



POLICY BRIEF

AUGUST, 2013

HIV/AIDS, DRUG CONTROL, AND DRUG TREATMENT IN VIETNAM

This is a time of great promise and perhaps unique opportunity to transform for the better Vietnam's policies towards drugs and drug treatment. USAID/PEPFAR is working through implementing partners, such as Health Policy Initiative Vietnam, and collaborating with the Vietnamese government, UN agencies and other donors and partners to advocate for an improved and more consistent legal framework, policies, and programs on drug control and drug treatment to address the critical nexus between drug use and HIV/AIDS in Vietnam¹.

There are approximately 200,000 people who inject drugs in Vietnam and the HIV/AIDS epidemic is driven primarily by drug use. Therefore the HIV/AIDS response and policies for drug control and drug treatment are inextricably linked². This brief, directed to government policy makers, stakeholders, and policy advocates, summarizes the current legal and policy framework on drug control and drug detoxification and the evidence that the government is changing its position in ways that would move Vietnam from a system based on compulsory detention of drug users in "06 centers" to an alternative based on voluntary, community-based and evidence-based substance abuse treatment. The brief also provides specific recommendations for legal and policy development to this end.

VIETNAM'S CHANGING APPROACH TO DRUG CONTROL AND DRUG TREATMENT

- Since the 1990s, Vietnam's policy on drug control has been based on **compulsory commitment of drug users to "06 centers"**, which have their roots in re-education camps established following the end of the American War and reunification of the country. Drug users are committed to these centers and isolated from the community for up to two years of detoxification, moral education, and labor. There are currently 114 such centers with about 22,000 residents. Commitment to centers is followed by an additional 1-2 years of "post-detoxification management" in the community or in a center.
- **06 centers provide no evidence-based substance abuse treatment and very limited HIV/AIDS services.** There is no evidence from anywhere in the world that a system based on compulsory confinement can be successful in the long-term treatment of drug dependence. Indeed, relapse rates among 06 center releases in Vietnam are very high (70-90% or higher). Donors, including PEPFAR, have supported health interventions, such as anti-retroviral treatment for HIV/AIDS, in some centers but make it clear that such support does not in any way condone or seek to perpetuate the center-based system.
- International evidence shows that **voluntary, community-based substance abuse and addiction treatment is more cost-effective than compulsory detoxification, incarceration, or other punitive measures**³. Indeed, compulsory detoxification is the most expensive and least effective option.
- There is overwhelming international evidence, including studies of pilot programs in Vietnam, that **substitution treatment with methadone is efficacious and cost-effective.** It reduces craving, drug use, injection-related HIV risk, illness and death, and criminal activity and allows patients to stabilize their lives,

¹ This initiative is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and President's Emergency Plan for AIDS Relief (PEPFAR). The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

² For a recent review, see Vuong T, Ali R, Baldwin S, Mills S. Drug policy in Vietnam: a decade of change? Intl J Drug Policy July 2012; 23: 319-26.

³ See, for example, Bergenstrom AM, Abdul-Quader AS. Injection Drug Use, HIV and the Current Response in Selected Low-Income and Middle-Income Countries. AIDS 2010; 24 (suppl 3): S20-S29; Phaik, K. Malaysia's Transition from Compulsory Drug Treatment Centers to Comprehensive Voluntary "Cure and Care" Centers. Presented at the Regional Workshop on HIV/AIDS and Drug Use, Ho Chi Minh City, Vietnam: November 7-10, 2011.

HIV/AIDS, DRUG CONTROL, AND DRUG REHABILITATION IN VIETNAM

restore family relations, improve quality of life, and become productive members of society⁴. The Vietnamese government plans to expand methadone treatment to 80,000 patients in 30 provinces by 2015.

- **Voluntary community-based treatment models are being designed and will be piloted** in Ho Chi Minh City and Thai Nguyen Provinces through a collaborative program between the U.S. Centers for Disease Control and Prevention (CDC) and Vietnam’s Ministry of Labor, Invalids, and Social Affairs (MOLISA), which is responsible for overseeing the 06 center system. Additional community-based pilots are being implemented in Hoa Binh, Thanh Hoa, and Thai Binh Provinces in a joint program of MOLISA and the United Nations Office on Drugs and Crime (UNODC).
- In 2012, with technical support from USAID/HPI, UNODC, FHI 360, civil society organizations and other stakeholders, MOLISA drafted a **Renovation Plan for drug treatment in Vietnam**. In this Plan, the government acknowledges the inadequacy of the current system of 06 centers and drug control and announces a commitment to change fundamentally the country’s approach to drug treatment based on the reality that addiction is a chronic, relapsing disease rather than a moral defect.

