

<5 million 1
5-10 million 2
>10 million 3
Not applicable because not earning any money 4

A7. What is your total monthly spending (in VND)? (circle most appropriate answer)

<5 million 1
5-10 million 2
>10 million 3
Not applicable because not earning any money 4

SECTION B: KNOWLEDGE OF DIFFERENT AMPHETAMINE TYPE STIMULANTS

B1. Have you ever heard of the following type of amphetamines?

Methamphetamine Tablets	Yes	1	No	2
Ecstasy	Yes	1	No	2
ICE	Yes	1	No	2

B2. Where did you hear about these amphetamine type stimulants from?

Government awareness campaigns	Yes	1	No	2
The media (radio, TV, print)	Yes	1	No	2
From friends at school or university	Yes	1	No	2
Other source (Please Specify).....	Yes	1	No	2

B3. Do you understand the differences between all the different types of ATS?

Yes	1	No	2
-----	---	----	---

B4. What do you know about the effects of ATS? (please answer every statement)

ATS can lead to increased energy	Yes	No	Don't Know
ATS are associated with increased ability to work long hours	Yes	No	Don't Know
ATS are commonly used by young people to have fun	Yes	No	Don't Know
ATS are can make your heart beat faster	Yes	No	Don't Know
ATS can be associated with euphoria	Yes	No	Don't Know
ATS can lead to decreased appetite	Yes	No	Don't Know
ATS can lead insomnia	Yes	No	Don't Know
ATS can make you more sexually active	Yes	No	Don't Know
ATS can mask the affects of alcohol so people using ATS drink more alcohol	Yes	No	Don't Know
ATS use can make people hallucinate	Yes	No	Don't Know
ATS use can increase mental health problems in the short term and long term	Yes	No	Don't Know

SECTION C: AWARENESS OF ATS USE IN THE COMMUNITY

Please circle the number corresponding with your answer the following questions

C1. Do you know anyone who currently uses one or more types of ATS?

Yes	1
No	2→C3
Don't know	3→C3

C2. How many people do you know who currently use some type of ATS (write your answer as a number)? _____

C3. How many people do you think currently use in your community?

None	1
A few	2
Some	3
A lot	4
Don't know	5

C4. Do you know of any ATS users who have been arrested by the police in the last 12 months?

Yes	1
No	2
Don't know	3

C5 How easy is it to currently access ATS in this city or the surrounding areas?

Extremely easy	1
Easy	2
Difficult	3
Extremely difficult	4
Don't know	5

C6. Has the availability of ATS changed in the last 12 months?

Increased	1
Decreased	2
Stayed the same	3
Don't know	4 (go to section D)

C7. What do you think has affected the increase in availability of ATS in the last 12 months

	Yes	No
a) Increased Drug trafficking	1	2
b) ATS use is becoming more popular	1	2
c) Decreased ATS suppression activity	1	2
d) Other __ (please write) _____	1	2

C8. What do you think has affected the decrease in availability of MA in the last 12 months?

	Yes	No
a) Decreased Drug trafficking	1	2
b) ATS use is becoming less popular	1	2
c) Increase in ATS suppression activity	1	2
d) Other __ (please write) _____	1	2

SECTION D: HISTORY OF ATS USE

The next set of questions is about using drugs. Please remember that your answers are strictly confidential. Your name is not on this form. No one can trace these answers back to you. If you do not want to answer certain questions you don't have to, but please answer all the questions that you can.

[If you answer no or don't know to the following questions, please move on to the next question]

	A. Have you ever used ___ ?	B. Age when you first used	C. How often did you use ___ in the <u>past 3 months</u>?	D. How did you use ___ ?
D1	Methamphetamine Tablet Yes 1→B No 2→D2 DK 3→D2	___	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)
D2	Ecstasy Yes 1→B No 2→D3 DK 3→D3	___	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)
D3	ICE Yes 1→B No 2→E1 DK 3→E1	___	None 1 Once a month or less 2 2-3 days a month 3 About once a week 4 2-3 days a week 5 4-6 days a week 6 Everyday 7	Inhaled/snorted/smoked 1 Ate/ ingested 2 Injected 3 Other _____ 4 (specify)

SECTION E: ATTITUDES TOWARDS ATS USE IN THE COMMUNITY

In the next section we would like to ask you about your attitudes and opinions about ATS use and its effects on individuals, families and communities. For each statement, please circle the answer that most closely represents your opinion on the statement; if you strongly agree, agree, disagree, or strongly agree.

Reasons for using MA:	Strongly ag	Agree	Disagree	Strongly disagree
E1. Young people in my community have heard of the different types of ATS	1	2	3	4
E2. Some people in my community use ATS	1	2	3	4
E3. Young people in this community use ATS to have fun	1	2	3	4
E4. Young people in this community use ATS because some of their friends use ATS	1	2	3	4
E5. Young people in this community use ATS as a way to deal with family problems	1	2	3	4
E6. Young people in my community use ATS because it is a part of youth culture	1	2	3	4
E7. Some youth in this community use ATS to have more fun	1	2	3	4
E8. Some youth in this community use ATS so that they are not bored	1	2	3	4
E9. Some youth in this community use ATS because it is easy to get	1	2	3	4
E10. Some youth in this community use ATS to be in a better mood	1	2	3	4
E11. Some youth in this community use ATS to forget unpleasant things	1	2	3	4
E12. People in this community are likely to get arrested when they use ATS	1	2	3	4
E13. Youth in this community use ATS to be more accepted by peer	1	2	3	4
Effects of ATS use on the individual:				
E14. Some youth in my community who use ATS spend all of their money on ATS	1	2	3	4
E15. Youth in my community who use ATS are disrespectful of their elders	1	2	3	4
E16. Youth in my community who use ATS get in more trouble in school than youth who do not use ATS	1	2	3	4
E17. Youth who use ATS have more motorcycle accidents compared to youth who do not use ATS	1	2	3	4
E18. Youth who use ATS have more sex than youth who do not use ATS	1	2	3	4

