



# UNDERSTANDING AND CHALLENGING STIGMA TOWARD INJECTING DRUG USERS AND HIV IN VIETNAM

Toolkit for Action



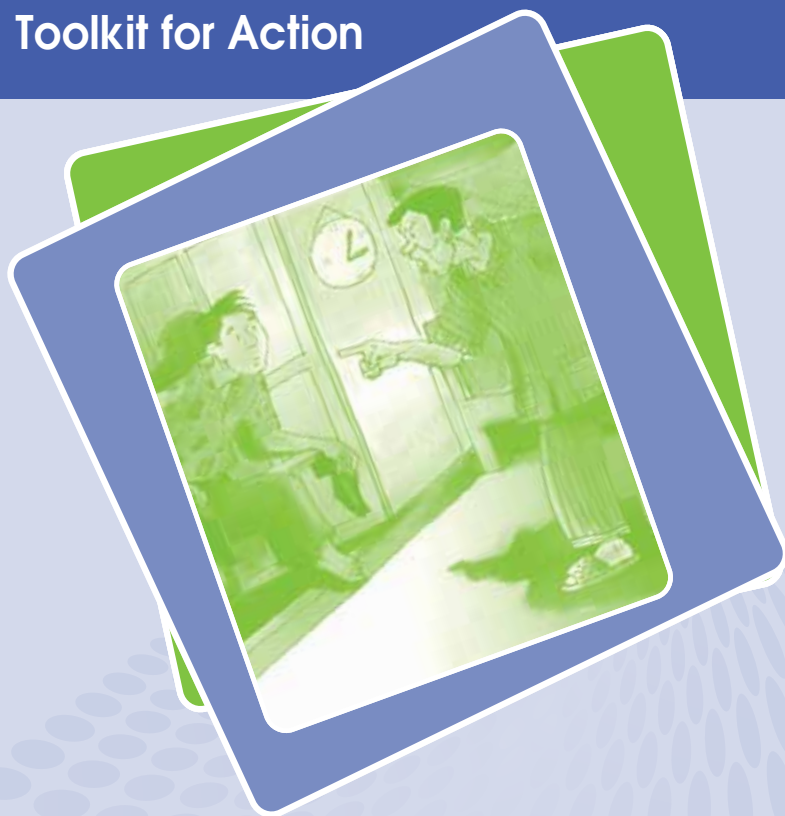
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The toolkit was first drafted in June 2008 through a series of planning meetings and trial workshops with partners of drug users and community leaders. The workshop exercises were further tested in workshops in October 2008 and October 2009 for PEPFAR implementing partners, including the Provincial AIDS Committee. These workshops covered a number of issues, including stigma, drug use, sexuality, and men who have sex with men (MSM). A final test of the toolkit exercises was organized in March 2011 through one workshop for drug users and three workshops for health workers, law enforcement officers, rehabilitation center officers, staff of local and international NGOs, and staff of provincial AIDS Centers in Hanoi, Lao Cai, HaiPhong, Quang Ninh, Nghe An, Hue, Ho Chi Minh city, Can Tho, and An Giang. Participants shared their stories and discussed issues surrounding stigma toward IDUs, its consequences, and the ways to combat stigma. Their feedback was incorporated into the content of the toolkit. We would like to express our appreciation for their active participation and their valuable contributions which helped to shape this toolkit.

The editing team also would like to sincerely thank members of voluntary groups of drug users, sex workers and MSM in Ha Noi who openly shared their stories and experiences of facing stigma and discrimination in their lives, and allowed us to use these stories as materials for this toolkit.

Special thanks to Ly Thu Ha, a Vietnamese graphic artist who designed the set of pictures describing stigma towards drug users. In order to develop the pictures, Ha has participated in a number of workshops and talked with participants. She created the pictures not only with talent, but also with her whole hearted sympathy and inspiration of a world without stigma.

Understanding and taking action to reduce stigma toward injecting drug users is an ongoing process that can only improve as we build on practical experiences

from the field. We would be most interested in any feedback and comments on this toolkit. Please send your feedback to: [info@isds.org](mailto:info@isds.org) or [info@icrw.org](mailto:info@icrw.org)

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## ACRONYMS

<b>HIV</b>	<b>Human immuno-deficiency virus</b>
<b>IDU</b>	<b>Injecting drug user</b>
<b>MSM</b>	<b>Men who have sex with men</b>
<b>NGO</b>	<b>Nongovernmental organization</b>
<b>PLHIV</b>	<b>People living with HIV</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>SW</b>	<b>Sex worker</b>

### **Special Note: Acronym “IDU”**

We have used the acronym “IDU” for “injecting drug user” to help shorten the text and make reading easier. However, we would discourage the use of this acronym in workshops and instead promote use of the full phrase.

In workshops where there are injecting drug users, ask them how they would like to be addressed.



# INTRODUCTION



## WHY A TOOLKIT ON STIGMA AND DISCRIMINATION TOWARD INJECTING DRUG USERS?

Vietnam has a growing problem of illegal drug use and addiction, which has a serious impact on the health and well-being of individuals, families, and communities. This problem is closely linked to HIV transmission, and fear of and stigma toward drug users is further fueling the HIV epidemic. Since 2000 the Vietnamese government and civil society have increased their efforts to address stigma and discrimination toward IDUs, as well as the vulnerability of IDUs to HIV. However, in reality, the stigma against IDUs persists and is still widely prevalent in many places, creating barrier for HIV/AIDS prevention program.

In Vietnam, the use of narcotic drugs is regarded as “social evil” and violation of administrative regulation. People judge IDUs, saying they have breached social norms and are destroying families. Being told that drug users are “socially evil” isolates them even further.

Service providers, because of their limited knowledge about drug addiction, commonly stereotype drug users as difficult clients - prone to anger and erratic behavior, unreliable in keeping appointments and adhering to medication, and disturbing the smooth running of services. They are often perceived as “deserving” HIV more than other HIV clients. Many health care workers may deal with IDU patients in a hostile and discriminatory way, such as keeping them waiting, using insulting language, gossiping and breaking confidentiality, and providing poorly quality of care. Consequently, stigma is a major barrier to injecting drug users accessing testing and treatment for HIV and other STIs.

Law enforcement agents and rehabilitation center officials hold similar views. They regard drug users as dangerous, unpredictable criminals who are not to be trusted. In their view IDUs deserve a watered down version of human rights, or no rights at all. They don't believe that IDUs can quit drugs and return to normal life and they view stigmatizing IDUs as a valid strategy to deal with drug addiction.

Due to the stigma they face, drug users often stigmatize themselves (“self-stigma”), accepting the blame of society. Stigma makes IDUs feel alone, despised

and rejected by the family and the community. Stigma destroys their self-esteem - they begin to lose hope and to doubt themselves. They often feel that quitting drugs and returning to normal life is impossible. They feel people don't trust them, so they retreat from family and community, join other drug users, and often start criminal activities to finance the drugs. The combination of addiction and the sense of hopelessness often leads to carelessness in managing their own health and protecting the health of sexual partners. Many IDUs believe HIV to be inevitable, rather than something they can avoid through their own behavior. Some drug users believe that unsafe sex represents a small risk for contracting HIV compared to the risk from sharing needles, and therefore may be less likely to use condoms for protection. If they get HIV or other STIs, these IDUs may find it difficult to tell their sexual partner for fear of losing him/her. As a result of all of the above, IDUs are at increased risk of contracting HIV, and if infected, they may pass HIV to other IDUs through shared needle use or to sexual partners.

Drug users indeed face many forms of stigma and discrimination in various aspects of life:

- At home family members shame them for their behavior, stop trusting them and give up on them. In some cases they evict the drug user or disown him/her.
- Community members finger point and gossip about them, and try to avoid contact with them.
- Employers fire them, and once identified as a drug user or former drug user, they find it hard to get jobs.
- In health facilities, they are often treated poorly, and as a result, find it difficult to access testing, treatment and other health care services.
- They may face stigma and abuse in rehabilitation centers.

Drug users who are HIV-positive face an extra layer of stigma - a stigma based on the fear of getting HIV through contact with them.

Because of the particular risk that injecting drug users face of contracting HIV through unclean needles, this subset of drug users have been a major focus of HIV prevention efforts in Vietnam over the last decade. Through the National Strategy on HIV/AIDS Prevention, the Vietnam government developed an effective program of harm reduction targeted to high risk populations, including IDUs.

The National AIDS Authority has recognized that the law criminalizing drug use undermines HIV prevention efforts, and it is trying to find ways to create a more empowering environment that respects the human rights of IDUs and removes stigma and discrimination so that IDUs can access prevention and care services. The toolkit is written to support these efforts, in particular to:

- a) Educate service providers, law enforcement agents, rehabilitation center officials, and the community about addiction, the lives of injecting drug users and how stigma and lack of human rights fuels HIV transmission.
- b) Build public awareness of the problem of stigma and discrimination toward injecting drug users as well as support and commitment to stop stigma and discrimination.
- c) Get service providers, law enforcement agents, rehabilitation center officials, and the community to start developing new codes of practice for how they counsel, test, and treat IDU/drug addict patients.

A key aim of the toolkit is to help injecting drug users break out of a life on the margins, build improved relations with their families and communities, reassert their rights, protect themselves and their partner from HIV and other STIs, and get better access to health services. While all drug users and drug addicts are subject to stigma and discrimination, this toolkit focuses on IDUs because they, more than other drug users, are at high risk of contracting HIV through needle use.

## THE TOOLKIT – BACKGROUND

### What is the Toolkit?

The toolkit is a collection of educational exercises to explore, understand, and challenge stigma and discrimination toward IDUs.

It uses a participatory approach, based on discussion, small group activities, pictures, stories, and other methods to make the learning lively and fun. The aim is to get participants actively involved in thinking about issues raised through the exercises, rather than passively listening to a lecture. Participants learn through sharing ideas and experience, discussing and analyzing issues, solving problems, and planning how they can take practical action to challenge stigma. This approach fosters a sense of responsibility among the participants, which is the first step toward practical action.

The toolkit is written for you, the facilitator. It provides detailed, step-by-step instructions on how you can plan and facilitate these sessions.

To use these exercises, you will need basic facilitation skills. These include skills to facilitate large and small group sessions, to use different participatory activities (e.g., role playing and card-storming), to summarize key points, and to involve all participants. These skills and techniques are explained in the section “How to use this toolkit” at the end of this chapter.

### Who is the Toolkit for?

The toolkit is meant to be used by individuals and organizations that are working to stop stigma and discrimination toward injecting drug users. In Vietnam, this work has been started by a number of NGOs that are working with IDUs, community groups, service providers, and others. One of the aims of the toolkit is to help its key target audiences, including health care workers, police officers, and community members, become more aware of stigma and discrimination toward IDUs and what can be done to change it.

### How is the Toolkit Organized?

The toolkit is organized into this introductory chapter and the following three chapters:

Chapter A: Understanding Drug Addiction

Chapter B: Stigma and Discrimination toward Injecting Drug Users (IDUs)

Chapter C: Moving to Action

Chapters A, B, and C are written for mixed audiences including community members, health workers, NGO staff, and law enforcement officers.

## The Exercises or Session Plans

*Each exercise in the toolkit is written up as a session plan, a detailed, step-by-step description of how to facilitate the learning exercise. The session plans will help you run each session.*

Each session plan is divided into the following parts:

<b>FACILITATOR'S NOTE</b>	for trainer on the importance of this exercise or extra advice on how to facilitate it
<b>TARGET GROUPS</b>	List of possible participants for the exercise
<b>OBJECTIVES</b>	What participants will know or be able to do by end of the session
<b>TIME</b>	Estimated amount of time needed for the session. The time will vary according to the size of the group. Larger groups will require more time (especially for report backs).
<b>MATERIALS</b>	Pictures, case studies, role-plays, etc., used in the session. We do not list basic materials, e.g., flipcharts, markers, masking tape.
<b>PREPARATION</b>	What facilitator needs to prepare before the exercise begins
<b>STEPS</b>	<p>The learning activities used in the exercise, described “step by step,” with the learning content.</p> <p>The steps are the core of each session plan. The “steps” section includes information on:</p>
<b>Methods</b>	Discussion, rotational brainstorm, card-storming, role-plays, etc.
<b>Groups</b>	Buzz or small groups; suggestions on group size and tasks
<b>Questions</b>	Specific questions used to guide discussion

**Examples of Responses**

Examples of typical responses - presented in boxes. This helps you (the trainer) understand the kind of responses expected from the discussion. They are not the required output - they are only examples, and are not meant to be read out as a lecture. Many of them are the actual responses from pilot workshops to test this material. They are simply a checklist to help you understand the type of responses expected. They can help you identify issues that you may want to raise, if participants do not raise them.

**Report back**

Procedures for groups giving reports after discussion

**Processing**

These are additional questions and discussion, conducted after the report back, to help deepen the understanding. Processing helps participants relate what they have learned to their own context.

**SUMMARY**

Points to be emphasized in a summary at the end of the session. The summary is very important, so be sure to allow enough time at the end of the session for it. Start off by summarizing participants' own ideas, and then add the ones in the given list if participants have not already mentioned them.

## HOW TO USE THE TOOLKIT

The toolkit is a collection of optional exercises designed to be flexible for use among a variety of participant groups. You can select those exercises that suit your participants, your objectives, and the time you have for training. You can use the exercises in any order and in any combination, as appropriate for your group.

You may use the exercises with a single group (e.g., health workers or drug users) or with a mix of groups. You can use the toolkit to hold a five-day workshop or a single community meeting; to conduct short sessions once a week over several weeks (say to an IDU support group or the staff of a health facility); or you can take two or three exercises as a way to introduce a longer and broader training program on HIV and AIDS. You can select exercises from any of the chapters. There are lots of optional exercises using different methods to keep trainers and participants interested. Different trainers like different types of activities. It is up to you to decide how to select and package the exercises to make your own training program.

Sample training plans for different target groups are presented below.

### Use the Toolkit for Participatory Learning

The toolkit is designed for participatory learning, so it should not be used for a lecture. People learn best through discussing with others and figuring things out for themselves.

The process to change attitudes and behaviors needs to be participatory, giving people a chance to express and reflect on their own ideas and feelings, share with and learn from their peers, and discuss and plan with others what can be done to challenge stigma. The idea is to create a safe space where participants can express their fears and concerns, freely discuss sensitive and "taboo" issues, such as sex, and clear up misconceptions.

### Help Participants Move from Awareness to Action

The toolkit is designed to build awareness and action, so you should also include sessions that work on solutions to problems and plan for action. The aim is to help people agree on what needs to be done and support each other in working for change. Encourage participants to put their new learning into action and to start challenging stigma in their own lives, families, and communities.

## Sample Programs for Different Types of Workshops

### Three Day Workshop for Health Workers

Morning	<p>Introductions</p> <p>Drug Use and Addiction - Why and How? (A5)</p> <p>Wanting to Quit and Why It is Hard to Quit (A7)</p> <p>When Drug Addiction Enters the Home (A9)</p>	<p>What Do We Know About Drug Users (Review)</p> <p>Value Clarification Exercise (A12)</p> <p>Social Evils and the Effects of Stigma (B10)</p>	<p>Looking for the Good Inside Everyone (C2)</p> <p>Human Rights (C7)</p> <p>Fears about IDUs and How this Affects Behavior toward Them (A10)</p>
Afternoon	<p>Naming IDU Stigma through Pictures (B2)</p> <p>Naming IDU Stigma in Different Contexts (B5)</p> <p>Naming IDU Stigma in the Health Facility (B14)</p> <p>Homework: What Do We Know About Drug Users</p>	<p>HIV Transmission and Drug Users (B17)</p> <p>Effects of IDU Stigma on the HIV Epidemic (B18)</p> <p>Challenging Stigma Using Assertiveness (C8)</p>	<p>Action Planning (C10)</p>

### Two-Day Workshop for Law Enforcement Officers

TIME	DAY ONE	DAY TWO
Morning	<p>Introductions</p> <p>What Do People Say, Fear and Do to Drug Users (B1)</p> <p>Drug Use and Addiction - Why and How? (A5)</p>	<p>What Do We Know About Drug Users (Review)</p> <p>Naming IDU Stigma with Law Enforcement Officers (B16)</p>
Afternoon	<p>Fears about IDUs and How this Affects Behavior towards them (A10)</p> <p>Debate - Criminals vs. Victims vs. Patients (A13)</p> <p>Homework: What Do We Know About Drug Users? (A3)</p>	<p>Looking for the Good Inside Everyone (C2)</p> <p>Action Planning (C10)</p>



## TIPS FOR FACILITATING PARTICIPATORY WORKSHOPS

### Part A – General Facilitation Tips

#### Working as a Team

- Plan and run the workshop with another facilitator, and take turns in the lead role.
- One facilitator can lead the session while the other records on the flipchart and helps with physical preparations.
- Plan the workshop beforehand together, and decide who will lead each session.
- Support each other. If one facilitator runs into trouble, the other can help him/her out.
- Meet at the end of each day to debrief how the day went and plan for the next day.

#### Arrival

- Arrive at the venue an hour before the starting time to get everything organized and welcome participants when they arrive.
- If participants arrive while you are setting up, don't just ignore them and carry on. Welcome them and make them feel comfortable, help them get registered, etc.

#### Preparation

Preparing in advance will help ensure the workshop to run smoothly and efficiently.

- Physical Preparations
  - a) Remove tables to allow participants to move around and make the workshop less formal.
  - b) Set up the chairs in a circle or semi-circle so that everyone can see each other.
  - c) Set up a table for materials: handouts, markers, tape, flipchart paper, cards, etc.
  - d) Arrange the materials. Put up blank flipchart sheets for recording, write up flipchart instructions for exercises, cut up paper for card-storming, etc.
- Think about how best to facilitate each session. What is the objective of the session, and what do you have to do to ensure that the session meets its objective? What is the best way to explain each exercise or ask questions?

What examples can you give if the group doesn't understand clearly what you mean? What extra information or ideas can you provide in the summary?

### Workshop Opening Activities

- Organize games or songs to break the ice, build a sense of community, and help participants relax and have some fun.
- Ask participants to give their expectations about the workshop and then explain the objectives, i.e., what the workshop will do and what it will not do.
- Agree on ground rules, e.g., confidentiality, active participation, listening, cell phones off.

### Breaks

- Organize breaks to allow participants to rest and get some food or drinks to re-energize.
- Check with whomever is preparing the food so that it is ready when you need it.

### Giving Instructions for Exercises

- Start off by telling participants what the exercise is. For example, *“The first exercise is ‘Naming Stigma through Pictures.’ We will look at these pictures in pairs and discuss the kinds of stigma we see in these pictures.”*
- Explain one step in an exercise at a time and get participants to do that step, e.g., say, “Divide into pairs” and then have them do it. Then explain the next step, “Each pair should select one of the pictures on the wall,” and get them to do it. If you take them through all the steps in the exercise before asking them to do any, they will just become confused, and it wastes time.
- Keep your instructions simple and clear, and use examples to help with understanding.
- If participants have blank looks, check that they have understood: “What are you being asked to do or discuss?”
- Write the instructions or discussion questions on a flipchart, and use the same words that you plan to use in explaining the instructions or questions.

### Organizing Group Work

- Give clear instructions on what the group is expected to do: a) the questions to be discussed, b) the reporting method (e.g., verbal, using flipchart, or drama), and c) the time limit.

- If the task is difficult, write instructions on the flipchart so that everyone is clear.
- Then divide into groups (see below).
- After groups are formed, check with each group that they understand the task. Ask them to explain what they are expected to do.
- Allow the groups to complete the task on their own, but be available to answer questions, and remind them about the time remaining and how they are to report.

### Dividing into Groups

- In dividing into groups the aim is to mix participants up, to get them working with different people. Change the members in a group for each exercise.
- To achieve this objective, select groups on a random basis. Decide on the desired number of people in each group and divide the total number of participants by this number to determine the number of groups. Then count off around the group and ask the ones to form a group, twos to form a group, etc. Or call out four different names, such as “mango ... orange ... banana ... coconut ... mango ... etc.” and ask the “mangos” to form a group, “oranges” to form a group, etc.
- In deciding on the group size, you will need to think about the following:
  - a) Large groups (five to nine persons) mean less participation, but the report back takes less time.
  - b) Small groups (two to four persons) mean more participation, but more groups to report so it takes longer.
- Some group work can be done in “buzz groups” (pairs), ensuring that everyone gets a chance to talk.

### Report Backs

After groups have completed their work, they will be expected to report back. There are different ways of doing this:

- Round robin reporting: Each group presents only one point at a time going round the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalize contributions by different groups and avoids repetition.
- One group, one topic: Each group reports on a different topic or question.
- Only one question: Groups report on only one of the questions discussed.

## Recording on Flipchart

One facilitator should take notes on plenary discussion on the flipchart. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas and provides the basis for a summary of the discussion. Here are a few tips on recording:

- Write only the main points or key words, not everything that participants say.
- Use participants' own words so that they recognize their own contributions.
- Write large and clear (ideally capital letters) so people at the back of the room can see.
- Use different colors, e.g., black for the main text and red for underlining key words.

## Giving Summaries

At the end of each exercise, after participants have fully discussed the issue, you should briefly summarize what participants have mentioned that they learned. The summary is important. This is the time you help participants consolidate what they have learned, so make sure you give yourself enough time to do it well. Here are a few tips:

- Make your summary on the basis of:
  - a) What participants have said during the session
  - b) Other points that may not have been mentioned (these will be listed at the end of the exercise).
- If you have the time to prepare, write your main points in key words on a flipchart and then explain them.
- Keep it short and simple, no more than 10 minutes.

## Managing Energy

Check on energy level at regular points in the workshop and respond if energies are low.

- Observe participants' body language. Are they yawning? Do they look bored? Tired?
- Ask, "How are you feeling? Is it time for an energizer or a break?"
- When people are tired, change the activity to get more participation (e.g., break into buzz groups or do an activity standing up), do an energizer, or take a break.
- Use your own energy as a facilitator, communicated through a strong voice and active body language, to energize the group.

## Managing Space

Change the space and the organization of the chairs to suit your activity and provide variety:

- Start off with a circle or semi-circle so that everyone can see each other.
- For some activities, e.g., report backs, use a formation with participants sitting in rows close together. This adds energy and helps ensure that everyone can hear.
- Change the front of the room from time to time, suited to the activity.
- Where possible, organize some activities outside the training room.

## Timing and Pacing

- Be time conscious. Decide how much time you need for each session, and work to these time limits. Don't allow sessions to drag on too long.
- Remember: Small group work takes more time than you expect. You will also need to allocate time for report backs.
- Don't go too fast. Let the group help you set an appropriate pace.
- Do small group work in the afternoon when the energy levels drop.
- Give small groups enough time to do their work. Don't rush them.
- Close on time. Don't drag things on at the end of the day.

## Action Planning

- At the end of the workshop, get participants to develop an action plan for how they are to use what they have learned from the workshop.
- Get participants to think about what they can do individually and as a group to challenge stigma.

## Evaluation

- Organize an evaluation at the end of each day.
- Hand out a one-page questionnaire (e.g., likes, dislikes, what was learned, issues needing more discussion) and ask participants to complete it. This helps to identify problems or issues that need to be addressed and will help you improve the current and subsequent workshops.
- Summarize the main points from the evaluation the following morning and share with the group.

- Don't be defensive about the evaluation comments; try to learn from the feedback.
- Organize an evaluation at the end of the workshop.

## Part B – How to Facilitate Discussion

Discussion is the core activity, so as a facilitator you need to be good at facilitating discussion, asking good questions, listening actively, rephrasing, and encouraging everyone to participate. Here are a few tips:

### Open Questions and Probing

- One of your main tasks as a facilitator is to ask effective questions:
  - a) Open Questions are questions that do not have just one right answer. Open questions encourage many different opinions and often get all participants talking and contributing.
  - b) Probing Questions are follow-up questions to get participants to give more information on an issue, find out the views of other people, find out how people feel about an issue, or look for solutions to the problem.

### Active Listening

- After asking each question, listen carefully to what each person says. Give him/her your full attention.
- If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.
- Active listening is crucial to leading the discussion. If you don't know what the person has said, it is hard to ask the next question or shape the flow of discussion.
- Active listening involves:
  - a) Eye contact. Look at the person most of the time to show interest and understanding.
  - b) Encouragers. Signals to the other person will show that you are listening, e.g., nodding your head, and saying things like "Yes. ... Okay....I see.... That's interesting.....Tell me more...."
  - c) Rephrasing to check that you have understood what the person is saying.

## Rephrasing

- Rephrasing summarizes what someone has said in your own words: “What I heard you say is that you want to \_\_\_\_\_.”
- The aim of rephrasing is to show the speaker you value what s/he has said, to help clarify it, and to help others add their own ideas.
- Rephrasing helps to ensure that you and the group have heard correctly what the person said. It also helps the recorder by clearly summarizing what was said in a few words.
- Rephrasing can lead to other questions, e.g., “Do others agree?”

## Encouraging Participation

In some workshops, you will find a few participants dominating. Look for ways to get others involved and to get the talkers to talk less:

- Use the ground rules as the basis for encouraging everyone to contribute.
- Thank the big talkers for their contribution and say, “We would like to hear from everyone.”
- Ask questions to the silent and praise their responses; this will encourage them to talk.
- Divide into pairs (buzz groups) to get everyone talking.
- Go around the circle getting one point from each person.

## Handling Sensitive Issues

You have to be prepared to manage sensitive issues, e.g., talking about sex. Here are some tips:

- Start with yourself. Prepare ahead to discuss these issues without feeling uncomfortable.
- Build an open atmosphere in which participants feel comfortable talking about these issues.
- Get a reading of the group’s body language to help you decide when to probe further on an issue and when to back off. People who don’t want to discuss something may avoid eye contact or have their arms crossed across their chest.

## Part C – Specific Workshop Techniques

### Introduction

The exercises in the toolkit use five main techniques, along with discussion and small groups:

Technique	What happens?
Card-Storm	Working in pairs, participants write single points (which will be described in greater detail in the exercise) on cards. The cards are taped on the wall, creating a quick brainstorm of ideas, which are then “clustered,” prioritized, and discussed.
Rotational Brainstorm	Flipchart sheets, each with a different topic heading, are taped on different walls of the room. Groups of participants move around the room writing a few ideas on each topic and then move to the next flipchart sheet.
Case Studies	Written descriptions of real situations facing IDUs are used as the focus for discussion and problem solving.
Paired Role-Playing	Participants, working in pairs, act out different situations or how they can solve a certain problem.
Individual Reflection	Participants sit on their own and think about a situation, described by the facilitator, that they have experienced; then they share.

**Tips for using each technique are described below.**

### Card-Storm

- Prepare materials - cards (half sheets of paper), masking tape strips, and markers. Make sure you have enough cards and markers and that the markers are not going dry.
- Put up topic cards along the upper wall: categories/questions for the card-storm.
- Put up a few example cards of the types of things participants are expected to write.
- Divide into pairs and hand out cards and markers to each pair.
- Explain the task - “Write points on \_\_\_\_\_ - one point per card. Check what others are writing so you don’t repeat points already on the wall.”
- Encourage participants to start writing. As cards get written, tape them on the wall.
- After enough cards are on the wall, ask a few participants to eliminate repetition and cluster common points under different categories.



- Ask those who did the clustering to read out the points.
- Ask people to clarify points: “What does this mean? Examples? Anything missing?”
- Prioritize the points and then focus on the most important ones (processing).
- Processing - What does it mean to you? Your experience? Solutions?

### Rotational Brainstorm

- Preparation: Put up topic headings on different flipchart sheets and tape on different walls of the room. Make sure there is room between each sheet. Put markers at each flipchart.
- Give clear instructions about the task: What groups should discuss/write, the rotational system, and what direction to move in, etc. Check that people understand the task.
- Divide into the number of groups for the number of topics, and assign each group a topic.
- Ask groups to discuss the topic and write down their ideas immediately, rather than stand talking.
- Check on the output of each group. When every group has written at least one or two points, ring a bell or otherwise indicate that it is time for the groups to rotate.
- Remind participants of the direction to move, e.g., clockwise, and show them with your hands.
- Each group moves to a new sheet, reads what is already there, and then adds new points.
- Continue the process until the groups have contributed to all flipchart sheets.
- Organize a report back. Ask the group that started on the flipchart sheet to present points on its sheet.
- Clarify any confusing points and add points.
- Ask extra questions to “process” the output: “What did we learn? What does this tell us? How does this relate to our own situation?”

### Case Studies

- Hand out copies of the case study. In the toolkit exercises, there are enough case studies for each group to focus on a different one.
- Explain the group task: Read the case study and analyze it. Usually the analysis of a case study involves:

- a) Describing the problem in the case study and its root causes.
- b) Deciding on ways to solve or avoid the problem.
- When groups have completed their work, ask each group to give its report. Then invite other participants to ask questions.

### Paired Role-Playing

Participants pair off and each pair performs a role-play on a scenario described by the facilitator. The role-plays are performed simultaneously, so participants do not feel self-conscious about their acting, because no one is watching them; everyone is focused on his/her own pair's role-play.

- Ask participants to pair off and face the partner.
- Explain the roles. For example, "A is the father, B is the IDU." Agree in each pair who plays which role.
- Explain the scenario. For example, "The father tells the IDU daughter that he is very unhappy with her drug use and wants her to stop. The daughter should respond in a strong and confident way."
- Get them started. Say, "Start your role-play!"
- After two or three minutes, shout "Stop!" and ask a few pairs to show their role-plays, one at a time, in the center of the circle.
- After each role-play, ask: "How did B do? Was she convincing?"
- If someone thinks he can do a better job, ask him to take over the role.
- Then ask, "What did you learn from the role-playing?"

### Individual Reflection

Participants are asked to think and talk about experiences in their own lives, and this may trigger strong emotions. You need to be ready to deal with them. The following tips may help:

- Establish a quiet, peaceful environment in which participants feel comfortable to reflect on their experience and share with others.
- Explain the ground rules:
  - a) No one is forced to share; the sharing is voluntary.
  - b) The information shared is confidential; it should not leave the room.
- Ask participants to take their chairs and find a space on their own.

- Ask them to close their eyes and reflect on a time in their life when they have experienced the situation described by the facilitator.
- After three or four minutes of silence, ask them to open their eyes and find someone with whom they feel comfortable to share their experience.
- After 10 to 15 minutes, bring the whole group back together.
- Invite a few participants to give share experience. Remember: No one is forced to share.
- Then ask participants, “What did you learn from this exercise?”
- If no one volunteers, share your own experience.
- Observe the mood and keep asking the group, “How are you feeling?”
- In some cases a participant may talk about a personal crisis and break down or become too emotional. You will need to find a way of dealing with it, e.g., one facilitator sitting with the person and getting him/her to talk, while the other facilitator continues leading the discussion.
- If a person begins to cry, reassure him/her that it is okay to cry. If necessary, take a break.





Chapter A:

# **UNDERSTANDING DRUG ADDICTION**





## INTRODUCTION

This chapter will teach some of the basics on addiction so that people have the right information and full understanding needed to overcome fears and misconceptions. At the same time it will help them see that incomplete understanding leads to stigmatizing responses to drug users and poor strategies for solving the problem. It will also help them learn the best practices other families use to support their sons and daughters in managing the addiction. The exercises are designed for use with health care workers, NGO staff, law enforcement officers and the general community. A6 can also be used with drug users.

*One day the parents in one family found their 18-year-old son inhaling drugs. They were shocked and angry, but didn't know what to do. They had heard about other people trying to deal with a drug user in the family, but they couldn't understand why it had happened to them. Worried about addiction and his HIV risk, they talked to community leaders who suggested sending him to a rehabilitation center. At the center he was raped by other inmates. Depressed, he started taking drugs again in the center. He became addicted and then infected with HIV.*

This story is an example of a family who knows very little about drugs and drug addiction. They have heard lots of stories about other families trying to cope with a son or daughter who is a drug addict, but they lack the detailed information on how people start using drugs, become addicted, cope with addiction, and then struggle to overcome addiction. They also don't understand the link between drugs and HIV; they know that IDUs are at high risk of getting HIV, but don't know which specific behaviors expose them to HIV. Finally they lack awareness about different options to address these problems, such as rehabilitation centers, detoxification, and harm reduction (needle and syringe exchange programs, drug substitution); nor do they know about the best practices families use to support their children to manage their drug addiction. As a result they are worried and confused but have no significant knowledge to help them to respond to the problem at hand.

This chapter will address this fear and lack of understanding about drug use and drug addiction, and gaps in understanding about the solutions. Fear is often exacerbated by media accounts sensationalizing the problem, along with Vietnam's "social evils" policy, in which drug use is formally condemned.

Research in Vietnam<sup>1</sup> has shown that people have received some information about drug use and addiction, but it is incomplete. **They know a little but not enough** to help them deal in a rational way with their fears about drugs. They don't understand:

- a) **The difference between drug use and drug addiction:** They simply lump them together. Because of this confusion the family in the story sent their son for detoxification without knowing whether he was addicted.
- b) **The power of addiction:** Many people assume, for example, that it is easy for drug users to stop - that it is only a matter of will. They don't understand that in reality, drug addiction is beyond the drug users' control.
- c) **The nature of addiction:** that what pushes the addict to find more drugs is the painful feelings of withdrawal, and not the pleasure of the drug (which was the main attraction when they started taking drugs)
- d) **The risky behaviors which fuel HIV transmission:** namely the sharing of needles and syringes among IDUs
- e) **The different options for treatment** - these include voluntary detoxification, compulsory detoxification, needle and syringe exchange programs, and drug substitution programs

This chapter should be used along with the fact sheets in Annex A. Photocopy the fact sheets and give them to participants.

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<sup>1</sup> Khuat Thu Hong, et al. (2004). "Study on Drug Users in Vietnam." Institute for Social Development Studies (Hanoi, Vietnam).



## EXERCISES

### Connecting to the Drug Issue on a Personal Basis

- A1. Our First Impressions and Feelings about Drug Users
- A2. Testimonies about Drug Addiction

### Basic Knowledge about Drug Addiction

- A3. What Do We Know about Drug Users?  
(Assessing Baseline Knowledge)
- A4. Basic Knowledge about Drug Addiction
- A5. Drug Use and Addiction - Why and How?
- A6. What is Drug Addiction (Quick Summary)
- A7. Drug Addiction - Wanting to Quit and Why it is Hard to Quit
- A8. Comparing Drug Addiction and Tobacco Addiction

### How Drugs Affect the Family

- A9. What Happens when Drug Addiction Enters the Home
- A10. Fears about IDUs and How this Affects Behavior toward Them

### Attitudes toward Drug Use/Addiction

- A11. Myths and Misconceptions
- A12. Value Clarification Exercise
- A13. Debate - Criminals vs. Victims vs. Patients

# OUR FIRST IMPRESSIONS AND FEELINGS ABOUT DRUG USERS

## FACILITATOR'S NOTE

In this exercise participants reflect individually about their own experience of dealing with drug use - how they feel about drug addicts and how they feel about the idea of being addicted themselves.

It requires trust and openness within the group. Usually after one person has started to share, other people will feel more at ease, fostering a feeling of trust. You might need to share your own experiences and feelings first to get participants started.

Set a quiet, serious tone for the exercise. Try to minimize outside interference. Keep the door closed so no one can come in and disturb the group's concentration.

Sharing one's experience is voluntary. No one should be forced to give their stories. Encourage group members to listen carefully to each other's stories.



The exercise can be very emotional for some participants. Participants are being asked to think and talk about strong feelings. You should be ready to deal with the emotions raised.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will have:

- described their feelings and attitudes about drug addiction and how drug addiction has affected their lives, both personally and professionally
- considered different responses to drug use within their own lives, their work as service providers and law enforcement officers, and in their communities
- shown empathy for drug users by imagining how they would feel if they were addicted
- explained how fears about drug users can affect the way they treat their patients (for example, the quality of care for patients who are drug users in health care setting)

## TIME



1 hour

## MATERIALS



List of questions on flipchart

## STEPS



### 1. Impact of drugs on our lives (reflection and group sharing):

Divide into groups of three people. These should be self-selected peer groups. For this exercise, people need to be comfortable with each other because the sharing is very personal. Read out the questions below. After each question ask participants to reflect on their own for 1-2 minutes, and then share feelings within their group. Emphasize that no one has to share his/her thoughts unless s/he feels comfortable.

#### Question 1: How did you feel when you first met or saw a drug user/addict?

**Probes:** Do you know anyone who is a drug addict? If you do, how did you feel when you first found out that s/he was a drug addict? What did you think about that person? How did you treat him/her?