A CONFUSING AND INCONSISTENT FRAMEWORK

Although fundamental change may be on the way, Vietnam’s legal and policy framework on drug control, drug rehabilitation, and HIV/AIDS remains confusing and inconsistent. This is because the basic drug control policy still relies heavily on compulsory detention of drug users but subsequent changes in law and policy indicate that the government is moving away from this punitive, “social evils” approach to a more rights- and evidence-based approach to drug rehabilitation. (Figure 1 provides an overview of key documents included in the framework.)

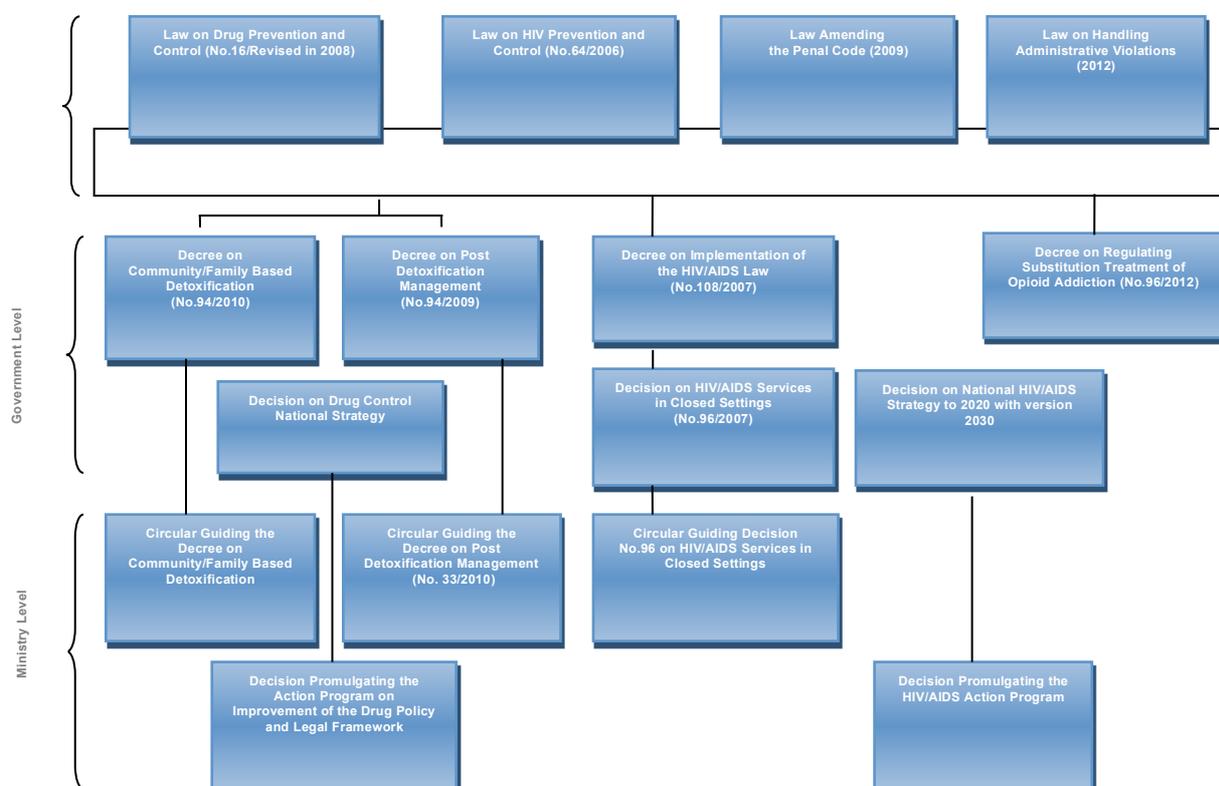


Figure 1. Key documents in the legal and policy framework for drug control, drug rehabilitation and the HIV/AIDS response

⁴ See, for example, Institute of Medicine. Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries: An Assessment of the Evidence. Washington: National Academies Press, 2007; Tran BX, Ohinmaa A, Duong AT et al. Cost-effectiveness of Methadone Maintenance Treatment for HIV-Positive Drug Users in Vietnam. AIDS Care. Sept. 22, 2011 [epub ahead of print]; Tran BX, Ohinmaa A, Duong AT et al. Changes in Drug Use are Associated with Health-Related Quality of Life Improvements Among Methadone Maintenance Patients with HIV/AIDS. Qual Life Res. Jul 6, 2011 [epub ahead of print].

