

Chapter 7

Substance-Use

This section of the survey explored a number of areas relating to substance use and abuse including consumption, influencing factors, access to substances and the social context of drug use. Young people were also asked about the substance use of their family members.

7.1. Heroin and Illicit Drug Use

Reported illicit drug use by respondents was extremely low (0.5%), with only 41 cases in the sample reporting to have ever used any type of illicit drug. Of the 41 cases, 35 were young men and six were young women. Of those who said they had used an illicit drug, 10 individuals reported having injected a drug and three cases reported to have shared a needle. One limitation of the study was the inability to follow up with potential respondents who were, at the time of the survey, not living in households because they were in drug rehabilitation. In a few cases, it was reported that young men were not available for interview because they were in drug rehabilitation centers

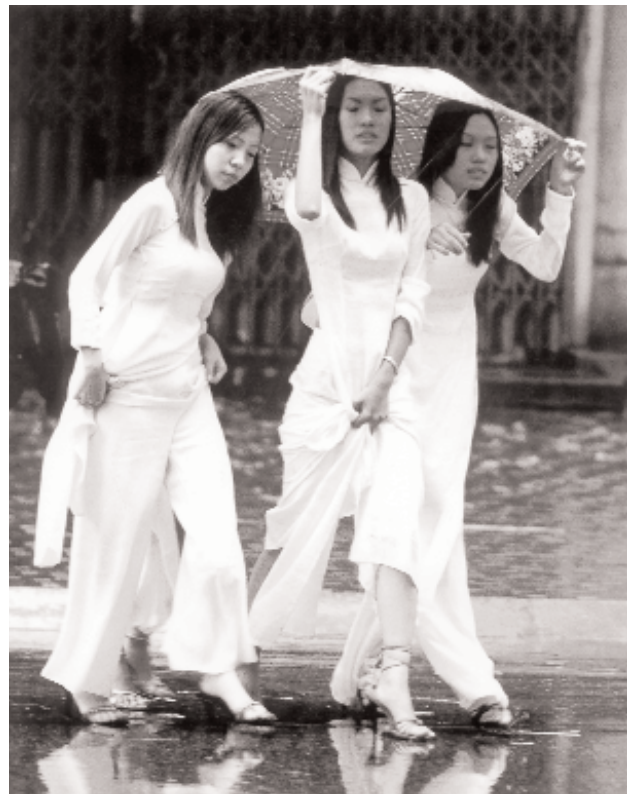
While these figures almost certainly under-report the real figures, the higher male-to-female ratio is consistent with many prior studies showing that illicit drug use is more common in young men than young women¹. Under reporting of illicit drug use has been confirmed in previous surveys². The reasons include young people's reluctance to report illegal behavior to interviewers, as they may be concerned that the questionnaire is not really confidential and that disclosure of drug use might have negative legal consequences. Fortunately, there are other sources of data from qualitative studies that provide more in-depth and realistic measures of drug use, which clearly remains a major issue for young men's physical and mental health, HIV transmission, and family conflict and stress in Vietnam³.

7.2. Knowledge of Illicit Drugs and Drug-users

While usage reporting was low, the majority of

respondents had heard of illicit drugs (81.8%), with urban respondents (91.8%) more likely than their rural counterparts (78.6%) to have heard about illicit drugs. Young people from ethnic minority areas were less likely to have heard about illicit drugs (64%) compared with their Kinh counterparts (84%). Across age groups and regions, the vast majority of young people knew that not sharing needles was one way to prevent the spread of HIV/AIDS (95.7%). It is reasonable to assume that extensive IEC and mass media campaigns targeting HIV and drugs prevention over the past three to five years have played some role in such high awareness levels. While very few participants reported having ever taken drugs, 26% of the sample said they knew someone who used illicit drugs. Young people from urban areas were twice as likely to know a drug user (42.4%), compared with rural groups (20.8%). While the age groups of known drug users were not directly reported in this survey, national data about drug use suggests that the majority of drug users are young⁴.