#### Question 2: How do you treat drug users in your family, community, or work?

**Probes:** Do you treat them differently from other people? Why? What are your fears about dealing with drug users?

#### Question 3: How would you feel if you became addicted to drugs?

**Probes:** Who would you share the information with? How would you want to be treated – by your family, community, and colleagues?

### 2. Processing (large group):

#### Ask –

- How did you feel answering these questions? Which were the most difficult?
- How can our attitudes about drug users affect our work as service providers or law enforcement officers?
- How can we overcome our fears about working with drug users?

#### How to Overcome Fears?

- Talk about your fears with friends and other service providers.
- Learn more about drug addiction and resources available to drug users.
- Get to know your IDU clients better.

### 3. Summary:

Drug addiction is an emotional issue because once a person is addicted, it affects his/her relationships and daily life. Mistreatment of clients can result from the fear of drug users.

As service providers we need to be aware of our feelings and attitudes about drugs and drug users. If we do not address our personal reactions and attitudes, we may, without thinking, stigmatize or discriminate against our IDU clients.

It is our professional duty to ensure that our personal feelings, thoughts, and attitudes do not affect our work performance.

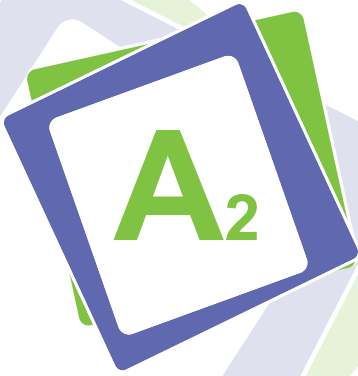
*This module is adapted from: Reducing HIV Stigma and Discrimination: Training for Health Care Providers (Engender Health, New York City, 2004).*

#### COMMON BELIEFS ABOUT DRUG USE

- “It’s easy to recognize a drug user”
- “Use drugs once and you’re addicted”
- “People who are addicted are hopeless and can never be helped to stop using”
- “Heroin is the most addictive drug”
- “You can always stop using a drug before drugs become a problem”

**Source:** FHI 2010. *Training Curriculum on Drug Addiction Counseling. Trainer Manual, Slide 3.*

# TESTIMONIES ABOUT DRUG ADDICTION



## FACILITATOR'S NOTE



This exercise builds on the power of personal stories told by former drug users about their experience with addiction, stigma, and discrimination. These stories help give this issue a human face and provide insight into the lives of drug users. Often this is the first time participants have heard drug users talking about their lives and it may have a powerful impact on them.

At the same time, be aware that many law enforcement agents and rehabilitation center staff already carry a strong bias against drug users and may be unwilling to listen to their stories, assuming that drug users are persuasive and skilled liars. With these target groups, it may be better to include a drug user as a co-facilitator who participates throughout the workshop and brings out his/her experience as part of a series of discussions, rather than as a single testimony. One other option would be to invite the families of drug addicts to give their testimonies.

The exercise can be very emotional for some participants. Participants are being asked to think and talk about strong feelings. You should be ready to deal with the emotions raised.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to describe how drug addiction affects people on a personal basis.

## TIME



45-60 minutes

## STEPS



**Testimony:** Invite two former IDUs to talk to the group about their own experiences with addiction and answer group questions.

or

**Story:** Divide into groups and hand out copies of the story below. Ask groups to make a list of things they learned from the story.

I am 35 years old. I got addicted to drugs when I was 16. My parents tried everything to stop me, but the “white death” was too strong for me, and I couldn’t stop. I could see how my parents were suffering, but the drugs took over my life and no matter how hard I tried, I couldn’t break the habit.

Although my family is very poor, they used to give me small amounts of money to buy drugs and keep me from stealing from other families. The other neighbors knew I was an IDU and they avoided me like the plague!

One day I was caught by law enforcement officers and sent to the rehabilitation center, but this didn’t work. I kept going back to drugs. After the second time in the center, I found a job as a bicycle rickshaw driver.

When I was 30, I got married. I was in love and didn’t want to tell my wife that I am an IDU. She only found out later after we were married.

One year later we had a baby. When my wife went to deliver the baby, she discovered she was HIV-positive. When she came home and told me this news, I broke down and cried. I was scared. I assumed I was also HIV-positive - that I had infected her - and was afraid I would die quickly. At the time I took little interest in my wife - I was only interested in my own situation.

I went for a test a few weeks later and discovered that in fact I also had the virus. As soon as I heard this, I broke down again. What had I done? Why had things gone so badly?

At home my parents were broken. They had not given up on me while I was taking drugs, but this time they started talking about me as if I was already dead. They left me and my wife largely alone and kept a huge distance. They tried to take my daughter away from us, but my wife and I refused and they gave up. Over time, however, they got used to us and no longer keep us at a distance. We have become part of the family again.

The neighbors, however, treated us very coldly. They stopped coming to our house to borrow food, and whenever they saw me they tried to avoid me. In their eyes I was already dead - two “yellow cards” against me - the drugs and HIV. When I saw them talking quietly or laughing together, I knew they were talking about me. They were scared of me when I was an IDU, but when they learned I was HIV-positive, they became even more afraid.

My wife took things calmly. She accepted what had happened and focused on our daughter, who was born without any sign of HIV. She gave us some happiness and comfort in the midst of all the pain and confusion. And my wife encouraged me to keep working as a rickshaw driver.

## WHAT DO WE KNOW ABOUT DRUG USERS?



A<sub>3</sub>

### FACILITATOR'S NOTE



This exercise will assess participants' knowledge about drug addiction and gaps in their understanding. This will help to establish a baseline to build on and identify points of misunderstanding or irrational fears, which may underpin the stigma toward drug users.

You could use the Quiz (method C) as homework. Hand out the quiz at the end of the day and ask participants to complete it at home. Then discuss the answers the following day.

If possible, arrange for IDUs to attend this session as resource persons so they can help to explain these issues. But take care to ensure they are fully briefed beforehand and aware of what is being asked of them. Make sure they are not personally attacked or their personal life invaded in the process of answering the group's questions.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVE



By the end of this session, participants will be able to identify what they know and don't know about drug addiction

### TIME



1 hour

### STEPS



#### Three Optional Methods to Assess Knowledge

Choose one of these exercises only. Use the fact sheets as a resource for answering questions or areas of confusion.

#### 1. Rotational brainstorming: What do you know already about drug use and drug addiction?

Post flipchart sheets on different walls of the room and put a question at the top of

each flipchart sheet. Possible questions include:

- a) What is drug addiction?
- b) What is the difference between drug use and drug addiction?
- c) Why do people start using drugs?
- d) What are the signs of addiction?
- e) Why is it difficult for people who are addicted to quit?
- f) How can drug addiction be treated?
- g) What can families do to prevent drug use and drug addiction of family members?
- h) How can families help drug addicts to reduce health risks?

Ask participants in pairs to walk around and write down what they know about the topic, and any questions, concerns or fears. Then review each sheet and respond to questions, concerns, or misinformation.

## 2. Card-storming: What do you want to know about drug addiction?

Divide into pairs. Hand out five blank cards to each pair. Ask pairs to write on each card things they want to know about drug addiction and tape the cards on the wall. Eliminate repetition. Then discuss each question, with participants contributing their ideas. Help to sort out fact from misinformation.

### Examples of questions from a workshop


*How long can someone be exposed to drugs before becoming addicted? How do some drug users get addicted and some drug users don't? Why is it hard for addicts to quit drugs? Can drug addiction be cured? How can drug addicts get treated? What is overdose and what are the symptoms? What is the life cycle of addiction?*

## 3. True-false quiz: What do I know about drug addiction?

Hand out the multiple choice quiz (in Annex 1) and ask each participant to complete it, writing true or false beside each statement. You could hand out the quiz at the end of the day and ask participants to complete it at home. Discuss each of the questions, using the answers in the end of the Annex 1 as a guide. Pay attention to questions which concerned people most. You can give out the answers as a handout.



## BASIC KNOWLEDGE ABOUT DRUG ADDICTION



A4

### FACILITATOR'S NOTE

This exercise provides basic information on drug addiction. It will build on the assessment of existing knowledge conducted in exercise A3. In this exercise, you will build on what participants already know and correct any misperceptions.

Ask a local specialist to attend this session to answer questions to ensure accuracy of information. Meet beforehand to explain the participatory approach used in the training, and to share what participants already know.

### TARGET GROUPS

Health workers, NGO staff, the law enforcement officers, and the community

### OBJECTIVE

By the end of this session, participants will have a much clearer understanding about the basic facts on drug addiction.

### TIME

45-60 minutes

### MATERIALS

Hand out copies of the Fact Sheet on Drug Addiction (in Annex 1) at the end of this session.

### STEPS

Introduce the specialist, saying that he/she will answer any questions on drug addiction after the exercise. Encourage participants to recall the discussion in exercise A3 when they work on this exercise.

After group work ask each group to present its results. The specialist will answer the questions related to the presentation.

## Examples of topics covered in presentations

### Drug Addiction

- What is drug use? What is drug addiction? What is the difference?
- What are the effects of drugs on the body and mind?
- What are the symptoms of withdrawal?
- Why is it difficult for people to quit drugs?
- What are the long term effects of heroin use?

### Injecting Drug Use

- Why do drug users prefer to take drugs by injection?
- How do users take drugs - sharing of drugs, injection by dealer or professional injector

### Sharing of Needles and Syringes

- Why do drug users share injection equipment - and drugs?
- How HIV is transmitted through the use of shared injection equipment

### Treatment of Drug Addiction

- Detoxification and drug rehabilitation centers - services provided, pros and cons
- Harm reduction concept and best practice
- Injecting safely - needle and syringe programs
- Drug substitution programs - methadone and how administered, benefits
- Levels of community and political support for harm reduction

### Drugs and the Law

- Law on HIV/AIDS prevention and control
- Law on drug prevention and control

# DRUG USE AND ADDICTION – WHY & HOW?

## FACILITATOR'S NOTE



This is an introductory exercise covering some of the basics on drug addiction, including why people start taking drugs, how they get addicted, and why it is difficult to stop.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVE



By the end of this session participants will be able to describe why and how people start using drugs and why it is difficult for them to quit.

## TIME



1 hour

## STEPS



### 1. Dynamics of addiction (group discussion):

Divide into five groups and ask each group to discuss one question:

- Why does a person start taking drugs?*
- Which groups of people get involved in drugs – rich or poor people, young or old, men or women, etc.?*
- How do people get addicted?*
- Why is it difficult for people to quit drugs once they are addicted?*
- Is it possible to cure drug addiction? What are common ways of drug detoxification in our country and its effectiveness?*

### 2. Report back and processing:

Have everyone gather back together and ask individual groups to report back. In particular, ask:

- Is it true that addicts do not have a strong will?*
- Is it true that drug users do not want to quit drugs?*

Note people's responses on a flip chart.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### Why do people start taking drugs?

- Nothing to do. Curiosity - to experiment. To improve sex drive. To forget other problems. To relieve pain or depression. To forget poverty of misery. Peer pressure and influence.
- Youth want to do daring things to show others that they are capable of doing anything.

### Which groups of people get involved in drugs – rich or poor people?

- At the start of drugs the main users were rich people who could afford to buy drugs.
- Now many drug users are poor people who have limited education and are unemployed.
- They take drugs to overcome feelings of despair about being poor and unemployed.
- Illegal coal mining areas - youth look for work in the mines, get into sex work and drugs.
- Soldiers are sent to remote areas where there are many drug users and they get addicted. Many drug users are young. An increasing number of addicts are women.

### How do people get addicted?

- Youth take drugs to feel more comfortable socializing with friends or a sexual partner -gradually drugs become stronger and they become hooked without realizing it.
- Some try using drugs to show they have the will to stop and then they get addicted.
- Some drug users force others to become drug users - they put drugs in food or cigarettes.

- Some parents are dealers so drugs are easily available - children try them and get addicted.

### Why is it difficult for people to quit drugs?

- The feeling of withdrawal forces drug users to take more drugs.
- Addicts keep coming back to drugs - they need a strong will to stop for a long time.
- Peer pressure: other drug users force IDU to continue - they won't allow him to quit.
- Stigma from family or community - whenever IDU quits, community still looks at him as the same drug user - they don't change their attitude, so s/he says, why not continue.

### Is it true that drug addicts do not have a strong will?

- Saying drug addicts have a weak will shows a lack of understanding of drug addiction and a lack understanding about drug users.
- Addiction is very powerful. When the effect of drugs wear off, the addict feels very uncomfortable, as if s/he cannot breathe. This is what is called "withdrawal."
- The symptoms of withdrawal are: fast heart beat, anxiousness, increased blood pressure, perspiration, and pains in the body.
- These feelings have such a powerful effect on the body that drug addicts would "do anything" to get the drugs to alleviate the discomfort.
- So it is wrong to assume that drug users "don't have a strong will," that they are "weak people." Drug addiction is beyond the user's will or control. The craving for drugs makes it difficult for them to break the addiction. They keep using drugs not because they don't want to quit, or are weak, or don't try, but because of the power of the addiction.

### Is it true that drug addicts do not want to quit drugs?

- Yes, some addicts don't want to quit drugs, but there are many who do want to quit.
- There are lots of stories of drug addicts who have tried to quit drugs. One man jumped into a pond in the middle of winter to help break the addiction; three addicts made a pact to stop drugs, agreeing that the first to resume drug use would have to cut off his finger.

### 3. Summarize:

Use the points in the fact sheet (see Annex B to help clarify additional questions or points that have not been addressed). You might also use some of the following points.

- a. People start taking drugs for many different reasons - as recreation, to experiment, to impress peers, to relieve pain or depression, etc.
- b. They get addicted through using drugs regularly over a period of time. Anyone can get addicted - it is not just “socially evil” people.
- c. **Drug use** and **drug addiction** are different. The vast majority of drug users are people who use drugs on an experimental basis. They use them infrequently, based on opportunity and availability. Most of them can stop drug use of their own free will. As drug use becomes more intense and regular, it takes more priority in an individual’s life and tolerance emerges along with other features or consequences of intensive use. Ultimately, drug addiction emerges. The proportion of drug users who ultimately become addicted to drugs is influenced by many things. Remember that not all people who use a drug will ultimately become addicted. The proportion of drug users who ultimately become addicted is influenced by many factors. In the United States, between 20-25 percent of those who ever use heroin become addicted<sup>2</sup>.
- d. A drug user is someone who uses drugs but can stop. A drug addict is someone who cannot stop but depends on drugs and repeatedly increases the dose.
- e. The trigger for addiction is **withdrawal** - the painful symptoms when the drugs wear off in the body. These painful feelings force addicts to take more drugs.
- f. **Drug addiction is a medical condition or disease, not a moral failing.** People condemn drug addicts as evil, not realizing that the addiction is beyond their control.
- g. **Breaking the addiction is very difficult** and depends on the support of the family and community. Some families provide ongoing support, even though the IDU keeps returning to drugs.
- h. All drug users believe that when they start to feel that problems are arising from their drug use, they will stop and avoid addiction. What they do not realize is that the changes inside their brains happen slowly and in a way that is difficult to reverse.

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<sup>2</sup> FHI 2010. *Training Curriculum on Drug Addiction Counseling Trainer Manual. Chapter 3. Slide 6 and notes to slide 13.*

## WHAT IS DRUG ADDICTION? (QUICK SUMMARY)

### FACILITATOR'S NOTE

This exercise combines the contents of exercises A3, A4, and A5

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, the community, and drug users

### OBJECTIVE

By the end of this session participants will be able to describe the basic facts about drug addiction.

### TIME

1 hour

### STEPS

- Basic facts on drug addiction (topic groups):** Divide into six groups and assign each group one of

the following topics. Ask each group to prepare a flipchart report.

- What is drug addiction?*
- What is the difference between a drug user and a drug addict?*
- Why do people use drugs?*
- What are the signs and symptoms of drug addiction?*
- What is the process of becoming addicted?*
- What are the different ways one can stop using drugs (detoxification)?*

#### Example responses:

*The information provided below is technically correct information about drug addiction. Use this information in helping participants understand each of the topics. You can use this information to add to the responses produced by the groups.*

#### What is drug addiction?

- Addiction is a chronic, relapsing disorder characterized by compulsive drug-seeking and use, in spite of

adverse consequences. When a person takes drugs on a regular and intensive basis, the mind and body can begin to feel an overpowering need for the drug. When the mind feels like this, it is called **dependence**. When the body feels like this, it is called physical **addiction**.

- When a person starts taking drugs, one of the main motivations is to get a pleasurable feeling. These feelings produce strong memories which are stored in the brain and create a desire to take more drugs to bring back the pleasurable feeling.
- Once a person is addicted, the main reason for taking drugs is to overcome the feelings of withdrawal when the drug wears off. At this stage the main reason for taking the drugs is to deal with these symptoms of withdrawal, or to get back to feeling "normal."

#### What is the difference between a drug user and a drug addict?

- A **drug user** takes drugs but can stop; a **drug addict** takes drugs, but cannot stop - s/he depends on drugs. As the body develops a tolerance for the drug, s/he will need to repeatedly increase the dose to get the feeling of euphoria or just to feel normal.
- Many people use drugs without becoming addicted. They take drugs on an occasional, experimental basis. Other people use drugs on a regular basis and over time take them more intensively and become addicted, almost without realizing it.
- Some people become addicted after the first time they try the drug, and others only become addicted after using it many times.

#### Why do people use drugs?

- People start to use drugs for a number of reasons: to experiment, to improve sex drive, to forget poverty or other problems, to relieve pain or depression, peer pressure, because they are easily available, etc.
- Young people may start using drugs as an easy way to have fun and escape from problems, and often are influenced by other young people.
- Older people often start using drugs to get relief from a painful illness.

#### What are the signs and symptoms of drug addiction?

- Symptoms of withdrawal when the drug wears off indicate addiction. Withdrawal symptoms include fast heart beat, anxiousness, increased blood pressure, perspiration, and pains in the body.



### What is the process of becoming addicted?

- Feeling a constant craving for drugs
- Decreasing ability to control the use of the drug
- Prioritizing drug use above everything else
- Suffering withdrawal if stop using the drug
- Continuing drug use even when it is clearly detrimental to one's life
- Increasing dose with each use
- Using drugs to feel normal  
(See more in box below, "Criteria for Substance Use Dependence.")

### What are the different ways one can overcome a drug addiction?

- Detoxification
- Change one's lifestyle

One needs to bear in mind that drug addiction is a chronic relapsing medical condition often associated with periods of psychosocial instability. Detoxification is only the first step of the drug treatment process. A long-term integrated recovery program is needed to overcome addiction, including interventions to prevent relapse.

There are different approaches to overcoming addiction, including self-help groups, professional behavioral therapy, medical assisted therapy (including drug substitution), and re-education and labor therapy. Generally no single treatment is effective for all drug addicts. There are four important principles in drug treatment: the right care for the right person at the right time done the right way. It is believed that the combination of using medically-assisted therapy and encouraging lifestyle change is generally the most effective approach to overcoming addiction.

**Source:** "Training Curriculum for Drug addiction Counseling – Trainer Manual. Chapter 3. Drug Addiction, & Treatment Approaches." USAID, FHI, Pact Vietnam. 2006.

## CRITERIA FOR SUBSTANCE USE DEPENDENCE IN ICD-10

A definite diagnosis of drug dependence is identified if three or more of following criteria present together at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance;
2. Difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use;
3. A physiological withdrawal state when substance use has ceased or has been reduced;
4. Evidence of tolerance, such that increased doses of the psychoactive substance are required to achieve effects originally produced by lower doses;
5. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, and increased amount of time necessary to obtain or take the substance or to recover from its effects; and
6. Persisting with substance use despite clear evidence of overtly harmful consequences.

*Source: summary from FHI training on Drug and Society, Hanoi, Nov. 2010 and WHO Web site: [http://www.who.int/substance\\_abuse/terminology/definition1/en/](http://www.who.int/substance_abuse/terminology/definition1/en/)*

## Sample responses from a training-of-trainers for drug users, conducted from August, 2010.

### Why do people use drugs?

Curiosity. Following friends. They want to indulge. They're playing around. They're bored. They feel lonely. They're heartbroken. Their family is broken. They want revenge in life. It's a way to avoid the truth. They seek new feelings. Peer pressure. They seek stronger feelings, They're forced to use drugs to meet clients and because of dependency (for sex workers). To forget. For pain relief. To enhance sexual capacity. To feel stronger to receive more clients. To show off. To show they know everything. Because of dealing with drug trafficking.

### Signs and symptoms showing that a person is drug addicted?

- Appearance: slow action, dull, tired, changeable, repeated yawning, sweating, dislike baths, talkative, feeling of pain inside the bones like many insects crawling inside bones, dilated pupils.
- Social behaviors: sleep in daytime, often borrowing money or things without returning them, often telling lies, fear of meeting law enforcement officers or local authorities, neglecting study or work, deviating from their normal way of living, avoiding social contacts.

### What is the process of becoming addicted?

Some people initially try drugs out of curiosity, when they're bored, or due to peer pressure. Eventually they use on a more regular basis and increase their dose. First they become dependent and then they become addicted. They may switch from smoking/sniffing to injection. Later they may go to detoxification. Subsequently they may relapse.

The vicious circle: addicted -> detoxification -> relapse -> detoxification.

### Some forms of detoxification used by local government or drug addicts:

- Self-detoxification at home or returning to home village to quit drugs
- Community-based detoxification (with assistance of large organizations)
- Detoxification with the help of supporting medicines (for instance, sleeping pills)
- Concentrated detoxification (in local centers), either compulsory or voluntary
- Using substitution drugs (methadone, buprenorphine)
- Using traditional medication (traditional medicines, herbals, or acupuncture)
- Family-based detoxification in conjunction with psychological counseling services
- Quit drugs while imprisoned

# DRUG ADDICTION - WANTING TO QUIT AND WHY IT IS HARD TO QUIT

## FACILITATOR'S NOTE

This exercise looks at the nature of addiction - how powerful addiction is and the fact that many addicts want to quit.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVE

By the end of this session, participants will recognize that many addicts want to quit drugs, but have a hard time doing so due to the power of addiction.

## TIME

1 hour

## STEPS

### 1. Introduction:

Write the following statement on the flipchart:

**Drug addicts like to use drugs and don't want to quit although they could stop any time.**

**Ask - "Do you agree?"**

### 2. Stories:

Ask participants to read the following true stories and discuss:

- What happened in each story? Why?*
- Why is addiction so difficult to overcome?*

**Story 1:** A drug addict was determined to change his life and stop taking drugs. He felt so committed to succeed that in the middle of winter he jumped into a pond to shock himself into making the break with drugs.

**Story 2:** Three addicts were close friends. They had always shared drugs but now realized the drugs were killing them. They tried to stop many times. Finally they made a pact - from that day forward they would never touch drugs. The first person who broke the pact would have to cut off his finger.

**Story 3:** One drug addict decided to leave his town as a way to break away from his life of drugs. He went to a new town, stopped taking drugs, and found a job. He did not use drugs for 10 years. Then, when he thought he was no longer dependent on drugs, he came back to his town. When the car entered the town, the familiar landscape triggered his desire for drugs and he was hooked again.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

- The drug addicts in all of the stories want to quit drugs.
- They show their determination in a number of ways, such as leaving town, jumping into a pond, and making a pact to cut off their fingers.
- The stories show that it is very difficult to quit drugs.
- The wife of the addict underestimates the power of addiction. She thinks it is just a matter of will. She tries to prove him wrong and becomes addicted herself.
- The third man realizes that the environment has an effect on drug taking - the memories of our first drug taking are stored in the brain as part of addiction. So returning to the place where one first took drugs can be a trigger to start again.

### 3. Summarize:

- Those real stories indicated that addiction is very powerful. When the effect of drugs wears off, the addict feels very uncomfortable. These feelings have such a powerful effect on the body that drug addicts would “do anything” to get the drugs to get over these feelings and back to normal.
- So it is wrong to assume that drug users “don’t have a strong will”, that they are “weak people. Drug addiction is beyond the user’s will or control - the craving for drugs makes it difficult for them to break the addiction. Not because they don’t want to, or are weak, or don’t try, but because of the power of the addiction and the pain of withdrawal.

- Drug addicts are also influenced to continue using drugs by other addicts; community stigma may also play a role. If a drug addict quits but the community still treats him/her as a drug user, s/he may reason that there is no point in giving up drugs because the stigma will continue regardless. As one drug addict said: *“My family doesn’t care about me. Even If I give up successfully, no one looks at me as a good guy. They keep on mistrusting me, even when I have already stopped taking drugs. So why should I stop?”*

### **Stigma and lack of trust can speed up drug relapse:**

M had been to a detoxification center many times. The first time when he returned from the rehabilitation center, his family was pleased; his parents and aunts gave him a lot of money as an incentive to stay off drugs. However, he relapsed and tried rehabilitation a second time. After his release, his mother and brother supervised him closely, which made him feel that he had no freedom. He became angry and showed his resistance by returning to drugs. After his third time returning from the rehabilitation center, his family lost patience and hope for his recovery and decided not to ignore him. Neighbors said that he cannot change. He felt disappointed and miserable because no one trusted him. He became careless and returned to drugs once again.

*(The story of a former drug addict, who successfully quit using drugs after six attempts; from a sensitization workshop in Hanoi, March, 2011):*

## COMPARING DRUG ADDICTION & TOBACCO ADDICTION

### FACILITATOR'S NOTE

In this exercise participants make a comparison between drug addiction and tobacco addiction. The comparison helps clarify the nature of addiction.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVE

By the end of this session, participants will be able to get a better understanding of addiction

### TIME

30 minutes

### STEPS

#### 1. Introduction (story):

Tell a story or invite a participant to give a story of their experience of being addicted to tobacco. One example of a story is given below:

I've been a smoker for 30 years. I started when I was at university and have smoked non-stop since then. My fellow students at the university were smoking and so I decided to join them. Tobacco was cheap, it helped me concentrate on my studies, and gave me an instant community with other smokers.

At first I just had an occasional smoke, but after awhile I found myself lighting a cigarette every chance I had, and I began to smoke half a pack a day. At night when I was studying late and didn't have any cigarettes and shops were closed and my friends were sleeping, I went out to search for cigarettes, even using the butts of used cigarettes to satisfy the craving. I couldn't live without them. As people say, "I can divorce my wife, but I can't divorce my cigarettes."

My wife and friends talked to me to stop smoking, because of all the health risks. I did try to stop several times, but each time I was pulled back by the craving, or the feelings of withdrawal. I couldn't do without cigarettes. Each time I stopped and saw someone else

smoking, I remembered the pleasure. I could almost taste it, and soon I became hooked again. Thirty years later, I'm still going strong.

## 2. Ask:

*“What does this story tell us about addiction?”*

### Example Responses

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants.*

- Starts to use cigarettes through peer pressure
- Initial use/demand reinforced by the availability and low cost of cigarettes
- At the beginning just a user. Over time through regular use becomes addicted
- Once addicted, the consumption of cigarettes goes up
- Difficult to control the desire - craving very strong - even picking up cigarette butts
- Tries to stop many times, but each time pulled back by the craving and the unpleasant feeling of withdrawal
- Quits smoking and then comes back to it - shows strong dependency
- Continues to use cigarettes even though he knows that it is a big health risk.
- Memory of the pleasure is a strong part of the addiction

## 3. Summarize:

This example shows that cigarettes have the same mechanism or process of addiction as drugs, such as heroin or opium. The tobacco smoker starts off using tobacco on an occasional basis, but slowly he increases his tobacco use and he becomes hooked. Tobacco addiction has the same features as those in the World Health Organization's (WHO) definition of addiction.



#### 4. Then ask:

*“Why do we treat drugs differently? Why do we tolerate tobacco, but treat drugs as a criminal activity?”*

##### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants.*

- Drugs such as heroin and opium are illegal, tobacco is legal.
- The assumption is that drug users are socially evil, but tobacco users are okay.
- Because of this distinction, people tolerate cigarette use, but not drug use.

##### Commonalities between tobacco addiction and drug addiction

- They both contain addictive elements
- People feel uncomfortable when lacking it
- They find it difficult to quit
- They have a negative health impact
- They have a negative economic impact
- They make you feel good after use

##### Differences between tobacco addiction and drug addiction

- Tobacco is much cheaper than drugs
- Tobacco is easier to buy
- It is legal to use tobacco, so no risk of arrest and no need to hide when using it
- Tobacco and drugs have different withdrawal symptoms: tobacco withdrawal is easier to bear
- People are more likely to commit a crime as a means to obtain drugs versus tobacco
- Drugs may create hallucinations
- Smoking tobacco affects surrounding people (passive smoking)
- Tobacco is more addictive than heroin

## 5. Conclusion:

Summarize and discuss the following:

- Tobacco smoking is one form of addiction. Many people find it difficult to quit smoking and experience withdrawal symptoms. While drugs are illegal and tobacco is not, both have the same mechanism of addiction.
- Tobacco is equally harmful to health. Prolonged use of tobacco can cause blood vessel damage as well as lung and heart cancer. WHO estimates that smoking is responsible for 1 out of 5 deaths, or three million people per year. More than 50 percent of smokers will die prematurely as a direct result of tobacco-induced illnesses. Smoking also harms those who live and work around the smoker.
- Tobacco addiction is not illegal or a social evil. If all the tobacco addicts in Vietnam are forced to go for treatment at the rehabilitation centers, there would not have enough rehabilitation centers to keep them all.
- Not all tobacco smokers are addicted. The same is true in the case of drugs. Some people use drugs without getting addicted. People need to understand that some are drug users, and some are drug addicts.

## WHEN DRUG ADDICTION ENTERS THE HOME

### FACILITATOR'S NOTE

In this exercise participants, working in groups, make up stories to describe what happens to families when drugs (and then HIV) enter the home. This sparks a discussion on how drug users are treated by their families, how this affects their lives, and what can be done to change this response by families.

If you are short of time, use the example stories located at the end of the exercise as case studies and ask groups to read and discuss them.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVE

By the end of the session participants will be able to:

- Analyze the impact of drug use on the family
- Explore ways to help families become more supportive to drug users

### TIME

1-2 hours

### MATERIALS

Family Cards - pictures showing different family members

### PREPARATIONS

- Make up different family sets with cards by drawing shapes or cutting paper in different figures to illustrate, e.g. married couple with three children, couple with one child, couple with no child, etc.
- In each family put a small colored dot at the back of one character. This indicates that s/he is an IDU. Put a dot on a different person in each set - father, mother, teenage boy, or teenage girl.
- Put cards into envelopes, one card in each.

## STEPS



### 1. What happens when drugs enter the family (story-telling):

Divide into groups and give each group a “family” (envelope). Then explain the task:

**Step 1: Before drugs enter the family:** Make up a story about your family describing:

- What the father, mother and children do - occupations, schooling, income
- Relations within the family and with neighbors - any problems or worries?
- Hopes and plans for the future

**Step 2: Drugs enter the family:** Ask each group to turn over their cards and find which card has the dot on the back indicating the family member who is addicted to drugs. Make a new story explaining why this person started to use drugs, and the effect of his/her drug use on the family and relationship with neighbors.

**Report back and processing:** After each step, ask the groups to tell their stories. Then at the end, ask:

- What happens in the family as a result of one family member becoming a drug addict?*

- What does the family do to get the drug user to stop using drugs?*
- What is the effect on the drug user from the stigma and pressure?*
- What is stopping families from accepting and supporting drug users?*
- How can families be more accepting and supportive to IDU?*
- What practical things can we do to support families with IDU?*

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### What happens in the family as result of one family member's drug addiction?

- Initial effects: shock, anger, disappointment, worry, confusion
- Lack of understanding: They don't understand the behavior of the drug user
- Increased tension and conflicts within the family.
- New stress on family finances
- Reduced contact with neighbors. Hiding the problem from neighbors

- Parents try to force the family member to stop using drugs
- Addict steals household items to sell to buy drugs
- Female IDU may sell sex for money to satisfy their drug craving
- Family violence occurs: Addict may threaten family members in order to get money to buy drugs

#### **What does the family do to get the user to stop?**

- Scolding, insults, threats, and begging
- Tell him he is bringing shame to the family
- Lock the drug user in the house so s/he cannot go out to get drugs
- Lock up all valuable things in the house so they cannot be stolen by the drug user
- Watch him/her carefully and prevent him/her from having contact with other drug users
- Some families send their addicted sons or daughters to rehab center voluntarily
- No one sits down and talks with the drug user to find out how s/he is feeling
- Some families kick him/her out of the house and cut off all communication

#### **What is the effect on the drug user from the stigma and pressure?**

- S/he feels isolated and alone. No one is listening to him/her.
- S/he feels ashamed and starts to doubt him/herself: "Why did I become addicted?"
- Becomes depressed. Breakdown in communication with parents and siblings.
- Eventually s/he decides to leave home and live with other users who are more accepting

#### **What is stopping families from accepting and supporting the drug user in the family?**

- Lack of understanding about drug addiction and how to deal with the problem

- Fear of stigma from and judgment by neighbors
- Fears about the effects of drug addiction, such as theft and petty crime

#### **How can families be more accepting and supportive?**

- Create a supportive environment where they can talk about issues
- Encourage the drug user to talk openly about his/her feelings and listen
- Treat the drug user in the same way as they would treat other family members
- Help link the user with support groups and harm reduction and other health services

#### **What practical things can we do to support families who have a drug addicted child?**

- Tell them that they are not alone. Many other families have addict sons/daughters so they should accept them and learn how to support him/her to deal with this problem.
- Help them understand that:
  - a) Drug addicts are not criminals - they have a health problem
  - b) Drug addicts just want to be respected and accepted as part of the family
  - c) Trying to force drug addicts to stop using drugs does not work.
  - d) By scolding and isolating drug addicts, families are making him/her hide drug use. This may result in using unsafe practices such as sharing needles.
- Look for the good inside him/her and encourage him/her to show what s/he can do. Help drug addicts get jobs and take up responsibilities in the community.

## 2. What happens when HIV enters the family:

Ask each group to continue the story, adding that the drug user gets HIV. Discuss: “What are the major changes in the family resulting from this?”

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

- The family collapses - conflicts, separation, divorce, disruption for children.
- If the wife gets HIV, the marriage collapses and she is kicked out. If the husband gets HIV, the marriage stands - the wife is expected to care for him.
- More shaming and blaming toward the PLHIV for “ruining their lives”.
- Family members fear infection so they minimize contact with PLHIV.
- Separate room, food, plates, towels, sheets, etc. provided for PLHIV.
- Children further affected - forced to leave school, start to work, etc.
- Women’s workload burden increases to care for PLHIV family member.

**Processing:** *What are the significant differences when HIV enters the picture?*

### Example Responses:

- The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.
- IDU-related stigma includes both fear and social stigma, but the fear is not the fear of infection - it is the fear of IDU behavior destroying the family.
- HIV stigma adds an extra layer to the stigma associated with drug use. It adds the fear of infection and leads to people isolating the PLHIV and forcing him/her to use separate plates, sheets, etc.

### 3. What can be done? (problem solving):

#### Discuss with the whole group:

- a) *How can families cope better with this situation?*
- b) *How can the community support families who have drug addicts? Who have a member infected with HIV?*

#### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Family Coping Mechanisms

- Stop the scolding and shaming of IDU and HIV-positive family members.
- Stop the isolation of IDUs and PLHIV.
- Promote a positive attitude. It's not how s/he got it, but what we can do now.
- Stay close to the IDU, be sincere and a friend.
- Give respect, love, trust, support and encouragement.
- Look for the good inside them and encourage them to show what they can do.
- Help them adopt harm reduction practices, e.g., clean needles, safe sex, etc.
- Help them find jobs so they have other things to think about than using drugs.

#### Community Support for Families Affected by Drugs and HIV – Get the Community to:

- Understand addiction and the risk of getting HIV.
- Understand that drug addicts are not criminals - they are patients.
- Speak out against stigma: address the fear and lack of knowledge about drug addiction and HIV, and the link with social evils.



- Promote harm reduction practices, e.g. use of clean needles, promote safe sex, etc.
- Provide support and encouragement for drug users and HIV-affected families.
- Help drug users get jobs and take up responsibilities in the family and community.

## SAMPLE STORIES

### Group A: father, mother, six-year-old boy

**Before:** Father and mother have good jobs. Mother's salary used for daily spending, father's salary for savings. Good relations within family and with neighbors and relatives. Hopes: Boy does well in school, goes overseas for study, and returns and gets good job. Retirement - money saved in bank so they can afford good house and good life.