E19. Youth who use ATS become thinner because of ATS	1	2	3	4
E20. Youth who use ATS are more irritable than those who do not use ATS	1	2	3	4
E21. Youth who use ATS fight more than those who do not use ATS	1	2	3	4
E22. Youth who use ATS are more aggressive than those who do not use ATS	1	2	3	4
E23. Youth who use ATS are lazier than those who do not use MA	1	2	3	4
E24. Youth who use ATS are more likely to be kicked out of school or university compared to those who don't use MA	1	2	3	4
E25. Youth who use ATS are more likely to have an unplanned pregnancy	1	2	3	4
Effects of ATS use on families:				
E26. If a child uses ATS it their family will be gossiped about	1	2	3	4
E27. Young people who use ATS are a financial drain on the family	1	2	3	4
E28. It is the family's responsibility for their children not to use ATS	1	2	3	4
E29. There is nothing a family can do to stop their child from using ATS	1	2	3	4
E30. Most families don't want to deal with the issue of drug use	1	2	3	4
E31. Young people who use ATS contribute less to the family income	1	2	3	4
E32. Parents should talk to their kids about drug use	1	2	3	4
E33. Families without drug using children are respected	1	2	3	4
Effects of ATS use on communities:				
E34. If there is ATS use in a community, it brings the district shame	1	2	3	4
E35. ATS increases the financial well-being of a community	1	2	3	4
E36. It's the community's responsibility to keep ATS out of their community	1	2	3	4
E37. It's the community's responsibility to keep community members from using ATS	1	2	3	4
E38. Community members should talk about how ATS effects their community	1	2	3	4
E39. If there are a lot of drug users in my community, the community will not be respected	1	2	3	4
E40. Communities do not want to deal with the issue of ATS use	1	2	3	4

E41. There is nothing a community can do to stop its members from using ATS	1	2	3	4
---	---	---	---	---

Now we would like to ask you about your opinion on how common ATS use in your community is. For each statement, please circle the answer that most closely represents your feeling on the statement; strongly agree, agree, disagree, or strongly disagree.

Perceived MA us in communities:	Strongly agree	Agree	Disagree	Strongly disagree
E42. A lot of people use ATS in my community?	1	2	3	4
E43. Drug users are ruining my community	1	2	3	4
E44. Drug trafficking is common in my community	1	2	3	4
E45. My community is unsafe because there are a lot of youth who use ATS	1	2	3	4
E46. Our community hasn't been strongly affected by ATS use	1	2	3	4
E47. Youth who use ATS give our district a bad name	1	2	3	4
E48. Our community has suffered because of ATS use	1	2	3	4

Now we would like to ask you about your opinion on how common ATS use in your community is. For each statement, please circle the answer that most closely represents your feeling on the statement; strongly agree, agree, disagree, or strongly disagree.

Community-level risk factors for MA use:	Strongly agree	Agree	Disagree	Strongly disagree
E49. ATS is easy to buy in my community	1	2	3	4
E50. Youth do not have many economic opportunities	1	2	3	4
E52. Traditional Vietnamese family values are eroding	1	2	3	4
E53. Schools/Universities/teachers have a role in reducing ATS use among youth	1	2	3	4
E54. Information on ATS is readily available in the community	1	2	3	4
E55. The provision of educational materials on ATS would improve the understanding of ATS in the community in general	1	2	3	4
E56. There are enough activities for young people in this community	1	2	3	4

Please answer yes or no to the following questions.

E57. Do you think ATS users would not use as much if there were other things to do such as:
[You can answer yes to more than one; an answer should be circled for each option.]

	Yes	No
a) Job work	1	2
b) School work	1	2
c) Play sport	1	2
d) Exciting activities	1	2
e) Other _(please write)_____	1	2

Annex IV

QUANTITATIVE SURVEY AMONG RISK GROUPS

SODC/UNODC/HANOI MEDICAL UNIVERSITY
AWARENESS SURVEY ON HEALTH PROBLEM AMONG YOUTH

Individual code

Form with five boxes for entering an individual code: [] [] [] [][] [][][][][]

AGREEMENT TO PARTICIPATE IN THE SURVEY

My friend! My name is currently implemeting a survey on awareness of young people relating to health and drug use. The reason why you are selected to participate in our survey is that you have knowledge which help us in our survey.

All information that you provide will be kept confidential. When publizing findings, we will not mention name or any information of each individual partitcipating in our survey, except general results. The only thing affecting you is that you will have to spend 20 minutes to fully anwer all questions and you will receive some supporting cost as 100,000 VND

Should you have any inquiry or concern, you can contact our program manger – Mr. Le Minh Giang at 04.35746825

We hope that you will agree to participate in our survey.

Do you agree?

I have been explained clearly about purposes, risks and benefits to me when participating in this survey, I (surveyor will mark suitable box)

Yes

No => Stop interviewing

Full name of surveyor: _____ Signature: _____

Date of interview: ____/ ____/ ____ . Time: from..... to

Date of input:____/ ____/ ____

SECTION A – DEMOGRAPHICS

No	Question	Answer	Code
A1	What year were you born, how old are you by 2010? (age as solar calendar)	Year _____ _____ Age	
A2	Sex?	Male Female Other (specify) _____	1 2 3
A3	In what district of city do you currently live?	_____	
A4	How long have you lived in this city?	Less than 3 months From 3 – 6 months More than 6 months	1 2 3
A5	Currently, where do you live or sleep most of the time?	Parents' house Relative's house Friend's house Rented house Dormitory Boyfriend/girlfriend's house Other (specify) _____	1 2 3 4 5 6 7
A6	Currently, who do you live with?	Family (Grand father/G.mother, parents, spouse) Parents Spouse Friend Boy friend/girl friend Co-worker Other (specify) _____	1 2 3 4 5 6 7
A7	If having some difficulties in life, who do you talk to?	Family Friend Boy friend / girl friend Spouse Co-worker Other (specify) _____	1 2 3 4 5 6
A8	What is your current relationship status?	Single, not live with sexual partner Single, live with sexual partner Married Divorced Separated Other (specify) _____	1 2 3 4 5 6