Young people were asked about the ease with which they could access heroin and illicit drugs within their local communities. Access to a supply of heroin was seen as difficult for the majority of the sample, with 66% reporting it was either

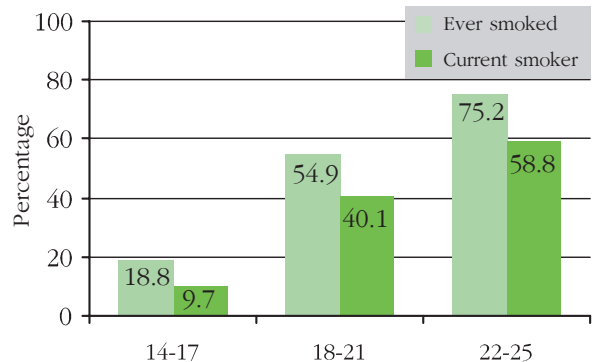


impossible or extremely difficult to obtain. In general, ethnic minority young people perceived access to drugs as more difficult than other groups. About 30% of the overall sample reported that it was ‘a little difficult’ to acquire illicit drugs; however, a notable 16.3% of the urban male group 22-25 years reported that illicit drugs were easy to obtain. Previous adolescent and youth studies in Viet Nam and other Asian countries indicate young urban males are a high-risk group for drug use⁵. Limiting access to drugs (both illicit and legal) has been suggested as a necessary and fundamental strategy for harm reduction relating to substance abuse.

7.3. Smoking

The analysis of the data on tobacco use focuses on young males from the sample because there were very few young women reporting to have ever smoked (1.2%), and only one-third of these reported to be current smokers. While numbers are very small, urban females reported having smoked more than those in rural areas, with 2% of the urban 18-21 year old female subgroup reporting to have smoked. The data indicate that smoking is not yet an issue for young women in Viet Nam. However, in neighboring Asian countries with a higher exposure to advertising and the glamorizing of smoking, and where access to tobacco products has increased, young women are taking up smoking at a rapid rate⁶. Preventing this trend in Viet Nam, and maintaining and reinforcing the current non-smoking behavior of young women, will be a significant challenge for future public health campaigns.

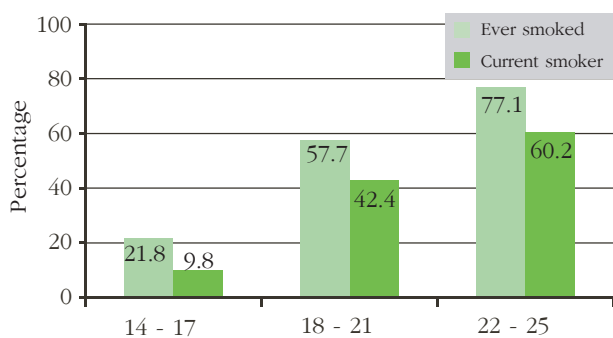
GRAPH 35 Rural Males, Ever Smoked and Current Smokers



Overall, 43.6% of young males reported having smoked at some time, with the prevalence of tobacco use increasing with age. Rates and patterns of smoking were very similar between rural and urban young men, with slightly higher rates in the urban sample. While about one in five of the youngest urban males had ever smoked (21.7%), this increased markedly in the 18-21 year olds (57.7%) and even more so in the 22-25 year old group, with more than three-quarters, or 77%, of these young men claiming to have used tobacco. The average age for the first cigarette was 16.9 years. As smoking increases with age, and at a time when young people become more socialized and involved with societal activities, interventions to prevent tobacco use should target young people at earlier ages to prevent them from developing this behavior.

71.7% of those males who had ever smoked reported to be current smokers, although this was much lower in the younger group (14-17 years), where 45% of urban and 51.3% of rural youth who had ever smoked reported to be current smokers. The total current smoker rate for this 14-17 age group is about 10%. This increased steeply with age. Of the 18-21 year age group who had ever smoked, 42.4% were current smokers. This was a little higher for the urban 22-25 age group with 60.2% reporting to be current smokers. This figure should be of major concern given the huge health costs of tobacco to individuals, the health sector and families. WHO predicts that two thirds of the adolescents living in Asia today will die from tobacco related causes in the future. Findings

GRAPH 34 Urban Males, Ever Smoked and Current Smokers



suggest that intervention needs to start before age 16 (if the aim is to prevent the uptake of smoking) but efforts to intervene with those in the early stages of their smoking career are also necessary. Interestingly, and of potential interest for public health initiatives and tobacco prevention programs, is that 70% of the male smokers had tried to give up at least once, with 80% of female smokers also having tried to give up. Until very recently there has been little attention paid to cessation programs, but given the high numbers of already addicted young people this may need to be reconsidered.