**After – mother and father become IDU:** One day father sent to province to work. Colleagues persuade him to sleep with sex worker, who gets him to try drugs and he becomes addicted. Later his wife has a serious illness with lots of abdominal pain - he gets her to inhale drugs (rather than going to hospital) to deal with the pain, and she gets addicted. When the two become addicted, they stop working and stay at home to enjoy the drugs. They no longer take care of the house and have difficulty caring for their boy so they send him to stay with the grandparents. They sell off everything in the house -TV, fridge, etc - to pay for the drugs. When they run out of money, they sell drugs. They get caught and sent to prison. Their boy stays with grandparents who are poor - so he drops out of school.

### Group B: father, mother, 20-year-old daughter, and 14-year-old son

**Before:** Both are high ranking officers: the father is a law enforcement officer, the mother is in the army. Son: good marks in secondary school. Daughter has finished secondary school and is preparing to enter university. She wants to become a doctor. Father is proud of his children because they study very well. Neighbors respect family because of father's senior rank.

**After:** Daughter becomes addicted to drugs. During the last year of university a young man seduced the daughter and then abandoned her. She loses hope and begins taking drugs and staying out late at night with friends. Mother works all day so no time to watch her children. When she hears the daughter is taking drugs,

she hides this information from the husband, worried about his response. One day the daughter is arrested for drug use. The father shouts at her and beats her, and tells her to stop her “dirty habit.” He watches her like a hawk. Later he discovers she is still taking drugs and kicks her out of the house. She becomes a sex worker. The family does not discuss the problem - family meals are silent. The mother is very sad at losing her daughter - she cries at night, thinking of what has happened. The father is determined not to accept her back into the house. The family feels ashamed and loses the respect of the neighbors.

### **Group C: husband and wife with two children**

**Before:** The husband is a successful business manager. His wife stays at home and takes care of the children. The family is prosperous and the couple lives a happy life.

**After: the husband becomes drug addict:** When the business develops, the husband has to go out more often to attend events with his clients. At one outing he meets a bar girl. After developing an intimate relationship with her, he learns that she uses drugs. She persuades him to try drugs with her to enhance his sexual capacity, so that he can satisfy both his wife and his sexual partner. He agrees and becomes addicted without knowing about it. Soon his family’s economic situation deteriorates. His wife suspects him and eventually finds out that he is having an affair and is addicted to drugs. After that, she refuses to have sex with him and prohibits him to see the children. She brings the children to her home village. He goes to live with his lover. His work suffers and he loses his job. Seeing that he is not rich anymore, his lover leaves him and he is alone.

**Optional – case studies:** Divide into groups and give each group one of the following stories. Ask them to identify what happens as a result of addiction and the subsequent stigma.

#### **Case Study A – “Mai” (HIV-positive woman)**

Mai is 30, married, and has two sons. She has a tea shop and lives in a small flat.

Her husband Dang used to work in a rubber tire factory, but lost that job and became a construction worker. Once he joined construction work, Dang began to inject drugs with his co-workers. He was arrested and sent to a rehabilitation center. At the center he was tested and told he has HIV. When Dang was released, he went back to injecting drugs, and soon he came home with two problems: drugs and HIV. When Mai found out about Dang’s status she went for a test and found she was also HIV-positive.

Health workers began to visit the house regularly and neighbors became suspicious. They stopped visiting and sharing things. Mai’s customers stopped coming to her

shop and after awhile she had almost no customers. When Dang's parents found out, they became very upset and did not allow them to visit out of fear of becoming infected and that their neighbors would find out and shun them.

Mai tried to avoid the clinic and only went when she needed to. One day when she was there she heard two health workers talking about Dang, saying that he was a problem patient, full of anger and moody behavior, and didn't deserve to be given ARVs. After this she stopped going to the clinic altogether.

Once drugs and HIV entered their home, Mai felt that her life had ended. There was no more happiness. Mai and Dang stopped doing things together and hardly talked. Women in the neighborhood stopped visiting and she felt all alone. The women's union visited one day but that simply made the stigma worse. She felt everyone was looking at her, but no one was talking to her.

### **Case Study B – “Phuong” (HIV-positive man)**

Phuong is 30, single, and without steady employment. He failed his college entrance exams in 1996, and this result, along with his drug use, meant an end to his studies.

In 1997 he became addicted to drugs. At first he inhaled, but 3-4 months later started injecting. His family tried to get him to stop drug use. In 2000 he was sent to a rehabilitation center and was given an AIDS test, which came back positive.

When he returned home, his family made him eat and sleep in a separate room and gave him separate plates and utensils. He felt very isolated and wanted to commit suicide.

The neighbors kept their distance. They gossiped about him and called him a “junkie” and his family “the junkie’s family.” They told everyone to keep an eye out for him, fearing he would start stealing.

The health workers visited occasionally to check on him and counsel him, but he wanted them to stop their visits. He hated being singled out for attention. He felt he could treat himself, that he didn't need help.

Before he started drugs, he had a girlfriend, but left him when he started injecting. He still goes to karaoke bars, but uses condoms now. He has become much less sexually active since he has become a drug user.

# FEARS ABOUT IDUS AND HOW THEY AFFECT OUR BEHAVIOR TOWARD THEM

## FACILITATOR'S NOTE

Sometimes we fear drug users and addicts, and this affects the way we treat them. In dealing with drug addiction, we need to address and overcome this fear so that we can trust and support IDUs to overcome their addiction and successfully quit using drugs.

This exercise gets participants to look at all the fears they have about IDUs and how these fears affect participants' responses to them and their family members.

The aim is to help participants begin to address these fears, see how they can overcome them, and begin to trust IDUs and empower them to overcome their addiction.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community/

## OBJECTIVE

By the end of this session participants will be able to describe their fears about IDUs and how this affects their behavior toward them.

## TIME

1 hour

## STEPS

### 1. Fears about drug users (card-storming):

Divide into pairs and hand out cards and markers. Ask - "What are your biggest fears or concerns about IDUs?" Ask pairs to record each fear on a separate card. Tape the cards on the wall, eliminate repetition, and cluster common points.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### Fears About Drug Users

- IDUs steal anything they can find to get money for drugs. We've lost so many things.
- Begging money from relatives - we have to call all the relatives and tell them that if our son calls to borrow money, don't give him anything.
- To get money for drugs IDUs will use threats and in some cases violence.
- IDUs have lots of anger. They might attack us without warning.
- You can't trust IDUs to do anything - they are totally unreliable and unpredictable.
- They leave their needles everywhere and the needles could hurt our children.
- We'll get HIV through sharing the same rooms, food, plates or clothing.
- They will influence our children to start using drugs and they will get addicted.
- They will destroy the reputation of the family and the neighborhood.
- We will lose the family title of "Cutural family".
- The family finances will be affected. Our family business will collapse.
- IDUs get involved in criminal activities and will bring law enforcement officers into our community.
- When the IDU leaves the rehabilitation center he will continue to use drugs.
- We feel helpless. We can't do anything. They've destroyed our lives.

## 2. Processing:

Take each of the fears and ask the group who raised the fear to discuss:

- a) *What are the reasons behind the fear?*
- b) *How would this fear affect the way you behave toward IDUs?*

Fear	Reasons Behind Fear	Response
IDUs will continue to look for drugs	More drug use brings more problems.	Watch him carefully. Force him to stay at home. Lock him in a room.
Physical attack	Angry, unpredictable, and mentally affected by the drugs	Minimize contact. Don't talk to him/ care about him. Warn neighbors.
Property theft	IDUs need money to buy drugs. No longer working so no income.	Hide money and lock up valuable things. Keep careful watch on IDU.
Children will start to use drugs	Children are young and want to experiment. Difficult to control.	Stop children having contact and tell them to stay away from drugs.
Getting HIV	If the drug user has HIV and touches food, plates, or sheets, we can also get it	Stop sharing food and plates and minimize contact
Injuries from used needles/ syringes	We can get HIV from used needles contaminated with HIV	Avoid places where IDUs are injecting drugs
IDU families will fall apart	Financial strain on family to meet costs of addiction and treatment. Loss of income. Family conflicts.	Blame the IDU for everything without knowing whether s/he was really responsible. Write letter to report him/her to the rehabilitation center

## 3. Clarify myths and misconceptions:

Discuss each of the fears and explain how many of them are based on misconceptions. For example:

- IDUs are not typically violent.
- HIV is not transmitted through casual contact, including contact with food, plates, or sheets.
- Property theft is a legitimate worry and one response is to lock up everything. But a better response is to address the larger problem of addiction by helping the IDU get access to treatment.

- Injury from used needles is a legitimate fear, as the needles are a potential source of HIV transmission. Contact public health officials to arrange for safe retrieval and disposal.
  - Sending the IDU to the rehabilitation center may help but it may also make things worse. Some casual drug users have become addicted while in the center and some have become infected with HIV.
4. Ask, “How will your response to the IDU (e.g., not talking to him, watching him carefully, locking him in the house, beating him, etc.) affect him? What will he do?”

Put up the following list of responses to help people see how their response affects the IDU. This is a list that drug users made from a previous workshop.

#### Examples of IDU’s reactions:

- Become angry and feel offended, feel the whole world is against you, become sensitive
- Become hurt, want sympathy, understanding and help and not being beaten
- Become defensive and want to do the opposite of what the family is asking me to do
- Become depressed. Lose hope. Want to commit suicide
- Don’t care and become careless. More careless in relationships
- Increase the use of drugs.
- Run away from home and form a group with other IDU friends for mutual support

#### 5. Summarize:

- **Sometimes we have fears about IDUs and this affects our treatment of them.** But if we are to tackle addiction, we need to address these fears and see how we can overcome them, and begin to trust and empower drug addicts so they can overcome their addiction.
- It is natural to fear IDUs because we know little about their lives. Much of what we learn comes from **sensationalized stories in the media** about their “socially evil” behavior, such as stealing to support their drug habit, using infected needles, attacking or threatening people for money, etc. These stories reinforce the belief that they are dangerous.
- **People also fear getting HIV through casual contact with HIV-infected IDUs.** This fear is rooted in lack of knowledge about how HIV is transmitted.

Many people believe they can get HIV through sharing food or cups with PLHIV. This is wrong - HIV is not transmitted through casual contact.

- Both the fears of dangerous behavior and of HIV infection result in families and communities stigmatizing and rejecting IDUs, making current and former IDUs feel unwanted, despised, and rejected. They feel that because people don't trust them and/or have given up on them, they may as well stop trying to quit and lead a good life. Many then retreat from family and community and become criminals.
- Instead of scaring people about drugs and drug addiction, we should **empower families and communities** to see that they can do something to reduce the impact of drugs on their lives.
- It is okay to be angry and frustrated with IDUs, and it is true that IDUs do "bad things" (e.g. steal) because of their addiction. But that does not justify stigmatizing, neglecting or abandoning them. Stigmatizing IDUs results in their feeling cut off from the family and the community. This lowers their self-esteem and undermines their ability to take positive action to change their lives.
- Participants in the consultation workshop contributed that some parents were angry with their sons for using injecting drugs and for erratic behavior (e.g. stealing from neighbors) **but didn't give up on their sons**. *"My son is sick, but he needs me, so we need to put our anger aside and take care of him. The past is the past and we cannot change it. We need to focus on the present and help him survive."* We need to use positive examples like this. The most painful thing for IDUs is when the family gives up on them and stops loving them. *IDUs who work the hardest to quit the drugs are those who have the love and support of their families.*

"Lack of knowledge about addiction is one of reasons leading to stigma toward drug addicts. If family members or all of us can understand the pain and unbearable feelings that accompany withdrawal, we would be more sympathetic and more inclined to help them, which will increase their chance of successfully overcoming their addiction. There are wives and mothers who sacrifice everything in order to stay with their addicted family members to help them to quit drugs. Eventually they are able to save their loved one. They made it, they succeeded." (*Testimonial of a government officer working in social evil prevention program, sensitization workshop, March, 2011*)



## MYTHS AND MISCONCEPTIONS



A<sub>11</sub>

### FACILITATOR'S NOTE



This is an optional exercise. We suggest that you use A11 or A12, but not both exercises, since they cover similar content.

In this exercise, participants generate a list of myths and misconceptions about drug addicts and then work in pairs to challenge each myth.

This exercise also includes a handout, located at the end of the exercise, to help you respond to participants' group work on the misconceptions. It can also be given out to participants at the end of the session.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVE



By the end of this session, participants will be able to name and challenge myths about drug use and drug addiction.

### TIME



1 hour

### PREPARATION



Write each of the following myths and misconceptions on a sheet of paper and tape on the wall.

### STEPS



#### 1. Myths and misconceptions:

Divide into groups of three people. Ask each group to select one of the myths/misconceptions and discuss:

- a) *Do you agree or disagree? Why?*
- b) *How can we challenge this misconception?*

### Myths and Misconceptions:

- a) Everyone who starts using drugs will become addicted.
- b) Quitting drugs is just a matter of will. Most addicts do not have a strong will.
- c) People take drugs and get addicted because they are bad - “socially evil.”
- d) Young people take drugs because parents did not educate them properly.
- e) Once addicted, drug users’ main motivation for taking drugs is to get that feeling of pleasure induced by the drug.
- f) The best way to get drug addicts to stop using drugs is harsh punishment.
- g) All people who use drugs are vulnerable to getting HIV.
- h) All people living with HIV are drug users.
- i) Drug users are unreliable and don’t care about anything so they should not be given ARVs. There will be no adherence.
- j) Needle and syringe programs, which provide sterile needles to drug users to discourage the sharing of injection equipment, will result in more drug use and drug users.
- k) Very few women use drugs.

### 2. Report back:

Ask each group to report on their beliefs. Then ask other groups to add.

### 3. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- All of the above misconceptions are stereotypes, things we say and believe about drug addicts based on limited knowledge and prejudice. In using negative stereotypes, we describe and name another person or other groups as different from us according to a set of characteristics we believe are bad. These stereotypes lead to prejudice, which can result in stigma and discrimination. As this exercise has shown, there are many misconceptions and negative stereotypes about drug addicts that lead to stigma and discrimination.
- The truth is that drug addicts:
  - a) Did not choose to become drug addicts - no one wants to become an addict. It happened to them before they realized it. Once addicted, it is very difficult to quit.

- b) Would like to quit and get back to normal life, but struggle to overcome the addiction.
  - c) Have to survive in a hostile and violent environment in which they are treated as criminals by law enforcement officers.
  - d) Feel they lack rights and are powerless to demand fair treatment.
- Not all drug addicts are bad people and criminals. Many drug addicts love their parents, their wives and children, and their families. However, the strong effects of withdrawal drive them to do anything to get money to satisfy their addiction. They often regret their actions. We can best help them by being more sympathetic and helping them find treatment to overcome their addiction. They should bear responsibilities for their wrong doing, but they also have rights just like everyone else: to health treatment, to be treated in the same way and to be respected as human beings.

The following is a handout of common myths and misconceptions about drug users and addicts. It can help you respond to the participants' group work on the misconceptions. You can distribute it to participants at the end of this exercise.

Myth	Fact
Everyone who starts using drugs will become addicted.	Not everyone who uses a drug will ultimately become addicted. In the US, between 20-25% of those who ever use heroin become addicted (FHI 2010. Training Curriculum on Drug Addiction Counseling Trainer Manual. Chapter 3. Slide 6 and notes to slide 13)
Quitting drugs is just a matter of will. Most addicts do not have a strong will.	Addiction is very powerful – drug addicts continue to take drugs in response to the painful feelings of withdrawal.
People take drugs and get addicted because they are bad people - "socially evil."	Addiction can happen to anyone.
Young people take drugs because their parents did not educate them properly.	Young people use drugs for different reasons. In many families, parents care for their children but their children may still become addicted to drugs for other reasons.
Drug addicts' motivation for taking drugs is to get that feeling of pleasure from the drugs.	People do often start drugs to get the feelings of pleasure. Once addicted, however, they take drugs to counteract the feelings of withdrawal.
The best way to get drug addicts to stop taking drugs is harsh punishment.	International best practice suggests that punishment does not stop addiction.

Myth	Fact
<p>All people who use drugs are vulnerable to getting HIV.</p> <p>All people living with HIV are drug users.</p>	<p>Only injecting drug users who share needles and syringes and those who involved in unprotected sex are at risk.</p> <p>Injecting drug use is just one way that HIV can be transmitted. For example, another common mode is through unprotected sex with someone who has HIV.</p>
<p>Drug users are unreliable and careless so they won't be able to adhere to ARVs.</p>	<p>This behavior may not be because of unreliability and carelessness. Instead, drug users may not adhere to an ARV regimen for fear of being stigmatized by their family and society if they discover they're taking ARVs/have HIV.</p>
<p>Needle and syringe programs (NSPs) will result in more drug use and drug users.</p>	<p>Needle and syringe programs (NSPs) do not lead to more use of drugs by current users, nor encourage new users.</p>
<p>Very few women use drugs.</p>	<p>While the majority of drug users in Vietnam currently are men, the number of women who use drugs and become addicted is increasing rapidly. Among them, many are sex workers. Women who are drug addicts are severely stigmatized.</p>

## VALUE CLARIFICATION EXERCISE

### FACILITATOR'S NOTE



2-3 statements, and ask them to discuss, “Do you agree or disagree, and why?”

This exercise is used to bring out different attitudes and beliefs about drug addicts. It helps show that people’s views about addicts are often based on stereotypes or misconceptions. It also helps service providers and community leaders see how their values affect the way they relate to addicts.

We suggest that you use A11 or A12, but not both exercises, since they cover similar content.

Value clarification exercises can be organized in different ways. This exercise uses a rapid survey (participants record their views on a number of statements) followed by a discussion of each statement. If you are short on time, get the group to prioritize the statements before beginning the discussion and then focus on the statements given high priority.

Another method is to divide into groups, give each group

Another method which takes more time is to put up the statements one at a time and get the whole group to react to each statement, for example by standing at a point in a continuum drawn down the center of the training room with “Agree” on one end, “Disagree” on the other, and “Unsure” in the middle. Then people at different points along the continuum can discuss their views.

This exercise generates lots of debate and discussion and needs a good facilitator to allow everyone a chance to give his/her opinion while achieving a meaningful result.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVE



By the end of this session, participants will be able to:

- Analyze why different people are judged differently
- Analyze the assumptions behind our judgments about drug addicts

## TIME



45-60 minutes

## MATERIALS



Set of statements written on flipchart sheets and taped on the wall

### Statements:

- a) Drug addicts are victims, not criminals.
- b) Drug addiction should be considered a disease, not a crime.
- c) IDUs cause harm to society so they should all be locked up.
- d) Preventing an HIV epidemic is more important than stamping out drug use.
- e) People get addicted because drugs are easily available.
- f) A family with a drug addiction problem is paying for the sins of its ancestors.
- g) Young people take drugs because their parents did not educate them properly.
- h) You kill a snake by cutting off its head, not the tail. Public security efforts should be directed against drug traffickers and pushers, not the drug users.
- i) IDUs deserve to get HIV because of their bad behavior.
- j) HIV among IDUs is a good thing - it will wipe out all drug users in Vietnam.
- k) IDUs/drug addicts should be removed from the general population and put on an island.
- l) If someone in a relationship becomes addicted, his/her partner should look after him/her.
- m) IDUs should be allowed to get married.
- n) IDUs/drug addicts should be closely monitored by the community authority.
- o) Needle and syringe programs (NSPs), which provide sterile needles and syringes to IDUs, will result in more drug use and more drug users.
- p) Drug users are unreliable and won't adhere to ARVs, so don't give them ARVs.



## 1. Rapid Survey:

Ask participants to go to each flipchart and write down their opinion about each statement - “Agree,” “Disagree,” or “Not sure.”

## 2. Tabulate the results:

When participants are finished, record the results for each question.

## 3. Prioritize the list of statements:

Ask the group to help select which statements are to be discussed in detail; or select statements which have many different answers.

## 4. Plenary discussion:

Take one statement at a time. Ask one person to read it and the result. Then ask one person who agrees to explain why s/he agrees, and do the same for someone who disagrees. Discuss. Then move to the next statement.

### In facilitating this discussion, the facilitator should:

- Remain neutral throughout the exercise
- Not offer interpretations of the statement that might influence participant responses. However, s/he can provide factual information to clarify matters, as needed.
- Emphasize that there are no “right” or “wrong” answers. We all respond to the statements based on our beliefs and values, and the purpose of this activity is to explore these differences where they exist.
- Some of the statements made by participants may be stigmatizing. Find a way to challenge these statements by first inviting other participants to comment on them. Challenge them yourself if no participant responds.

## 5. Processing:

Ask -

- a) *What are the thoughts behind these opinions?*
- b) *How do those attitudes bring about stigma?*
- c) *What can we do to change these attitudes?*

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

- Statements A, B, D, E, and H assume that drug addiction is a disease, not a crime, and the criminal aspect should be dealt with by “cutting off the head, not the tail”.
- Statements C, I, J, K, N, and P are based on the assumption that IDUs/ drug addicts are socially evil, and should be locked up or put under tight social control with limited rights, e.g., monitored by community authorities and not given ARVs
- **Drug users cause harm to society so they should all be locked up.** This approach of punishing the drug user as a criminal has not worked. It does not end the addiction and often makes the drug user’s situation worse. Many drug users contract HIV in prison or in rehabilitation centers, and in some cases they become drug addicts there. At the same time this practice breaks the link between drug users and their families.



## 6. Summarize:

- We are socialized or conditioned to judge other people based on assumptions about their behavior.
- **Injecting drug users are regarded as breaching social norms.** As a result, they are often viewed as socially evil and deserving of condemnation and harsh punishment, including being imprisoned.
- Value-based stigma, or blaming and shaming a person - such as saying “you deserve to get HIV” - has tremendous power to hurt, humiliate, and destroy another’s self-esteem.
- We should not blame drug addicts or assume they are bad people. Rather, we should look at them as people with an illness.
- We are not saying that drug addicts are right. We are saying that even if you disagree with someone’s behavior, you don’t have the right to judge or belittle them. We should treat them as human beings. To stigmatize is to wipe out their humanity and treat them as having no value. Try to put yourself in the shoes of the other person - how would you feel if you were called these stigmatizing names? Even if you don’t like the person, understand and respect him/her.
- **So how should we treat IDUs/drug addicts?** We should give them respect, affection, recognition, support and encouragement. If we treat them well, they will keep their self-esteem, which will help them to overcome their addiction. But if we treat them badly, they will retreat further into the drugs to escape the shame, isolation and rejection.

# DEBATE – CRIMINALS VS. VICTIMS VS. PATIENTS

A<sub>13</sub>

## FACILITATOR'S NOTE

This exercise can be used as a starter activity for the exercise on human rights (C6). It helps participants think about drug addicts as patients, so they can be open to looking at this issue from a human rights perspective.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVE

By the end of this session, participants will have developed a clearer understanding on arguments in favor of a public security approach vs. a public health approach to drugs.

## TIME

1 hour

## STEPS

### 1. Preparation:

Divide into three groups and ask each group to prepare to debate the following issue, each group taking one of the positions, and trying to defend it.

**Is a drug user a criminal, victim, or patient?**

### 2. Debate:

Conduct the debate. Give each group a chance to present its position, and then let the other groups respond to each presentation. Then facilitate a discussion on the issues.

### Example Responses

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Drug Users are Criminals

Drugs turn people into criminals, who commit crimes to get money to buy drugs. The drug controls the user, forcing him to become a criminal. Some users are not addicts and not involved in crime - they simply use drugs. But they may be arrested for being in possession of drugs and they pay administrative fine.

#### Drug Users are Victims

Drug users are often victims of circumstance, for example:

- a) Soldiers sent to areas where there are many drug users and become addicted.
- b) Persons with painful diseases who take opium to relieve pain and become addicted.

Many users are pulled into drugs unknowingly. They did not decide to become addicted, it just happened to them. They are victims of the drug trade. Many users want to quit using drugs but cannot because their addiction is too strong.

#### Drug Users are Patients

- Drug users are patients - they rely on drugs because of a medical condition.
- Addiction is a medical condition - it can be controlled and cured like other illnesses.

### 3. Summarize:

- When you start to use drugs you are a **victim** - the drug trade uses you as its victim. Drug use is a social evil but the drug user is a victim of social evils.
- When someone becomes addicted and tries to quit, s/he experiences the physiological effects of addiction. Addiction is a medical condition or disease, not a moral failing. People condemn drug addicts as evil, not realizing the addiction is beyond their control.





Chapter B:

**STIGMA AND DISCRIMINATION TOWARD  
INJECTING DRUG USERS (IDUS)**





## INTRODUCTION

This chapter introduces the topic of stigma and discrimination toward IDUs. It is designed for use with health workers, NGO staff, law enforcement officers, and the community. This chapter gets participants to **name and own the problem** of IDU stigma, to see that:

- Stigma toward drug users still strongly exists and takes two major forms - isolating and blaming/shaming;
- Stigma toward drug users has two major causes: lack of understanding of drug use and drug users, and judgment of their use of drugs and related activities;
- We all stigmatize, even if we are not aware that we do it;
- Stigma hurts - drug users feel ashamed and isolated, and their self-esteem suffers;
- Stigma results in drug users not getting full access to health services (e.g. testing, counseling, treatment) and other forms of support
- Stigma puts the partners of drug users at higher risk of getting HIV;
- Stigma helps the HIV virus to spread and exacerbates its impact;
- Stigma is harmful to ourselves, our families, our health practice and our communities; and
- We can make a difference by changing our own thinking and actions.

This chapter also gets participants to **name the problem** - to recognize how they, as service providers or community leaders, stigmatize drug users. The aim is to help them to see that they are stigmatizing - often without realizing it - and help them decide how they want to change. The chapter starts off with a number of experience-based exercises (B1 to B9) that draw out participants' own personal and emotional experiences with the issue of stigma. Exercise B10 introduces the definition of stigma. The aim is to get participants to connect to stigma first on a personal level, so when you are planning a workshop, use exercise B12 after the experience-based exercises (B1 to B9). Exercises B12 and B13 are meant to be used with health care workers in particular, while B14 can be used with law enforcement officers and rehabilitation center officers.

## EXERCISES

- B1. What Do People Say, Fear, and Do to IDUs?
- B2. Naming IDU Stigma through Pictures
- B3. Naming IDU Stigma through Testimonies
- B4. Naming IDU Stigma through Case Studies
- B5. Naming IDU Stigma in Different Contexts
- B6. Personal Experience of Being Stigmatized (Reflection)
- B7. The Blame Game - Words That Hurt
- B8. Social Evils and the Effects of Stigma
- B9. Who is Innocent and Who is Guilty? (Continuum)
- B10. What is the Meaning of IDU Stigma?
- B11. Forms, Effects and Causes of IDU Stigma (Problem Tree)
- B12. Naming IDU Stigma in Health Facilities I
- B13. Naming IDU Stigma in Health Facilities II
- B14. Naming IDU Stigma with Law Enforcement & Rehabilitation Center Officials
- B15. HIV Transmission and Drug Users
- B16. Effects of IDU Stigma on the HIV Epidemic



B<sub>1</sub>WHAT DO PEOPLE SAY,  
FEAR, AND DO TO DRUG  
USERS?

## FACILITATOR'S NOTE



This exercise helps participants identify how they talk about drug users, their fears about them, and how they respond to them. This helps to name the problem and the root causes of stigma and discrimination faced by drug users.

This is a good introductory exercise. It is simple and fun and starts the conversation about drug users. The idea is to encourage people to give their first thoughts about these issues, before we get into a detailed discussion.

This exercise overlaps with exercise B6, so only one of these exercises should be used.

Be aware that the wording used in this exercise is - "What do **people** think about drug users?" Not "What do you think?" The aim at this point is not to personalize, but rather to get people talking about the views in the community. Later we will draw out participants'

own views. At this stage we don't want to put them on the spot, although they will be giving their own opinions.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to name their thoughts and feelings about drug users

## TIME



30-45 minutes

## STEPS



## 1. Buzz groups:

Divide into pairs and ask the following questions, one at a time. Get a quick report back at the end of each "buzz."

- What do people **think** when they hear the words "drug user"?*

- b) What do people **fear** about drug users?
- c) What do people **say** about drug users?
- d) How do people **treat** drug users?

During the report back probe for the reasons behind people's responses.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### What do people think about when they hear the word "drug user"?

Drug use is a social evil. Drug users are bad, dirty and dangerous - keep them at distance. Drug users are criminals - they steal and break into houses and are violent.

Drug users are to blame for spreading HIV into our community.

Drug users influence other young people to become drug addicts.

Don't be seduced by them. We hope they can get rid of drugs. Sympathy for parents.

### Probes:

**Why fear?** They may rob me to get money or seduce other youth into using drugs.

**Why keep a distance?** They may have HIV and infect me.

**Why sympathy for parents?** IDUs waste the family's money.

### What do people fear about drug users?

Violence, theft and crime to feed their drug habit. They might become aggressive and threaten people when they crave drugs. They might influence children to become drug users. Spread HIV. Used injection needles scattered on the road - fear of stepping on them. Family fears addict will ruin the family's reputation. Family business will collapse.

Insecurity in the community.

### How do people describe drug users? (words)

SIDA (AIDS) guy. Junkies (Xike). Drug users (thang mathing). Addicts (thang nghien). Sick guys (thang xike). Dangerous. Criminals. Thieves. Bad people. Scum. Useless. People without morals. Out of control. Lazy people. Jobless guys. Doing nothing. Deserve to die. Brown fairy (color of opium). Mimics - do what friends do. Decayed guys. Threat to others. Look down on them. Despise them. Make fun of them.

### How do people treat drug users?

Look down on them. Insult and curse them. Stop trusting them. Give up on them.

Minimize contact. Don't talk to them. Don't care about them. Warn other neighbors.

Close supervision to prevent them from using drugs or stealing family property.

Keep them prisoners to get them to quit drugs e.g. lock in a room or chain to a bed.

Send them to the rehabilitation center; or give up on them and kick them out of the home.

Older people try to talk with them, to get them to stop drug use.

Prevent them from playing with or influencing children.

At the workplace and in the street people avoid them - keep them at a distance.

### Probe: Why look down on them?

Those who know it is bad and do it are condemned. Those who are addicted by accident are pitied (e.g. one man was injected by his brother while sleeping and became addicted).

Pity for the fact that most drug users are young - whole future generation ruined and their lives wasted - cut off from their families, and opportunities for work lost.

Drug users bring hardship to the family and the community.

### Probe: What is the effect on the family?

Lots of shame, anger, and tension/conflict - the mother loses weight, under lots of stress.

The mother does not tell the father than her son is using drugs. She may even give money to her son (for drugs) without telling her husband.

Some families want their sons who are drug users to die as soon as possible.

They are tired from dealing with the problem, having property stolen, and life collapsing.

They feel their sons deserve to be punished. Everyone blames them.

They feel the only approach for dealing with drug addiction is a harsh one - punishment.

## 2. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- People have lots of negative feelings and words about drug users, including: “criminals, thieves, bad people, scum, people without morals, deserve to die.” These negative attitudes toward others are called stigma.
- Sometimes we treat people badly because of how they look or what we suspect they do. We isolate or reject them, e.g., refusing to sit beside drug users in the clinic; or we gossip about them and call them names. When we isolate or make fun of other people, this is called “stigma.” It makes the person feel ashamed or disgraced.
- Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., disfiguration), or a behavioral difference (e.g., people using drugs) and then mark that difference as something negative. Identifying differences as “bad” allows us to stigmatize the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (sinful or immoral behavior).
- Stigma is the belief or attitude that leads to discrimination, such as drug users being refused treatment at a clinic. When we stigmatize drug users, we judge them, saying they have breached social norms and should be shamed or condemned, or we isolate them out of fear about their violence and criminal behavior and their potential influence on others (e.g. encouraging others to use drugs).

- Stigma hurts people. When we stigmatize, it makes people feel lonely, worried, sad, and rejected.
- IDUs are stigmatized by their families and the community. Either they have to change their behavior to be accepted, or they are forced to leave home and live somewhere else. This makes IDUs feel very bad, and it affects their health.
- Addiction to injecting drugs is viewed as a social evil because this behavior destroys the stability and happiness of the family and has a negative influence on young people – the next generation.
- There are lots of fears toward drug users – threat of physical violence, theft, fear of other young people being addicted, fear of family being ruined.
- People have lots of **questions about drug use and drug addiction** – this shows they want to understand why and how people use and get addicted to drugs.

# NAMING IDU STIGMA THROUGH PICTURES



B<sub>2</sub>

## FACILITATOR'S NOTE



In this activity participants, working in pairs or in small groups, select a picture showing stigma toward IDUs and discuss what it means to them. This exercise helps participants to “name” stigma in an objective, rather than personalized way. Participants identify different ways in which people stigmatize IDUs, but do not yet say “we are the stigmatizers.”

This is a good activity to help break the ice at the start of a training session on IDU stigma. The pictures help to get participants to talk about IDU related stigma and its effect on IDUs, and to share their own experiences.

We recommend that you make photocopies of the stigma pictures and hand them out to the participants to use as a starting point to discuss stigma with their colleagues, families, and friends - a good form of follow-up.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to:

- a) Identify different forms of IDU related stigma in different contexts
- b) Begin to understand why stigma happens
- c) Discuss examples of IDU stigma from their own communities

## TIME



45-60 minutes

## MATERIALS



Selection from stigma pictures

## STEPS



### 1. Picture-discussion:

Display the pictures on the wall. Divide into pairs or small groups (to save time if needed). Ask each pair/group to look at all the pictures and select one. Ask them to discuss -

- a) *What do you think is happening in the picture in relation to IDU stigma?*
- b) *Why do you think it is happening?*
- c) *Does this happen in your community? If so, please share your story.*

### 2. Report back:

Each group presents its analysis. Record points on flipchart sheets.

#### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers. Some responses are followed by additional observations that you might want to share with participants (labeled "sharing").*

#### **Picture DU1 – Community members turn their backs on a woman seated on a bench**

The woman may be a drug user and HIV-positive. When the community members turn their backs on her, she feels sad and rejected. They think she has done something bad.

#### **Picture DU2 – Two men gossiping about another man (IDU) in tea shop**

One man sitting all alone - looking very lonely and depressed. Maybe he is an IDU and doesn't know what to do. The other two men are talking about him and finger-pointing him. Parents beg him to stop, but he ignores them. He uses the drugs openly and doesn't care what his parents are saying. All he thinks about is drugs. His parents don't know what to do and have lost hope. They feel ashamed.

### **Picture DU5 – Father is kicking his son out of the house**

He may be a drug user and have stolen things and so his father has finally given up on him. The family may feel shame from the neighbors.

### **Picture DU6 – Drug addict is chained to a bed.**

He is all alone and isolated, and has a craving for drugs. He is breaking many things (e.g. bowl) to get out of the chain and get drugs.

Sharing: Yes - this happens. Some IDUs chain themselves to try to quit drugs, but later they return to drugs.

### **Picture DU7 – The father (IDU) is eating all alone**

His wife looks sad. She fears HIV infection so she has asked him to eat separately. The father is upset but he has accepted this treatment (self-stigma).

### **Picture DU8 – Man sitting on ground while other family members are working**

Man sitting on the ground looks depressed. He is the breadwinner, but he is unable to find work because no one would like to employ him. He may have become drug addicted, and got HIV through sharing needles.

### **Picture DU12 – Man sitting all alone looking sad and depressed**

May be a drug user who wants to quit, but doesn't know where to go for help. Or he may have HIV and want to hide illness. No money to buy drugs and his family and friends are avoiding him so sitting alone in coffee shop.

### **Picture DU13 – Woman sitting all alone on bed looking depressed**

Her husband may be a drug user and gave her HIV. Two pillows - husband is absent - maybe sent to the rehabilitation center. She may be isolating herself out of shame (self-stigma).

### **Picture DU15 – Man leaving office, looking very dejected**

One man has been fired after his employer found out he is a drug user. He looks helpless and worried - not sure what he is going to do.

Sharing: If someone was a good employee before taking drugs, s/he might be allowed to continue to work, but this is rare. Also, former drug often have difficulty finding work. They have to get documentation from the local government that they are no longer using drugs. Rather than reassuring



the prospective employer, this paper often triggers stigma. Once aware that the person was a former drug user, the employer is unlikely to hire him/her.

**Picture DU17 – Drug user experiencing withdrawal or is high – other people are avoiding him**

One drug user is lying down, suffering withdrawal or because he is high. Other people are trying to avoid him. The mother is warning her child to stay away from him.

**Picture DU19 – Drug user is stealing something from the house**

The drug user is stealing something. The mother is hiding the family's belongings. This shows that the family no longer trusts the drug user.