No	Question	Answer	Code
A9	What is your highest education level that you have finished?	Highest level: _____ Never go to school: 0 Vocational training/high school: 13 In college/university: 14 College/university: 15	
A10	Are you currently attending school?	Yes No	1 2
A11	What is your current employment status?	Not go to work/unemployed Work for govt. agency Work for private agency Freelancer Other (specify)_____	1 2 3 4 5
A13	In last 12 months, what is your average income from ALL sources?	Less than 2 million VND 2 -3 million VND 3 -5 million VND 5 – 10 million VND More than 10 million VND No income	1 2 3 4 5 6
A14	In last 90 days, how often do you go to discotheques/bars?	Several times / week Once / week Several times / month 1 – 2 times in last 90 days Not go to discotheques/bars in last 90 days	1 2 3 4 5

SECTION B – KNOWLEDGE ON DIFFERENT TYPES OF DRUGS

No.	Question / Answers	Amphetamine	Ectasy	Ice (Meth - amphetamin)	Ketamin	Heroin
B1	Have you ever heard of following types of drugs? IF NEVER HEARD, WILL NOT ASK FOLLOWING QUESTIONS ON TYPE OF DRUGS IN SECTION B; EVEN NOT CLEAR, MARK AS NEVER HEARD	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
B2	How old were you when you heard about (ask for each type of drugs) for the first time?	_____ years old	_____ years old	_____ years old	_____ years old	_____ years old
B3	Where did you hear about... (ask for each type of drugs) from? Pano/poster/leaflets	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
	Mass media (Newspaper/ radio/ television)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
	Friends	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
B4	Other (specify)	1. Yes (specify) _____ 2. No	1. Yes (specify) _____ 2. No	1. Yes (specify) _____ 2. No	1. Yes (specify) _____ 2. No	1. Yes (specify) _____ 2. No
	Do you think using... (read out each type of drugs) have following effects/ characteristics?	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know
	1. Increased energy in longer time	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know
	2. Irregular heart beat	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know	1. Yes 2.No 9.Dont know

3. Hallucinated	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
4. Depressed	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
5. Increasedly excited	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
6. Increasedly sexual desire	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
7. Longer sexual intercourse	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
8. Participation in unsafe sex that never had before	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
9. Sleeplessness	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
10. Decreased appetite	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
11. Violent activity / uncontrolled behavior	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know
12 Other (specify)	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know	1. Yes 2. No 9. Dont know

SECTION C

KNOWLEDGE ON REAL SITUATION OF USING TYPES OF DRUGS MENTIONED

No.	Question	Answer	Code
C1.	Do you know anyone in the group who <i>(find most suitable word to describe subject)</i> ever used heroin? (WHOM YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME)?	Yes No	1 2
C2	Do you know anyone in the group who <i>(find most suitable word to describe subject)</i> ever used 1 of aphetamine, ecstasy, ice and ketamine ? (WHOM YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME)?	Yes No	1 2 => D1
C3	How many person(s) do you know in the group who <i>(find most suitable word to describe)</i> ever used 1 of aphetamine/ecstasy/ice/ ketamine ? (WHOM YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME)?	_____person(s)	
C4	In last 30 days, how many person(s) in above mentioned groups have you met?	_____person(s)	
C5	Do those, who you know (question C3), use substances among of amphetamine, ecstasy, ice and ketamin? MULTIPLE CHOICE ANSWER	Amphetamine Ecstasy Ice Ketamin	1 2 3 4
C6	Where do they use these substances? MULTIPLE CHOICE ANSWER	Own home Friend/sexual partner's house School Dormitory Bar, discotheque Hotel/Guest house Restaurants Workplace Other (specify)_____	1 2 3 4 5 6 7 8 9
C7	How can they obtain these substances? MULTIPLE CHOICE ANSWER	Someone else bought Someone else gave They bought themselves Join drug trafficking Sexual exchange for drug Other (specify)_____	1 2 3 4 5 6

No.	Question	Answer			Code
C8	What do they usually do after taking these substances?	Amphetamine	Ecstasy	Ice	Ketamin
	Drink	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Work at construction sites	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Drive truck or taxi	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Dance	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Fight	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Sexual intercourse	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Talk	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Do normal work at home	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
	Study	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
Other (specify)	1.Yes _____	1.Yes _____	1.Yes _____	1.Yes _____	
		2.No	2.No	2.No	2.No
C9	When taking these substances, do they use heroin?	Yes No			1 2
C10	Among of those, who you know, ever injected either one of these substances?	Yes Not yet			1 2 =>D1
C11	If yes, what substance?	Amphetamine Ecstasy Ice Ketamin Heroin			1 2 3 4 5

SECTION D – FIRST TIME USE SYNTHETIC DRUGS AND EFFECTS

No	Question / Answer	(Amphetamin)	(Ecstasy)	Ice (Crystal Meth)	Ketamin
D1	<p>In what year and what age did you use (<i>name of substances as next column</i>) for the first time?</p> <p><u>Notice</u> + Ask for solar-calendar age + Never use: 00 => move to next substance + If never use all substances, move to section E.</p>	Year ____ ____ Age	Year ____ ____ Age	Year ____ ____ Age	Year ____ ____ Age
D2	<p>Where did you use for the first-time?</p> <p>Own home</p> <p>Friend/sexual partner's house</p> <p>School</p> <p>Dormitory</p> <p>Bar, discotheque</p> <p>Hotel/Guest house</p> <p>Restaurants</p> <p>Workplace</p> <p>Other (specify)</p>	1 2 3 4 5 6 7 8 9 _____ _____	1 2 3 4 5 6 7 8 9 _____ _____	1 2 3 4 5 6 7 8 9 _____ _____	1 2 3 4 5 6 7 8 9 _____ _____
D3	<p>Why did you use... for the first time?</p> <p>MULTIPLE CHOICE ANSWER</p> <p>Curious about its effects</p> <p>Want to get out of sadness or to increase excited</p> <p>Encouraged by friend</p> <p>Encouraged by sexual partner</p> <p>Encouraged by drug dealers</p> <p>Other (specify) _____</p> <p>_____</p>	1 2 3 4 5 6 _____ _____	1 2 3 4 5 6 _____ _____	1 2 3 4 5 6 _____ _____	1 2 3 4 5 6 _____ _____
D4	<p>How did you get... for the first time use?</p> <p>Freely offered</p> <p>Asked others to buy</p> <p>I bought</p> <p>Sexual exchange for drugs</p> <p>Other (specify)</p>	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____