7.4. Reasons for Smoking

The most common reason cited for starting to smoke was “because all my friends smoked” (54%). For the 14-17 year olds, more rural males (57.2%) than urban (42.5%) reported to be influenced by friends who smoked. 13% of young men reported that they began smoking “because I was too tense”, and 11.3% started “because people around me smoked”. Only 3.4% of young men mentioned that they began smoking to show-off an adult image. Significant research indicates that advertising of tobacco products can have some effect on the reasons for smoking, as can cultural values and attitudes⁷.

Young people were asked how easy it was for them to obtain cigarettes. The majority (98.1%) reported that it was “easy”. Although legislation exists making it illegal to sell tobacco to anyone below the age of sixteen, in the main this law is not enforced. The environment in Viet Nam for young men is one that is rather conducive to accessing and smoking tobacco.

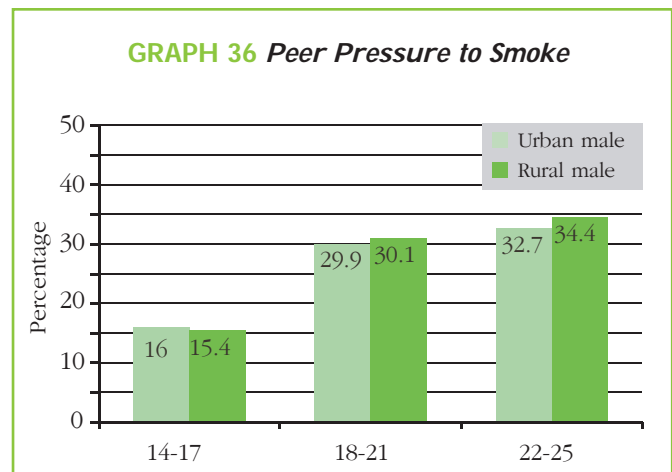
More than half (57.8%) of male smokers had fathers who smoked, and who may be perceived as role models, and 20% reported having brothers who smoked, while very few had mothers who smoked (3%). The environment and role models of young people clearly influence their smoking behaviors, although this does not appear to cross genders. Young women also live and socialize around smokers but do not pick up the habit of smoking. At present, the smoking culture in Viet Nam is strongly male-orientated. Culturally and historically, women’s drinking and smoking is viewed more negatively than that of men, with strong social

constraints and controls that mediate such behaviors. These social constraints, in fact, operate to protect young women from drinking and smoking, although there are, of course, consequences for young women that arise from men’s drinking and smoking, including being exposed to secondhand smoke.