Sharing: Yes, this happens. One wife discovered her husband was addicted. When she went to visit her parents, he took everything in the house and sold it to get money to buy drugs.

**Picture DU20 – Drug user walking in the market. Other people are stigmatizing him**

The drug user is walking in the market. Other people point fingers at him and gossip about him. They seem to be warning each other to stay away from him or to watch out.

### 3. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Stories through the pictures indicate that stigma toward drug users can occur in different contexts - within families, in the community, or in the workplace. Stigma takes many forms, including isolation, blaming, criticizing, neglecting, gossiping, judging, avoiding, dismissing from work, kicking out from home, distrust, etc.
- **Stigma by others reinforces self-stigma of drug users** - their self-esteem is low, they feel guilty, and they tend to isolate themselves. Family members of drug users also often suffer from self-stigma because of shame and the sense that they were unable to prevent the drug use or to put a stop to it. When we stigmatize drug users, we **isolate** them, saying they are a danger/threat to us (because they might steal from us to get money for drugs), or we **judge** them, saying they have breached social norms and should be shamed or condemned.

- Stigmatizing beliefs or attitudes lead to **discrimination**, or unfair treatment of drug users, such as a worker getting fired or a young man kicked out of the house.
- How we stigmatize drug users:
  - **Isolation and rejection** based on disapproval of their behavior and fear of the drug users hurting us, stealing, or influencing young people to use drugs. We isolate by forcing drug users to sit alone, eat alone, and live alone. Examples: DU1, DU2, DU5, DU7, DU15
  - **Shaming and blaming**, such as gossip, name-calling, insults, and passing judgment. We shame and blame drug users for “bad behavior.” Examples: DU1, DU2, DU17, DU20
  - **Self-stigma** occurs when drug users stigmatize themselves in reaction to stigmatization from their families or the community. Drug users accept the blame and rejection of society and isolate themselves. Examples: DU1, DU2, DU7, DU13
  - **Secondary stigma, or stigma by association** occurs when the family of drug users are also be stigmatized, for example being blamed for not raising the child properly. They may feel that their neighbors are pointing fingers at them and blaming them for raising a drug user. Examples: DU5
- Some of the effects of stigma on drug users and their family members are:
  - Feelings of sadness, loneliness, rejection, hopelessness, self-doubt
  - Shame and loss of confidence. Feel they are no longer accepted by others. They become depressed. Many of them may have negative reactions to community. They become aggressive and non-cooperative, and some even use threatening behaviors.
  - Discrimination - being kicked out of the family, or work
- When we stigmatize and reject drug users, we force them to hide their drug use. This makes it harder for them to obtain clean needles and increases the likelihood that they will share needles, which increases their HIV risk. The feeling of rejection also makes them less responsible for protecting their own health and the health of sexual partners. They may get HIV and pass it on to sexual partners.

**Action ideas:** Take the pictures home and discuss them with family members and friends. Help others see what IDU related stigma means in our lives. Encourage participants to do the same.

## NAMING IDU STIGMA THROUGH TESTIMONIES

### FACILITATOR'S NOTE

This exercise builds on the power of testimony to help participants understand the lives of IDUs. IDUs talk about how their lives have been affected by stigma and discrimination. Their stories have a powerful impact on participants. Often this is the first time they have heard a former drug addict talking about his life - how s/he got hooked on drugs, how s/he tried to break the habit, and how s/he was stigmatized for using drugs and other activities associated with drug use. It helps to give issue a human face and make stigma more personal.

Encourage the resource persons (former drug addicts) to give their testimonials in an objective way, for example explaining their experience of being stigmatized and how it made them feel, but without naming or blaming service providers. The aim is to avoid a situation where service providers feel attacked and become defensive, rather than listening carefully to the story.

### Example:

*One HIV-positive co-trainer told a story of going to the lab for a blood test. At the lab the lab technician told her, "We don't want to test for people like you, but we have to do it because it is our job." After telling this story, she broke into tears. Everyone was silent - the hospital workers felt ashamed. But she did not blame the hospital staff, so they were open to reassessing how they deal with patients living with HIV who come for services, rather than being defensive.*

**Source:** "Safe and Friendly Health Facility - Experience and Tool. A Trainer's Guide." ISDS, 2007, Vietnam.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES



By the end of this session, participants will be able to:

- a) Name some of the forms of stigma and discrimination experienced by IDUs

- b) Describe the feelings of being stigmatized, and how stigma hurts IDUs and influences IDUs' response to the problem

## TIME



1 hour

## PREPARATION



Invite 2-3 former drug addicts to talk to participants. Brief them beforehand on how to give their testimonies:

- Talk about your life before and after you became a drug user. Talk about how you became addicted and how it affected you. Talk about how you were treated once people suspected you were using drugs - at home, by your neighbors, in your workplace. Talk about how these experiences made you feel.
- If possible use your story to get participants talking about their own experience with IDU stigma - examples they have seen or heard about IDUs being stigmatized.

## STEPS



### 1. Testimonies:

Divide into 2-3 groups, each with a former drug user as a resource person. Ask each speaker to tell his/her story and invite participants to ask questions to clarify the story. Focus on the experience of the speaker, but also encourage participants to respond to the stories with their own examples of stigma toward IDUs: *"Have you seen or heard of things like this?"*

### 2. Report back:

If there is enough time bring the groups back together and ask one of the participants in each group to give a brief summary of the story.

**Then ask** - *"What were the main forms of stigma identified in the stories?"*

### Examples of Stigma and Discrimination in the Stories

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Stigma in the family

- Chaining the drug user to the bed or locking him in the room
- Blaming and condemning him - making him feel he has disgraced the family
- Forcing him to leave the house and find alternative accommodation
- Giving up on him - telling the IDU he is no longer part of the family
- Women face extra stigma - women who become addicted are treated more harshly.

#### Stigma in the community

- Gossiping and insults about drug users behind their backs
- Neighbors refusing to loan things to the family
- IDU's mother stopped from doing babysitting for neighborhood children
- IDU was fired once it was discovered that he was a drug user

#### Stigma in the hospital

- No counseling before and after having an HIV test.
- Keeping the patient waiting a long time
- Betraying confidentiality - letting other staff and patients know she is a drug user or has HIV

### 3. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- These personal testimonies of former drug addicts help us get a better understanding of the lives of IDUs and the stigma they face. Some people are afraid of IDUs because they know little about them. They only have partial information from various sources and believe the worst about IDUs. As a result they isolate or reject IDUs.
- This exercise helps us understand how it feels to be stigmatized. The feelings of being stigmatized are very painful.
- Some community members are afraid of IDUs, thinking that they will attack them. So they stay at a distance and minimize contact. This makes IDUs feel bad, as if they have a contagious disease.
- Some community members judge or condemn IDUs - blaming them for getting addicted, for failing to overcome the addiction, and for undermining the stability and happiness of the family.
- Isolation and shaming make IDUs feel like outcasts. This has a serious effect on their mental and physical health.
- Stigma destroys the self-esteem of IDUs and they begin to doubt themselves. They feel very alone, confused and demoralized at a time when they really need the support and company of other people.

## SAMPLE TESTIMONIES

### DUNG

I am 37 years old. I got HIV through selling syringes and needles. I am married and live with my wife, but we have no children of our own. We raise three children of my brother who died. My wife goes to the market every day to earn money and I stay at home and do the housework.

When I was demobilized from the army, I couldn't get a job so I became very upset. I started to go out with friends and became addicted to drugs. I used drugs for three years. Once I found that I had HIV, I tried to give up drugs because I felt pity for my wife. The family tried to hide the fact that I had HIV. The neighbors suspected I might have HIV because they saw me go out with my gang who were selling drugs.

When some of my friends discovered I had HIV, they tried to avoid me out of fear. For example when I come close to them, they move away. No one wants to hang out with an IDU guy who has HIV, only the people in my drug sharing group.

Community members are afraid of me and avoid me. They don't dare say these things in front of me, only gossip behind my back. Even when I am inside my own house, I can hear the neighbors gossiping about IDUs.

One of my friends with HIV told me how his family had mistreated him. His father died and his mother remarried, so he was forced to live with his grandmother and some relatives. Because of the fear they didn't let him have meals with them. Even when he had showers at home, the family were afraid they would get infected. They even asked him to go to the river to bathe there. They don't let him sleep inside the house, only in the corridor outside the house. So he leaves the house for the whole day and sometimes stays out all night. He feels so hopeless; he doesn't want to live anymore.

### HUNG

I am 36 years old. I come from a poor working class family. I work as a bicycle rickshaw driver. I got the funds to start this business from a PLHIV support group.

I used to be married, but 10 years ago when my wife found out I was taking drugs, she ran away. I have tried lots of times to give up drugs, but I've never succeeded. Although my family is very poor, they give me small amounts of money to buy drugs and to stop me from stealing from others in the neighborhood.

Six years ago I found out that I was HIV-positive. When I first heard this I was shocked and felt hopeless. I didn't want to work anymore and wanted to get revenge. I wanted to sleep with many sex workers and transmit HIV to all of them.

When my family first learned that I have HIV, they were afraid but gradually they have become more understanding. However, they still try to minimize contact with me. For example they wash their clothes separately and get me to use a separate drinking cup. My mother is the only one who genuinely cares for me. My older brother and sister-in-law keep their distance when they talk to me and don't let me hold their child. My family is also stigmatized by neighbors, who refuse to loan us scissors or knives. My mother used to do lots of babysitting for children in the neighborhood, but now she has had to stop.

When community members see me, they show no stigma, but behind my back, they keep their distance. They are afraid to come close to me. They fear that if they antagonize me, I will look for revenge. But behind my back, they look down on me as if I am a leper. They used to fear me because I am IDU, but now they fear me even more because I have HIV.

### Composite Story

I got married when I was 18. I started a small sewing business, and got many customers. My husband was a cook in a restaurant. Through his friends he became

addicted to drugs and got HIV. When the owner learned he was HIV-positive, my husband was fired. At the time I didn't know he was fired because of his HIV. I thought it was because of his drug addiction.

Soon after he lost his job, I got pregnant. I went to the government hospital to deliver my baby. They asked me to do a blood test - and then told me I was HIV positive. They told me without any counseling or support. One nurse just walked up to me and said, "You have HIV." No one told me how to cope with this new situation. I was shocked and confused and angry - I didn't know what to do. This was the first time for me to find out that my husband had infected me.

When the results came out, everyone in the hospital seemed to know my HIV status. Everyone in the hospital seemed to look at me in a funny way. Hospital staff kept me waiting a long time. Then they told me they could not deliver the baby, so I had to leave the hospital and go home. I went to a private hospital where they did not ask for a blood test. They delivered my baby.

I returned from the hospital to find another problem. Someone from the hospital told commune leaders that I had HIV. The neighbors started to gossip about me and my mother-in-law got worried. She refused to accept me back in her home. She said that we would put people at risk. So we had to move to another area in town and rent a room. This made me feel very depressed. I had to leave family and friends and start a new life in a new place.

I restarted my sewing business. Somehow people in the area found out about my HIV and most of my customers stopped coming to my shop. My business suffered badly. Some people even blamed me, saying I had got HIV as a sex worker and had infected my husband.

The one good thing about my life was my baby. He was a very healthy boy - born without HIV - and he made my life worthwhile. When he was older, I tried to send him to the local nursery school, but the manager refused, saying that other parents would not allow it. So I had to send him to another school far from our place where people would not know my status. The child does not have HIV but he is suffering just like me - people say he is an AIDS child!

**Source:** *"Understanding and Challenging HIV related Stigma and Discrimination in Vietnam – A Toolkit for Action". Hanoi, 2005.*



## NAMING IDU STIGMA THROUGH CASE STUDIES



# B<sub>4</sub>

### FACILITATOR'S NOTE

These case studies are based on real experiences of IDUs. They can be used to help participants develop a better understanding of the lives of IDUs.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of this session, participants will be able to:

- Understand stigma and discrimination toward IDUs in more depth
- Discuss real-life stories and look at ways of challenging stigma and discrimination

### TIME

1 hour

### MATERIALS

Copies of the case studies for participants

### STEPS

1. Divide into small groups of three or four people. Give each group the full set of case studies and assign each group one of the case studies. Ask each group to read its case study and discuss the following questions:

- What happened in the case study? Why?*
- What could the main character do to challenge stigma and discrimination?*

#### Case study A: Trang (stigma from family)

Trang grew up in a middle class family. She did well in school and her parents wanted her to become a doctor. When Trang started Grade 11, her parents bought her a motorbike. She started to spend a lot of time with her friends. After school she would meet other young people outside the school, and take part in motorbike racing. She fell in love with one of the boys - a schoolmate - but when he left her for another girl, she felt desperate. She started to experiment with heroin, and to feed this new habit she asked for money from her parents, telling them that the money was used for extra lessons. One day the teacher

phoned her parents and told them that Trang had missed many days of school. The parents got worried, checked her bags and found the equipment for sniffing heroin. They were shocked. When Trang came home, they shouted at her and told her she was a disgrace to the family. Her father threatened to beat her unless she stopped taking drugs. When there was no change in Trang's behavior, they forced her to leave school for one month and go to a voluntary rehabilitation center. After one month in the center she returned to school, but she fell back into her drug habits and eventually she dropped out of school. She was arrested and put back into rehabilitation center, where she was forced to take an HIV test. She tested positive. She worried about what she would tell her parents. When her parents found out from a center official, they stopped visiting her. Her father said, "Trang is no longer our daughter. We have given up!"

### **Case study B: Kien (stigma from family)**

Kien is the son of a big businessman. He started to use drugs as a teenager. He managed to hide his drug use from his father for a while, but eventually his father found out. His father was angry and beat Kien severely and said, "No son of mine will become a drug addict." His father locked him in his room to prevent him going out and he hired bodyguards to watch him. In spite of these precautions Kien managed to get out and to continue his drugs. His father forced him to go to a rehabilitation center. In the center Kien found ways to access drugs and he became addicted. When Kien left the center and came home, his father confronted him and said, "Have you changed?" Kien told him, "Yes, I am no longer using drugs." But his father did not believe him and said, "If you change the way you behave, you will inherit all my property, but if you continue what you are doing, you will get nothing!"

### **Case study C: Phuc (stigma from the community)**

Phuc came from a poor family. The only work he could find was in the army. While he was in the army, he got married. When he left the army, he couldn't get a job so he became very upset. He started to go out with friends and became addicted to drugs. After using drugs for three years, he learned he was HIV-positive. He tried to give up drugs out of pity for his wife. The neighbors suspected he might have HIV because they saw Phuc go out with his gang who were selling drugs. When Phuc's friends discovered he had HIV, they tried to avoid him. No one wanted to hang out with an IDU guy who has HIV. Community members watched him carefully and avoided him. They would gossip about him behind his back, but he heard what they were saying, and this hurt him terribly.

### **Case study D: Lam (stigma at the clinic)**

Lam is a drug user. One day he went to the clinic for an STI test. The nurse gave him a funny look and kept him waiting a long time. The nurses were openly gossiping about Lam. Finally he was called in to see the doctor. The doctor looked at him as if he was nothing, and said, "You can't fool me. I can tell you are a drug user. Are you still using drugs? Are you careless? You must have HIV." Lam said, "All I want

is to be examined. Could you please help me?” The doctor got angry, said he only examined “normal people,” and did a rushed examination. Lam felt humiliated. He said she would never go back to that clinic again.

### Case study E: Son (workplace)

Son is a young man who loves computers. After completing university he got a job with a computer company. He did well in this company, working very hard, often late at night and pleasing his boss. His friends coaxed him to try drugs as a way of relaxing after all the hours sitting in front of the computer. He tried sniffing heroin and liked it, and he began to use drugs on an occasional basis. His boss found out and he was fired. The boss said, “I don’t want a drug addict working here.” Son was really upset because he viewed his drug use as a part time hobby - he knew he was not addicted. His parents found out and sent him to a rehabilitation center. While he was in the center, he decided he would never touch drugs again. When he came out, he was determined to get back into computer work. He went to the people’s committee in his commune to certify his resume in order to apply for a job. In the resume form, there is a section asking about reward and discipline records of the applicant. It is certified by the local government that he has successfully completed the detoxification. He sent off applications together with his resume to 10 computer companies that were looking for new employees. Each time he went for a job interview, the company said, “Sorry - the job has already been filled.”

## 2. Report back:

Ask each group to report back on what they have learned from discussing the case study. Ask other groups to comment.

### Examples of Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.*

#### Case study A (Trang)

- Trang became a drug user as a teenager - a reaction to a broken heart.
- When her parents found out they shouted at her and threatened to beat her.
- Later her parents forced her to go to a rehabilitation center.
- When her parents found out she was HIV-positive, they stopped visiting her and disowned her.

### ***What could Trang do?***

- Cultivate good relationships at home with parents and other family members.
- Explain that she wants to quit drugs, but the addiction is very strong.
- Ask her parents to help her find ways to get out of drugs, including the use of methadone treatment.

### ***Case study B (Kien)***

- Kien became a drug user and tried to hide his drug use from his father.
- When his father found out, he locked Kien in a room to get him to stop taking drugs.
- Later the father sent Kien to a rehabilitation center, where he became addicted.
- After leaving the center, the father threatened to disown him if he did not stop using drugs.

### ***What could Kien do?***

- Kien should ask his father to accept him and support him in trying to quit drugs.
- Kien should educate his father about the power of addiction.

### ***Case study C (Phuc)***

- Phuc started using drugs out of frustration from not being able to find work.
- After three years of using drugs he found he was HIV-positive.
- His friends tried to avoid him out of fear he might infect them.
- Community members gossip about him.

### ***What could Phuc do?***

- Phuc could educate the family and community about HIV - that it is not spread through casual contact.

**Case study D (Lam)**

- At the clinic Lam was kept waiting a long time and nurses were gossiping about him.
- The doctor accused him of being a drug user and taunted him that he was had HIV.
- The doctor did a rushed examination.

**What could Lam do?**

- He should ask to be treated in the same way as other patients
- Don't give up. Don't walk away. Stay and demand equal treatment like other patients
- Be courageous and ask for fair treatment in a polite but assertive way
- Tell the health staff that we have rights just like other patients to get treatment.

**Case study E (Son)**

- Son became a drug user, but he was a user, not an addict.
- He was fired on the basis of a rumor that he was an addict.
- After leaving the rehabilitation center, he was unable to find work because of the notification about his detoxification in his resume. This piece of information discloses that he used to be a drug user.

**What could Son do?**

- Son could look for ways to prove his usefulness as a computer specialist.

**3. Summary:**

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Drug users face stigma and discrimination in many places: at home, in the community, at the workplace, at health facilities. They also may face stigma from law enforcement officers or during detoxification in rehabilitation centers.

- The main causes of stigma toward them are:
  - Moral judgments - IDUs are viewed as bad, “socially evil” people, who have breached social norms. They are blamed for getting addicted and for undermining the stability and happiness of the family.
  - Fear and lack of knowledge - People have little understanding about drugs and drug users. Out of ignorance they condemn drug users as bad, violent, and immoral.
- Once drug users are stigmatized and condemned by their families, it is very hard for them to rebuild their lives. Many would like to quit using drugs, but the addiction and the climate of stigma makes this very difficult.
- Getting back to normal life is hard with many obstacles to overcome. The best example is the form to be completed after leaving the rehabilitation center, where the drug user promises that s/he will remain clean. This form becomes a means to stigmatize him/her by acknowledging that s/he is a former drug user, and it makes finding employment difficult. When potential employers find out that s/he used to be a drug user, they assume that this man/woman is not to be trusted and do not hire him/her.

### A Success Story

Hi was an engineer who became addicted to drugs and was sent to rehabilitation center by his family for detoxification. Staff at the rehab center found that he was good with computers and soon had him helping with their data entry work. They also learned that he was professionally experienced in construction work, so they asked him to assist the center on a construction project. When he completed the rehabilitation at the center, the center decided to employ him as construction engineer, both because they needed the help and to give him a chance. Over time he proved his worth. He asked to transfer his salaries to his parents, which helped earn further respect from staff. After few years, he went on to work for another construction company with higher salary and more responsibilities. He stays in touch with the center staff to let them know how he is doing. He currently is married and has two children. Now he has his own company. Although not all drug addicts can be as successful as he was, his story shows that a drug addict can overcome the addiction and go on to have a rewarding life.

*(Story told by staff of 05-06 center in a sensitization workshop with police and 05-06 staff in Hanoi, March 2011)*

## NAMING IDU STIGMA IN DIFFERENT CONTEXTS

# B<sub>5</sub>

### FACILITATOR'S NOTE



In this exercise participants describe stigma toward IDUs in different contexts, e.g., family, community, health facilities, the workplace, school/university, rehabilitation centers, etc. Participants work in small groups, identifying forms of stigma and discrimination in their assigned context.

This exercise works well in the afternoons: The dramas prepared by the groups bring fresh energy to the group.

It will work better if a few former drug addicts are present to help identify stigma from each of the different players. They are witness of stigma and they know what types of stigma occur in each environment.

The next exercise (B6) is a follow-on to this exercise. Make sure to save the outputs from B5 to use in B6, and plan for enough time for both exercises to be completed in sequence.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES



By the end of this session, participants will be able to:

- Identify stigma and discrimination faced by IDUs in different contexts and how it affects IDUs
- Begin to identify some of the root causes of stigma

### TIME



1-2 hours

### PREPARATION



Create context cards depicting family, community, health facility, workplace, rehabilitation centers, school/university (or dormitory), and tape them on the walls of the room.

## STEPS



### 1. Naming stigma in different contexts (topic groups):

Divide into groups and assign each group one of the contexts. Ask each group to:

- a) *Identify forms of stigma which occur in that context – write on flipchart.*
- b) *Make a role play to show how the stigma occurs.*

#### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Family

- Scolding, belittling, and shaming. “Why did you bring shame on the family?”

- Family wants to protect its reputation so they hide the fact that a family member is an IDU from neighbors.
- Giving up on the IDU, telling him/her that s/he is no longer part of the family.
- Suspicion. Close observation of IDU. Check that he is not injecting or stealing.
- Family at first tries to get the IDU to change, but after trying and failing they ignore him/her.
- No one sits down and talks directly with the IDU. They all try to avoid him.
- Loss of place and recognition within family and excluded from family decision-making.
- Some IDUs are kicked out of the house.

#### Community/Neighbors

- Isolation. Name calling. Finger pointing. Whispering. Gossip. Angry or pitying looks.
- Neighbors try to avoid the IDU - when they meet him on the street, they turn away.
- Even if the person is no longer a drug user, the community still treats him/her as a drug addict.
- Fear that the IDU may influence their children to take up drugs like him.
- Stop or reduce visits to the family. Stop lending household items or loaning money.



- Don't allow their children to play with children from drug addict's family.
- Condemn or blame the family for not raising their son/daughter properly.

### Health facilities

- Health workers talk normally to other patients but make judgmental comments to IDUs.
- Gossip by health workers and other patients.
- Betray confidentiality - health workers tell other staff and patients.
- Judgmental comments: "You deserved to get this"
- Health workers are suspicious of IDU patients and fear of getting HIV from them.
- IDU patients are kept waiting or told to come another day.
- Some staff refuse to treat IDU patients. They try to get other staff to treat them or to transfer the patient elsewhere.
- Fear - see IDUs as daring, reckless, may stab someone with needle.
- Complain that IDUs bring needles into health facility and inject drugs, creating feelings of insecurity and distrust among staff. See IDUs as aggressive - so the best thing is to avoid them.
- Patients complain about losing clothing, belongings, sandals and hot water bottles and accuse IDUs of stealing their belongings.

### Workplace

- Suspicion and gossip. Close observation of someone suspected to be an IDU.
- Some companies have compulsory blood test to determine who is taking drugs.
- If a manager discovers that an employee is an IDU, s/he is fired.
- Former drug user - to get a job, required to get a certified document from local government saying he/she is has completed a detoxification program. If s/he submits this paper to employer, he/she likely won't be hired.

### School/University/Dormitory

- Gossiping about someone who is suspected of using drugs;
- Avoidance, not wanting to contact or talk with him/her
- Do not want to sit at the same table with him/her
- Fear that s/he is HIV infected - fear that may contract HIV if accidentally touch the person, so might wash hands many times
- Might drop out of school if teachers find out that he/she uses drugs.

### Rehabilitation center

- Name calling.
- New IDUs face risks of abuse/having their belongings stolen, and discrimination by IDUs who have been in the rehabilitation center longer.
- The center staff do not trust that the detainees can get rid of drug;
- When a detainee does not feel well and want to take a day off he/she is thought of lying

### Individual (self-stigma)

- Isolates him/herself - stays at home and refuses to go out. Doesn't want to see anyone.
- Minimizes interaction with other family members. Withdraws from family activities.
- Worries what people are saying about him/her. Paranoia - "Are they talking about me?"
- Blames him/herself for being an addict - "My ancestors are punishing me!"

"Self-stigma is still very strong among drug addicts. We do not understand the self-stigma and thus cannot help them to deal with it., That is why there is high rate of relapse. It is important to increase understanding and knowledge about drug addiction so that people can have more tolerance to drug addicts. Not all drug addicts are worthless." (Observation of a government officer working in social evil prevention program, sensitization workshop, March, 2011)

## 2. Report back:

Ask each group to present their flipchart report and the role play. After each role play discuss - *“What happened? Why? What are the attitudes?”*

## 3. Processing:

After the role plays, discuss some of the following questions:

- a) *What are the common features of stigma across the different contexts?*
- b) *What are the effects on IDUs who have been stigmatized?*

## 4. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Stigma is **everywhere** - homes, communities, clinics, workplaces, markets.
- Stigma takes two major forms
  - a) **social isolation** - IDUs being isolated out of fear of violence or their influence on others (i.e. drawing other young people into drugs)
  - b) **judging** - IDUs are condemned for their “socially evil” behavior. Drug addiction is viewed as a social evil because it destroys the stability and happiness of the family; and has a negative influence on young people.
- In addition stigma takes the form of:
  - c) **self-stigma** - IDUs blaming and isolating themselves
  - d) **secondary stigma** - the wives and families of IDUs being stigmatized
  - e) **layers of stigma** - someone who is both IDU and HIV is subject to being doubly stigmatized. A woman is already stigmatized as a woman, so if she starts using drugs, she is doubly stigmatized. Female IDUs are much more stigmatized than male ones.
- Stigmatizing beliefs or attitudes lead to **discrimination**, or unfair treatment of drug users, such as being fired from a job or kicked out of the house and living without their family’s care. They may be forced to drop out of school if they are found to be drug users.
- This makes them feel lonely, worried, sad, and rejected, and it affects how they manage their health. They give up on life and become careless in the way they use drugs. In the case of injecting drug users in particular, sharing needles and injection equipment can lead to them contracting HIV.

## PERSONAL EXPERIENCE OF BEING STIGMATIZED (REFLECTION)

### FACILITATOR'S NOTE

This exercise asks participants to think about a time when they felt stigmatized and to use this experience to help them understand some of the feelings of being stigmatized. Though the exercise looks at stigma in general, the process of reliving their own experience can help the participants empathize with IDUs.

This exercise requires a lot of trust and openness within the group so it should not be used as the first exercise. It works better if it is used after two or three exercises selected from B1 to B5 where participants identify stigma faced by IDUs in different situations. Then B8 can be used to get a more personalized understanding of stigma - how it feels to be stigmatized oneself. By this point, participants are beginning to open up with each other and are now ready to share some of their own experiences.



This exercise needs a good introduction to help participants break out of their initial discomfort about sitting and reflecting on their own and sharing what may have been painful and degrading experiences with others. One way to get started is for the facilitators to share their own experience and feelings first.

Emphasize that the sharing is voluntary and the importance of confidentiality, that what is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As the facilitator, you should be ready to deal with the emotions raised. Refer to the note on Individual Reflection in the introductory chapter, under Part C: Specific Workshop Techniques, for suggestions.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES



By the end of this session, participants will be able to:

- a) Describe some of their own personal experiences concerning stigma

- b) Identify some of the feelings involved in being stigmatized

## TIME



45-60 minutes

## STEPS



### 1. Individual reflection:

Ask participants to sit on their own. Then say: "Think about a time in your life when you felt people were making fun of you or isolating you for being seen as different from others." Explain that this does not need to be examples of stigma toward drug addicts. It could be any form of stigmatization for being seen as being "different." To help participants understand what type of experiences they are expected to think about, give a few examples such as being made fun of because you came from a poor family or being teased in school because you were smaller than others or bad at football. Ask them to think about what happened, how it made them feel, and the impact it had on them.

### 2. Sharing in pairs:

Say, "Share with someone with whom you feel comfortable." Give the pairs a few minutes to share their stories with each other.

### 3. Sharing in plenary:

Invite participants to share their stories in the large group. This is voluntary; no one should be pressured to give his/her story. People will share if they feel comfortable. If it helps, give your own story to get things started. As the stories are presented, ask, "How did you feel? How did this affect your life?"

#### Examples of Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.*

#### Experiences of being stigmatized

Made fun of for coming from a poor family. Underrated as a woman and discouraged from continuing her education. Made fun of for being small in size.

#### How did you feel when you were stigmatized?

Angry. Ashamed. Misunderstood. Depressed. Rejected. Pitying myself, feeling miserable. Resentful. Doubting myself. Useless. Failure. Hated. Like an outcast.

#### 4. Processing:

Ask, “What did you learn from the exercise about stigma? What feelings are associated with stigma?”

#### 5. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- This exercise helps us better recognize what it means to be stigmatized.
- The feelings of being stigmatized are very painful.
- The shame of being stigmatized, of being mocked and despised, lasts a long time.
- Stigma destroys people’s self-esteem. People begin to doubt and hate themselves. They feel very alone at a time when they need the support and company of other people.
- Everybody has felt ostracized or treated like a minority at different times in their lives. We have all experienced this sense of social exclusion.

#### Examples of Stories of Being Stigmatized\*

**Story 1:** I was born into a poor family. We lived in a small house. My brother and sister had to drop out of school to work to help my parents. Children of rich families looked down on us and made fun of us. These attitudes hurt us, but it made us work hard, and eventually our lives improved. But these children could not accept our improved status and continued to make fun of us. I still feel the pain of being treated as a poor person. I felt despised. We were nothing, no matter what we did. This still makes me angry.

\* **Source:** *Workshop on reducing HIV-related stigma, conducted in Ho Chi Minh city for organizations working on home-based care activities, Sept. 2009.*

## THE BLAME GAME – WORDS THAT HURT



B<sub>7</sub>

### FACILITATOR'S NOTE



The whole point of this exercise is to help people recognize how these words can hurt.

This exercise helps participants verbalize stigma toward different types of people. The language can be very strong so it needs to be carefully facilitated.

The wording for the exercise is “Things **people** say about ....” This phrasing allows participants to express their own stigmatizing labels for other groups under the cover of attributing them to other people. While some of the words are those commonly used in the community, some are the words actually used by participants themselves.

In doing this exercise we should make it clear that we are using these words **not to insult people, but to show how these stigmatizing words hurt.**

In the debriefing, focus on “*how you would feel if you or your family members were called these names,*” rather than on the words themselves. This helps to avoid embarrassed laughter.

### EXTRA TIPS FOR FACILITATORS

- a) The rotational brainstorm is fun, but the real learning comes in the debriefing - so make sure you allow enough time and energy for this.
- b) To remain as objective as possible throughout this exercise, you need to explore your own feelings about these issues before trying to facilitate this discussion with others.
- c) Challenge the laughter. Often participants will laugh out of embarrassment. This is a good opportunity to ask - “*How do you feel about the laughter?*”

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to:

- a) Identify words used by people to stigmatize IDUs and other stigmatized groups
- b) Recognize that these words HURT

## TIME



60-90 minutes

## PREPARATION



Set up five flipchart stations - blank sheets of flipchart paper on different walls of the room, with a stigmatized group on each sheet e.g. IDU, PLHIV, sex worker, IDU-affected family, men who have sex with men (MSM), leper, albino (bach tang), etc. Select the groups that are the most stigmatized in your area.

## STEPS



### 1. Warm-up – switching chairs game:

Set up the chairs beforehand in a circle. Allocate roles to each person going round the circle - “IDU, PLHIV, sex worker, IDU-affected family, MSM.” Continue until everyone has been assigned a role. Then explain how the game works:

*I am the caller and I do not have a chair. When I call out two roles, e.g. “IDU” and “PLHIV,” all the “IDUs” and PLHIV” have to stand up and run to find a new chair. I will try to grab a chair. The person left without a chair becomes the new caller – and the game continues. The caller may also shout “REVOLUTION.” When this happens, **everyone** has to stand up and run to find a new chair.*

Start the game by calling out two roles. Then ask the person left without a chair to call out more names, and get participants to run. Continue until all groups have had a chance to run a few times.

**Debriefing:** Ask - “How did it feel to be called an ‘IDU’ or ‘PLHIV’ or ‘sex worker?’”

### 2. The blame game (rotational brainstorm):

Divide into groups based on the roles used in the game (one group per role). Ask each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the things people say about those in the said group. After two minutes, shout “CHANGE” and ask groups to rotate and add points to the next flipchart. Continue until groups have contributed to all flipcharts.



### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right and wrong answers.*

**IDU:** Junkies. Addicts (*thang nghien*). Drug users (*thang mathing*). Thin/sick guys (*thang xike*). Flat ears (*thang bep tai*). Bad people. Scum. Criminals. Thieves. People without morals. Out of control. Lazy people. Useless. Deserve to die. Destroying family's assets. Society's burden. Black rice. People whose knees are higher than their ears.

**PLHIV:** SIDA/AIDS guy. Sticks to you (*dinh*). Durian. Bad people. Sinners. Playboys. Serves him right. His own fault. Dried fish (*death*). Death sentence. Life comes to an end. Living but looks dead. Gate of death. Dangerous - they will infect others.

**Sex workers:** Cave. Slut (*pho*). Bitch (*diem/di*). Playgirl (*gai choi*). Call girl (*gai goi*). Dancing girl (*gai nhay*). Hugging girl (*gai om*). Brothel girl (*lau xans*). Bad girl (*gai nha hang*). Cat (*meo*). Chicken (*ga*). Wandering cow (*bo lac*). Women without shame. Sinners. Serial killers. Selling your bottom to feed your mouth. Eating without having to work. Make money by lying down. Using your natural capital. Pho noodles.

**MSM:** Hi Fi. Pathetic. Sinners. Unnatural. Social evil. HIV carriers. Misfits. Arrest them. Send them for operation. Stay away from them.

**IDU family:** Unlucky. Unhappy. Miserable. Pity. Deserve our sympathy. They are to blame. Don't know how to raise children.

**Report back:** Bring everyone into a large circle. Ask one person from each group to stand in the middle of the circle and read out the names on their flipchart, starting with "I am an IDU [or other group] and this is what you say about me....."

**Processing:** After all lists have been read out, ask the following questions:

- a) *How would you feel if you or your family members were called these names?*
- b) *Why do we use such hurtful language?*
- c) *What are the assumptions behind some of these labels?*
- d) *What does this show us about the link between language and stigma?*

### How would you feel if you were called these names?

Sad. Angry. Humiliated. Unfairly treated. Rejected. Embarrassed. Ashamed.

They are pointing fingers at me. I wish I could die. I would feel angry and want to beat the person who is using these insulting words. I feel really bad - rejected and criticized by others. They are pushing me away. Hopeless. All my confidence is gone. I don't know how I will survive.