No	Question / Answer	(Amphetamin)	(Ectasy)	Ice (Crystal Meth)	Ketamin
D5	What was your route of administration for the first time use?				
	Smoke	1	1	1	1
	Inhale	2	2	2	2
	Drink	3	3	3	3
	Inject	4	4	4	4
	Other (specify)	5	5	5	5
		_____	_____	_____	_____
		_____	_____	_____	_____
D6	For this first-time use, did you use... together with following substance:				
	None	1	1	1	1
	Alcohol	2	2	2	2
	Heroin	3	3	3	3
	Other (specify)	4	4	4	4
		_____	_____	_____	_____
		_____	_____	_____	_____
D7	For this first-time use, who did you use.... with?				
	None, only me	1	1	1	1
	With friends	2	2	2	2
	With sexual partner	3	3	3	3
	With clients	4	4	4	4
	Other (specify)	5	5	5	5
		_____	_____	_____	_____
		_____	_____	_____	_____
D8	For this first-time use, except you, how many person(s) joined you?	_____ per Of whom:	_____ per Of whom:	_____ per Of whom:	_____ per Of whom:
		_____ male _____ female	_____ male _____ female	_____ male _____ female	_____ male _____ female
D9	Apart from route of administration for the first-time use, do you use... in other route?				
	MULTIPLE CHOICE ANSWER				
	Smoke	1	1	1	1
	Inhale	2	2	2	2
	Drink	3	3	3	3
	Inject	4	4	4	4
Other (specify)	5	5	5	5	
		_____	_____	_____	_____
		_____	_____	_____	_____
D10	In what year and what age did you <u>inject</u> ... for the first time?	Year _____	Year _____	Year _____	Year _____
	<i>Never inject, mark 0</i>	_____ Age	_____ Age	_____ Age	_____ Age

No	Question / Answer	(Amphetamin)	(Ecstasy)	Ice (Crystal Meth)	Ketamin
D11	In last 90 days, how do you use...? MULTIPLE CHOICE ANSWER	1. Smoke 2. Inhale 3. Drink 4. Inject 5. Other (specify) _____ _____	1. Smoke 2. Inhale 3. Drink 4. Inject 5. Other (specify) _____ _____	1. Smoke 2. Inhale 3. Drink 4. Inject 5. Other (specify) _____ _____	1. Smoke 2. Inhale 3. Drink 4. Inject 5. Other (specify) _____ _____
		6. Not use in last 90 days => D14	6. Not use in last 90 days => D14	6. Not use in last 90 days => D14	6. Not use in last 90 days => D14
D12	In last 90 days, how often did you use amphetamine/ecstasy/ice/ketamine? Several times/ week Once / week Several times / month 1 – 2 times in last 90 days	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
D13	In last 90 days, when was the most recent time you used ... accounting up today? <i>If used today, mark as 0</i>	_____ day(s)	_____ day(s)	_____ day(s)	_____ day(s)
D14	Based on your own experience, what is effect(s) of these substances? MULTIPLE CHOICE ANSWER 1. Increased energy in longer time 2. Irregular heart beat 3. Hallucinated 4. Depressed 5. Increasedly excited 6. Increasedly sexual desire 7. Longer sexual intercourse 8. Participation in unsafe sex that never had before 9. Sleeplessness 10. Decreased appetite 11. Violent activity / uncontrolled behavior 12 Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____

SECTION E – UNDERSTANDING ON ACTUAL SEIZURE RELATED TO DRUG

No	Question	Answer	Code
E1	Do you know anyone [WHO YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME] ever treated in 06 center?	Yes No	1 2
E2	Do you know anyone [WHO YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME] ever sold amphetamine/ecstasy/ice/ketamin?	Yes No	1 2
E3	Do you know anyone [WHO YOU KNOW HIS/HER NAME AND HE/SHE KNOWS YOUR NAME] ever be arrested (not necessary to be in prison) because of drug?	Yes No	1 2 => E5
E4	What was the reason why that person arrested? MUTIPLE CHOICE ANSWER	Use drug Bring drug Bring needle and syring Participate in drug dealing Other (specify)_____	1 2 3 4 5
E5	Have you ever been arrested (not necessary to be in prison)?	Yes Not yet	1 2 => F
E6	Was that because of drug?	Yes No	1 2

SECTION F - OTHER BEHAVIORS RELATING TO HEALTH

No	Question	Answer	Code
F1	In last 12 months, did you use heroin?	Yes No	1 2 => F5
F2	In last 12 months, did you inject heroin?	Yes No	1 2 => F5
F3	If yes, in last 30 days, did you give needle and syring, which you had used, to other?	Yes No	1 2
F4	In last 30 days, did you use needle and syring, which had been used by other?	Yes No	1 2
F5	Have you ever had sexual intercourse with person who were as same sex you?	Yes No	1 2 => F7
F6	In last 30 days, how many person did you have homosexual intercourse?	_____person(s)	
F7	Have you ever paid to have sexual intercourse?	Yes Not yet	1 2 => F10

No	Question	Answer	Code
F8	In last 30 days, how many person(s) have you paid to have sexual intercourse? Of whom, how many male? How many female?	_____Person(s) Male _____ Female _____	
F9	In lastest sexual intercourse with person you paid, did you use condom?	Yes No Don't remember	1 2 9
F10	In last 12 months, how often did you use condom for sexual intercourse?	Always Almost Sometimes Never Don't remember	1 2 3 4 9
F11	Have you ever heard about sexual transmission diseases?	Yes Not yet	1 2 =>F13
F12	What are these diseases? MUTIPLE CHOICE ANSWER	Chlamydia Gonorrhoea Syphilis HBV Genital warts HIV Other (specify)_____	1 2 3 4 5 6 7
F13	Have you ever been diagnosed to have any sexual transmission disease by any health clinic?	yes Not yet	1 2 =>F16
F14	What were diseases?	Chlamydia Gonorrhoea Syphilis HBV Genital warts HIV Other (specify)_____	1 2 3 4 5 6 7
F15	Have you ever been treated for sexual transmission disease [AT ANY HEALTH CLINIC WHERE HAD DIAGNOSIS OR EVEN AT PHAMARCY]?	Yes Not yet	1 2
F16	Have you/your sexual partner (question for male) aborted?	Yes Not yet	1 2
F17	Do you know anyplace where you can have HIV test?	Yes No	1 2 =>F19
F18	Where are they? (subject can give name and surveyor mark suitable place)	Hospital Health facilities HIV Voluntary testing andcounselling Family planning center Other (specify)_____	1 2 3 4 5

