Drug policy in Vietnam: a decade of change?

Goals of this presentation

1. To outline the major changes in drug policy in Vietnam over the past decade:
   - discuss the philosophy behind current drug policy
   - identifying the key players
   - discuss why and how changes occurred
2. To discuss the existing barriers to policy change
3. To present some strategies to facilitate policy reform
Policy framework

1. Based on Walt and Gilson’s health policy framework (Walt & Gilson, 1994)
2. Focuses on understanding health policy through understanding four interrelated factors:
   - Actors
   - Content
   - Context
   - Process
3. Adopts a rights-based approach

Sources of review

   - government policies obtained from the Official Gazette, the largest database of legal documents in Vietnam
   - government documents and reports on drug policy and harm reduction
2. Peer-reviewed publications: 12 articles
3. Program documentation of international and local organisations: 16 documents
4. Call on the authors’ personal experience
Vietnam: basic information

- Population 87M
- Estimated number of PWIDs ~140,000
- Proportion of PLHIV with history of drug use 65%
- Heroin is still the main illicit drug used ~ 87%
- Heroin injection 86.3%
- HIV prevalence among PWIDs ~ 18.4 – 56%
- Reported HIV cases ~138,000


The 1992 Constitution of Vietnam

The Constitution has a strong influence over the direction towards treating drug addiction: “...the State provides for compulsory treatment of drug addiction and certain dangerous social diseases...” [i.e. illicit drug use and sex work]

Article 61
Influence from outside

- In 1995, Viet Nam officially participated in the ASEAN Senior Officials on Drugs (ASOD).
- In 1995, diplomatic relations between the USA and Vietnam was formally normalised:
  - Relationships have become deeper and more diverse
  - “The war on drugs” carries on its influence in Vietnam
- In 2000, the ASOD became a regional mechanism to realize the target of a drug-free ASEAN in 2015, supported by UNODC

Key players who shape drug policy

- A top-down and hidden process, dominated by the Communist Party
- There is no official role for “civil society” in drug policy making
Evolution of drug policy in Vietnam (1)

A significant number of legal documents carry on the ideology emphasized by the Constitution.

Evolution of drug policy in Vietnam (2)

The HIV/AIDS law underwent a lengthy debate and harm reduction was the most difficult and contentious topic. The law provides a legal framework for Methadone treatment.
An unexpected positive outcome

Scale up of the Methadone program is proving to be a catalyst to engage the Vietnamese Government in discussions about drug policy.

Former Deputy Prime Minister visited Binh Thanh MMT Clinic in Ho Chi Minh City

Evolution of drug policy in Vietnam (3)

Then with “influence from outside”, there was a shift in the way leaders look at drug addiction: “It is a chronic relapsing medical condition! Not a crime!” → Drug use was decriminalized in 2009
Evolution of drug policy in Vietnam (4)

However, there still exist inconsistencies among the key legal documents that have caused confusion and led to contradictory actions … In stead of going to prisons, drug users go to compulsory centers for even longer terms

Conflicts in ideology – compulsory centres for drug users

- By 2011, there were 129 centres
- 70,000 residents (of a total of 140,000 registered drug users) at a time
- Duration of stay: 2 years
Perceived benefits of compulsory centres by Government (1)

- Provides “proof” of commitment to “drug free” Asia
- Shows the community that action is being taken: buildings are so “visual”
- Provides a strong deterrence to drug use
- Reduces drug-related crime
- Increased budget/incentives for ministry and departments managing compulsory centres
- Belief among families that treatment in compulsory centres is effective

Perceived benefits of compulsory centres by Government (2)

Most importantly, there is a big concern that the existing community-based drug treatment interventions are currently not at a scale that is enough for 140,000 registered drug users and they want to maintain a plan B for those drug users who keep failing in treatment
Enabling factors for change

• Some key political leaders have realized the concerns and are willing to engage in dialogue for change
• Several countries are scaling up evidence based alternatives
• Growing evidence within the region that alternative treatments work and are cost-effective
• Realisation that existing workforce can be re-skilled and trained to work in alternative treatment options
• Substantial international experience prepared to assist

The Human Rights Watch’s report of Sept. 2011

• The GoV had no reaction to it, responded to HRW’s letter with a general letter
• But the report put strong pressure on international organisations (Global Fund, US Government ...) who are obliged to take action – funding and economic development implications
• MOLISA under pressure to look for assistance
• Opportunity for other advocacy agencies in-country to engage
The UN Joint Statement of Mar. 2012

What if the Governments in Southeast Asian countries ask the UN this question: “How come all democratic countries can have a system for compulsory treatment and we cannot?”

A possible way forward

- Need to acknowledge that no system is perfect
- Need reposition on ideology to make it realistic and pragmatic: “a drug-free society” and “a system without compulsory drug treatment” are equally unachievable
- Need to engage slowly and respectfully: the best approach to achieving change is one of respectful dialogue with commitment to support and facilitate change
- In the meantime, should not shy away from opportunities: “walking on egg shell” or “turning a blind eye to injustice”
- High quality technical assistance: The right assistance at the right time!
Ongoing Government efforts

- MMT Decree to be endorsed end of 2012
  - ✓ to facilitate diversity in models (multi-public sectors, private sector) for rapid expansion of effective treatment modality

- Revision of National Assembly’s Ordinance on Administrative Violations – for debate in NA Session Nov 2012
  - ✓ to advocate for removal of administrative measures of placement of drug users in compulsory centers

- Review of “Malaysian Cure and Care model” and/or “Portugal model” for drug policy reform

- Conducting economic evaluation of existing treatment models
  - ✓ to provide local evidence on return on investment for decision making on resource allocation
Thank you!

Email: thu.vuong@exch.unsw.edu.au

PhD student, the University of New South Wales

PhD topic: “Economic Evaluation comparing Centre-based Compulsory Drug Treatment with Community-based Methadone Maintenance Treatment in Hai Phong City, Vietnam”