### 3. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We are socialized or conditioned to judge other people. We judge people based on **assumptions about their behavior**.
- **When we stigmatize, we stop treating people as equals.** We forget their humanity when we use these insulting words, and this gives us a feeling of power and superiority over them.
- **Stigmatizing words are strong and insulting.** They have **tremendous power to hurt, to humiliate, to destroy people's self-esteem**. When we "shame and blame" IDUs, it is like stabbing them with a knife - it hurts!
- **So how should we treat IDUs?** We should give them respect, affection, recognition, support and encouragement. If we treat them well, giving them love and respect, they will feel better about themselves, which in turn will help them to deal with their addiction and take responsibility for their health. If we treat them badly, they will likely internalize our rejection and become indifferent to their own well-being. For IDUs, this can mean sharing needles and other risky practices that can expose them to HIV.
- **Why do we condemn some groups and accept others?** Using drugs is wrong. However, you do not have the right to belittle someone even if you disapprove of his/her behavior. Try to put yourself in the shoes of the other person - how would you feel if you were called these names? Even if you don't like the person, understand him/her.
- **We need to emphasize that our judging of others can have negative consequences. Judging ends up hurting people.**

## SOCIAL EVILS AND THE EFFECTS OF STIGMA

# B<sub>8</sub>

### FACILITATOR'S NOTE

This exercise looks at how 'social evils' are used to justify stigma towards IDUs, and how IDU stigma fuels the HIV epidemic.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of the session participants will be able to recognize that:

- It is okay to be angry that IDUs do bad things e.g. steal to get drugs - BUT
- It is not okay to stigmatize IDUs - to treat them as evil people.
- Stigmatizing IDUs fuels the HIV epidemic - it makes IDUs hide their drug use and take less care in using drugs (i.e. sharing drugs rather than using clean

needles), which exposes them to HIV. When they get HIV, stigma makes them less careful and they spread HIV to others

### TIME

1 hour

### STEPS

#### 1. Story-Discussion:

Read the story below and then ask -

- What happened? What are the attitudes of the family in the story?*
- What was the effect of the stigma on Van's behavior?*

In his fourth year of secondary school Van started to have problems with school. He lost interest in studies and his marks were poor. He became more interested in music, girls and motorbikes. His parents tried to get him to change, but he didn't listen. He spent all his time with his friends, and eventually he got hooked on drugs. He failed his college entrance exams, and dropped out of school.

When his family discovered he was taking drugs, they begged him to stop. They watched him like a hawk, and tried to stop him buying

drugs. He listened to them - he still loved and respected them - but the urge was too strong. He stole some things from the house, sold them, and used the money to buy drugs and injecting equipment. When his parents discovered the missing things, they were very angry. They locked him in the house and told him he had to change. His parents felt they had to be tough with him. Every day his father came into the room to shout at him and tell him he was *“dirty, useless, a stain on the family reputation.”* He was chained in his room for a month, before his father let him out. Soon after he was released, he found a way of getting money and took drugs again. When his father found out, he kicked Van out of the house, saying: *“You’ll never change. You’ve already destroyed the family. Get out of our life and never come back!”*

Van left the home, not knowing what to do. His father’s words felt like a knife! He felt angry, confused, hurt - they no longer loved him, and had given up on him. He didn’t want to make his parents suffer. He knew he had to quit drugs, but didn’t know how. So he went to join his friends, who lived in the street, and they pulled him back into drugs. After a while he forgot about his parents. He didn’t have the money to buy drugs, so he started to share drugs and needles with his friends.

One year later he became very sick and went to the hospital. They told him he had HIV.

### **Example of Responses:**

*The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### **What happened?**

- Van got addicted through pressure from his friends.
- His parents at first used soft approaches, and then used hard approaches (chaining him, shouting at him and condemning him)
- Eventually they gave up on him and kicked him out of the house, telling him to get out of their life.

#### **What are the attitudes of the family?**

- They view drugs and the drug user (Van) as “socially evil.”
- They are worried that drugs will destroy the family’s reputation and the family economy

- They feel that a tough approach (punishment) is needed to deal with drug abuse

### What is the effect of these stigmatizing attitudes on Van?

- Van is confused and hurt and his self-respect destroyed.
- He wants to reform, but doesn't know how.
- Without his family's support, he returns to drugs and a lifestyle on the street, where he resorts to sharing drugs and needles - this activity exposes him to HIV.

## 2. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Drug use and drug trafficking is bad and should be stopped. The social evils policy was implemented by government to stop drug use and drug trafficking.
- We agree with the aim of the 'social evils' policy - to prevent people taking drugs, but we also have the aim of preventing HIV.
- When people apply the 'social evils' policy, they end up 'blaming and shaming' IDUs for 'bad behavior'. They not only say the behavior is 'bad' but also the **people who practice this behavior are 'bad' or 'evil'**. **This is stigma!**
- **This is the form of stigma which has to be stopped i.e. condemning IDUs as 'bad people' who don't deserve our support**. This is what hurts and this is what forces IDUs to hide themselves. Our research has shown that the hardest thing for IDUs to accept is the loss of their families' respect and love.
- **We are not saying that the moral values or codes are wrong – we are saying that people's judging of others is wrong.**
- Stigma based on the social evils policy makes IDUs feel despised and rejected - and makes them outcasts from their families and the community. As a result they hide themselves and stop acting in their own interest. They start to share drugs and this puts them at risk of getting HIV. Once they get HIV, they are doubly stigmatized, and this affects their ability to care for their own health and others' health. They hide their status from their partners and continue having unprotected sex and this allows HIV to continue to spread.

- Stigmatizing IDUs does not help us to fight drug abuse nor to fight HIV. We should fight against drug abuse, not the abuser. Instead of stigmatizing those who are already addicted, we should help young people to stay away from drugs; and stop the drug traffickers who are making millions out of the drugs.
- Instead of stigmatizing and rejecting IDUs we need to show care and compassion - so that they can lead a healthy life and act in their own and other people's interest (using clean needles, practicing safe sex, etc). Vietnam has strong traditions of compassion, solidarity, and unity, which should be applied to supporting IDUs.
- It is okay/justified to be angry and frustrated with IDUs, that IDUs do "bad things" (e.g. steal) because of their addiction. But that does not justify stigmatizing them - for their drug addiction or their HIV status. Fear and anger is okay but this should not lead to stigma towards IDU family members.
- Research shows that if you put people on the fringe i.e. isolate or shun them, this is a poor strategy to get them to change their behavior. Stigmatizing IDUs results in their feeling cut off from the family and the community and this lowers their self-esteem - and undermines their ability to take positive action to change their lives.
- In ISDS research we found that some parents were angry with their sons for using injecting drugs and for erratic behavior (e.g. stealing from neighbors) but didn't give up on their sons. *"My son is sick, but he needs me, so we need to put our anger aside and take care of him. The past is the past and we cannot change it. We need to focus on the present and help him survive."*
- We need to use positive examples like this one of families who have buried their anger and opened their hearts. We have found that the most painful thing for IDUs is when the family gives up on them and stops loving them. IDUs who work the hardest to quit the drugs are those who have the love and support of their families.

**The healthy leaf covers the torn one.**

## WHO IS INNOCENT AND WHO IS GUILTY? (CONTINUUM)

### FACILITATOR'S NOTE

This exercise gets participants to think more deeply about how we blame and judge different groups of people. Participants place different characters who are drug addicts on a continuum of judgment from innocent to guilty/deserving of blame. The exercise also looks at the layers of stigma - how someone can be stigmatized for a number of reasons, including, for example, having HIV, being a drug user, and being a sex worker.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of this session, participants will be able to:

- a) Understand more about the types of people we often judge

- b) Challenge the assumptions behind our judgments about other people.

### TIME

1 hour

### MATERIALS

- a) Character cards (below) - drug addicts with different characteristics;
- b) Continuum - two cards ("Innocent" and "Guilty") placed at different ends of the wall

#### Character cards

1. *Become addicted because of using drugs to relieve pain*
2. *Young person becomes addicted because of peer's inducement*
3. *Woman becomes addicted because husband/partner convinces her to try using drugs*
4. *Young person becomes addicted because parents are drug dealers*
5. *Addicted woman has to do sex work to earn money to buy drugs*

6. *Addicted man has to do sex work to earn money to buy drugs*
7. *Female sex worker becomes addicted because she is forced to use drugs*
8. *Drug addict becomes drug dealer to get money for drugs*
9. *Drug addict steal/robs to have money for drugs*

## STEPS



### 1. Continuum exercise:

Divide into groups of 2-3 people, give each group one set containing different characters as above, and explain the task of each group.

**Group task:** Discuss your characters and decide how you would rank them on the continuum. Be ready to explain your choice.

Ask each group, one at a time, to tape their characters on the continuum according to the group's ranking. Then ask each group to explain their choice. Get the group to rearrange their choices, based on group discussion.

Ask - *If a person who is on duty (e.g., law enforcement officer, military officer) becomes a drug addict, where would we place that person on the continuum?*

### 2. Processing:

Ask -

- a) *What do these characters share in common? Do they all want to use drugs?*
- b) *What did we learn from this exercise?*
- c) *How does the community perceive or judge different types of people?*
- d) *What assumptions do we make about people?*
- e) *If a drug addict gets HIV, where would we put him/her on the continuum?*

### 3. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We often make assumptions about other people without knowing much about them. We assume they are “dirty, lazy, immoral,” etc, based on their occupation, their appearance, or their perceived sexual behavior. We stigmatize or condemn other people without knowing their actual behavior. We often believe or assume the worst about other people. These are generalizations that have no validity.
- No one wants to become addicted to drugs, whether s/he was forced to use drugs or uses drugs by choice. There are plenty of reasons that drive people to start using drugs (they are forced, peer pressure, youthful mistake, curious about experimenting, etc). Once addicted, many people become dependent on drugs. They cannot control their behaviors that drive them to do whatever it takes to obtain more of the drug when they begin to suffer from withdrawal.



- Many addicts try to quit, but the body's physical dependence makes this very difficult to do successfully, especially on one's own.
- Drugs may be considered a social evil. In many cases, however, drug users are victims of the larger drug trade and the people who profit from their dependency on drugs. Drug addicts who commit crimes should be held accountable according to the law. At the same time, it is important to remember that they are victims and they are suffering from an illness that must be treated if they are to stop using drugs. We should delink drug addiction from any illegal acts.
- People who experience HIV stigma may also be stigmatized on the basis of their gender, sexuality, drug use, or other factors. Groups that typically experience multiple layers of stigma include IDUs, sex workers, and MSM. Being stigmatized for having several characteristics - such as a woman being stigmatized as a woman, a sex worker, a drug user, and having HIV - magnifies the level of stigma. In addition to compounding the misery of being stigmatized, multiple stigma makes it even more difficult for people to access health and other services and to get out of their hidden, marginalized existence.
- People's attitudes have an impact on drug addicts with respect to their drug use and will to stop using. Stigmatizing, discriminating against, or punishing them does not help them to quit using drugs; on the contrary, avoidance or hate may push them further into drugs, or make those who were able to quit feel that, because they cannot rid themselves of the stigma of being a former drug user, they have nothing to lose by returning to drugs.
- Most drug addicts want to quit, but it is very difficult. If we understand that they are victims and not criminals and support them consistently in trying to overcome the addiction, we can play a key role in their success in returning to their normal life.

# WHAT IS THE MEANING OF IDU STIGMA?



## FACILITATOR'S NOTE



Introduce this topic - the definition of stigma - only after participants have learned about stigma through the earlier experience-based exercises.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to describe what stigma means and give examples.

## TIME



20-30 minutes

## STEPS



### 1. Participants' ideas on stigma (brainstorm):

Ask - "What do you think is the meaning of 'STIGMA'?" Record the points on the flipchart.

Examples from training workshop on stigma and discrimination reduction in Hanoi, September, 2009.

- "Ky" means strange or different. "Thi" means to look down on or despise someone. So "ky thi" means to look down or despise someone because s/he is different.
- Blaming people for their bad behavior
- Treating other people as inferior
- Keeping people at a distance and avoiding contact with people
- Isolating or rejecting people out of fear that they will infect us with HIV
- Treating people as outcasts, like lepers who should be forced to leave
- Condemning people for breaching social norms - social evil

## 2. Summary:

Then explain and discuss the following:

- **Stigma** is a process where we (society) create a “spoiled identity” for an individual or group of individuals. We identify a difference in a person or group, for example a physical difference (e.g. physical disfiguration), or a behavioral difference (e.g., men having sex with men) and then mark that difference as something negative. In identifying and marking the difference as “bad,” we feel justified stigmatizing the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (e.g., sinful or immoral behavior).
- To **stigmatize** is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong (e.g., sinful or immoral behavior). When we stigmatize, we **judge** people, saying they have breached social norms and should be shamed/condemned; or we **isolate** people, saying they are a danger/threat to us.
- Stigmatizing beliefs lead to **discrimination** and unfair treatment of those who are believed to be negatively different. Stigma is the belief; discrimination is the action.
- Stigma and discrimination **result in great suffering**. People get hurt.
- IDU stigma takes **two major forms**:
  - a) **Isolation** - IDUs being isolated out of fear of violence or their influence on others (i.e. drawing other young people into drugs)
  - b) **Judging** - IDUs are condemned for their “socially evil” behavior. Drug addiction is viewed as a social evil because it destroys the stability and happiness of the family and has a negative influence on young people
- IDU stigma has **two major causes**:
  - a) **Fear**: People fear that IDUs will hurt them or steal from them, or influence other people to take up drugs - so they isolate them.
  - b) **Social evils**: Drugs are viewed as a “social evil” so anyone using drugs is judged or condemned for doing something immoral.
- **Stigma is condoned**. People think that it is acceptable to isolate and shame IDUs. People are not aware of how it affects IDUs/and how it affects the HIV epidemic.
- **IDU stigma does not help!** Stigma hurts IDUs and is especially dangerous for drug users who have HIV. Those stigmatized become silent and don’t disclose their status to others - and in this way HIV keeps moving.
- **IDUs still have the right to be protected from stigma and discrimination.**
- People living with HIV are often blamed and shamed for being infected with HIV. **We need to support them, not blame them.**



## FORMS, EFFECTS AND CAUSES OF IDU STIGMA (PROBLEM TREE)

### FACILITATOR'S NOTE



This is a good exercise to review all the things learned in the earlier exercises. It uses a Problem Tree method to make a list of the forms, effects, and causes of stigma. The forms are the trunk, the effects the leaves, and the causes are the roots of the tree.

When doing this exercise, you cannot assume that all participants have “de-stigmatized.” Some may still say that the cause of stigma is the behavior of the IDU, whom they believe are bad (“socially evil) people” who deserve to be stigmatized. The trainer should take note of these views and the stigmatizing language and raise them for discussion.

### TARGET GROUPS:



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES



By the end of this session, participants will be able to identify the forms, effects, and causes of IDU stigma

### TIME



60-90 minutes

### PREPARATION



Using cards set up the structure for the problem tree on the wall -

Location	Feature	Question
Top	EFFECTS	How does this affect the person stigmatized (e.g. isolation)
Middle	FORMS	What do people do when they stigmatize? (e.g. name calling)
Bottom	CAUSES	Why do people stigmatize? (e.g. lack of knowledge)

## STEPS



**Problem tree:** Participants write points on cards and tape them on a wall diagram to make a “problem tree,” showing forms of stigma (main trunk), effects (branches), and causes (roots). Then points are reviewed - and more analysis is done on the causes.

### 1. Card-storming (pairs):

Divide into pairs. Hand out cards and markers. Ask pairs to write points on cards - one point per card - and tape at the appropriate level of the diagram (i.e. effects, forms, causes). Ask pairs who have finished early to eliminate repetition and put similar points together.

### 2. Debriefing (plenary):

Review one level at a time. To save time, ask participants to read the points (individually) and ask questions. Or ask each participant (going round the circle) to name one point they feel needs to be emphasized.

### 3. Analyzing causes (task groups):

This exercise produces a huge list of points, but it needs further analysis to “see the forest” to make things more meaningful. Get agreement on the major causes of stigma. Then assign each cause to a task group (working in pairs).

**Group task:** Analyze the cause. Ask participants - Why is this a root cause? How does this lead to stigma? Give examples.

#### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### PROBLEM TREE ANALYSIS

##### Forms of stigma

Shaming & blaming - Condemning. Judging. Scolding. Insulting. Gossip. Shouting. Isolation - Rejection. Exclusion. Neglect. Shunning. Kicked out of house.

Self-stigma - Blaming and isolating oneself. Giving up on oneself. Withdrawal.

Secondary stigma - Family, children, and friends of IDUs are also stigmatized.

### Effects of stigma

Personal - Shame. Isolation. Loneliness. Withdrawal. Feeling excluded. Loss of self-esteem. Loss of rights. Loss of reputation. Loss of hope. Feeling unproductive. Self-blame. Self-hatred. Take more risks. Stress. Anger. Violence. Alcoholism. Depression.

Family - Family quarrels, blame, and conflicts. Divorce/separation. Kicked out of home. Community - Fired from work. Forced to leave community. Drop out from school.

Epidemic - IDU hides drug use and resorts to sharing needles with other drug users. If he buys clean needles, family or law enforcement officers may see him, so instead he shares with other drug users. If he gets HIV, he does not practice safe sex and HIV spreads to partners.

### Causes of stigma

Fear - People fear that IDUs will hurt them or steal from them, or influence other people to take up drugs - so they isolate them.

Morality and social norms - View that IDUs are “socially evil,” have breached social norms, so the only response is to treat them harshly and punish them (stigma)

### EXTRA ANALYSIS ON CAUSES

#### Example – morality & social norms

- Social norms require people to follow strict rules. Those who break the rules are considered to be “outsiders.” The rules become the basis for judging the “outsiders.”
- Becoming addicted means you have breached social norms
- IDUs are labeled as “socially evil” because they are assumed to have breached social norms
- IDUs are heavily stigmatized - assume they will steal to get drugs
- We judge people on the basis of assumptions about their behavior.

# NAMING IDU STIGMA IN HEALTH FACILITIES I



**B<sub>12</sub>**

## FACILITATOR'S NOTE

This exercise explores the ways in which drug users get treated in health facilities, especially if they are open about their use of drugs.

Use the case studies to start the process of naming stigma in the health care setting, and then get health workers to add other examples of stigma toward IDUs that they have observed in their own health facilities.

## TARGET GROUPS

Health workers

## OBJECTIVES

By the end of this session participants will have:

Identified forms of stigma which discourage IDUs from accessing health services

Started to think about how to improve the way they handle IDUs in their health facility

## TIME

1 hour

## MATERIALS

Case Studies

## STEPS

### 1. Case studies:

Divide into groups and hand out copies of the case studies. Ask the groups to read the case studies and discuss the questions:

#### Case Study A:

One day I felt a burning sensation when I tried to urinate. I went to the clinic to get tested for what I assumed might be an STI, but I was worried about how I would be treated.

When I arrived at the clinic I waited a long time. When it came to my turn, the nurse looked at me carefully and then asked me to continue to wait. She kept calling patients who had arrived after me. Eventually I challenged her and said, "I arrived before him. Why can't you treat me now?" She laughed and said, "You'll just have to wait". Then she left and had a talk with three other nurses, and I could see them looking in my direction. I felt humiliated.

Eventually I was called in to see the doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was a drug user. The doctor gave me a funny look and said, "What is your problem?" I explained that I had a burning sensation when I urinated. Then he told me to take off my pants and I did so. He said, "You deserve to get this, that's consequences of your playing around. You are just virus collectors!" He told me I had syphilis and wrote a prescription for me to buy medicine

As soon as the doctor went to the next room, I put my pants on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem, but I received little treatment and a lot of insults and blame!

**Discuss:**

- a) *What happened in the case study? Is the situation realistic?*
- b) *How do you feel about the way the IDU patient was treated?*

**Case Study B:**

H. is a 30-year-old nurse working in a clinic. She has been hearing lots of stories and gossip from other nurses about the patients using the centre, especially those who are injecting drug users. She has heard about patients attacking nurses, and also about things being stolen. As a result she has become very scared about patients who are IDU. She is afraid that if she says something wrong, they may attack her when she is checking their weight or doing other checks. She doesn't want her patients to see she is afraid, but they begin to notice that she keeps her distance and limits contact with them. She always locks up her purse, and when she moves around the clinic, she looks in every direction, worried that something bad might happen to her. She has become a nervous wreck.

**Discuss:**

- a) *What do you think about H. situation?*
- b) *Does this kind of thing happen in your health facility?*



### Case Study A – What happened?

- IDU patient is kept waiting a long time. Other patients are served first.
- The nurse makes fun of the IDU in the presence of other health staff and patients.
- Health workers gossip about the IDU patient and show their disapproval.
- The doctor uses insulting language - “virus collector”
- Blaming and shaming - “You deserve to get this because of your playing around.”
- Poorly done, rushed examination

### Case Study B – What happened?

- H. is afraid of being attacked and robbed by IDU patients
- As a result she keeps her distance and limits contact with the IDU patients.
- She locks up her purse and looks in every direction when moving around the clinic

## 2. Processing:

Then ask -

- a) *What other forms of stigma have you observed toward IDUs in health facilities?*
- b) *What are the effects of stigma on IDUs – and on the spread of HIV?*
- c) *Why is stigma happening in the health facility?*
- d) *What can we do to challenge the stigma? What can we do to make our clinics more friendly/accessible?*
- e) *What can we do to help health workers like Hong deal with this kind of fear?*
- f) *What happens if we stigmatize IDU patients? Why is stigmatizing patients wrong?*

## Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### Other forms of stigma toward drug users

- Unfriendly looks and harsh language, e.g., scolding and shouting at patients.
- Asking lots of questions to assess if patient is IDU - Are you taking drugs?
- Giving rushed instructions and not allowing IDU patient to ask questions.
- Health workers claim that drug users are difficult clients - prone to anger, physically dangerous, and unreliable in keeping appointments or following treatment.
- Health workers treat drug users harshly, minimizing contact with them.
- Some health workers avoid treating IDU patients, or try to pass on treatment to other staff.
- Health workers betray confidentiality, reporting drug users to other staff and patients
- Drug users are forced to take HIV tests (e.g., when admitted to rehabilitation centers) and receive poor counseling;
- Health workers complain about drug users bringing needles into health facility and injecting drugs.
- Patients accuse drug users of stealing their clothing and other belongings.

### Effects of stigma on drug addicts

- Stigma makes drug addicts feel despised and rejected. It destroys their self-esteem - they begin to lose hope and to doubt themselves.
- This has a serious effect on how drug addicts manage their health. They may become careless in protecting their own health and that of sexual partners.

- Often IDUs believe HIV to be inevitable, rather than something they can avoid through their own behavior. When this is the case, they are less likely to use clean syringes and needles, therefore greatly increasing their HIV risk.
- Drug users often believe that unsafe sex represents a small risk for contracting HIV compared to the risk from sharing needles, so they don't worry about condoms.

#### **Why are these problems happening?**

- Stigma toward drug users - based on fear and judgment
- Lack of confidentiality - share information among other staff and patients
- Health workers not trained on how to diagnose and interact with IDU patients.

#### **What can we do to make our clinics more friendly/accessible and challenge stigma?**

- Challenge health workers who are stigmatizing in a polite but firm way
- Help health workers to understand IDUs and how to treat and care for them
- Change the attitudes of health workers - more caring and less judgmental
- Re-establish the code of practice and. treat all patients equally
- Train staff on how to counsel IDU patients: do not be judgmental but remain neutral; use supportive language and appropriate body language.

#### **What can we do to help health workers like Hong deal with this their fear?**

- Give them information on addiction and its effects on drug addicts
- Tell them that stories about violence by IDU patients in clinics are exaggerated.

#### **What happens if we stigmatize IDU patients?**

- Marginalized groups will stop using the clinic and not have their STIs treated.
- Fear of stigma might prevent IDUs from giving us information about their sexual behavior. In that case we cannot help them to prevent STIs and HIV.

- Stigma may affect the self-confidence of drug users and as a result they may take less care in using condoms with wife/partners and negotiating safe sex.

#### Why is stigmatizing patients wrong?

- Our role as health workers is to care for people, not hurt them.
- Our code of practice tells us to treat all patients equally.
- If we stigmatize IDU patients, this will undermine their ability to manage their sexual health and may result in more HIV transmission.

### 3. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- **Stigmatizing drug users fuels the HIV epidemic.** It makes them hide their situation and take less care about their sexual health, increasing their HIV risk and that of their partner(s). Instead of stigmatizing drug users, **we need to show care and compassion.** This will help them lead a healthy life and act in their own and other people's interest.
- **Stigmatizing drug users defeats your own mandate as a health care worker.** Health workers' code of conduct requires us to treat all patients without exception. The code of conduct does not say we should refuse to treat drug addicts/IDUs. Moreover, if drug users feel stigmatized in the health setting, they will avoid using its services rather than risk ill treatment and humiliation. If this happens, health workers are failing in their role as a health worker.
- **Judging others**, including drug addicts or IDUs, is not acceptable. We should never, for condemn drug users as "bad people" who don't deserve our support.
- **We cannot change IDUs overnight.** They are addicted, which means they are dependent on drugs whether they like it or not. We should focus on helping them avoid the negative effects of a stigmatized existence.
- **If we can stop blaming and shaming, and instead accept IDUs and support them in overcoming their addiction,** we can make a difference!

## NAMING IDU STIGMA IN HEALTH FACILITIES II

**B<sub>13</sub>**

### FACILITATOR'S NOTE

This is an optional exercise. We suggest that you use B14 or B15, but not both exercises, since they cover similar content.

In this exercise participants make up their own scenarios of good and bad treatment of patients in the health facility, and then analyze how they would feel if they were treated in this way. For participants with limited experience, use the sample scenarios on the second page as the focus for the exercise.

### TARGET GROUPS

Health workers

### OBJECTIVES

By the end of this session, participants will have:

- Put themselves in the shoes of IDUs who come to the health facility.

- Described the impact of health workers' behaviors on IDUs.

### TIME

1 hour

### MATERIALS

- Yellow and blue A4 paper to make the cards
- Copies of the scenarios at the end of this exercise, for groups that are inexperienced

### STEPS

#### 1. Individual work:

Hand out two cards to each participant - one yellow, one blue. Ask everyone to write responses to the following two questions, one response on each card:

- Briefly describe a situation you have witnessed, either at your own health facility or elsewhere, where a drug user was treated poorly because of fears or negative perceptions by the health workers. (YELLOW)

- b) Briefly describe a situation you have witnessed where a drug user was treated in a positive way by health workers. (BLUE)

**Note:** To help participants get started, read out a few of the examples on the following page. Tell participants that if they have not personally witnessed such situations, they can either tell stories they have heard, or make them up.

Give them 10 minutes to complete this task. Then collect the cards in two piles: negative experiences (YELLOW) and positive experiences (BLUE). Redistribute one positive and one negative card to each participant.

## 2. Putting ourselves in the shoes of IDU patients:

Ask participants to imagine that they are the IDU patients described in the two cards they received. Starting with the “negative experience” card and then moving on to the “positive experience” card, reflect on and write short responses to the following questions (10-15 minutes):

- a) *How would you feel if you were in this situation?*
- b) *What would your reaction be?*
- c) *Would you return to that health facility? Why or why not?*
- d) *If not, what would you do for care?*

## 3. Paired work:

Divide into pairs and ask pairs to share their reflections (from Step 2)

## 4. Processing:

Discuss -

- a) *How did it feel to imagine that you were the IDU patient?*
- b) *How did this exercise help us understand the impact of health workers' behaviors?*
- c) *What can we do in our work so that IDU patients are treated in the same way we treat other patients?*

## 5. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Drug users face stigma and hostility everywhere they go. There are few places where they feel safe and welcome. It is critical that we make the health facility a warm, welcoming and non-judgmental environment that is open to and respectful of all clients.
- Help to create an environment where IDU patients can seek health services without fearing discrimination from health workers. This means establishing systems that ensure client privacy and confidentiality.
- It is important to understand the perspective of IDU patients so that we can provide appropriate and compassionate care and support.

### Examples of situations where an IDU was treated poorly

**Example 1:** An IDU comes to the clinic for an STI check. Without examining him the nurse tells him he has an STI and says, “You deserve it because of your playing behavior.” The drug user leaves - and never comes back.

**Example 2:** A drug user goes to the clinic to start the ARV program. He finds new health staff at the clinic and they tell him “We need those who commit to follow the program to the end. Are you sure that you will follow the program to the end? Go home and think carefully and come back to us if you have answer.”

**Example 3:** An IDU goes to the clinic for an STI checkup. The nurse says, “If you have an STI, then you must be given an HIV test.” She forces him to take the HIV test. When the results are revealed, she says, “I’m sorry but you are HIV-positive. You need to stop this injecting thing! That’s where it all started.” There is no post-test counseling and the staff rush him out of the clinic, without even treating him for his STI. He feels totally humiliated.

**Example 4:** A sex worker/drug addict goes to the clinic for a supply of condoms, but the doctor who examines her asks her lots of questions about her sex life and even asks if he can visit her at the karaoke bar. These questions upset her and she leaves the clinic. She stops getting condoms there.

**Example 5:** A sex worker/drug user goes to the clinic for an STI test. When she takes off her clothes, the health workers see that she has a tattoo. Once they see the tattoo, they ask her many questions: “Are you a sex worker? Are you injecting drugs? Have you quit drugs?” The woman puts on her clothes and leaves.



## NAMING IDU STIGMA WITH LAW ENFORCEMENT OFFICERS AND REHABILITATION CENTER OFFICIALS

### FACILITATOR'S NOTE



This exercise explores the ways in which drug users get treated by law enforcement agents and rehabilitation center officials.

It uses an indirect approach, starting off by discussing the likes and dislikes about working as law enforcement agents or in rehabilitation centers, and then asking participants to identify examples of good and bad treatment of drug users.

If participants fail to give examples of stigmatizing treatment, facilitators provide examples based on information given by IDUs.

### TARGET GROUPS



Law enforcement officers (legal cadre, police, staff of 05-06 center, health workers of 05-06 center)<sup>3</sup>

### OBJECTIVES



By the end of this session participants will have:

- a) Identified forms of stigma toward IDUs perpetrated by law enforcement agents and rehabilitation center officials
- b) Started to think about how to improve the effective and appropriate management of IDUs

### TIME



1 hour

### MATERIALS



Yellow and blue A4 paper to make the cards

<sup>3</sup> An 05-06 center is the place for treatment, education and labor to rehabilitate drug addicts and sex workers who are undergoing the term of punishment for their violation of the law. The term for staying in the center is 1-2 years.



## STEPS



### 1. Likes and dislikes about working as law enforcement agents or rehabilitation center officers (small groups):

Divide into professional groupings (law enforcement agents and rehabilitation center officials in separate groups). Ask the groups to discuss:

- g) *What do you LIKE about working as a law enforcement agent or rehabilitation center official related to IDUs?*
- h) *What do you DISLIKE about working as law enforcement agent or rehabilitation center official related to IDUs?*

**Report back:** Ask groups to report and make four lists - LIKES (law enforcement agents), DISLIKES (law enforcement agents), LIKES (rehabilitation center officials), DISLIKES (rehabilitation center officials).

#### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Likes – rehabilitation center officials

- At the start there was a lot of fear toward IDUs, but now relations are better.
- I feel happy here because we can help IDUs stop taking drugs.
- We see IDUs get their health and lives back.
- I'm happy to see that IDUs are learning to come back to normal.
- We are not only helping IDUs, we are also helping their families

#### Dislikes – rehabilitation center officials

- Some IDUs continue to access drugs while they are in the center.
- Some IDUs are not serious - they just want to go back to drugs
- We help drug users to get off drugs but some continue to use the drugs.
- We face stigma from the public as people who work with IDUs. Our families try to stop us working here, thinking this is dangerous and stigmatizing work.

### 3. Good and bad treatment:

Divide into groups of three participants (from the same profession) and hand out two cards to each group - one yellow, one blue. Ask each group to write responses to the following two questions, one response on each card:

- c) Briefly describe a situation you have witnessed in your work where a drug user was treated poorly because of fears or negative perceptions by law enforcement agents or rehabilitation center officials. (YELLOW)
- d) Briefly describe a situation you have witnessed where a drug user was treated in a positive way by law enforcement agents or rehabilitation center officials. (BLUE)

**Note:** To help participants get started, read out a few of the examples at the end of this exercise. Tell participants that if they have not personally witnessed such situations, they can either tell stories they have heard, or make them up.

Give them 10 minutes to complete this task. Then collect the cards in two piles: negative experiences (YELLOW) and positive experiences (BLUE). Redistribute one positive and one negative card to each participant.

### 4. Putting ourselves in the shoes of IDUs:

Ask participants to imagine they are the IDUs described in the two cards they received. Starting with the “negative experience” card and then moving on to the “positive experience” card, reflect on and write short responses to the following questions (10-15 minutes):

- e) *How would you feel if you were in this situation?*
- f) *What would your reaction be? How would it affect you?*
- g) *How would this treatment affect your progress toward normal life?*

### 5. Processing:

Discuss -

- d) *How did it feel to imagine that you were the IDU?*
- e) *How did this exercise help us understand the impact of our behavior toward IDUs?*
- f) *What can we do in our work to improve the way we treat IDUs?*

## 6. Summarize:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Drug users face stigma and hostility everywhere they go. There are few places where they feel safe and welcome. It is critical that we respond to IDUs in a supportive way.
- It is important to understand the perspective of IDUs so that we can support them in breaking their addiction and returning to normal life.

# HIV TRANSMISSION AND DRUG USERS



## B<sub>15</sub>

### FACILITATOR'S NOTE



This exercise is designed to review and update participants' understanding on HIV transmission as it applies to drug users.

### TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES



By the end of this session, participants will be able to identify the risks of getting HIV through injecting drug use

### SOURCE



Vietnam Fact Sheet on Drug Addiction and HIV (ICRW/ISDS) (included in this chapter)

### TIME:



1 hour

### STEPS



#### 1. Introduction (Individual quiz):

Explain that this session will focus on how drug users get HIV. Ask participants to respond to a quiz (see below). Explain beforehand that this is not a test. Each person should make notes for themselves about the answers but they will not be asked to hand anything in! The quiz is a fun way of introducing this topic.

Then read out the questions below, giving participants time to record their answers.

#### Questions:

- What is involved in injecting drugs? How does it work?*
- Why do drug users use injections, rather than other ways of using the drug?*
- How is HIV transmitted through the use of injecting drugs?*
- Apart from HIV, what are the other health problems caused by injecting drugs?*
- How can a drug user prevent getting HIV?*
- Have you ever seen someone injecting drugs?*
- If a drug user does not inject drugs, can s/he still get HIV?*

**Ask** - “How was the exercise?” Then read through the questions asking for volunteers to answer. Allow for additions and clarifications or clarify points yourself

Hand out copies of the Fact Sheet on Drug Use and HIV (at the end of this exercise) and discuss.

### Use the information below in responding to the quiz

**Question: What is involved in injecting drugs?**

**Answer:** A drug user injects the drug into the bloodstream using a needle and syringe.

**Question: Why do drug users use injections, rather than other ways of using drugs?**

**Answer:** Drug users prefer to use injections because injecting produces a strong and immediate effect. Most users are poor and want to get more out of the drug they buy, so injecting is an effective way of getting the drug into the body, since all of the drug is used. If you inhale the drug, much of it is lost in smoke. In addition injecting can be done much more quickly than smoking, so users are less likely to be caught by law enforcement officers. Injecting takes little time, can be done anywhere, and needle and syringes are easily disposed of.

**Question: How is HIV transmitted through the use of injecting drugs?**

**Answer:** Drug use itself does not transmit HIV (e.g. inhaling drugs does not transmit HIV), nor does injecting drugs, if you are using your own sterile equipment. The problem is the sharing of needles and syringes, especially with many other people. HIV spreads among injecting drug users when they share or reuse needles and syringes that have become contaminated with HIV-infected blood. Small amounts of blood, which are not necessarily visible, can remain in the needle and syringes after they have been used. HIV could survive up to one week in the blood left in the syringe or needle. If the equipment is re-used, this blood will be directly injected into the bloodstream of the next person who uses the equipment, infecting him/her with HIV.

**Question: Apart from HIV, what are the other health problems caused by injecting drugs?**

**Answer:** Injecting can also lead to drug overdose, abscesses, septicemia, thrombosis, scarring, circulatory problems, collapsed veins, poor healing of wounds, hepatitis B and C, and other STIs if the person injecting drugs does not practice safe sex

**Question: How can a drug user prevent getting HIV?**

**Answer:** Drug users can prevent getting HIV by not sharing injection equipment, getting clean injection equipment, practicing safe sex such as using a condom, etc.

**Question: If a drug user does not inject drugs, can s/he still get HIV?**

**Answer:** Drug users/ drug addicts still can get HIV through sexual transmission. Evidence shows that drug users, whose judgment is often compromised as an effect of the drug(s) are relatively likely to engage in risky sexual behaviors that pose risk of HIV infection.

## FACT SHEET ON DRUG USE AND HIV

### How do injecting drug users get HIV?

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

Injecting drug users who use their own sterile needles will not get HIV this way. Injecting drug use only transmits HIV when there is *sharing* of injection equipment. Thus, there is an emphasis on harm reduction techniques including efforts to encourage drug users not to share needles and syringes, and if they do to make sure they're properly cleaned beforehand.

Drug users may prefer injecting over smoking, as injecting is an effective way of getting the drug (e.g. heroin) into the body, since all of the drug is used. If you inhale the drug, much of it is lost in smoke. In addition injecting can be done much more quickly than smoking, so users are less likely to be discovered. Injecting takes little time, can be done anywhere, and needle and syringes easily disposed of.