No	Question	Answer	Code
F19	Have you ever test for HIV?	Yes Not yet	1 2 => F21
F20	How many month since your latest test for HIV? (this month mark as 0)	_____month(s)	
F21	Have you ever had intenstion to suicide?	Yes Not yet	1 2 => G
F22	If yes, have you ever tried to suicide?	Yes Not yet	1 2

SECTION G: KNOWLEDGE ON HIV/AIDS AND PREVENTION

No	Question	1. Correct 9. Dont know	2. Wrong
G1	If you share needle and syring with sexual partner, you will be able to infect HIV	1	2 9
G2	If you share needle and syring among your group of friend, you will not be able to infect HIV	1	2 9
G3	Sharing needle and syring with familiar person will be safer compared to stranger	1	2 9
G4	Infection of sexual transmisstion disease will increase possibility of HIV infection	1	2 9
G5	Possibility of HIV infection if having sexual intercourse with familiar person will be lower than with stranger	1	2 9
G6	A child given birth by HIV infected mom will be infected	1	2 9
G7	A healthy looking person will not transmit HIV	1	2 9
G8	Right after infecting HIV, that person will be developed as AIDS	1	2 9
G9	You still have possibility of having HIV virus when you do not have any symptoms	1	2 9
G10	You can recognise a person with HIV infection by their appearance	1	2 9

SECTION H: PARTICIPATION IN OTHER ACTIVITIES OF THE STUDY

No	Question	Answer	Code
H1	Are you willing to participate in semi-structure interview on synthetic drug? (If he/she uses either one of above mentioned stimulants – Refer to D1)	Yes	1
		No	2
H2	Can you introduce three (03) friend (in group) who you think that he/she knows someone who use synthetic drug?	Yes	1
		No	2

Thank you very much for your participation./.

Filled by surveyor

No	Question	Answer	Code
01	Date of interview/...../201.....	
02	Which city of survey	Hanoi	1
		Da Nang	2
		Ho Chí Minh	3
03	Location where survey took place	_____	
04	Name of surveyor	_____	
05	Classification of surveyee	Male use heroin	1
		MSM	2
		Female sex worker	3
		Construction worker or taxi driver	4
		Subject frequently go to bar	5
		ATS users	6

Annex V

QUALITATIVE SURVEY AMONG RISK GROUPS

INDEPTH INTERVIEW GUIDE

INTRODUCTION

Hello, my name is We would like to conduct a research on health and Amphetamine Type Stimulant related issues including ecstasy, amphetamine, crystal methamphetamine (aka ice).

The information provided by you is very important which helps develop intervention programs applied for high risk groups who use ATS. Your information will be treated confidentially and used for the research purpose only. Please allow us to record our interview today.

Personal code of interviewee

□	□	□	□□	□□□□□
---	---	---	----	-------

Note: Interviewer should use the photo table to guide.

INTERVIEW CONTENT

General information (Interviewer can fill in the quantitative part)

Year of Birth: Sex: Occupation:

Subject : 1. TCMT 2. PNM 3. MSM

4. Driver 5. Bar/Discotheque 6. ATS user

Working duration:

1. Understanding on Amphetamine Typed Simulants (ATS)

Awareness

Have you ever heard about ATS? What substances are they?

Have you heard about ecstasy/ice/amphetamine(ask each substance)? (Yaba (amphetamine)? Ice/ice products/đập đá (Vietnamese slang used to express the action of breaking ice into ice powder)/châm đá (Vietnamese slang used to express the action of using ice)? ecstasy/candy/pill/button/bite/fly (all slangs)?

Effects of ATS (ask about awareness of each substance).

Do you think that ATS use (by substances) can cause addiction? If you don't use drugs, are there any signals?

How is the use in each group? Which group uses the most? Why?

Is there any differences between ATS substances? (Amphetamine? Ice/Ice products/đập đá? ecstasy?)

Effect of ATS(Ask about each substances)

Are you aware of the effect of ATS? (When you use ATS(name of substance), what happened to your body?

On your psychology? Do you know any problems associated with ATS use? Lack of sleep? Decreased Appetite? Illusion? Sexual risk behaviour? Up and down sex desire, long lasting sex desire, many sex partners?)

Any other affects of ATS use? (ask more about the status after using drugs: like feeling "high" when using Heroin, for instance). Please kindly describe clearly that status and feeling, how to express that feeling?

Have you ever injected ATS? Or seen or heard about someone injecting ATS? Please kindly re-describe.

What is the affect of ATS use to other drug use (like heroin)? Do ATS users also use Heroin and Ketamin?

Currently do you know any social or health services for ATS users?

Law

Have you ever seen ATS users cause social problems? Criticized? Have you ever felt safe when bringing along ATS with you or accompanied by someone who carries ATS?

Have you ever been arrested or seen police arresting anyone who carried ATS? Could you tell us about the story that happened?

Have you ever been put into O5/O6 centers? How long? When? Pls describe? What is the arrest related to your ATS use? Is the heroin use related to this arrest?

2. Actual situation of Amphetamine Typed Stimulants use

Do you know how the ATS/ecstasy/ice are used in this city? How does it compare to the heroin use? Is there any difference in the use pattern in comparison to the heroin use? How to buy them? How much do they cost? What is the difference between using drugs in the past and using ATS currently?

What is the most popular drugs in your opinion? What is most popular used in the ATS groups?

Amphetamine?Ice? Ecstasy?

Could you tell us how to use the ATS in each group (groups)?

Which group is most used? Why? Is using Candy/Ice causing addiction? (Suggestion: How about not using? Any difference in compared to heroin?

3. Personal ATS use

Could you please tell me about your first use of ATS? (*Suggestion: Which situation did you use ATS for the first time? What was your feeling/ emotion? Who asked you to try? Who did you use ATS with? Where? What kind of ATS did you try? How much did it cost? How many gram? Where did you get money from?*

How did you contact to other users?

What was your feeling after using ATS? How do you describe that feeling?

How long did you use ATS since the first time you saw someone using that?