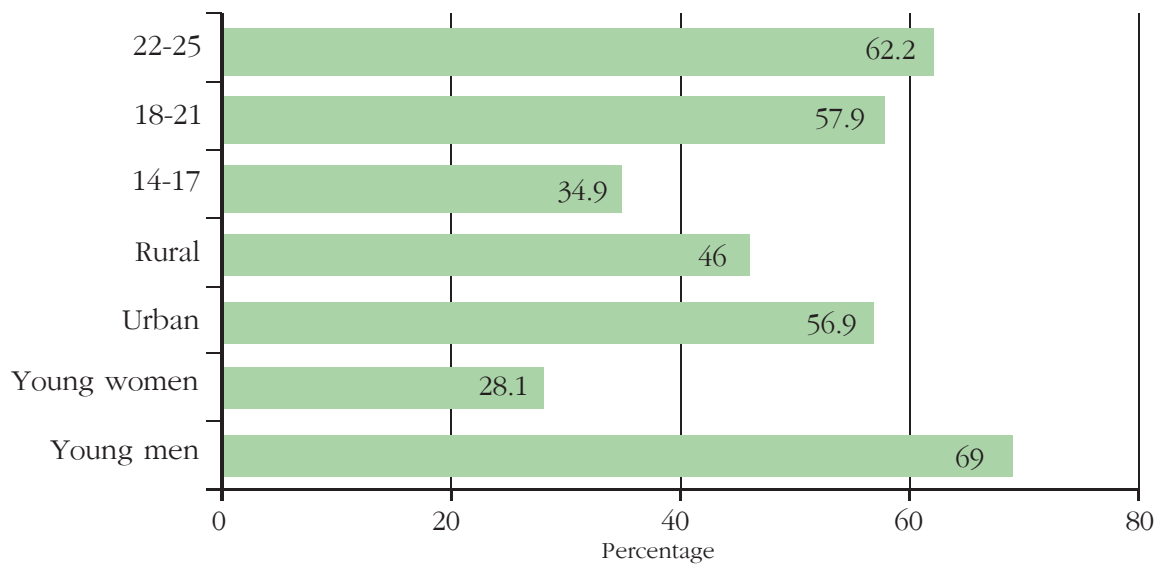
7.5. Peer Pressure and Smoking

Young men reported experiencing both positive and negative pressures from their friends about smoking. Negative pressure is more commonly understood as peer pressure, or enticement by others, for young people to participate in a health compromising or problem behavior (in this case, smoking). Positive pressure is the encouragement from peers for young people to abstain from problem behaviors, such as smoking. On the whole, young men (77%) reported that their friends encouraged them not to smoke; young urban males of 14-17 years were the most likely group to report positive peer pressure to abstain from smoking (79.7%). At the same time, almost one-quarter of males (24.3%) indicated that they faced negative peer pressure to smoke. This negative pressure appeared to increase with age, with the youngest group of males to report relatively little peer pressure to smoke (16% for urban and 15.4% for rural 14-17 year olds) but the 22-25 year olds reporting more than twice those proportions (32.7% for urban and 34.4% for rural males).

Young women reported very little peer pressure to smoke (0.5%). Interestingly, however, fewer young women than men reported that they were



GRAPH 37 *Young People Who Have Ever Finished a Glass of Beer or Liquor (by Age, Location, and Gender)*



encouraged by friends not to smoke (73.5% of women, versus 77.0% of men). This may be due to the multiple choice answers to the questions, as each question on positive peer pressure was dichotomous (either friends ‘encourage’ or ‘do not encourage’). It also may be due to cultural norms that mean that smoking is not an accepted activity for women.

7.6. Alcohol

To explore and understand alcohol use, all participants were asked if they had ever finished a glass of beer or other type of alcohol. The results indicate that while drinking is a behavior of the majority of young men (69%), it is less so for young women, though still a common behavior at 28.1%. Drinking is more common among urban (56.9%) than rural (46%) young people. As predicted, the percentage of young people ever having had a drink increases with age, with reported rates of 34.9% for 14-17 year olds, increasing to 57.9% for 18-21 year olds, and further increasing to 62.2% for 22-25 year olds.

Of those who had ever finished a drink of alcohol (referred to as drinkers), 58% of the males and 30% of the females reported to have been drunk at least once. Being drunk was defined as being physically

affected by alcohol or under the influence of alcohol at least once.

In terms of the total sample, 39.7% of the males had been drunk and 8.5% of the female sample had been drunk. While these figures may be perceived as rather low – and certainly lower than countries like America, Australia, France and Britain – they do include the adolescent group of 14-17 year olds who are mainly non-drinkers. This data highlights the need for disaggregated data to clearly

GRAPH 38 *Drinking Behaviours of Young Men and Women*



identify which groups are drinkers, and what are the frequency and consumption patterns. Prevention activities in the area of alcohol use can include reinforcing non-drinking behaviors and encouraging sensible or safer use of alcohol by those who do drink or do get drunk.

Graph 38 shows that while many young people have sampled alcohol, the percentage of those who had ever actually been drunk is relatively small, possibly suggesting that many young people are using alcohol in moderation or responsibly and that alcohol use is not problematic for most youth. There is, however, a very marked gender difference, with many more boys reporting to have been drunk than girls and a small group of young men who repeatedly get drunk.