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

- Make drug users aware of the risks of sharing equipment and how they can inject safely.

- Increase availability of clean injection equipment and decrease the availability of used equipment. Some programs provide clean needles and syringes in exchange for used ones.
- Work with injecting drug users to change the norms and practices of injecting;
- Promote drug substitution, e.g. methadone maintenance.

### How do drug users get HIV through sexual contact?

One study in Vietnam found that 30 percent of drug users have STIs. This suggests that drug users have a high risk of getting STIs, including HIV. When drug users first use drugs, their libido increases. As drugs become a routine part of their lives, many male drug users have a prolonged ejaculation, which may lead to more abrasions of their own and their partner's sexual organs - creating an entry point for HIV. In addition, due to stigma, drug users look for the company of sex workers, who will not judge them. While many sex workers use condoms with their clients, they usually don't with those considered their lovers or long term partners - many of whom are drug users. In addition, as drug users need money to buy drugs, some male and female drug users sell sex. Some clients are willing to pay more to have sex without a condom, so drug users who are desperate for money often end up having unsafe sex, and in some cases getting HIV.

### What are the risks to the wives and regular sexual partners of drug users?

A significant proportion of drug users are married or have lovers and are sexually active. However, due to the perception that using condoms shows lack of trust in your partners, they usually practice unprotected sex. In general this is the main route of HIV transmission from drug users to the community. Many women contracted HIV from their husbands who became infected through injecting drugs. These women transmit HIV to their children during pregnancy, giving birth, or breastfeeding. Studies in some countries indicate that there is a high rate of HIV infection among the wives of drug users, which is likely to be higher than the HIV infection rate among female sex workers.

### Do women use drugs?

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

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

## DRUG USE AND HIV RISK

In addition to risking infection through sharing needles, drug users also face increased HIV risk because the drug affects the person's ability to judge and behave, so they:

- are more likely to practice high risk behaviors such as unsafe sex (no condom use, or use condom incorrectly, group sex)
- find it hard to follow ARV treatment;
- increase the risk of acquiring other dangerous diseases such as hepatitis B, C and other STIs.

Combining two or more drugs or a drug with another substance such as alcohol or tobacco is common among drug users. It is dangerous because the interaction between drugs can cause unpredictable effects , and put the user at higher risks of HIV infection and other diseases..

Research conducted in the United States from 1998-2008 among male drug users of substances through sniffing (methamphetamine, cocaine, crack, ecstasy and erectile dysfunction drugs) indicate risk of HIV infection among them increased by 41 percent; and using one more drug would increase their HIV risk by an additional 33 percent. Users of three drugs or more at the same time have risk of HIV infection eight times higher than non-users.

**Source:** NIDA. "Drugs, Brains and Behaviors –the Science of Addiction." National Institute on Drug Abuse, National Institute of Health. 2010. [www. Drugabuse.gov](http://www.drugabuse.gov)



# EFFECTS OF IDU STIGMA ON THE HIV EPIDEMIC



**B<sub>16</sub>**

## FACILITATOR'S NOTE

This exercise helps participants understand how stigma toward drug users fuels the HIV epidemic.

## TARGET GROUPS

Health workers, NGO staff, the law enforcement officers, and the community

## OBJECTIVES

By the end of the session participants will be able to see how stigma or the fear of being stigmatized stops drug users from getting health services and from using drugs safely, which increases their risk of getting HIV and the possibility of passing HIV on to partners.

## TIME

45-60 minutes

## STEPS

### 1. Introduction:

Explain the objective of this exercise. Then divide into groups and give each group one of the following case studies. Ask them to read the case study and answer the questions at the end.

### Case Study

Nam finished university and started his own business, selling computer equipment. He also got married. After the birth of his first son he decided to expand his business. He travelled around the country to get customers, and in the evenings he spent a lot of time in karaoke bars. In one bar he met a beautiful bar girl, called Ly. He fell in love with Ly and began to see her on a regular basis and they stopped using condoms. Ly told Nam that he trusted him so they didn't need condoms. Ly introduced him to drugs, saying it would make sex more enjoyable - and he agreed. After a while he became addicted. He began to inject drugs, sharing needles with Ly and two other sex workers.

One day Nam started to have a lot of pain when urinating. He went to a private clinic to get tested. The doctor examined him carefully and said that he had an STI. They asked him to bring his wife along for treatment. The doctor

asked if he got HIV test and advised him to do so. When leaving the examination room, he heard the doctor said to the nurse, "That guy must a playboy. He probably also injects drugs or already has HIV." He felt uncomfortable but left the clinic without saying anything.

Nam could not dare to talk to his wife about the STI and went for treatment without her knowledge. He did not want to go there for rechecking follow up because he did not want to hear unwanted comments from health workers like the last time.

Some time later, his wife complained about some uncomfortable symptoms and told him that she needed to go to doctor. He guessed that she had his STI.

His wife had earlier caught him injecting in the bathroom. She knew that he was a drug addict and was miserable about it. She asked him firmly to quit using drugs, and that if he did not she would divorce him and take the children. He promised but he knows that will not be easy because he recognizes that he is heavily dependent on the drug already.

Nam came to Ly and told her about the STI treatment. They had sex without using a condom as he and Ly assumed he was cured. His visits to Ly and her friends increased. Sometimes they use drugs together and share needles and injecting equipment.

One time when he was with Ly and her friends, he heard that one of the friends had AIDS and was in the hospital. He decided her should go for voluntary counseling and testing (VCT) and found out that he had HIV. Nam was shocked and did not know what to do and how to disclose the news to his wife. And he worried that he may have passed HIV on to Ly.

### **Discuss:**

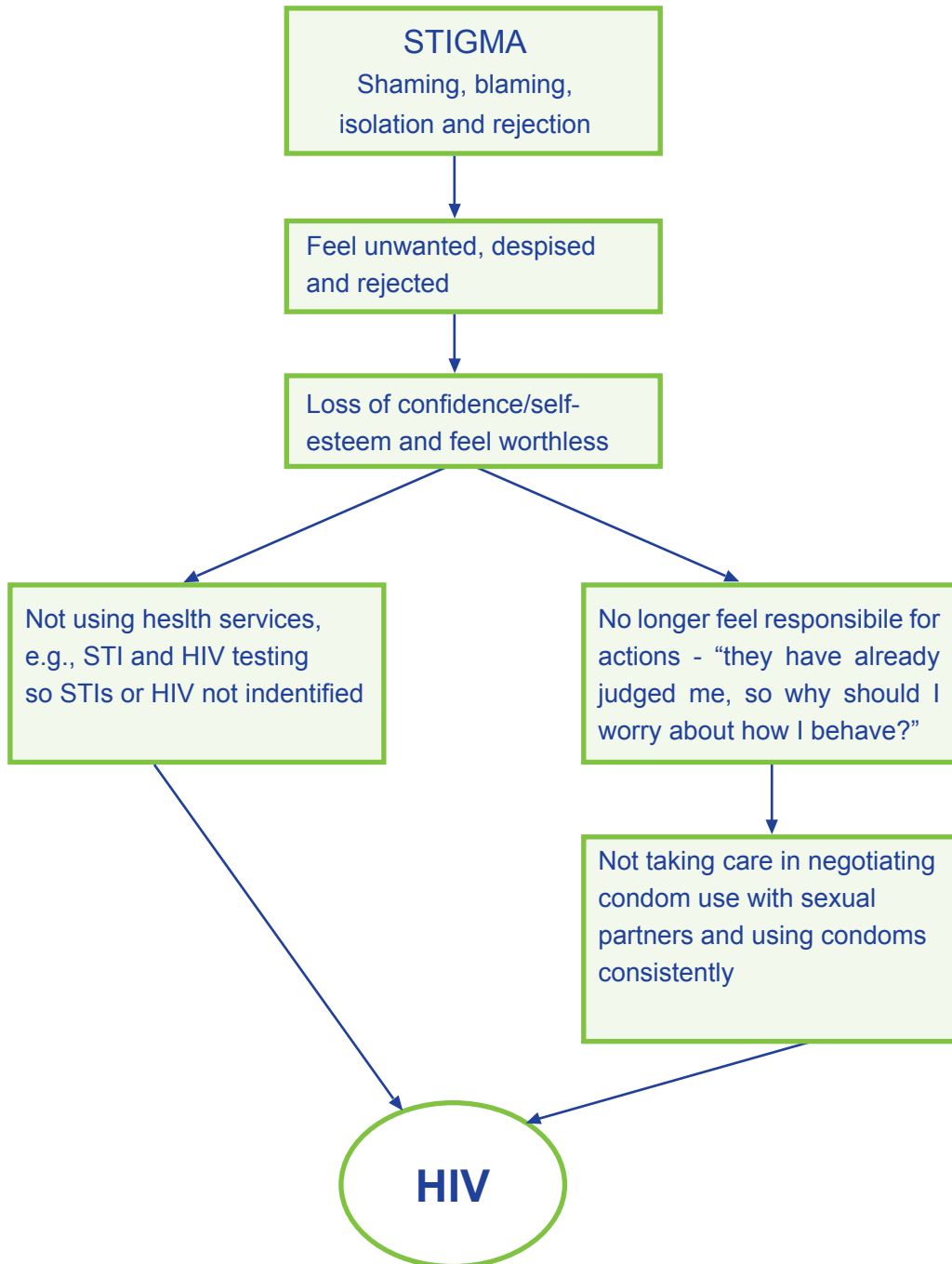
- a) *What happened in the story? Why is Nam behaving the way he is?*
- b) *Did Nam experience any stigma? If so, how is it manifested?*
- c) *How does stigma affect his use of drugs, use of condoms, and use of health services?*
- a) *How does stigma result in the continuing spread of HIV?*

## 2. Summary:

Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- Stigma or the fear of stigma stops drug users from:
  - a) **Using clinics and getting tested for HIV and STIs**
  - b) **Using drugs safely**
  - c) **Disclosing to their partners**
  - d) **Disclosing their HIV status and getting counseling, care, and support.** Drug users, because of stigma, are afraid to tell others about their HIV status. This makes it more difficult for them to negotiate condom use and to access services, support, and treatment for HIV, putting them at greater risk of transmitting HIV to their partners.
- The fear of being stigmatized stops drug users from taking appropriate action to protect their health, and thereby the health of their partners. It is this fear which stops drug users from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that they will contract HIV and pass HIV along to their partners.
- Fear of stigma keeps HIV underground. Drug users trade off their own lives and their partners' lives in order to remain invisible and avoid being stigmatized.
- If drug users are treated with kindness, support, and care, they will be more likely to access health services and take precautions in their sexual relationships.

## How Stigma Affects Drug Users





Chapter C:  
**MOVING TO ACTION**





## INTRODUCTION

In this chapter, participants plan how they are to take action to reduce stigma and discrimination related to IDUs. Thinking about solutions to stigma should not be left to the end of the workshop. It should start from the beginning of the process, so earlier exercises have also included problem solving.

### The exercises in this chapter are intended to:

- Bring together everything we have learned about IDUs related stigma and addiction, including what can be done practically to change attitudes and behavior.
- Build our commitment to stop stigma and discrimination toward IDUs.
- Focus on what we can do to change - as individuals, as communities, and in our workplaces.
- Agree on goals and how to achieve them.

### Some of the exercises are designed for specific target groups:

- The community - C4, C5, and C6
- Health workers - C9 and C10

### These exercises need to be closely linked with exercises in Chapter B for:

- Health workers - B12 and B13; and law enforcement and rehabilitation camp officers - B14

### By the end of this chapter, all participants should be expected to:

- Develop a plan of action for challenging IDU stigma in the community
- Make a public commitment to work individually and collectively to identify, understand, and challenge stigma and discrimination toward IDUs

## EXERCISES

- C1. Drawing our Context - How Drugs Have Become Part of our World
- C2. Looking for the Good Inside Everyone
- C3. Push-Pull Pressures
- C4. Coping with Drug Problems in Families
- C5. What Can Families Do?
- C6. Community Action Surrounding Drug Addiction
- C7. Finding Solutions and Actions to Challenge IDU Stigma
- C8. Strategies for Coping with Stigma (for IDU participants)
- C9. Human Rights
- C10. Challenging Stigma Using Assertiveness
- C11. Major Concerns about Interactions between Health Workers and IDUs
- C12. Action Planning

## KEY MESSAGES

- **We are all responsible for challenging stigma, not just IDUs.** We can all play a role in educating others and advocating for new attitudes and practice.
- **We should help communities learn more about drug use and addiction** so they are less fearful and have a clearer idea about what might be done to address these issues
- **We should encourage former IDUs and IDU families to speak out** to help people understand how it feels to be stigmatized - and make sure that they are listened to.
- **We should encourage community leaders to speak out** - to talk to others about drug use and addiction and condemn stigma.
- **We should share what we have learned.** After the training, tell others what you have learned and get others talking about stigma and how to reduce stigma.
- **We should talk openly about drug addiction.** Show you are not afraid to talk about this topic. Talking openly will also empower IDUs and help relieve some of their self-stigma.
- **We should encourage the community to talk about drug addiction and how they are handling it.** How can the community help families support sons and daughters to manage their addiction?



- **We should challenge stigma toward IDUs when we see it at home, in the workplace, and in the community.** Speak out, name the problem, and let people know that stigma hurts.
- **We should mobilize the community to act against stigma.** Each community can look at stigma in their own situation and agree on what they can do to do to bring about change.
- Think big! Start small! Act now! **We need a big vision but should start with small, attainable goals.**

### Things You Can Do Yourself

- **Avoid stigmatizing words** and get others to do the same.
- **Provide a friendly ear and support** to families who are affected by IDU issues
- **Visit and support IDUs and their families** in your neighborhood
- **Encourage IDUs to use available services**, e.g., VCT, needle exchange, etc.

### Things You Can Do To Involve Others

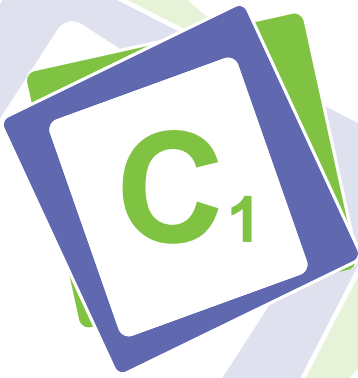
- **Use informal conversations, pictures, and stories** to get people talking about drug use and addiction
- **Challenge stigmatizing words** when you hear them; get people to think about how their words can hurt
- **Help people accept that drug addiction is a social problem which exists in our society – to accept drug addiction as an existing problem in our daily life** Get people to regard IDUs as “people with an illness,” not “people with bad behavior.”
- **Encourage people to talk openly about their fears and concerns about IDUs** and correct myths and misconceptions about drug use and drug addiction

### Things to Get the Community Acting against IDU Stigma

- Activities which get people to identify stigma in the community -
  - Testimonies by former IDUs and/or their families about their experiences of stigma and discrimination.
  - Language watch: get school children to do a “listening survey” to identify stigmatizing words used in the community
  - Drama by a youth group based on real examples - trigger for discussion
  - Pictures drawn by youth or children - focus or starting point for discussion

- **Community meetings to make decisions about what the community wants to do**, e.g. agreeing on a code of conduct, specific support to drug affected families, etc.
- **Training workshops on IDU stigma** for community and peer group leaders

# DRAWING OUR CONTEXT - HOW DRUGS HAVE BECOME PART OF OUR WORLD



## FACILITATOR'S NOTE

In this exercise participants analyze the social and economic factors that underpin the emergence of addictive drugs and the drug culture in Vietnam.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES

By the end of this session, participants will be able to:

- c) Identify the different social and economic factors underlying the drug culture in Vietnam
- d) Begin to develop strategies to address the drug problem

## TIME

1-2 hours

## MATERIALS

Context cards or selected pictures (in Annex C)

## PREPARATION

Tape context cards on walls of the room: family, community, health facility, workplace, educational setting, rehabilitation camp

## STEPS

### 1. Social and economic factors underlying drug use (mass card-storm):

Put up a picture of a drug user (DU17) in the center of the wall. Then say: "Why does Vietnam have a serious problem of illicit drug use? What are the social and economic factors which have created this problem? Explain that the problem is not caused by "bad" or "socially evil" drug users - like this man in the picture. They themselves do not want to become addicted and many of them are not bad people. The problem is created by the society we live in and social and economic factors. This exercise will help identify the factors that help create the drug problem in Vietnam.

Then divide the group into pairs and hand out cards and markers. Ask pairs to write on each card a social or economic factor that helps

explain why there is a drug problem in Vietnam. They can also draw pictures. Tape the cards on the wall. As factors are taped on the wall, ask participants to write other cards that are the effects of those factors on the wall to show a cause-effect link.

The placing of cards can be layered around the picture of the drug user - starting with family and local factors in the first cluster around the picture, then macro or national factors in the next level.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Social and economic factors underlying drug use and addiction

- Drugs are easily accessible - Vietnam is close to the Golden Triangle and is on the route for transporting illicit drugs to other regions. This makes drugs cheap and easy to buy.
- Poverty and unemployment
- Drugs as a coping mechanism/a way to forget problems
- Survival needs - many women turn to sex work and some get pulled into drug use
- Cost of living is rising - this forces many parents to spend long hours earning income and they have less time to educate their children and keep them away from problems such as drug use.
- Few social development programs and recreational opportunities including playgrounds for youth.
- Lack of good information on drugs and drug prevention within the school curriculum and for the general public.
- Youth are not supervised so they find their own forms of entertainment, including drugs
- Social evils policy - shapes the way in which people regard the drug user - viewed as a criminal, rather than a victim or person with an illness
- Drug prevention and control policies - uses a punitive approach

- Limited harm reduction policies and programs
- Rehabilitation camps are designed to help the drug user to break the drug habit, but because they don't support clients when they leave, most return to drug use.
- Vocational training courses in the rehabilitation camps do not provide the skills drug users need to get work when they leave the camps.
- Stigma from families and communities drives drug users away from health services and prevents people from quitting drugs.

## 2. Taking responsibility for change

Ask the group to identify from the list of cards which are the most important factors underpinning the drug culture in Vietnam.

Then ask - *“How can we have an impact on this situation? What can we do to address the root causes of the drug culture? What can we do as law enforcement agents or rehabilitation camp officials?”* These actions can be written on individual cards with a red marker.

Get the group to agree on:

- 2-3 immediate actions for change
- 2-3 longer term actions for change

**Then ask three questions:**

- What can the community do to help the drug user? Who in the community can help you if you have a problem? Who and what tend to support the drug user to overcome his/her addiction and integrate into society? Who and what tend to oppose the drug user by hindering his/her ability to be well ?*
- What can the family do to help the drug user? What are you doing as parents to ensure your children grow up healthy and without drugs?*
- What would you propose to government in terms of policy related to youth social development?*

### 3. Optional activity – historical timeline:

As an additional activity ask participants to prepare a timeline of key activities over the last 20 years (1990 - 2010), which have an impact on the use of drugs. This activity will help give an overall picture of drug use/addiction and how it has been controlled in the past.

#### **Important Benchmarks in the Community Regarding HIV Prevention.**

First case of HIV. Drugs coming in. HIV Prevention policy. Key laws on HIV prevention.

Laws on Drug Control. Laws on Sex Work Control. Introduction of detox centers.

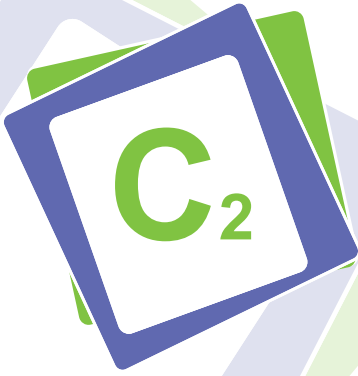
Formation of voluntary groups for PLHIV, drug users, and sex workers.

### 4. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Drug addiction is socially produced. Drug addiction is there not because people are bad, but because of a number of social and economic factors. We can't put the blame on young people - we need to look at the social situation that promotes their addiction.
- Rather than blaming the drug user, we need to look at drug addiction in Vietnam in a broader context. Why is drug use so widespread? Where do drugs come from? How do drugs come to the community? Who is taking action to stop drug dealers from bringing drugs into the community?
- To understand the drug problem, we need to understand the changing social context in Vietnam, especially over the last two decades. Drugs are becoming more easily available, parents are spending much of their time earning money and less time with their children, and healthy recreational options for young people are limited. Economic goals are prioritized over social goals and social development, and little is invested in the social development of young people.
- Everyone does something wrong in life. If you do something wrong, you can change. But in the case of drugs, it is hard to change once you are addicted.

# LOOKING FOR THE GOOD INSIDE EVERYONE



## FACILITATOR'S NOTE



This exercise helps participants look at different approaches for dealing with addiction - punishment and verbal abuse on one hand, and providing a caring, supportive, and non-judgmental environment on the other

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to recognize the importance of using an empowering and caring approach to help drug addicts rebuild their lives

## TIME



1 hour

## STEPS



### 1. How to handle a drug addict (story):

Divide into small groups and hand out the two stories at the end of this exercise. Ask groups to read them and discuss:

*What happened? Why did one approach work better than the other?*

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### Story A:

- Father scolds his son harshly the first time he finds that his son is using drugs
- Shaming him - saying he was "evil" and had ruined the family's reputation

- Sends son to rehabilitation camp - letting other people deal with the problem
- Father never visits rehabilitation camp and mother only visits a few times
- When the son is released and returns home, all he finds is verbal abuse
- Father kicks the boy out of the house and disowns him - cuts off support system
- Neighbors reject him - his only support system is his friends

### Story B:

- The father, mother, and all the boys plead with the boy to stop using drugs
- They buy video games to distract him and magazines to teach the harm of drugs
- The mother pleads with all the brothers to give the boy another chance
- The family overcomes feelings of helplessness and takes positive action
- They lock him in his room but provide TV and computer - mother cares for him
- They prevent the boy's drug user friends from visiting him
- When the boy asks them to believe in him and let him go to school, they accept

### Key differences:

Family B: do not condone drug use, but sympathize with him and help him quit drugs; overcome their own feelings of helplessness and take positive action; give him love and support and care for him in the family, not kicking him out; give him another chance and believe in him, not judging and shaming him; provide a supportive environment.



## 2. Summarize:

Summarize the discussion and then make the following points:

- Ho Chi Minh taught us to **look for the good inside everyone**, including drug users. If families and communities do this, they won't be overwhelmed by this problem. This is what happened to family B. They did not give up on Cuong and gave him a chance to rebuild his life, supporting him all the way. They avoided shaming and condemning him, and instead gave him loving support.
- In contrast what happened to the boy in family A? The father gave up on him and the community too. All they could see in him was evil - they didn't see the good inside him, the chance to make a new life. This negative behavior would turn him into a criminal - he would involve in crime with his friends because he had nowhere else to turn.
- Old saying: Humans are by nature kind from birth - we are all born to be kind. The way we behave depends on how others treat us. By nature we are good and will remain good, if people have sympathy and support for us. This is a tradition of Vietnamese people - to support and encourage each other.
- **Drug addicts are also good by nature.** Many of them don't want to be addicts. They were drawn into drugs and drug addiction through a number of factors, but they soon realize how painful this is. The only reason they continue to use drugs is to deal with the uncomfortable feeling of withdrawal.
- It is very hard to break the addiction, so we need to help drug addicts avoid the negative effects of addiction. We can no longer let IDUs die from overdose and families suffer and drugs continue to separate us without doing anything - we have to do something - what can we do?

## 3. Clean paper exercise:

Hold up a piece of paper with a small dot on one side and explain: You can see that both sides of this paper are clean, except one side has this little dot - so 99 percent is clean. We can use this paper. We don't need to throw it away; if we do, we are wasting a lot of clean paper.

This represents the situation of the addict. He makes one little mistake (represented by the dot) and we "throw him away." But inside he is a good person with lots of potential (99 percent of the paper). If we "throw him away" (e.g. give up on him, kick him out), we are wasting all his potential. Instead we should encourage him to use his potential and be a useful person to the family and community, in spite of the mistake.

Our problem is we don't trust addicts. We say they have sweet words to deceive. They say they will quit the drugs and won't do bad things, but we don't believe them. Story B says **we need to find the courage to trust again, to give drug addicts a**

**chance to remake their lives. Cuong found the courage to restart his life** when his mother showed her love for him by saying, "Let's give him another chance."

### Story A: My Father Gave Up on Me

I didn't plan to become a drug user. It just happened. One day I went out with friends and the next minute I was inhaling drugs for the first time. I had heard lots of scary stories about drugs, but when my friends asked if I wanted to try them it seemed so natural and nice that I was tempted.

Soon I was taking drugs regularly and before long my friends got me to inject. The drugs interfered with my studies and I dropped out of university. This upset my parents but because I had already found a job with a computer company, they didn't bother me much. All they talked about was the money I was giving them from my new job. Somehow I managed to hide my drug habit from them.

The new job gave me money to buy drugs and soon I was injecting three times a day. The "white death" made me very sleepy and affected my work at the computer company. One day my supervisor found me injecting in the toilet, and I was fired!

When my father found out that I had lost my job and was a drug user, he cursed me for my "evil behavior" and threatened to disown me. He said the family had no history of "social evils." He sent me to a rehabilitation camp, thinking this would punish me and cure me. In fact it didn't. I went through detox, but it didn't cure me - I still wanted the drugs, and I found them inside the camp.

While I was in the camp, my parents rarely came to see me. My mother came a few times at the start, and then her visits stopped. My father never came.

Two years later I was released, feeling angry and depressed and not knowing what I was going to do. When I got home, the family did not welcome me. Since I had nothing to do I mostly stayed at home. There was always a family member to watch me. Whenever I wanted to go out, a family member would escort me. I was not allowed to drive a motorbike alone, I was not allowed to have a key to the house. I felt very dispirited because I knew I was not trusted by the family. Once my brother complained that he lost some money. My parents looked at me and started to shout at me that I must be using drugs again and that I couldn't change. I said I did not take his money but no one believed me. My father shouted at me and told me he wanted me out of their lives. He no longer considered me his son. I had destroyed all their dreams, the family had suffered - now they just wanted to get rid of me.

I packed a few things and went outside. The neighbors were watching me. When I looked in their direction, they quickly turned their heads. No one wants to get close to a drug user who has been in and out of a rehabilitation camp.

I left the house in a daze and went to see my friends. I never went back. That's the day I started my life of crime.

## Story B: My Mother Saved My Brother

We are five boys in our family. The youngest, Cuong, became addicted to drugs when he was 17. The pain and anger of trying to deal with this problem killed my father. He couldn't cope with all the problems and financial stress, and he collapsed. Before dying he begged Cuong to change.

My father's death was a bitter blow. My mother looked 10 years older, her eyes seemed like she didn't want to see anything anymore. Trung, my oldest brother, was very angry. The rest of us didn't know what to do but cry. We pleaded with Cuong to give up drugs, and reminded him of our father's last words.

Cuong promised to stop. He vowed he would never go back to the "white death." We put all our hope in him and encouraged him to stay clean. We bought him video games to help him forget the drugs, and gave him magazines to learn about the harm of drugs. After a few weeks, his girlfriend came to visit him. We didn't know she brought him drugs. Cuong went crazy. He started injecting again, and overdosed, and we had to take him to the hospital. Trung was really angry. He said we should give up on Cuong - "Why save him when he has brought so much shame to the family?" But our mother pleaded with us and said, "Please give him one more chance."

This time we were very determined. Trung bought a chain and locked Cuong inside his room, leaving him with a TV and computer. The room does not have a toilet, so my mother had to care for him with that. After a month, Cuong's craving decreased, and he could eat more and started gaining weight. We prohibited his friends from visiting.

Cuong finally recovered before the new school year started. We were very worried - we didn't know if we should let him go back to school, fearful that his bad friends would lead him to relapse. Cuong said we should give him another chance, let him go back to school, and believe in him. So we did. Now Cuong has graduated and started working. So - this is the story of how our family has helped my brother back from the drugs. It sounds easy, but only one who has seen a drug addict in his craving would understand how difficult it is to quit using drugs.

I don't believe that money can help people give up drugs. Look at what happened to my brother. We gave him so many things to get him to quit drugs. It was only when everyone was tired and wanted to abandon him, and my mother begged every boy in our family to give him another chance, that Cuong became serious about quitting. This changed his life!

## PUSH-PULL PRESSURES

### FACILITATOR'S NOTE

This exercise raises the issue of different pressures on the drug user - from family and community on one hand, and others drug users on the other. It shows that our messages to the user will affect his decision whether to continue using drugs, or try to break away. Participants will also get ideas on ways to help drug addicts to overcome addiction. You could use this activity as a warm-up game - a team competition.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of the session participants will be able to identify:

- the pressures on a drug addict from family, community, and drug users

- strategies for helping the drug addict manage his addiction

### TIME

1 hour

### PREPARATION

Tape two sheets of blank flipchart paper on the front wall. Label them:

- the forces pushing one to drug
- the forces pulling one from drug.

### STEPS

#### 1. Introduction:

Explain that IDUs are pushed and pulled in different directions toward using or quitting drugs. For example, bad treatment by the family can be a factor that pushes drug addicts to keep using drugs; other drug addicts may also encourage continued use. On the other hand, support from the family may play a role in helping a drug user to quit.

## 2. Team game:

Ask the participants line into two team, assign each team a flipchart. Put a label on your chest, saying “IDU” and stand in between the two lines. Explain that you (facilitator) will play the role of the IDU. You have been in the rehabilitation camp for two years and have just come out and returned to your family and community.

Ask member of each team one by one to write one factor which pulls the drug user back to drug or pushes him/her away from drug.

### Option 1:

**Row A:** The family members who believe that the drug user is a bad person and can never quit drug.

**Row B:** The family members who believe that the drug user can change and support him/her to overcome drug addiction.

### Examples of responses

Line A – Worst Things to Say to IDUs	Line B – Good Things to Say to IDUs
They should lock you up again.	We are so happy to see you.
You are still a drug user - a bad person.	You mean a lot to the family.
Leave our home and never come back.	You are a big part of our family.
You will never change.	We know you can do it - you are capable.
You will always be evil	We know there is good in you.
We hate you - you've destroyed our family.	We love you. We respect you.
You are useless - a failure.	You just need a chance to show what you can do - we know you can do it!
You don't trust you.	We want to support you.
You have a weak will.	We don't blame you
You are a robber.	Your family will always be there for you.
Once a thief, always a thief.	We trust you.
You are a burden to your family.	We would like to hear your story.
You are an embarrassment to the family.	

### Option 2:

**Line A:** List all factors (behaviors, treatment etc.) that discourage drug addicts from quitting.

**Line B:** List all factors that help drug addicts to quit and stay away from drugs.

### **Example Responses:**

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

**Line A. Factors encouraging drug use:** Try it, it will make you feel good, to forget sadness, sorrow, low self-esteem, look for a comfortable feeling, reduce pain, supply and demand, fed up with life, find feeling of high, to become confident, find feeling of happiness, cannot forget, no cure from addiction, family avoidance, marginalized by society, addict befriends other addicts, to express oneself, for sexual enhancement, to enhance physical strength, feel stronger, cannot forget good feeling.

**Line B. Factors helping cessation of drug use:** Care by the family, clubs to support drug addicts who want to quit, wife support and encourage husband, concern about one's future, care by friend, know harm of drugs, care by local government, concern for one's children and family, think of own health, want to become a good person, use of methadone, fear of death, fear of going to rehabilitation camp.

3. Invite the group to sit down and ask them to brainstorm messages that other drug users send to the IDU. See examples below.

### **Messages that Drug Users May Give Each Other:**

Don't listen to them. They'll lock you up again, or watch you like a hawk. They have no respect for you. They have no time for you. They don't trust you. They don't respect you. We'll look after you. They've given up on you, so stay with us. They just don't understand.

### **4. Processing:**

Display the three lists (factors encouraging drug use, factors helping cessation of drug use, and messages that drug users may give each other) and ask -

*How do these messages affect the drug user? How would you feel if you came out of a rehabilitation camp and people said these things to you?*

**List A:** Those words are sharp and hurt, blaming, humiliating. Feel shamed. Being treated as criminal. They think we are unchanged. We are confused and get lost. We are hurt. This destroys our self-esteem. These words make us to be away, to look for drug to forget our sadness.

**List B:** These words empowered us. We feel we are accepted and are happy with this. I found I am still accepted in my family. I believe that I can do something to change myself. Think that people try to understand me. There is no feeling of being blamed or shamed. These words encourage me to change.

*Example from ISDS Consultative workshop with former drug users, Hanoi September 2010*

## 5. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Factors that push drug addicts to continue to use are peer pressure, abandonment, and blame by family members. On the other hand, factors such as support, tolerance, and consistent help from family members and community help drug addicts to quit.
- Messages we give to IDUs are important. They affect how IDUs feel about themselves and how they feel about addressing/changing their situation. If the messages are negative, critical, or hostile, they will feel hurt and lose their confidence and self-esteem, and this will undermine their ability to make a life change. If the messages are positive, affirming, and supportive, they will feel they are capable of making a change, and this will give them the strength to take responsibility and do something about their addiction.
- It is true that IDUs (like everyone) have made mistakes, but you don't build fresh energy and hope by focusing on the mistakes. In fact, most IDUs have only made one big mistake - to start taking drugs. Once hooked, the addiction largely shapes behavior and actions, not the person.
- Empowerment comes from building self-esteem. We build self-esteem through giving responsibility and trust to IDUs, and supporting them to do things to change their lives. Building self-esteem starts with listening - treating drug users as human beings and listening to them tell their stories and what concerns them.
- When someone stops using drugs, the best thing you can do is to stop treating him as a drug user - give him responsibility, something to do, and trust him. If you treat him as a drug user, you will be pushing him back to drugs.

- Think of our attitudes, language and behaviors toward IDUs and how to make our messages supportive and helpful to help them stay away from continued drug use.

## 6. ISDS case study:

If there is time, tell the following story:

We hired a former IDU to work on a project. He had all the skills needed for the project, and seemed to be a very nice guy, but we were worried about his reliability. We had heard many stories about other IDUs abusing the trust of other NGOs, and we were worried he might take advantage of the new opportunity and steal things. So, when he joined there was a huge debate within our team - should we accept him or not? Everyone else was trusted and allowed to have full access to the office, but we decided he should not have this privilege at the start. We told him he had to work from home. We all felt bad about this, but felt if we were going to be responsible, we had to be careful.

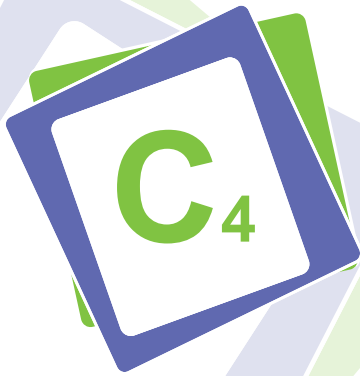
He did very well, working at home, and eventually he joined us in the office. When he first came, we didn't give him a key, like the other staff members. Every day we would wait for him to finish his work, and then we locked the office. Again, we felt bad about this, but felt we were being responsible.

Over time he has become one of the most dependable, hard working, and effective members of our team and we are so proud of him. In fact he got married, has had a child, and he is doing very well at home and in our NGO.

In hindsight we feel we should have trusted him much earlier. We should have overcome our own stigma toward IDUs and given him the benefit of the doubt. We have learned that the most important thing is to trust and respect someone - this gives the person all the energy and motivation to do well. And we also learned to give drug users a chance to show what they can do, to contribute.



# COPING WITH DRUG PROBLEMS IN FAMILIES



## FACILITATOR'S NOTE



In this exercise participants begin to look at what they can do to support families to lessen the harm or effect of drugs on IDUs and their families.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of the session participants will have developed strategies to help families lessen the harm or effect of drugs on IDUs and their families.

## TIME



1 hour

## STEPS



### 1. Small groups:

Divide into groups and ask each group to discuss:

- a) *What can we do to lessen the harm or effect of drugs on IDUs and their families?*
- b) Half of the groups should focus on drug addicts and the other half on drug users.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Drug addicts

- Stop the scolding and “shaming and blaming” of IDU family members
- Stay close, and be sincere and friendly. Give IDUs respect, love and trust.