What is the most pattern use by you and your friends? Smoke? Swallow? Inject? Eat? Do you use often?

Where do you use ATS? Pls describe? Do you often buy ATS? Or others buy that for you? Where do you get money from? Have you ever heard about sex exchange for the ATS?

4. Demand and Service

Have you ever seen anyone overdosed with ATS? Or the case that needs health care intervention? Need to be hospitalized?

Have you ever seen anyone suffering from psychological or physical pains relating to the ATS? Pls describe. What services is necessary for ATS users according to you? Their expectation?

What can the government do better for the ATS education? What are the effect and What method to reduce the harm relating to ATS use? Reduce the ATS use?


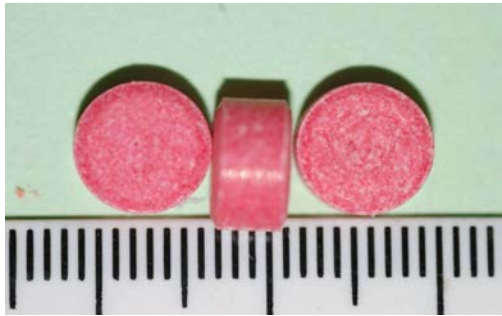


INTERVIEW FINISHED

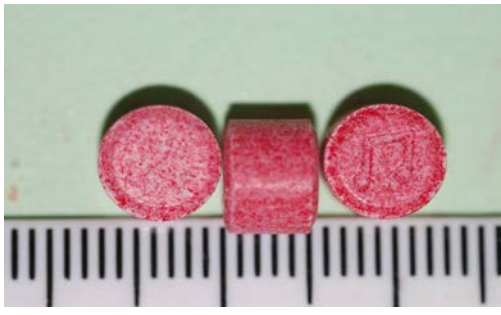
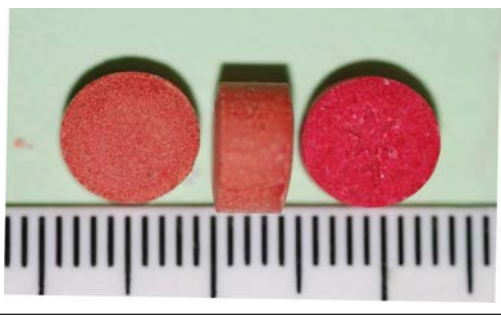



Thank you very much. ----- Send coupon to ask them introduce interview subjects.

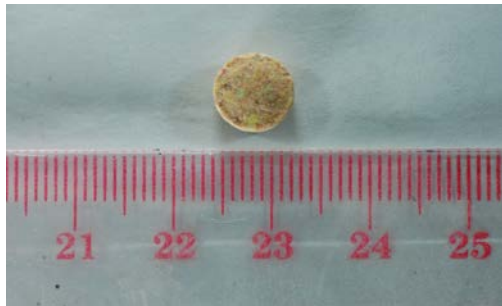

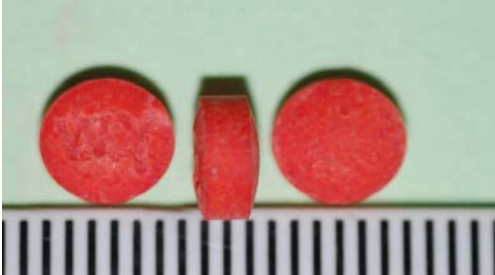
Explain about the payment and how to introduce the next subjects. *ATS qualitative ENGLISH_HIEN 241210*





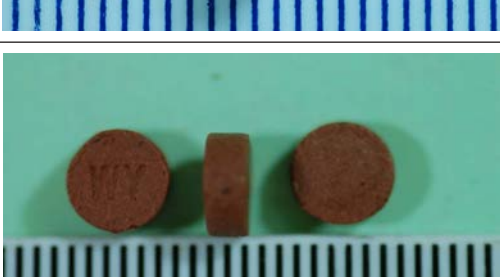

Annex VI


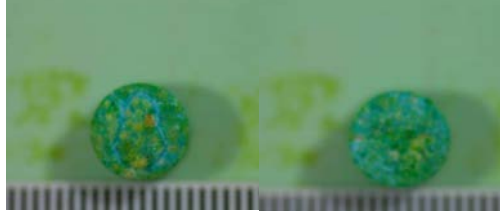




PHOTO AND INFORMATION ON ATS TYPES FOUND IN VIET NAM FROM 2005-2010

PHOTO	COMPOSITION	SIZE (mm)	WEIGHT (mg/tab)
	Ketamine	8,091 x 4,407	268
	Ketamine	8,088 x 4,624	297
	Ketamine	8,714 x 5,116	285
	Ketamine	9,092 x 6,482	359

	Ketamine	7,082 x 5,391	298
	Ketamine	8,127 x 4,497	311
	Ketamine, Caffein	8,158 x 4,747	300,5
	Ketamine, 2C-B	8,236 x 5,412	298,2
	Ketamine		

	Ketamine, MDMA	8,063 x 4,975	219,4
	MA	8,162 x 4,451	242,9
	MA, MDMA	10,113 x 4,904	353,9
	MA	6,033x3,146	116
	MA	6,049 x 3,004	93

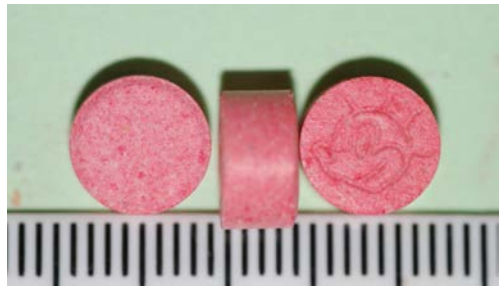





	MA	6,049 x 3,004	93
	MA, Cafein	6,079 x 3,250	91,18
	MA, Cafein	6,08 x 3,25	91
	MA	6,014 x 2,731	103
	MA	6,014 x 2,731	103
	MA	8,075 x 4,000	191,4

	MA	8,312 x 4,345	266,6
	MA	8,288 x 5,668	
	MA	8,451 x 6,049	329,8
	MA, Caffein	8,345 x 6,257	347,9
	MA, Caffein	8,700 x 4,905	264,0
	MA, Ketamine	8,579 x 4,981	246,8