HIV/AIDS, DRUG CONTROL, AND DRUG REHABILITATION IN VIETNAM

KEY ELEMENTS OF THE CURRENT LEGAL AND POLICY FRAMEWORK:

- The **Law on Drug Prevention and Control** (2000, revised in 2008) established a punitive approach to drug control based on arrest and compulsory confinement and detoxification of drug users in 06 centers.
- In 2009, the National Assembly (**Law Amending Penal Code, 2009**) decriminalized the use of drugs.
- Alleged drug users are still subject to commitment to 06 centers under the new **Law on Handling Administrative Violations (2012)**. This Law provides that commitments to 06 centers are recommended by Communal People's Committees but final decisions are made by District People's Courts, thus theoretically providing some due process protection. However, neither this Law nor a **draft implementing decree under it (that will replace Decree 135/ 2004)** explicitly afford the Court the option to rule against a commitment based on a determination that the individual would be better off in voluntary, community-based treatment such as methadone. Rather, they allow for delaying commitments based on certain specific criteria, such as illness, age, pregnancy, extreme family poverty, or (the only potentially promising provision) evidence that the individual was drug free and displayed "obvious improvement" in behavior during the pendency of the case. While the draft implementing decree that will replace Decree 135 defines drug addiction as a chronic, relapsing disease, it retains the provision that individuals who relapse following community- or family-based detoxification are subject to being sent to 06 centers.
- **Decree No. 94/2010/ND-CP dated September 9, 2010 on Family and Community-Based Detoxification** calls for a system of voluntary and mandatory community-based detoxification. However, Decree 135 pre-dates and the implementing decree that will replace it post-dates, the Decree on Family and Community-Based Detoxification, which seems to call for a parallel rather than sequential relationship with center-based detoxification. The relationship between these systems remains unclear based on the current legal documents – in other words, who will be sent to which program and the processes and criteria for such decisions. It is hoped that these uncertainties could be resolved and the overall system harmonized in a new **Law on Addiction Treatment**, proposed in **MOLISA's Renovation Plan**.
- There are inconsistencies in provisions regarding length of commitment to 06 centers. The Revised **Drug Control Law** and Decree No. 94/2009/ND-CP dated October 26, 2009 on **Post-Detoxification Management** specify 1-2 years in a 06 center plus another 1-2 years of post-detoxification management either in a center or in the community. The draft implementing decree that will replace Decree 135 provides for 12 months commitment to a 06 center for the first time, 18 months for the second, and 24 months for the third. However, some provinces have reportedly increased initial commitment to the 06 centers to 3 years. Those who enter centers "voluntarily"—in practice, they are often "volunteered" by their families—must stay a minimum of six months.
- The draft implementing decree to replace Decree 135 provides some **protections against mistreatment of 06 center residents**. For example, it limits work to three hours per day, five days per week and outlaws production quotas (but bases wages on production level), and affords residents the right to file complaints about treatment or conditions in the centers. The procedures for and actual extent of change in response to these provisions remain to be seen.
- The **2006 Law on HIV/AIDS Prevention and Control** and the **Decree on Implementation of the HIV/AIDS Law (No. 108, 2007)** laid a strong foundation for HIV/AIDS prevention, including substitution treatment and other harm reduction programs for people who inject drugs. Decree 108 prohibits providing substitution treatment in 06 centers.
- In December 2007, the Minister of Health issued Decisions No. 5073 and 5076 approving and providing guidelines for the **pilot methadone substitution treatment** programs in Hai Phong and Ho Chi Minh City. **Decree 96 (2012)** provided further guidance on the criteria and application procedures for substitution treatment and the standards and qualifications for public and private treatment providers. The decree provides that treatment is voluntary and allows for continuation on treatment of patients sent to prisons. However, it also contains the problematic

HIV/AIDS, DRUG CONTROL, AND DRUG REHABILITATION IN VIETNAM

provisions that individuals on local lists of potential commitments to O6 centers may not enroll in methadone programs and those on substitution treatment who fail two urine tests for opioids will be terminated from the programs.