- Look for the good inside IDUs and encourage them to show what they can do
- Help IDUs improve their relationship with their families and the community so that they feel they have loving care from the family and sympathy from the community
- Help IDUs understand the harm and risks of injecting drugs, including the risk of getting HIV and other blood borne diseases (e.g., hepatitis B and C)
- Help IDUs give up drugs; if they can't give up drugs right away, encourage them to adopt harm reduction methods, e.g., use of clean needles, stopping the sharing of needles, etc
- Encourage IDUs to take part in healthy activities e.g., sports
- Provide a place where IDUs come together, support each other, and do things together
- Help IDUs find jobs and take up family responsibilities so they have other things to think about than using drugs
- Teach families and the community about drug addiction and its impact on addicts
- Help change community attitudes towards IDUs - that they are battling an illness, not criminals

#### **Drug users who are not addicted**

- Warn person using drugs as painkiller that if he abuses it, he could become addicted
- Tell him about other substitutes or methods to lessen the pain, e.g., acupuncture
- Give drug users information about the harm of drug addiction
- Help the community understand the difference between drug use and drug addiction

## **2. Summarize:**

Summarize the ideas and emphasize the importance of taking a loving, respectful, and supportive approach, rather than scolding and using harsh discipline. Explain that if families see the drug addict beginning to manage the addiction better (e.g. using harm reduction methods), they will feel happier and less stressed.

## WHAT CAN FAMILIES DO?

### FACILITATOR'S NOTE

This is an alternative to C1 and C3. It consists of three stories on how families deal with sons or daughters who are affected by drugs, and also addresses the issue of HIV.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of this session, participants will be able to decide what they can do to support family members who are using drugs

### TIME

1 hour

### MATERIALS

Case Studies

### STEPS

#### 1. Three stories:

Divide participants into three groups. Assign each group a story, ask them to read the story and discuss these questions:

- What happens in each story? Why?*
- What is the difference among the three stories and why?*
- What can families do to provide care and support?*

#### 2. Report back:

Each group reports back their discussion points. Other groups comment and ask questions.

#### 3. Plenary discussion:

All participants continue to discuss the following questions:

- What is the difference between the three stories?*
- Why?*

**Story 1:** I got married in my mid-20s. After getting married, I found out my husband was a drug addict. His parents used to hide the family property so he wouldn't steal from them. They also watched me very carefully because they thought I might get addicted too. This made

me feel very bad. I even had trouble keeping my job. When my employer found my husband was an addict, I was fired because they feared something bad could occur in the organization. My husband tried to quit drugs many times and when he did, his parents were very good to him. But when he started again, they shouted at him and sent him to the rehabilitation camp. When he came out, the neighbors helped him find a job, but eventually he slipped back into drugs. He went back to the rehabilitation camp and when he came out, his parents sent him to a rural village to stay with his uncle. They said, if he stays in town, he will become addicted again. He went back to the drugs many times and each time the family would lose hope and trust. They finally gave up on him, assuming that he had ruined his life and would never recover.

**Story 2:** Bao is the only son in a rich family. His parents love him and give him all the best. He uses the money to go to nightclubs, where he becomes addicted to drugs. He was dismissed from university in his 2nd year. To pay for the drugs Bao forms a criminal gang. He is arrested for stealing a motorbike and sentenced to prison, where he immediately gets into trouble and is locked in a single cell. Bao thinks his life is over, but his girlfriend, a university graduate who works for a computer company, comes to visit him. He doesn't want to ruin her future, so he tells her the relationship is over and drives her away with heavy words, telling her to forget him. But she continues to visit and to send him many letters. The letters encourage him, give him hope and fresh energy, and he now looks forward to being released and starting a new life. Bao believes that it is the love from his family and girlfriend that gives him the strength to live.

**Story 3:** Tinh finds out he has HIV. At first he hides his problem from his wife and his family because he is worried about their reaction. One day he learns about ARVs but is told they are very costly. He decides to tell his wife, his brother and sister and ask for their help. They are very sad when he tells them, but they are very supportive. They listen to Tinh without judging or blaming. They help him find information about ARVs and offer to help him pay for them. They even go with Tinh to the hospital and ask questions to find out more about ARVs. Before all this happened, he was very skinny and desperate. After a few months Tinh became very happy and positive about his life, and his health improved.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

**Story 1:** The family treats the son well when he is off drugs, and badly when he uses drugs. So they are stigmatizing the drugs, not the drug user. They

also stigmatize his wife - which is wrong. They should support her and work with her to support her husband.

**Story 2:** In this story the girlfriend makes the difference. She loves Bao, makes regular visits to him in prison and writes him letters. This helps Bao find hope and think about rebuilding his life when he leaves prison.

**Story 3:** The wife and family are accepting and provide active support, e.g., helping to pay for ARVs and find out more about ARVs. Their supportive attitude makes Tinh feel better about himself and his health improves.

### Strategies for caring and coping with drug use and HIV within the family

- Help family members deal with the anger and stigma towards IDUs
- Don't give up on family members who are struggling to overcome addiction
- Help IDUs and PLHIVs live a healthy life (including ARVs) so they can live a long time
- Make IDUs and PLHIVs feel loved, wanted and welcome in the family. Spend time with them.
- Educate family members about drug addiction and harm reduction
- Organize the sharing of caring work among all family members

## 4. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- There is a high relapse rate after IDUs have been rehabilitated, so families lose their patience and feel that their time and effort is being wasted.
- But families should not lose hope and give up on their children, even if they are angry with them. Families need to move beyond their anger, to stop saying "these people are bad," and focus on providing support.
- Usually the first response of families is to provide care and support to family members who are facing difficulties. However, sometimes stigma inhibits the family from providing the care and support they would normally provide.
- When a drug user stops using drugs, the family should give him/her something to do and help him/her find work, to let him/her contribute. Help to find job so that s/he finds that s/he is meaningful to the family and contributes to the family. If we don't do this, we are pushing him back to drugs.

# COMMUNITY ACTION SURROUNDING DRUG ADDICTION

## FACILITATOR'S NOTE

This exercise is designed for communities that would like to address the problem of drug addiction. It can be used in a community meeting to get the community to analyze the issue of drug use and addiction and its effect on the community. However, it would be most effective if used in conjunction with other exercises in this toolkit.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES

By the end of the meeting community members will have:

- a) Identified and analyzed drug problems in the community and their root causes
- b) Agreed on practical plans to respond to drug addiction

## TIME

2-3 hours

## STEPS

### 1. Problem analysis (small groups):

Discuss these questions in small groups first, and then bring the whole group together to share the ideas.

- a) What is the history of drugs in your community? What happened when the community first learned about drugs? Five-ten years ago? Now?
- b) How is the community currently dealing with drug use/abuse?
- c) What is the attitude of the community and local authorities toward drug users?
- d) What factors are making the community vulnerable to drug abuse?
- e) How are families affected by drug abuse currently managing the problem?
- f) *What can the community do to help support families to manage their addiction problem and improve the health of everyone in the community?*

## 2. What are communities doing already?

Present stories about how communities in different parts of Vietnam are organizing themselves in response to drug abuse. One example is given below.

*“If someone asks me what they should do to help their children to quit drug successfully, I will say to them to keep continue to give love to their children”* (A mother of an ex-drug user, according to the evaluation report of B93 Club, 2007)

### THE MODEL OF POST-DETOXIFICATION ASSISTANCE – THE B93 CLUB

The B93 Club, formally known as “the model for management, education, counseling, and assisting ex-drug users to integrate to community and prevention of relapse,” was initiated by the Hanoi Department of Labor, Invalid and Social Affairs (DOLISA), and the Hanoi government has been implementing this program since July 2001. The goal is to establish a system of long-term community-based care for drug users who successfully completed the detoxification and rehabilitation program in the rehabilitation camps. The program includes management, education, counseling, and other services to help ex-drug users reintegrate into their communities. Each B93 club organizes weekly activities for its members.

Each B93 club can recruit and monitor 10 ex-drug users who have successfully gone through a withdrawal period in a community-based detox program or a rehabilitation camp. In addition to ex-drug users who join on voluntary basis, the clubs consists include a Chairman Board who are representatives of community mass organizations. The Hanoi Department of Social Evil Prevention and Control is responsible for coordinating and providing technical assistance for these activities.

The Club B93 works on six basic principles: (1) no drug use; (2) no drinking; (3) no violence; (4) no use of pornographic material; (5) no gambling; and (6) no swearing. The clubs focus on *therapeutic activities*, such as counseling, improving life skills, anti-relapse skills, and HIV prevention; *re-integration*, such as participation in community activities, in community campaign on HIV/AIDS and drug prevention, and in cultural events; and *income generation activities*, such as vocational training or job orientation, job creation, job vacancies, production and labor in the communities, etc.

This initiative has been highly appreciated because it creates opportunities for ex-drug users to participate in community activities, helps them in rebuild their lives and emotional stability, and helps them gradually integrate in and gain the trust of their community. In regular meetings, club members have the opportunity to share their concerns and difficulties as well as success. The clubs are also helping to reduce stigma toward drug users in the community.

However, the effectiveness of the club depends very much on the creativity and enthusiasm of the Chairman board as well as the richness of activities which helps with member recruitment and retention.

Evaluation findings of the Club B93 conducted in 2007 indicate that in many clubs, have not been as successful as expected, with lower than expected participation rates and high rates of relapse. Findings also showed that stigma toward drug addicts is still strong, making it difficult for ex-drug users to find jobs.

**Source:** *the Hanoi Department of Social Evil Prevention and Control. "Evaluation Report of Club B93's implementation". Hanoi, October, 2007.*

### Discuss in small groups:

- a) *What happened in this example of what communities are doing already?*
- b) *Why was the approach used successful?*
- c) *What can we do as a community to support drug affected households?*

### Example Responses:

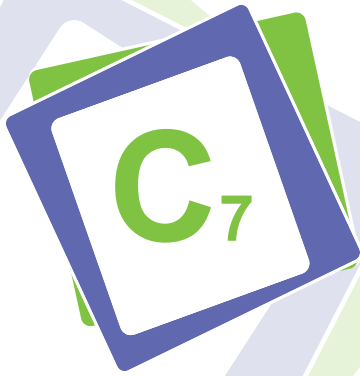
*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

### Examples of possible community action:

- Educate families about addiction so they stop stigmatizing out of fear.
- Change the perception that IDUs are criminals - help everyone understand addiction.
- Bring IDUs together to share feelings and problems and discuss what can be done.
- Organize community meetings to get the community to stop stigmatizing
- Invite self-confident IDUs to give public testimonies on their experience.
- Initiate campaigns to provide IDUs with jobs and income generating activities.
- Organize training for community leaders and peer group leaders
- Organize awareness activities in the schools e.g. art or drama competition
- Get community members to share their "survival knowledge" around drug abuse



# FINDING SOLUTIONS AND ACTIONS TO CHALLENGE IDU STIGMA



## FACILITATOR'S NOTE



We recommend you do this exercise immediately after doing C6. The aim of Exercise C7 is to get participants to start thinking about how to solve or challenge stigma toward IDUs. Participants work in small groups, developing solutions for each of the contexts that were already discussed in B5.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will be able to identify possible solutions to challenge stigma and discrimination.

## TIME



1 hour

## MATERIALS



Summary of stigma in different contexts (can use

## STEPS



### 1. Task groups:

Divide into small groups and give each group one of the flipchart outputs from B5. Ask them to read the flipchart and discuss the following:

- a) *What are the causes of the stigma and discrimination in this specific context?*
- b) *What can we do to solve or challenge these forms of stigma and discrimination?*

### Examples of Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.*

### Family:

- Help families overcome their shame and worry by helping them understand that:
  - a) They are not alone; there are other families struggling with the problem of drug use and addiction.
  - b) Drug addicts are not criminals - they have a health problem.
  - c) Addiction is not a choice. Many addicts want to quit, but the addiction is powerful and difficult to overcome.
  - d) IDUs are like anyone else. They just want to be respected, loved and accepted as part of the family.
  - e) Forcing IDUs to quit (e.g., beating them or locking them up) does not work. To start the process, it would be better to help them with harm reduction methods, such as ensuring they have access to clean needles.
  - f) Stigmatizing IDUs makes them hide their drug use and take less care in using drugs (e.g., sharing drugs rather than using clean needles, or overdosing), which exposes them to HIV and other health risks such as Hepatitis B and C and drug shock). When they get HIV, they may try to hide their status due to stigma; their failure to disclose can increase the risk of infecting others.
- Put families that are trying to address drug abuse problems in touch with each other.
- Encourage the affected family member to join support groups for sharing and emotional support.
- Stop the scolding, shaming and blaming IDU family members
- Look for the good inside the IDU and encourage him/her to show what s/he can do
- Help the IDU to find jobs and take up responsibilities in the family so that s/he has other things to think about than using drugs

**Health facility: Encourage health workers to:**

- Follow their code of practice which requires them to treat all patients with respect.
- Stop assuming that IDUs are less deserving of care at the clinic. Everyone has the right to respectful treatment, regardless of the health issue.
- Find a trusted source with whom they can talk openly about their concerns, and who can correct their misconceptions by providing correct knowledge about drug addiction and drug addicts
- Stop gossiping and name-calling and protect the confidentiality of IDUs
- Deal with IDU patients in a caring, supportive, and non-judgmental way, as they do with other patients.

**Workplace:**

- Build on existing HIV workplace policies to build an accepting atmosphere.
- Workplace approach: Because someone has HIV does not mean he can no longer make a significant contribution as a worker. Similarly, former drug addicts have a lot to contribute so they should be accepted.

**Educational setting:**

Help students to understand that:

- HIV is not transmitted through casual contact, and it is not a given that a drug user has HIV. Avoiding or isolating friends who use drugs will not serve to protect you from contracting HIV, nor will it help your friends quit using drugs.

**Law enforcement officers:**

Help the law enforcement officers to:

- Learn more about drug addiction and HIV so they can better understand what drug addicts are going through.
- Create an environment where IDUs receive fair treatment and without discrimination, which is more likely to encourage them to quit using drugs and focus on rehabilitation.
- Understand that drug users and drug addicts are not criminals. If they commit a crime they will be punished according to the law.

## Community:

- Provide correct information about drug addiction and drug addicts. If people better understand the problem and that addiction is not a matter of choice, they likely will be more sympathetic to and tolerant of people who use and are addicted to drugs.
- Encourage support and self-help groups for IDUs and PLHIV to address stigma and share their stories with the community as a way to warn others about the dangers of drugs and to call for understanding
- Help leaders understand about the value of harm reduction measures and ask them to support such programs in their locality.

## STRATEGIES FOR COPING WITH STIGMA (FOR IDU PARTICIPANTS)

### FACILITATOR'S NOTE

This exercise is designed for drug users and builds on previous exercises. Participants review the different forms of stigma and discrimination they are facing in different situations (home, community, clinic, law enforcement officers, and rehabilitation center), and they develop personal strategies for coping with stigma.

Many IDUs have accepted stigma and discrimination as part of their lives. They feel hopeless and see no way out. Many have internalized the stigma, deciding that it is easier to do nothing to challenge the stigma and to accept the blame. They think that if they remain quiet and manage to quit using drugs, then other people will change their attitudes and behavior toward them. However, people often remain suspicious that they will go back to the drugs. People even say to their face, "Are you going to use drugs again?"



Because they are stigmatizing themselves, they are going with the general perception that addiction is a behavioral flaw; they do not recognize that in reality, it is a health issue.

The aim of this exercise is to help drug users learn to challenge the stigma.

### TARGET GROUPS



Drug users or their family

### OBJECTIVES



By the end of this session, participants will be able to work out personal strategies for coping with stigma and discrimination.

### TIME



1 hour

### STEPS



1. Put up the list of experiences of stigma and discrimination in different contexts developed by participants in exercise B5 - see example below.

Place/Players	Stigma and Discrimination
Home	<p>Insult IDU for bringing shame to family. Shun IDU from family discussions. Tell IDU that s/he is no longer part of the family. No one cares for him/her. No one sitting and talking with him and spending time with him/her. Stop children having contact with him/her. Warn neighbors to avoid him/her.</p> <p>Watch IDU carefully. Beat and lock/her him up. Kick him/her out of the house.</p>
Community	<p>Gossip and finger-pointing. Look down on and try to avoid him/her. Blame IDU for breaking up families and corrupting society. Stop contact with and support for the IDU's family.</p>
Clinic	<p>Some clinic staff are insulting, show disapproval, and keep their distance. Gossip about IDU. Breach confidentiality by telling other staff and patients.</p> <p>Fail to provide appropriate counseling, diagnosis, treatment, and care.</p>
Educational setting	<p>Gossiping about someone who is suspected of using drugs;          Avoid, do not want to contact or talk with him/her          Do not want to sit at the same table          Fear if s/he is HIV infected - if accidentally touch the person, may wash hands many times;          Would have to drop out of school if teachers found out that he/she uses drugs.</p>
Rehabilitation center	<p>IDUs who have been there for a long time discriminate against and abuse newcomers          Beating. Taking other's belongings.</p>

2. Divide into five groups of roughly equal numbers. Ask each group to focus on one of the places or players listed above. Ask them to discuss, *“How can you cope with or challenge stigma and discrimination in that place?”*

**Example Responses:**

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

**Coping at home:**

- Try to build good relations at home with parents and other family members.
- Show that we are as productive and valuable as any other family member.

**Coping in the health facility:**

- Don't give up. Don't walk away. Stay and demand equal treatment like other patients
- Be courageous and ask for fair treatment in a polite but assertive way
- Tell the health staff that we have rights just like other patients to get treatment.
- If a health worker refuses to treat properly or tries to avoid giving treatment, politely ask the health worker to write down the reasons and sign her/his name.
- Go directly to the clinic leader or faculty manager to ask for help or clarification.

**Coping in the community:**

- Form support groups and work together with other IDUs.
- Educate the community about IDUs and drug addiction so they know more and are less stigmatizing. Explain, for example, how we became drug addicts.

**Coping with the law enforcement officers and rehabilitation center:**

- Use opportunities to attend workshop/meetings to tell own stories/ experiences to raise concern about situations in the rehabilitation center and advocate for change and improvement of situation.
- Look for information about laws, regulations and policies related to rehabilitation policy from the Internet, a counselor, NGO, etc. to learn about rights.

### 3. Report back:

Ask each group to report on what they discussed.

### 4. Processing:

Discuss: *“Which ways of coping are the most realistic and achievable? Which can we start to implement right away?”*

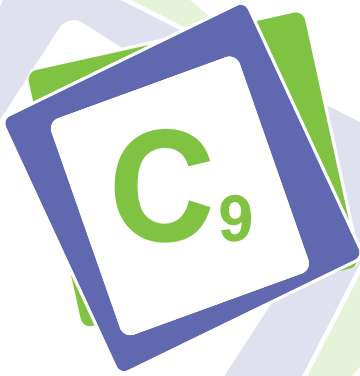
### 5. Summary:

As part of the summary tell the following real story of an IDU challenging the poor treatment she received in a hospital.

One woman who was HIV-positive and a drug user went to the hospital after being in an accident. She was in a lot of pain. When she reached the hospital the staff at first treated her normally. However, as soon as she told them she had HIV, they left her. They refused to give her an injection to reduce the pain. After waiting for half hour and trying to persuade them to help her, she took out some paper and a pen and told the head nurse, “I want you to write on this piece of paper why you are refusing to give me an injection for pain.” This direct challenge requiring health workers to put things down in writing produced the right effect - within a few minutes someone came to give her an injection.



# HUMAN RIGHTS



## FACILITATOR'S NOTE



This exercise looks at how the rights of drug users are violated - and what might be done to address these human rights violations.

In Vietnam, drug use is no longer illegal but is under administrative punishment, IDUs are often seen as dangerous - they are criminals or are likely to commit criminal acts. In many cases drug addicts who quit using drugs are stigmatized as being a drug user. Therefore, many basic rights of drug addicts are violated; for instance, it is very difficult for them to get a job, or their opinions are not respected.

During the initial brainstorm, where participants are naming the rights which are violated, probe further on **how** the rights are violated. During the second activity where groups are working on solutions, push them to come up with **realistic solutions**.

We suggest you use Exercise A13 (Debate on IDUs - criminals vs. victims vs. patients) before doing this exercise.

## TARGET GROUPS



Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES



By the end of this session, participants will have:

- a) Identified and explored different rights which could be violated if we are drug users
- b) Developed realistic strategies for protecting the rights of drug users

## TIME



1 hour

## MATERIALS



Photocopies of the case studies (included in this exercise)

## STEPS



### 1. What are human rights? (buzz groups):

Divide into pairs and ask pairs to discuss two questions:

- a) *What are human rights?*
- b) *What are examples of human rights?*

#### What are human rights?

- Fundamental things which every person must have because they are human
- To be treated fairly by everyone regardless of who we are and what we do, i.e., regardless of our gender, age, occupation, ethnic group, sexual orientation, etc.
- Practices that protect human beings against ill-treatment or violence
- Human rights are linked to both (humanness, dignity, equality)

#### Examples of human rights

Right to: life, food, water, work, shelter, clothes, health, freedom, education, protection, dignity and respect, privacy (confidentiality), legal representation, religion, sex, have a child, get married, make decisions, own land and property, choose (autonomy), vote, freedom of speech, freedom of movement, freedom from discrimination, freedom of association.

### 2. Which rights are violated? (buzz groups):

Divide into pairs and ask pairs to discuss - *“What rights of IDUs might be violated in different contexts? How are they violated?”* Then ask the pairs to report and after each response ask - *“How is this right violated? Give an example of how the right may be violated.”* Record the responses of the pairs on the flipchart.

#### Give them an example:

**Right to equality and dignity:** Many drug users are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.

### Example Responses – Rights That Are Violated and How

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

- **Freedom from inhumane or degrading treatment:** Some drug users are treated badly in the home (blamed and beaten).
- **Right to information:** IDUs are not given enough information about drug addiction and about HIV, which prevents them from fully understanding, accepting, and working with their condition and fully understanding how to protect themselves from getting HIV
- **Right to health care:** Drug users are sometimes discouraged from using clinics (e.g., unfriendly treatment, name calling, and lack of confidentiality) and as a result they stop getting their STIs treated, testing for HIV, etc. IDUs in rehabilitation camps are often forced to take an HIV test without consent and counseling. Some health workers prevent IDUs from being enrolled in ARV programs, on the grounds that they are “unreliable and would not adhere to the medication.”
- **Right to privacy:** Drug users have the right to keep facts about themselves confidential, but their drug use is often disclosed to others without their consent. This violates their right to privacy.
- **Right to shelter/housing:** Many families kick the IDUs out of the house. A landlord may eject a family suspected of using drugs.
- **Right to work:** Many IDUs are not hired, or in some cases fired, or not promoted, when the employer discovers that they are drug users. IDUs who return from a rehabilitation camp are required to submit government paperwork when they apply for a job saying they are no longer using drugs. In identifying them as a former drug user, this paper effectively prevents them from getting work.
- **Right to freedom of movement:** Some drug users who are not addicted are sent to rehabilitation camps without their consent.

### 3. Finding solutions (case studies):

Divide participants into small groups and give each group one of the case studies (below). Ask them to read the case study and discuss:

- a) *Which right has been violated?*
- b) *What could you do if you were the person whose rights were violated? What difficulties do drug addicts face?*
- c) *What examples do you have from your own experience?*

**Report back and processing:** Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

#### Case studies

- A. While working for a computer company, Lan was caught with drugs and sent to a rehabilitation camp for two years. After leaving the camp, he decided to find work in the computer field and prepared himself by getting a form from local government saying he is no longer a drug user. He responds to ten advertisements for computer jobs, and each time he shows up to be interviewed and shows the form from local government, he is told, "Sorry - the job has already been filled."
- B. Duong is a married man with three children. He and his family were kicked out of the house he was renting by the landlord. The landlord had discovered that Duong was a former drug user, although he is no longer using drugs. The landlord said he didn't want Duong to infect other people with HIV and that it would be bad for his business.
- C. Cuong is single, living with HIV, and a member of a PLHIV support group. He hears about ARV services advertised in his area and goes to the clinic to apply. When he is interviewed, the nurse discovers he is a former drug user. When she learns this, she says, "We need people who can be reliable and adhere to the medication. Are you sure that you can follow the program through the end? Think about it carefully."
- D. Huyen is a young woman who has been using drug for one year for recreation. She is not addicted to drug. One night she dropped in a club to hang out with her friends. That night she was arrested while using drug. Huyen was brought to a detoxification center and stayed there for 2 years to get rid of drug. During her stay in the center, she was tested for HIV without notification and consent. She did not receive any counseling before or after testing. Huyen was not informed about the testing results. She suspected about the results when she heard about gossips that she was HIV infected and was deserted by people around. Huyen got desperate.

- E. Hung has just been released from the rehabilitation camp. When he returns home, he finds that the family is planning a wedding for his younger brother. He asks if he can help with the wedding arrangements, since he is an expert photographer, but his father tells him, *“People like you don’t need to be involved in these things, stay away.”*
- F. Van uses drugs occasionally on a recreational basis, but he has never been addicted. He has been doing good work in the accounts department of a big company and was offered the opportunity to study overseas. As part of his application for overseas training, he is asked to take a medical examination which includes an HIV test. One week after taking the test he is told that he can no longer go on the training course and has been fired. He has also lost his opportunity to study abroad. .
- G. A woman living with HIV goes for a pregnancy test at a clinic. Her husband is a drug addict. The doctor advises her to have an abortion. He says that if she delivers the baby, her health will suffer, her life will become more difficult because of the demands of her drug user husband, and if the child gets HIV this will be an additional burden on the family and society.
- H. The manager of one company overhears that one woman working for the company has a husband who has HIV and may be a drug user. He assumes that she might have HIV too so he transfers her from her job as an administrator to a cleaner’s job.
- I. During a primary school’s recruitment, some parents discover that the school accepts students whose parents have HIV. They protest this, saying that they do not want their children to study with HIV-infected/affected children because they might infect their children. Some complain to teachers and to the principal right in front of the school gate. They say that they will withdraw the application form and apply to another school if the school accepts children who have, or are suspected of having, HIV.

### Example Responses:

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

#### Case A: Being turned down for work (Lan)

**HR violations:** Right to work. Right to equality. Right to fair treatment.

**Solutions:**

- Don't accept a verbal dismissal. Ask for a letter in writing stating the reasons for not being hired.
- Look into labor laws related to issues of hiring
- Get advice and help from human rights organizations and trade unions
- Be friendly but assertive in challenging the company - "Why am I not being hired?"

#### Case B: Discrimination by landlord – kicked out of rental accommodation (Duong)

**HR violations:** Right to housing. Right to security.

**Solutions:**

- Review the lease agreement and check the conditions for termination, e.g., may require giving one month notice in advance and in writing
- Check on any penalties in relation to termination of lease
- Talk to the landlord and get him to explain why he is kicking you out
- Find out where to go for legal information
- Get community leaders to talk to the landlord

#### Case C: Discrimination at ART clinic (Cuong)

**HR violations:** Right to health. Right to treatment.

**Solutions:**

- Don't wait - challenge the stigmatizing health worker while you are in the clinic

- Challenge the health authorities directly, saying that you are protected by the new AIDS law and that ARVs are available to all citizens
- Ask the health worker what policies are used in asking these questions.
- Make the health worker understands the rights of all patients
- Approach a human rights organization to take up this issue with the clinic
- Seek assistance from other service providers to intervene on your behalf. Demand to see who is in charge of the center.

**Case D: Discrimination, testing with no consent, no counseling, and no results (Huyen)**

**HR Violations:** Right to counseling, confidentiality & consent (3 Cs).

**Solutions:**

- Don't wait - challenge the violation of rights
- Ask the health worker/center staff - "What is the test for?" "Why I was not informed about the test in advance?" "Why I was not informed about the test results?" "Is this professional and legitimate way of work?"
- Ask to see the person in charge and complain about what happened.
- Use the new AIDS law to challenge the abusive treatment.

**Case E: Offer to help rejected during family wedding (Hung)**

**HR violations:** Right to freedom of expression, freedom of association, and freedom of movement.

**Solutions:**

- Ask one of your father's friends to talk to him and explain that you can make a contribution. Assess your father's fears and educate him to reduce the fear.
- Challenge your father directly - "I'm not ashamed of myself, I made a mistake but I have changed. I am part of this family and I would like to make a contribution."

#### 4. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We need to recognize that drug users, like other people, have rights, such as the right to have work, health care, accommodation, etc., and should be able to access those rights. Our constitution says that everyone is free from discrimination on the basis of gender, religion, ethnicity ...
- Negative attitudes toward drug users is one of main causes of stigma and discrimination. Due to stigma and fear, rights of drug users are violated. Shaming and blaming drug users makes them avoid testing or hide their status, putting them and their partners at greater risk of HIV infection.
- Drug users are more at risk of HIV infection because of their limited access to human rights. Because they lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision-making and other choices that will lead to a healthy lifestyle.
- The national law on HIV/AIDS prevention and control emphasizes the importance of fighting stigma and discrimination against people living with HIV and AIDS and recognizes measures of harm reduction to high risk groups, including IDUs, sex workers and men who have sex with men. In other legal documents, it is clearly pointed out that it is prohibited to stigmatize and discriminate against IDUs.
- The fear of being stigmatized and persecuted prevents drug users from asserting their rights. In fact, many drug users accept the violation of their rights as part of their stressful lives as marginalized groups. As a result they find it difficult to challenge the stigma they face in their daily life (in the family, community, health facilities, etc)

#### **Information about Government Decree Related to Law on HIV/AIDS Prevention and Control**



**GOVERNMENT'S DECREE No. 108/2007/ND-CP OF JUNE 26, 2007, DETAILING THE IMPLEMENTATION OF A NUMBER OF ARTICLES OF THE LAW ON HIV/AIDS PREVENTION AND CONTROL**

**Article 4.** Harm reduction intervention measures in the prevention of HIV transmission

1. Provision of condoms and guidance on condom use.
2. Provision of clean needles and syringes and guidance on their use.
3. Treatment of addiction to opiate substances with substitution drugs.

**Article 5.** Harm reduction intervention measures in the prevention of HIV transmission are applied to the following groups:

1. Sex workers and their customers;
2. Addicts to opiate substances;
3. HIV-infected persons;
4. Persons having homosexual relations;
5. Mobile population groups;
6. Persons having sexual relations with those specified in Clauses 1, 2, 3, 4 and 5 of this article.

**The Decree 135 of the government dated June 10, 2004** regulate the measures of bringing persons to treatment facilities, organization of treatment facilities according to the Ordinance of Dealing with persons who violate administration regulations and treatment applied to adolescent, and volunteers to go to treatment facilities.

To prohibit any acts which violate physical body, health, honor, and dignity of detainees who are conform disciplines in the center for treatment, education and social labor (Article 70)

Persons who authorized to implement measures of bringing persons to treatment facilities protects or tolerance for illegal acts: violating health, honor and dignity of detainees in Center for Treatment, Education and Social Labor or violate other regulations of the laws will be dealt with disciplinary measures or criminalized depending on characteristics or extend of violation. In case of material damage he/she should compensate according to regulations of laws (Article 71)

# CHALLENGING STIGMA USING ASSERTIVENESS



C<sub>10</sub>

## FACILITATOR'S NOTE

This exercise looks at how to challenge stigma toward drug users in one's day-to-day work as a service provider or community member. Participants learn how to be assertive and then practice this skill in a series of paired role plays. The aim is to help people see that acting against stigma can be done whenever it happens.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## OBJECTIVES

By the end of the session participants will have the skills to challenge stigma and change the situation using an assertive approach

Participants can:

- *Identify stigmatizing statements*

• *Form arguments to challenge stigma when it happens*

## TIME

1 hour

## STEPS

### 1. Challenge a difficult situation

**Introduction:** Explain that the session is aimed at practicing how to challenge stigma in an assertive way, i.e., looking the stigmatizer in the eye and saying what we think, feel, and want in a clear, forceful, and confident way but without being aggressive or showing anger.

- a). Together brainstorm some stigmatizing statements. Write them on flipcharts or brainstorming cards.
- b). Invite some participant to sit on the "hot chair." This person will react to one of the stigmatizing statements.

### Examples of stigmatizing statements:

- Drug addicts steal things; they deserve to get HIV.
- I feel sorry for HIV-infected children.

- You seem to have put on weight from rehabilitation camp, how long will you keep it?
- I do not want my child to study in the school with HIV-positive children.
- If you have an STI, you must have done something to deserve it.
- You look skinny and weak like a drug addict

The facilitator can add more common stigmatizing statements.

## 2. Paired role playing:

Explain that we will now practice how to challenge stigma and discrimination in different common work situations, taking one issue at a time. Then give the following instructions:

**Role play 1:** Everyone stand up and find a partner and face your partner. You are both health workers. Decide in each pair who is A, who is B. (Wait until they decide.) Now make a role play about the following situation: A complains to B about a drug user patient, saying that the drug user is disgusting, and a danger to everyone. Health worker B should respond in a strong and confident way. Play!

### Example Role Play 1:

- A: I don't know why we are wasting our time on this drug user. He is a loser and he is a danger to everyone.
- B: He is no different from anyone else. He is trying his best to control his addiction and look after his health
- A: Okay, but I don't know why we have to treat him. He should go somewhere else.
- B: As health professionals we have a code of conduct. We need to treat all of our patients equally. We cannot stop serving a person because we don't like him. It is part of our responsibility as professionals to provide medical care to everyone.

After two minutes ask a few pairs to show their role plays (one at a time) in the centre of the circle. After each role play, ask, *“How did the “challenger” do? Was s/he convincing and effective? What made a difference in the way s/he challenged the other health worker?”*

### Example Comments on Role Plays:

Good eye contact - looked health worker in the face. Strong voice. Spoke with confidence.

Didn't criticize the stigmatizer, but simply explained her responsibility as a health worker.

Good arguments: "He is no different from anyone else." "We have a code of conduct."

She was not afraid to disagree with her colleague. Did not back down, apologize or allow the first health worker to dominate her. She patiently insisted that the health worker do her job.

After each performance, ask other participants if they have a better way of challenging the stigmatizer and let them take over the challenger's role in the play and show their approach. After each new attempt, ask, "*What made a difference?*" (e.g., good arguments, strong voice level, body language, confidence, etc.)

Then repeat the paired role playing for other scenarios. For each new scenario the partners should take turns playing the "stigmatizer" and "challenger" roles.

### Other scenarios:

- A health worker refuses to examine an IDU. The health worker also makes un-sympathetic comments about his appearance, saying that he is dirty and stinky. You are the patient, How do you challenge the stigmatizer?
- One health worker refuses to treat a drug user and tells him to go to another clinic. Try to challenge the stigmatizer.
- A person comes for VCT. The counselor asks him directly whether he is an addict or a drug user. How do you challenge the stigmatizer?
- A woman who has HIV and used to be a drug addict comes to a clinic for counseling on delivery of a child. The counselor there asks her, "*You are in such state, what do you give birth for?*" How do you challenge the stigmatizer?
- A woman with HIV who is an ex-drug user got in a traffic accident. The nurse, after finding out that she has HIV, does not want to give her an injection and refuses to bandage the wound. How do you challenge the stigmatizer?
- A person in the community keeps children from playing near and getting close to the office of the voluntary group of ex-drug addicts, some of whom have HIV. How do you challenge the stigmatizer?

- A taxi driver sees a young neighbor who was a drug addict and asks: "How come you are so skinny now? Are you using drugs again?" How do you challenge the stigmatizer?

### 3. Processing:

Ask, "What have you learned from the practice role plays?" Write responses on a flipchart.

#### Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

I now see that I can do something. I never realized I could challenge the stigmatizer.

The best approach is to say it honestly, clearly, and simply: "This is wrong." When I challenged her politely but firmly, she denied that she was stigmatizing. Don't be afraid to disagree with the person and to say "No".

### 5. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We can all challenge stigma on an individual level, using an assertive approach.
- When stigma leads to discrimination, however, you may need to develop policies or a code of practice to protect patients. Involve senior managers in this process.
- The most powerful responses to people who are stigmatizing are those that make the stigmatizer stop and think, rather than attacks that make the stigmatizer defensive. Examples of strong responses:
  - *You are probably not aware that you are stigmatizing.*
  - *We have a code of conduct as professionals to serve everyone.*
  - *Don't point fingers at anyone. As you point one finger toward others, four fingers are pointing back toward you. You are blaming yourself.*

- Then explain and discuss the following list of assertiveness techniques:
  - Tell people what you think, feel, and want clearly and forcefully.
  - Say “I” feel, think, or would like.
  - Don’t apologize for saying what you think, or put yourself down.
  - Stand or sit straight in a relaxed way.
  - Hold your head up and look the other person in the eye.
  - Speak so that people can hear you clearly.
  - Stick with your own ideas and stand up for yourself.
  - Don’t be afraid to disagree with people.
  - Accept other people’s right to say “No” and learn how to say “No” yourself.