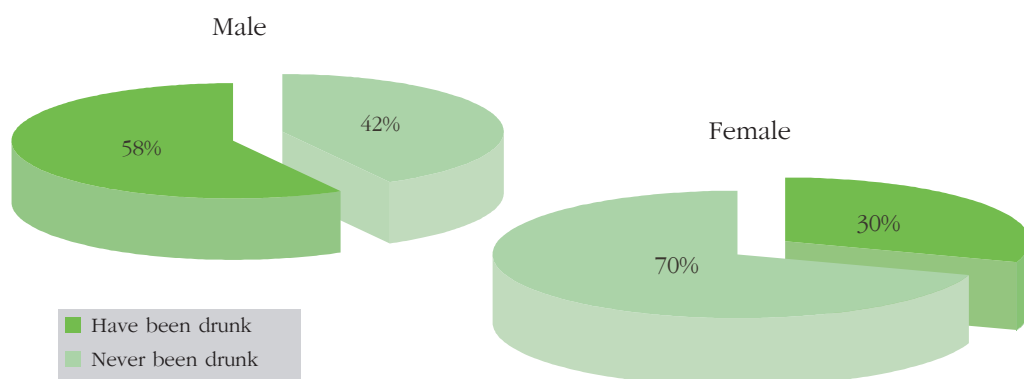
From a public health and adolescent health perspective it may be timely to look at the groups who are drinkers and consider what risks they may face, and the possible prevention messages and strategies that will protect them from becoming heavier drinkers. Graph 39 illustrates that within the groups who do drink, a significant number have been drunk, and this occurs twice as much in boys as in girls. The fact that 30% of the group of young women who drink have been drunk may suggest that social controls around female drinking are lessening and acceptance, even encouragement, of young women's and women's drinking may be emerging as a by-product of economic growth and globalization, as seen in many other countries. Adult drinking patterns are generally established during the adolescent and youth years. Increased alcohol

use – and the associated physical and social health problems arising from alcohol use – is a predictable outcome in a country with increasing expendable income and easy access to alcohol.

7.7. Access to Alcohol

Young people were also asked about the ease of access to alcohol within their community. In other countries easy access to alcohol by young people has been identified as a risk factor associated with alcohol and drug use, violence, and early sexual experimentation⁸. SAVY found that the vast majority of young people reported that it was very easy to access alcohol (98.6%), and this figure was similar for all groups. Compared to some other Asian countries, alcohol appears to be more easily obtainable by young people in Viet Nam. Alcohol is readily available and consumed in shops and cafés, as well as at home and in some workplaces. Common practice in Viet Nam shows that alcohol is used to celebrate events, as part of socializing, to facilitate business and sometimes to drown sorrows, but also often used to have fun and enhance a good time. Therefore, the culture and social context for alcohol use is positive, perhaps unintentionally facilitating alcohol use among young people. Although under the law it is illegal to sell alcohol to young people below the age of sixteen, in the main this law is not enforced. A well known Vietnamese saying '*Nam vo tuu nhu ky vo phong*' is translated as 'a man without alcohol is like a flag without wind'. Such a saying reinforces drinking as an acceptable even expected part of life. While traditionally

GRAPH 39 Drinkers ever drunk compared to never drunk



women’s alcohol use has not been regarded as acceptable, observation suggests that it is becoming increasingly more acceptable for women, including young women, to drink. This trend has also been seen in other Asian countries⁹.

7.8. Drinking Alcohol, Family Background and Peer Pressure

A notable finding of this survey, and related to parental behavior, rather than that of young people, is that 16.7% of youth reported that their father had a drinking problem or alcohol addiction (defined as getting drunk frequently, or drinking a lot very often). Almost one in five respondents in the 14-17 year old age group reported this to be the case.