- Vietnam's new **National Strategy for Drug Prevention and Control** in Vietnam through 2020 with vision to 2030 (approved in Decision No. 1001/QĐ-TTg, 2011) remarkably does not mention O6 centers and seems to indicate a reorientation of drug control policy. Part IV, Section 5c of the strategy calls for "diversification] of models of detoxification and treatment...[and] review of effective models...focusing on stepping up and widely expanding the community-based detoxification model."
- In key legal documents, including the Drug Control law and Decrees on Post-Detoxification Management and Family- and Community-Based Detoxification, MOLISA is assigned responsibility for detoxification, management, and reintegration of drug users while MOH is given responsibility for medications and treatment used for detoxification and treatment. This has fostered **confusion and poor coordination among ministries** in developing and deploying evidence-based substance abuse treatment programs.
- The **Renovation Plan** developed by MOLISA, with expected approval in 2013, evidences the government's commitment to transition from and ultimately convert to other purposes or close the O6 centers, and to establish in their place a diverse system of voluntary, community- and evidence-based drug treatment. However, the Plan itself has no force of law and revisions to existing and/or development of new legal documents, such as a new Law on Addiction Treatment, will be required in order for the Plan to be fully implemented.

TOWARD A COHERENT, EVIDENCE-BASED LEGAL AND POLICY FRAMEWORK FOR DRUG ADDICTION TREATMENT AND HIV/AIDS IN VIETNAM

Based on assessment of the current system, and drawing on international best practice, we recommend that international and civil society organizations work closely with the Vietnamese government on the following steps to develop and implement clear and coherent laws and policies on drug addiction treatment and HIV/AIDS:

- Work to develop a **harmonized legal framework (laws, decrees, circulars) that will allow for full implementation of the Renovation Plan for drug treatment.** Legal documents, such as a new Law on Addiction Treatment, should provide clear, consistent, and comprehensive guidance on the intended target populations, selection criteria, and periods of the different levels and settings of treatment for different substances, as well as the specific plans, schedules, and budgets for converting and/or closing the O6 centers and implementing a new system of voluntary, community-based treatment. USAID/HPI has completed a review of and recommended changes to the legal and policy framework, including development of a Law on Addiction Treatment. FHI 360 has also contributed analysis of the clinical dimensions of current policy and recommendations for new and revised documents.
- **Specify clearly the HIV/AIDS services to be provided in O6 centers, prisons, and community-based drug treatment facilities.** Pursuant to Decision No. 96 (2007), comprehensive HIV/AIDS services should be provided in all closed settings. Clear rules of engagement for donors and organizations providing services in O6 centers should be developed, as well as rules for withdrawal of services if necessary. The rules of engagement should include procedures for monitoring and responding to any mistreatment of residents.

HIV/AIDS, DRUG CONTROL, AND DRUG REHABILITATION IN VIETNAM

- **Develop and specify the recommended alternative to 06 centers:** a diverse system of voluntary, community-based and evidence-based substance abuse treatments and support, including methadone maintenance, addiction counseling, relapse prevention, vocational training (including “soft skills” and job placement), and tax incentives for employers who hire recovering drug users. MOLISA and MOH should work together to develop and implement such an alternative community-based system that integrates therapeutic and social services.
- Ensure that the government’s plan to **expand methadone treatment** is fully implemented and conflicts between methadone enrollment and 06 Center commitments are removed. Remove the prohibition on opioid substitution treatment in 06 centers, as long as treatment is strictly voluntary.
- Assist the government, civil society, and private sector to find the necessary **resources to implement new systems of voluntary, community-based, and evidence-based drug treatment in the context of declining international donor support in Vietnam.**

For further information on the relevant legal documents and recommended policy changes, please contact:

USAID/ Health
Policy Initiative
Vietnam
72 Xuan Dieu,
Floor 3
Tay Ho District
Hanoi 04-3718-
5716
gioi@abtvn.com