# MAJOR CONCERNS ABOUT INTERACTIONS BETWEEN HEALTH WORKERS AND IDUS WHO ARE HIV POSITIVE

C<sub>11</sub>

## FACILITATOR'S NOTE

The aim of this activity is to get health workers and IDUs patients to share their impressions about each other, including examples of stigma.

The initial discussion in small groups should be among health workers and IDUs on their own. The aim is to give IDUs a chance to pull their own ideas together as a group without interference from the health workers.

## TARGET GROUPS

Health workers and IDUs

## OBJECTIVES

By the end of this session, participants will have described their major concerns about working at or using the health facility

## TIME

45 minutes

## STEPS

### 1. Major concerns about the health facility (small groups):

Divide into small groups - health workers on their own and IDUs on their own. Ask the groups to discuss -

*Health workers – What are your major concerns about working at the health facility? What problems do you have in working with IDUs?*

*IDUs – What are your major concerns about using the health facility? What problems do you have in your relationships with health workers?*

### 2. Report back:

Ask groups to report and make two lists:

- Health workers' concerns about working at the health facility;
- IDUs' concerns about using the health facility. Then ask participants to compare the lists and identify common features.

### Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

#### Health workers – What are your concerns about working at the health facility?

- I may get attacked by an IDU patient because of a misunderstanding.
- I may get HIV through an accidental needle prick when taking blood.
- Theft - some patients steal personal things from our offices
- Policy of confidentiality. If we enforce this policy, our patients won't get the support they need from their wives to take the ARVs effectively.
- We also face stigma from the public as people who work with drug users. Our families try to stop us working here, thinking this is dangerous and stigmatizing work.
- IDU patients not practicing safe use of needles and passing HIV to others
- IDU patients being careless and not following the ARV treatment properly.

#### IDUs – What are your concerns about using the health facility?

- Confidentiality issues. The health staff often let others know who we are.
- Some staff are unfriendly and ask invasive questions, e.g., “Are you still using drugs?”
- Some staff scold us for coming on the wrong day or doing something wrong with our treatment. They may be overworked and stressed, but the scolding hurts.
- What hurts is the tone of voice - “Sit down, take off your shirt, go to that room.” When a doctor talks like that, you can hear the coldness in his voice.
- Some doctors are so busy that they don't have time to explain the new medicine - as a result some patients may overdose.
- Health workers may be gossiping about us when we are out of the room.
- We also face stigma/avoidance from other patients who are not IDU
- Some health workers send our names to commune officials. Commune officials then come to our houses to help, but this hurts our families. We would prefer to hide, rather than expose ourselves to the attention of commune officials



### 3. Processing:

Lead a discussion on the outputs:

- Confirm if each statement is true - *Do participants agree this happens?*
- Check on the scale of the problem - *Is this a minor or a major problem?*
- Get the views of both parties - health workers and IDUs
- Identify one or two major problems - and focus on them.

#### Extra probes:

- *Do you have a security system, e.g., to deal with the problem of theft?*
- *Health workers – do you also face stigma?*
- *Health workers – what can you do to cope with the workload and emotional stress?*

### 4. Summary:

Summarize the main concerns of both groups and then explain that later sessions will look at how to solve them.

#### Main Concerns – Examples:

##### IDUs

- **Confidentiality:** Health workers revealing the identity of IDU patients to others
- **Stigma from health workers** - a) unfriendly looks and tone of voice; b) scolding or shouting at IDU patients; c) asking lots of questions (to assess if patient is IDU); d) giving rushed instructions and not allowing IDU patient to ask questions
- **Stigma toward some patients (who are assumed to be IDU) by other patients**

##### Health workers

- **Health risks** - getting HIV through needle prick
- **Being attacked** by a patient who is a drug user
- **Theft** of personal belongings
- **Stigma** as a health worker working with IDUs
- **Adherence** - IDU patients not following medication, not practicing safe use of needles

## ACTION PLANNING

C<sub>12</sub>

### FACILITATOR'S NOTE

In this exercise service providers and community leaders apply what they have learned in the training to propose actions they can take in their different work contexts. After reviewing what they learned during the training, they develop solutions to specific forms of stigma within their own work contexts, working in different professional groupings. The process also asks participants to develop strategies for challenging HIV stigma as individuals.

This exercise could work well in a joint workshop with different types of service providers and community leaders.

### TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

### OBJECTIVES

By the end of the session, participants will begin developing practical strategies for overcoming stigma and discrimination.

### TIME

2 hours

### STEPS

#### 1. What did we learn from the training? (small groups):

Divide into groups, by category (e.g., health workers, law enforcement officers, community leaders, etc) if it is a joint workshop. Ask each group to discuss and prepare to report back on what they have learned from the training and how they have applied it in their lives:

- New knowledge and awareness;
- New attitudes; and
- Behavioral changes, both personal and professional.

**Example Responses:**

*The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.*

**Knowledge:**

- How HIV is transmitted through injecting drug use and our misconceptions answered.
- IDUs face stigma everywhere - health facility, police, home, community
- IDUs have rights and responsibilities.

**Attitudes:**

- Should treat IDU patients with respect and affection.
- Should recognize that stigma toward IDUs does not help, but rather fuels the HIV epidemic.

**Behavior change – personal**

- More support and encouragement.
- Share what we have learned with colleagues, family members, neighbors, etc.

**Behavior change – professional**

- Use gloves while dressing wounds of all patients.
- Encourage IDUs to join support groups.

## 2. Solutions (professional groupings):

Divide into groups, by professional grouping, if it is a joint workshop. Ask each group to discuss -

- a) *What forms of stigma do you see in your own context/institution?*
- b) *Which of these forms of stigma are the biggest problems in your context?*
- c) *What are some possible solutions to these problems? Identify two or three new things you would like to do to put an end to stigma and discrimination.*

**Report back:** Ask each group to give a report.

### Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

#### Health workers

##### Forms of stigma

- Avoid touching IDU patients and minimize contact when checking symptoms.
- Excessive use of gloves when examining IDU patients.
- Breach confidentiality - gossip about drug users to other staff or patients
- Judgmental - blame IDUs for getting HIV through reckless behavior.
- No proper counseling, comfort, encouragement or reassurance.
- Reject clients suspected to be drug users

##### Strategies to combat stigma and discrimination

- Avoid stigmatizing or coded language for IDUs.
- Do not violate confidentiality.
- Learn skills to handle patients with sensitivity. Treat all patients with respect.

- Provide counseling and encouragement
- Tell them about the importance of getting an HIV test and avoiding shared needles.

### Law enforcement officers

#### Forms of stigma

- Name calling and verbal abuse. Harassment and coercion/violence.
- Arrest IDUs for carrying clean injection equipment
- Judgmental. Gossip about IDUs and use insulting words in dealing with them.
- Compulsory testing of IDUs and not providing results

#### Strategies to combat stigma

- Remind the law enforcement officer that IDUs have rights like anyone else.
- Help law enforcement officers to build the skills on how to deal with IDUs in a sensitive, non-judgmental way

### Community

#### Forms of stigma

- Isolation. Name calling. Finger pointing. Whispering. Gossip. Angry or pitying looks.
- Neighbors try to avoid the IDU - when they meet him on the street, they turn away.
- Even if the person is no longer a drug user, the community still stigmatizes him/her.
- Stop or reduce visits to the family. Stop sharing food and loaning money.
- Don't allow their children to play with children from IDU's family.

#### Strategies to combat stigma

- Raise awareness by providing correct information about IDUs.
- Help leaders understand IDUs so they can speak out on their behalf.
- Encourage IDU leaders to give testimonies in community meetings.

### 3. Individual action (buzz groups):

Divide into pairs and ask: *What can you do as an individual to get people thinking and talking about stigma?*

**Report back (round robin).**

#### Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- Be a role model. Show in words and actions that we are no longer stigmatizing IDUs.
- Change our own attitudes and language toward IDUs. Stop blaming and using words such as “dangerous” to describe them.
- Educate others on how stigma feels and why stigma is wrong.
- Speak out against stigma and discrimination.
- Get the community to name stigma as a problem.
- Encourage people to talk openly about their fears and concerns about drug users
- Stop family members from isolating and condemning IDU family members.
- Treat IDUs like you treat other people - no difference!
- Offer kindness, support, comfort and an open mind to IDUs
- Encourage IDUs to use available services, such as HIV testing, ARV treatment, and medical care.
- Empower IDUs with assertiveness skills.
- Encourage IDUs to be involved in family and community gatherings.



**ANNEX**





## DRUG ADDICTION & HIV - FREQUENTLY ASKED QUESTIONS

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# 1 ANNEX

### QUESTIONS

#### A1. Drug Use and Drug Addiction

1. People use certain drugs, such as heroin, mainly because they are readily available.
2. The main reason people start using drugs is simply that these people are socially evil.
3. Not everyone who starts using illegal drugs, such as heroin, becomes addicted.
4. Cigarettes and alcohol are also addictive like heroin, but they are legal substances.
5. Once drug users become addicted, their main motivation for continuing to take drugs is to get that feeling of pleasure induced by the drug.
6. Drug addicts love their drugs and don't want to quit. They could stop any time.
7. Drug addicts who want to give up drugs are able to do so the first time they try.
8. People who have quit drugs often start using them again.
9. There are very few female drug addicts.
10. IDUs/drug addicts have been told by everyone - family, community leaders, law enforcement officers, health workers - to stop using drugs, but no one knows how to help them to stop.

#### A2. Injecting Drug Use

11. Use of heroin in Vietnam is not something new. We've had it for a long time
12. The only reason why drug users in Vietnam prefer to use injections is that injecting produces a strong and immediate effect.
13. Drug users normally inject only once per day.

14. Most IDUs/drug addicts inject heroin on their own, and do this quietly without anyone knowing
15. Experienced IDUs/drug addicts teach new drug users how to inject.

### **A3. Sharing Injection Equipment (Needles and Syringes)**

People prefer to share needles and syringes because:

16. They are afraid they will be identified as a drug user and caught by the law enforcement officers if they are seen buying or carrying their own needles or syringes.
17. They are poor and would prefer to spend the money on the drug itself, rather than on needles and syringes.
18. They cannot get clean needles and syringes when they need them because the injection occurs late at night or in a deserted place, or pharmacies refuse to sell to them, suspecting they are IDUs/drug addicts.

### **A4. HIV and Injecting Drug Use**

19. Vietnam has one of the highest HIV infection rates through injection in the world.
20. It is not drug use or injecting drugs that is the major cause of HIV transmission, but the practice of sharing needles and syringes among drug users.
21. HIV is the only health problem faced by IDUs/drug addicts
22. Using sterile needles and syringes to inject drugs without any sharing is the most effective approach for limiting HIV transmission.
23. Needle and syringe programs (NSPs), which provide sterile needles and syringes to drug users, result in more drug use and more drug users.
24. There have been no needle exchange projects in Vietnam.
25. The discarding of used syringes is a potential source of HIV transmission.
26. Programs to reduce HIV among IDUs/drug addicts can be done without involving IDUs/drug addicts.

### **A5. Treatment of Drug Addiction**

27. All treatment options should be offered on a voluntary basis to be effective.
28. Using punishment, e.g. locking addicts up, is the best method to treat drug addicts.

29. Drug addicts who succeed in detoxification are cured of drug addiction.
30. Treatment in rehabilitation centers is highly successful in helping addicts stop using drugs.

### A6. Drug Substitution

31. Drug substitution programs, which replace one drug used by a drug user with another, reduce HIV, crime and deaths by overdose and help drug users function again in the family and community.
32. Drug substitution programs encourage drug use.
33. Methadone is a miracle cure for drug addiction.
34. Methadone is more expensive than heroin.

### A7. Drug Use and the Law

35. The new AIDS Law provides for harm reduction strategies such as methadone maintenance and needle/syringe programs.
36. Some drug users who are not yet addicted are sent to rehabilitation centers for treatment.
37. Drug addiction creates a huge burden on the family
38. Drug addicts who leave the rehabilitation centers get very little support to find jobs and reintegrate themselves back into the community.

## ANSWERS

### A1. Drug Use and Drug Addiction

1. **People use certain drugs, such as heroin, mainly because they are readily available.**

**TRUE.** Vietnam is situated close to the Golden Triangle region - one of the biggest centers for heroin production in the world - and is on the route for transporting heroin to other regions. Therefore heroin in Vietnam is cheaper and more obtainable than many other places in the world. Despite efforts to regulate and control drug trade, the volume of heroin entering Vietnam has increased in recent years. According to statistics from the National Standing Office for Drugs Control, the amount of heroin confiscated by the drug authorities increased by 67 percent from 2000-2005.

**2. The main reason people start using drugs is simply that these people are socially evil.**

**FALSE.** People don't take drugs simply because they are bad people. Different people have different motivations for starting to use drugs, including as a form of recreation, to experiment, as a response to peer pressure, to relieve pain or depression, to forget poverty and misery, or because they are readily available. The reasons are often complex and multiple, having to do with social or economic factors, such as unemployment, poverty, rapid social and economic change, etc.

**3. Not everyone who starts using illegal drugs, such as heroin, becomes addicted.**

**TRUE.** Many people use drugs without being addicted. They take drugs on an occasional, experimental basis. Drug users only become addicted when they take drugs on a regular basis over a period of time, varying from a few weeks to many years. Addiction occurs when using drugs becomes habitual and the user cannot stop even if he/she wants to. Drug use and drug addiction are two different things. In the United States, for example, out of 25 million people who use drugs, it is estimated that only 1-2 million (8 percent) people become addicted.

**4. Cigarettes and alcohol are also addictive like heroin, but they are legal substances.**

**TRUE.** Cigarettes also produce an addictive effect on the body. Nicotine is one of the most addictive substances known - smokers develop a dependence on nicotine quickly. Many people want to stop this habit, but they find it very difficult. If they stop, they feel very uncomfortable. Tobacco prices are low, so many people become addicted. Smoking has serious effects on the body, over time causing lung, heart, and blood vessel damage and cancer. WHO estimates that smoking is responsible for one out of five deaths, or three million people per year; more than 50 percent of smokers will die prematurely as a direct result of tobacco induced illnesses. In spite of these consequences, it is a legal substance.

**5. Once drug users become addicted, their main motivation for taking drugs is to get that feeling of pleasure induced by the drug.**

**FALSE.** People start taking drugs to get a pleasurable feeling, but once they are addicted, their main motivation for taking drugs is to overcome the feelings of withdrawal. The initial attraction to drugs is the feeling of happiness that the drugs induce in the body. These pleasurable feelings produce strong memories which are stored in the brain and create a desire to take more drugs to bring back those pleasurable feelings. But once people become addicted, they suffer withdrawal symptoms when the drug wears off. These include fast heart beat, anxiousness, increased blood pressure, perspiration, and pains in the body.

At this stage their main motivation in taking the drugs is to deal with these symptoms of withdrawal, or to get back to “normal.”

**6. Drug addicts love their drugs and don't want to quit. They could stop any time.**

**FALSE.** Many people don't understand the nature of addiction. They assume that it is easy to stop and is just a matter of will. Many assume that drug addicts keep using because they don't want to quit and are weak. They don't see understand that drug addiction, with the intense craving it creates, along with debilitating withdrawal symptoms when the drugs wear off - is beyond the drug users' control

**7. Drug addicts who want to give up drugs are able to do so the first time they try.**

**FALSE.** Most drug addicts who try to give up drugs make several attempts before they succeed. It would be unusual for a person to succeed the first time. They may want to quit, but the physical pain of withdrawing is too much and before they know it they are out looking for drugs again. They may recover from drug use and then relapse several times, particularly in the early stages of treatment. Even when they break free, they are still vulnerable to addiction and might return to drugs 5 or 10 years later.

**8. People who have quit drugs often start using them again.**

**TRUE.** It is hard to break the drug habit. Many people quit, for a short or long time, and then start using drugs again. The reasons for this include: a) they were forced to quit by others - it was not their decision; b) they start feeling better and tell themselves that taking drugs will cause no harm; c) they are persuaded by other users to take drugs again.

**9. There are very few female drug addicts.**

**FALSE.** While the majority of drug users in Vietnam currently are men, increasing numbers of women in Vietnam are using and becoming addicted to drugs. Many of them are involved in sex work. There are taboos against women using drugs and being recognized as drug users, and women drug users are severely stigmatized as a result.

**10. IDUs/drug addicts have been told by everyone – family, community leaders, law enforcement officers, health workers – to stop using drugs, but no one knows how to help them to stop.**

**TRUE.** In the face of pleadings and chaining from family members, arrest and incarceration by the law enforcement officers, and verbal abuse from the family and community, drug users continue to take drugs. This simply shows

the power of addiction - it is such a powerful force within the body that a drug addict is forced to follow its demands. The family, the community and other officials in many cases don't understand the power of the addiction, nor do they understand how to help overcome addiction.

## A2. Injecting Drug Use

11. **Use of heroin in Vietnam is not something new. We've had it for a long time.**

**FALSE.** Use of heroin is something new in Vietnam. One or two generations ago it did not exist. It largely started during the war with the United States during which there was a huge influx of cheap opium for use by the US army. The Americans generally smoked opium, rather than injecting heroin, but some injected and taught the Vietnamese to inject.

12. **The only reason why drug users in Vietnam prefer to use injections is that injecting produces a strong and immediate effect.**

**FALSE.** This is only one of the reasons why drug users prefer to use injections. There are a number of others. Most users are poor and want to get more out of the heroin they buy. With injection, all of the drug is used. If you inhale the drug, much of it is lost in smoke. In addition injecting can be done much more quickly than smoking, so users are less likely to be discovered by law enforcement officers. Injecting takes little time, can be done anywhere, and needle and syringes easily disposed of.

13. **IDUs normally inject only once per day.**

**FALSE.** On average, if they can find the funds, they will inject two or three times a day. Frequencies of use depend on level of addiction, therefore it depends on each user's demand for drug.

14. **Most IDUs inject heroin on their own, and they do this quietly without anyone knowing.**

**FALSE.** Most IDUs inject with others in small groups. There is a strong group ethos of sharing. They share the same injection equipment and often the drugs. The shared use of needles is what makes it possible for HIV to be transmitted from one IDU to another.

15. **Experienced IDUs teach new drug users how to inject.**

**TRUE.** There is an expertise involved in injecting drugs, so new drug users, when they are first starting, learn how to inject from more experienced IDUs,

who may include a friend, relative, or sexual partner. The latter have the equipment and the knowledge so they teach the newcomers how to inject or inject for them. This initiation process is the first experience of shared injecting - injecting with someone else using the same equipment. This sharing of injection equipment creates the avenue for HIV transmission.

### A3. Sharing Injection Equipment (Needles and Syringes)

People prefer to share the use of needles and syringes because:

16. In many cases they are afraid they will be identified as a drug user and caught by the law enforcement officers if they are seen buying or carrying their own needles or syringes.

TRUE.

17. In many cases they are poor and would prefer to spend the money on the drug itself, rather than on injection equipment

TRUE. A drug user injects two or three times a day. The cost mounts quickly, so, given their typically limited resources, they would prioritize the buying of the drugs, rather than injecting equipment.

18. They cannot get clean needles and syringes when they need them because the injection occurs late at night or in a deserted place or pharmacies refuse to sell to them, suspecting they are IDUs.

TRUE.

### A4. HIV and Injecting Drug Use

19. Vietnam has one of the highest HIV infection rates through injection in the world.

TRUE. According to the National Committee for Prevention and Control of AIDS, Drugs, and Prostitution, the majority of people with HIV are injecting drug users (50.6 percent as of 2009).<sup>1</sup> HIV infection rates among injecting drug users has increased mostly in the period from 1996-2003, from 10.9 percent to 29.3 percent. HIV rates have declined steadily in the last few years due to HIV prevention efforts. Among IDUs, HIV dropped by 2 percent in one year, from 20.4 percent in 2008 to 18.4 percent in 2009.<sup>2</sup>

<sup>1</sup> MOH 2010, "Report of HIV epidemic in the year 2009", MOH, No1991/BYT-AIDS dated 6/4/2010 from <http://www.vaac.gov.vn/Desktop.aspx/Danh-sach/Bao-cao-nghien-cuu-an-pham/>

<sup>2</sup> *ibid.*

- 20. It is not drug use or injecting drugs which is the major cause of HIV transmission, but the practice of sharing needles and syringes among drug users.**

**TRUE.** Drug use itself does not transmit HIV (e.g. inhaling drugs does not transmit HIV), nor do drugs that you inject, if you are using your own sterile equipment. The problem is the sharing of needles and syringes, especially with many other people. HIV spreads among IDUs/drug addicts mainly because of the sharing or reuse of needles and syringes which have become contaminated with HIV infected blood. Small amounts of blood, which are not necessarily visible, can remain in the needle and syringes after they have been used. HIV could survive up to one week in the blood left in the syringe or needle. If the equipment is re-used, this blood will be directly injected into the bloodstream of the next person who uses the equipment. If the blood is infected with HIV, then HIV can be passed on to that person.

- 21. HIV is the only health problem faced by IDUs/drug addicts.**

**FALSE.** Injecting can also lead to drug overdose, abscesses, septicemia, thrombosis, scarring, circulatory problems, collapsed veins, and poor healing of wounds.

- 22. Using sterile needles and syringes to inject drugs without any sharing is the most effective approach for limiting HIV transmission.**

**TRUE.**

- 23. Needle and syringe programs (NSPs), which provide sterile needles and syringes to drug users, result in more drug use and more drug users.**

**FALSE.** Studies of NSPs have shown that these programs do not lead to more use of drugs by current drug users, nor do they encourage other people to start taking drugs. NSPs encourage safe use of drugs and personal responsibility among IDUs/drug addicts and in this way help slow further transmission of HIV.

- 24. There have been no needle exchange projects in Vietnam.**

**FALSE.** The first experimental needle exchange project was organized in Ho Chi Minh City in 1995 and was implemented with the support of WHO and the National AIDS Committee of Vietnam. The project involved educating IDUs/drug addicts about HIV prevention and provided clean needles and syringes for free in exchange for used ones. Project field workers were former IDUs/drug addicts who were supervised by a medical doctor.

- 25. The discarding of used syringes is a potential source of HIV transmission**

**TRUE.** Carelessly discarding used syringes can present a danger to local communities, creating a risk of needle stick injuries or the re-use of contaminated



needles. Public health authorities should arrange for the safe retrieval and disposal of used needles.

**26. Programs to reduce HIV among IDUs/drug addicts can be done without involving IDUs/drug addicts.**

**FALSE.** There is a need to involve IDUs/drug addicts in the planning and implementation of HIV prevention programs. IDUs/drug addicts have much more knowledge of the drug use culture, in particular injecting and sharing practices, and what is involved in changing peer norms; and they have the contacts with a largely hidden and marginalized IDU population.

## **A5. Treatment of Drug Addiction**

**27. All treatment options should be offered on a voluntary basis to be effective.**

**TRUE.** Experience shows that drug addicts who have been forced to take treatment for their addiction quickly return to drugs as soon as they have an opportunity. Drug users should have the right to choose treatment options at their preference.

**28. Using punishment, e.g. locking addicts up, is the best method to treat drug addicts.**

**FALSE.** International experience of dealing with drug addiction over the years has shown that severe punishment does not change behavior. If anything, it just makes the situation worse

**29. Drug addicts who succeed in detoxification are cured of drug addiction.**

**FALSE.** International experts do not consider detoxification a treatment method, and some feel it may cause more harm than no treatment. Many drug addicts who start using heroin again after detoxification end up having an overdose, which could lead to death. The death risk caused by overdose among people who have detoxified is three times higher than the death risk among those who have not been detoxified. After 90 years of experience in treating drug addiction, results have shown that the drug relapse rate after 6 months following detoxification was over 90%.

**30. Treatment in rehabilitation centers is highly successful in helping addicts stop using drugs.**

**FALSE.** The current practice of drug treatment in the rehabilitation centers is not effective, because over 90% of those who leave the centers return to drug use. In addition many of those who go the centers contract HIV. In spite of this finding there is a new emphasis on increasing the duration of incarceration, in the hope this will improve results.

## A6. Drug Substitution

### 31. Drug substitution programs, which replace one drug used by a drug user with another, reduce HIV, crimes and deaths by overdose and help drug users function again in the family and community.

**TRUE.** Drug substitution programs reduce HIV among drug users by reducing the practice of sharing injection equipment, help users switch from illegal drugs (e.g. heroin) to legal drugs (e.g. methadone), minimize the risks of overdoses and medical complications, and reduce the need by addicts to commit crimes to raise money for drugs. Overall this helps drug users stabilize their lives and re-integrate with the general community.

### 32. Drug substitution programs encourage drug use.

**FALSE.** The aim of drug substitution programs is to reduce the health, social, and economic harm to individual users and the community, not to promote more drug use. These programs have a number of objectives including:

- Reduce dangerous drug use e.g. sharing injection equipment
- Reduce the risk of a drug user contracting or transmitting HIV
- Help users switch from criminalized drugs (e.g. heroin) to legal drugs (e.g. methadone)
- Minimize the risks of overdoses and medical complications,
- Reduce the need by addicts to commit crimes to raise money for drugs
- Help drug users stabilize their lives and re-integrate with the general community

### 33. Methadone is a miracle cure for drug addiction.

**FALSE.** Methadone does not cure drug addiction. While on methadone a client is still physically dependent on a drug. What methadone does is to help drug users normalize and stabilize their lives and lessen the risks associated with illegal drug use such as sharing injecting equipment and contracting HIV. Patients take methadone in a syrup taken orally so there is no risk of getting HIV. Methadone helps to remove IDUs/drug addicts from a life of criminality (to get money to buy drugs) and moves them into a more socially acceptable environment, where they can receive counseling and other social services.

### 34. Methadone is more expensive than heroin.

**FALSE.** Actually it is much cheaper. Heroin costs roughly 300,000 dong per day, whereas the daily cost for Methadone in the USA is roughly 9,500 VND, and in Vietnam, it is about 5,000 - 7,000 VND. Methadone is highly cost-effective because it mitigates crime, reduces HIV infection, and is relatively cheap.

## A7. Drug Use and the Law

- 35. The new AIDS Law 2006 provides for harm reduction strategies such as methadone maintenance and needle/syringe programs.**

**TRUE.** The new Law on Prevention and Control of HIV/AIDS, which was passed by the National Assembly in 2006, includes methadone substitution and needle/syringe exchange programs.

- 36. Some drug users who are not yet addicted are sent to rehabilitation centers for treatment.**

**TRUE.** There are many cases of drug users, who are not addicted, who have been picked up by law enforcement officers, given a test, and sent to a drug rehabilitation center; or cases of families discovering that a teenage son is using drugs and send him off to a rehab center, thinking this will 'cure' him. While in some cases, this solution works, in many cases, the boy ends up a) getting addicted inside the center (through sharing needles); and b) gets HIV.

- 37. Drug addiction creates a huge burden on the family**

**TRUE.** There are huge financial pressures on a family who are supporting a drug addict - the cost of paying for daily fixes and detoxification, or other forms of treatment; and the lost earnings because the addict cannot hold down a job. In addition to this huge financial burden, there is the psychological cost of worrying about the theft of family property, the loss of family status, etc.

- 38. Drug addicts who leave the rehabilitation centers get very little support to find jobs and reintegrate themselves back into the community.**

**TRUE.**

## HUMAN RIGHTS

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### 2 ANNEX

#### What are human rights?

- Human rights are the rights of all human beings to certain elements and conditions fundamental to a healthy, meaningful, satisfying life. All human beings are born with these rights.
- Human rights are based on recognized needs such as right to life, food, health, clothing, shelter, protection, work, education, and privacy; the right to own land and property; and other needs, such as freedom from discrimination, freedom of sexual expression, freedom to have a child, freedom of association, and freedom of speech.
- Human rights are universal - they exist even if the state does not recognize them.
- The foundation for most rights is the right to dignity and equality. Human rights recognize that all human beings are born free and equal in dignity and rights. People have to respect our dignity and worth as human beings, even if they don't like what we are doing.
- Human rights are based on principles of fairness and justice - human rights mean that we should be treated fairly by everyone regardless of our class, gender, occupation, etc.
- Human rights means that we should respect and not harm one another, so human rights go hand in hand with responsibilities. As others must respect our human rights, we must respect theirs.

#### What human rights are included in Vietnam's Constitution?

- The right to life
- The right to personal liberty and security of person
- The right to freedom of conscience, expression, assembly, association, and movement
- The right to privacy (confidentiality)
- The right to a fair trial when charged with a crime

- Protection from deprivation of property and security
- Freedom from torture and from inhumane and degrading treatment
- Freedom from discrimination on the basis of color, race, tribe, sex, political opinion or creed

### What are some rights of drug users that are commonly violated in Vietnam?

- Right to equality and dignity: Many drug users are stigmatized and discriminated against. This violates their right to equal treatment.
- Freedom from inhumane or degrading treatment: Some drug users have been scolded and beaten and treated harshly in the home.
- Freedom of association: Some drug users have been kicked out of public places and often they are discouraged to participate in social/community life
- Right to information: In the past drug users were not given enough correct information about HIV, preventing them from fully understanding how to protect themselves from getting HIV.
- Right to health care: Some drug users have been given substandard care or refused care at health facilities; and as a result they have stopped getting STIs treated, testing for HIV, etc.
- Right to privacy: Some health workers have broken confidentiality by revealing the identity of drug user patients, thus violating the drug user's right to privacy.
- Right to shelter: Some drug users have been kicked out of the house by their families or by landlords, once they discover they are drug users.
- Right to work: Often drug users are fired from work if they are discovered of using drug. Many drug users find it difficult to find other work, once it is known that they have been using drugs.

### What can happen if the rights of drug users are not respected?

- Drug users will feel persecuted and threatened in a climate of fear and denial.
- Some drug users will continue to be secretive about their HIV status and not disclose voluntarily - and this secrecy will continue to fuel the HIV epidemic.
- Drug users will become more vulnerable to getting HIV and more likely to pass HIV to others.

### What will happen if the rights of drug users are respected?

- Drug users will be able to live a life of dignity without discrimination. They will feel that their human rights are protected.

- Feeling safe, drug users will be able to take more responsibility for their own health and the health of others, and they will be able to access their right to health services.
- Drug users will be less vulnerable to getting HIV and less likely to pass HIV to others.

### **What are the roles and responsibilities of individuals and the state in ensuring human rights?**

- Individuals should be aware of their rights and responsibilities and be active to defend their rights and fulfill their responsibilities
- The state should create a positive environment in which all people can access their human rights and recognize, uphold, and protect the human rights of all citizens.

### **How can the state implement a rights-based approach?**

The Vietnamese public is not a homogenous group of people with the same needs and circumstances, but a heterogeneous group with varying needs. Drug users are vulnerable to getting HIV because they are a discriminated minority - the stigma and discrimination blocks them from fully accessing health services (in the same way as other citizens) and taking responsibility for their sexual health. There is a need to use this awareness of vulnerabilities to guide public health policy.

Without a human rights approach, some drug users will continue to be secretive about their sexual relationships and HIV status and not disclose voluntarily. A protective legal framework will normalize living with HIV, and ideally it will normalize the rights of drug users.

### **How are human rights protected internationally?**

There are a number of international human rights instruments. Vietnam is a signatory to four of them:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights (ICCPR)
- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

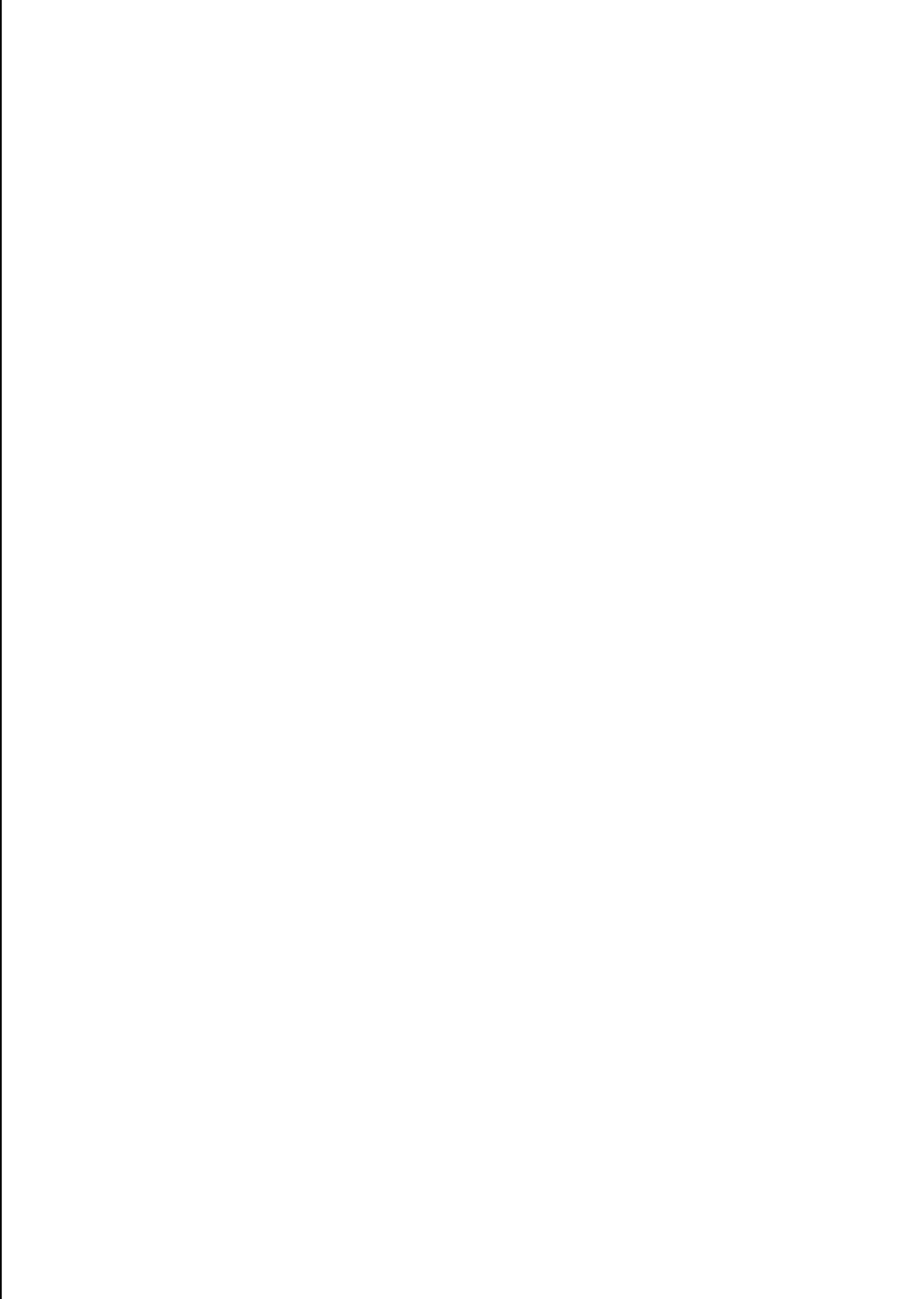
## STIGMA PICTURES

# 3 ANNEX

No.	Title
DU1	Community giving backs to woman (IDU) sitting alone on bench
DU2	Two men gossiping about a drug user in a tea shop
DU3	Drug user injecting in front of his parents
DU4	Teenager sneaking into house at night (he was away using drugs)
DU5	Son (drug user) is kicked out of the house by father
DU6	Drug user chained in the room so he does not escape.
DU7	Drug user (father) eating all alone
DU8	Drug user is very sick. Family is working very hard. (effects)
DU9	Drug user sitting alone with HIV test results
DU10	Family broken - divorce (effects)
DU11	Drug user has just received his HIV test results from testing centre.
DU12	Drug user sitting all alone - with HIV test results
DU13	Female drug user sitting on bed all alone
DU14	Drug user fired from work
DU15	Drug user in clinic
DU16	Drug user has collapsed in market place
DU17	Drug user stealing from home
DU18	Drug user stealing from home
DU19	Drug user wandering around market. People are suspicious of him.
DU20	Drug user husband beating wife









**INSTITUTE FOR SOCIAL DEVELOPMENT STUDIES**

Address: Suite 225, entry 11, block CT5, Song Da-My Dinh area  
Pham Hung road, Hanoi, Vietnam

Tel: (+84-4) 3782 0058 \* Fax: (+84-4) 3782 0059

Email: [isds.vn@isds.org.vn](mailto:isds.vn@isds.org.vn) \* Website: [www.isds.org.vn](http://www.isds.org.vn)