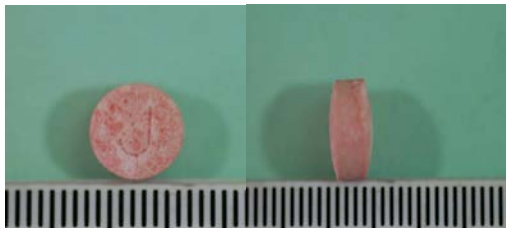
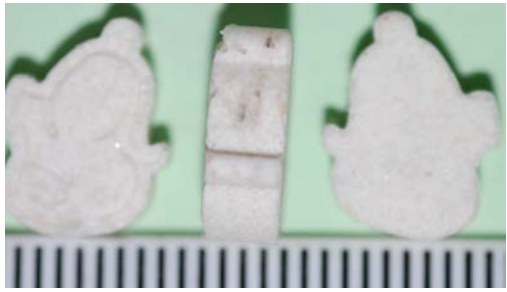

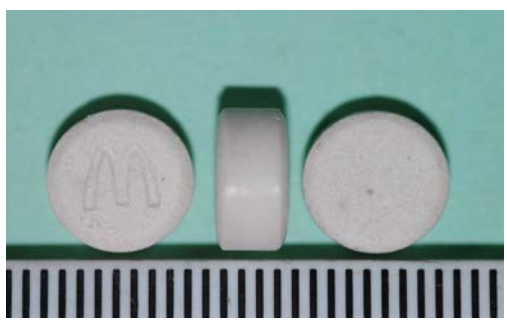

	MA, Ketamine	8,771 x 6,129	235,6
	MA, Ketamine	7,663 x 4,145	215,7
	MA, MDMA	7,823 x 4,882	229,7
	MA, MDMA	8,164 x 4,752	293,8
	MA, MDMA, Ketamine, Caffein	8,542 x 5,539	283,3

	MA, MDMA	7,988 x 4,917	295
	MA, MDMA	7,999 x 4,999	291,7
	MA, MDMA, Cafein	8,098 x 5,320	291,5
	MA, MDMA, Ketamine	8,375 x 4,896	237,5
	MA, 2C-B, Ketamine	8,146 x 4,372	234,7

	MA, MDMA		346
	MA, MDMA, Ketamine	8,548 x 4,953	240,1
	MA (ice)		
	MDMA	8,064 x 5,409	269,6
	MDMA	8,064 x 5,409	269,6
	MDMA	7,70 x 4,69	261
	MDMA	7,696 x 4,692	261


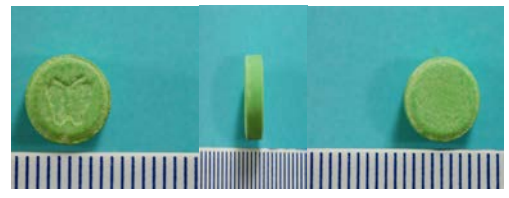


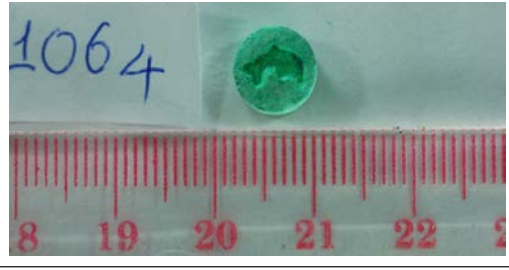
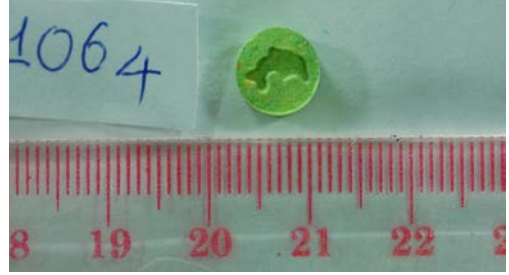
	MDMA	8,139 x 4,784	270
	Negative		
	MDMA, Caffein	8,319 x 4,886	240,7
	MDMA		
	MDMA	8,055 x 4,848	306,6
	MDMA	8,366x 5,590	356

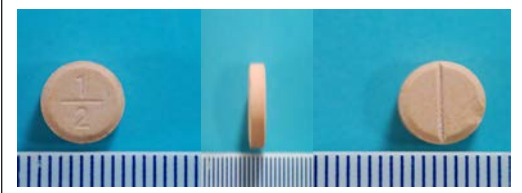

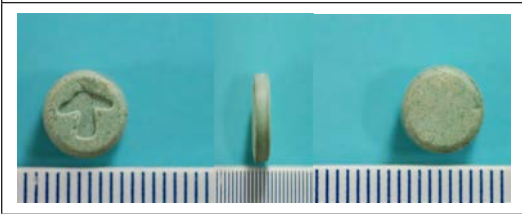
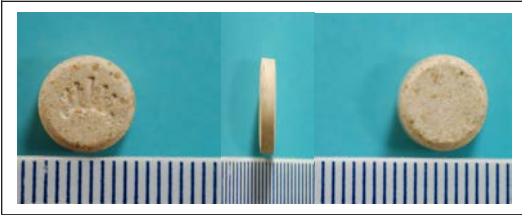
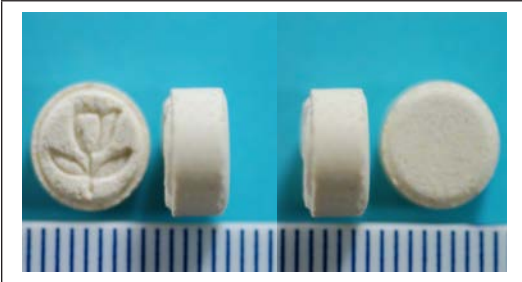
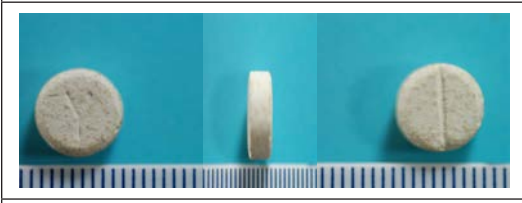
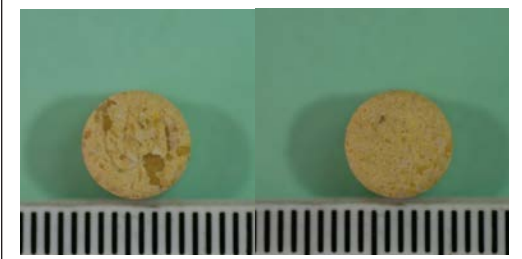
	MDMA, Cafein	8,017 x 5,771	310,5
	MDMA		
	MDMA, Cafein	8,193 x 5,432	306
	MDMA vμ Ketamine	8,378 x 5,800	331,9
	MDMA, Cafein	8,433 x 5,723	331,9
	MDMA	8,020 x 4,658	239,0