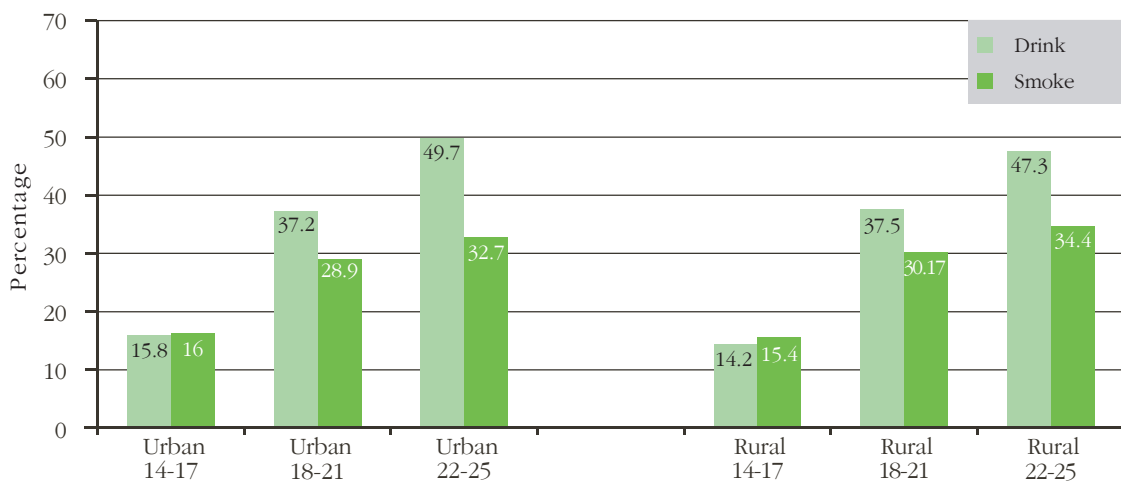
Young people were asked about the influence or pressure their peers exerted on them to drink. Young women generally reported very little peer pressure to drink, with the highest rate at only 3.7% for urban girls aged 22-25. Interestingly, for young men, alcohol was the area where peer pressure was reported to be at its highest compared to peer pressure for smoking, using drugs, having sex or viewing pornography. Peer pressure to drink increased with age, with almost half of the oldest group experiencing peer pressure to drink (see Graph 40). It has been suggested that peer pressure may be understood too simply as external pressure from peers to follow a certain behavior. More recent

theories about pressure on youth also acknowledge the internal pressure that young people experience to fit in, to look like TV stars, to be accepted by peers and to model desirable adult behaviors. Both external and internal pressure should be acknowledged when considering behavior change approaches¹⁰.

7.9. Drinking Alcohol and Associated Risk Behavior

It is of some interest and concern that the young men who reported to have been drunk two or more times in the prior month also engaged in a number of other risk behaviors, compared to those who had been drunk one or less times in the month prior to the survey. Young drinkers were asked about the frequency of their heavy drinking with the question: “How many times were you drunk during the last month?” Overall, youth reported to have been drunk 0.72 times in the last month. Rural 22-25 year old males were the most likely to have been drunk in the last month, with an average of 1.0 or once. Urban females were the least likely to report heavy drinking in the last month, across all ages; while the youngest and oldest girls reported an average of 0.26 times during which they had become drunk, young women in the 18-21 year old group reported only 0.33 times. However, these are only averages for the entire sample; there are, of course, a number of youth who reported to drink heavily on

GRAPH 40 Male Experiences of Peer Pressure to Drink and Smoke



a number of occasions in the last month.

Heavy drinking or binge drinking has been clearly identified in international studies as well as recent injury research in Viet Nam as a social and health risk factor. A comparison between heavy or problem drinkers and non-problem drinkers found that heavy drinkers were more likely to have been injured as a result of violence outside the home (21.2%) compared to only 13.5% of non-heavy drinkers. Heavy drinkers were also more likely to

have smoked (78.6% compared to 46% who did not smoke). Among the single group, those who drank heavily were far more likely to have had sex (29.4%), compared with 10.2% of non-heavy drinkers. The heavy drinking group was also more likely to be involved in the risk behaviors of motorbike racing, participating in a group riot, injuring each other and carrying a weapon. Further and deeper analysis of young men's drinking and its interaction with other problems behaviors is needed.

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