	MDMA	8,020 x 4,658	239,0
	MDMA	10,9x8,4x3,9	0,297
	MDMA	8,100 x 3,843	246,4
	MDMA	8,222 x 3,875	0,244
	MDMA	7,798 x 4,808	



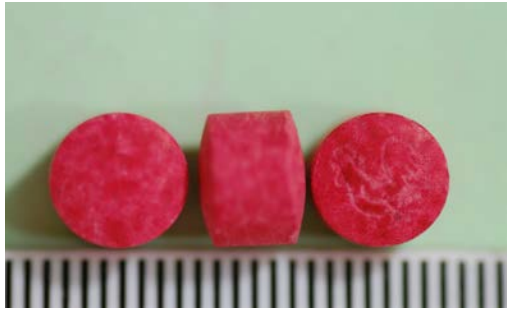
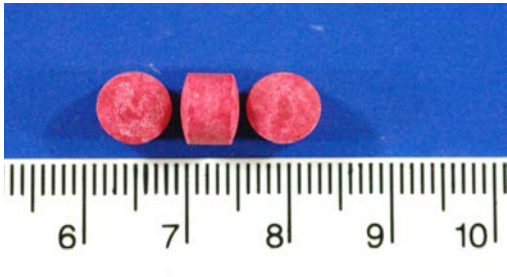
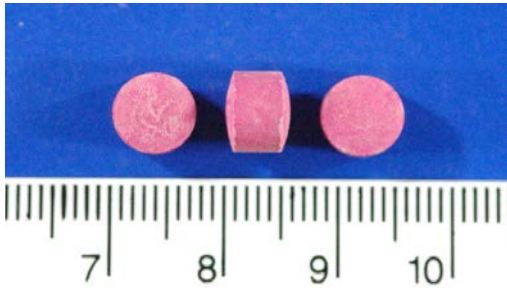
	MDMA	8,02 x 4,68	280
	MDMA	8,225 x 4,732	283,3
	MDMA	8,061 x 4,565	251,0
	MDMA	7,920 x 5,451	337,5
	MDMA		
	MDMA		







	MDMA	8,080 x 4,713	267,0
	MDMA	8,026 x 4,280	246,0
	MDMA	8,256 x 5,622	323,8
	MDMA	8,117 x 6,053	377,5
	MDMA	8,284 x 4,369	285,9

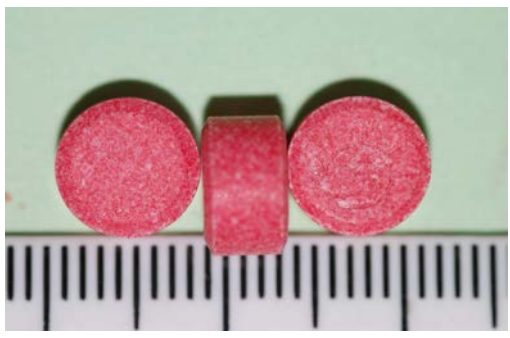
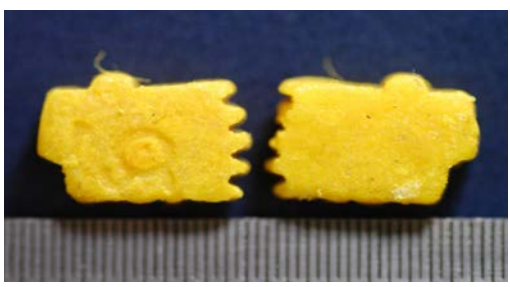



	MDMA	8,126 x 5,475	312,0
	MDMA	8,04 x 4,36	
	MDMA	8,217 x 4,363	246,6
	0831	MDMA	285
	MDMA	8,346 x 4,758	266,7
	MDMA	8,214 x 4,831	292,5

	MDMA	8,04 x 4,00	
	MDMA	8,04 x 4,36	
	MDMA	8,04 x 4,36	
	MDMA		
	MDMA		
	MDMA		
	MDMA	293	

	MDMA	7,980 x 4,464	271,8
	MDMA		247
	MDMA	8,212 x 4,692	233,1
	2C-B, Ephedrin	8,122 x 3,734	265,4
	2C-B, DEA	8,213 x 4,694	306,4

	2C-B, DEA	8,213 x 4,694	306,4
	2C-B	8,727 x 4,729	247,3
	2C-B, MDMA, Ketamine	7,244 x 5,555	259
	2C-B, MA	7,169 x 5,622	254,6
	2C-B, DMA,	7,232 x 5,611	262,2

	2C-B	7,09 x 4,26	247,3
	2C-B, Ephedrin	8,247 x 4,698	247,3
	2C-B	8,206 x 5,149	0,310
	2C-B	8,065 x 4,735	292,2
	2C-B, MDMA	7,987 x 4,443	305,7
	2C-B	7,813 x 4,248	240,0

	TFMPP	8,084 x 4,682	295
	TFMPP, BZP	10,2x7,8x4,1	309
	TFMPP, Cafein	8,081x 4,438	269,0
	TFMPP, Cafein	8,081x 4,438	269,0
	TFMPP	8,114 x 4,402	277,4

	TFMPP	8,113x5,292	331,7
	DOET	8,051 x 4,296	252,7
	DOET	8,1x4,6	0,229

Note:

- BZP: Benzylpiperazine
- 2C-B: 2-(4-bromo-2,5-dimethoxy-phenyl)ethanamin
- DMA: Dimetyl amfetamine
- DEA: DiEtyl amfetaminet
- MA: Metamphetamine
- MDMA: 3,4-methoxymetamfetamine
- TFMPP: Trifluorometylphenylpiperazine

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