

REVIEW

Open Access



How we understand fully the supply, demand, and harm reduction in drugs policy in Vietnam?

Hai Thanh Luong^{1*}

Abstract

Since the 1990s, Vietnam has begun prioritising preventing and combating drug-related crimes (supply reduction) and rehabilitating drug users (demand reduction). In the 2000s, harm reduction approaches in relation to drug control began to be recognised as one of Vietnam's opiate substitution therapy methods before embarking on greater drug policy reform in the early 2010s. In implementing the ideology of the Communist Party of Vietnam, the anti-narcotic police forces often apply a zero-tolerance approach to drug traffickers and identify drug users as a priority applies a zero-tolerance approach to drug traffickers and identifies drug users as a priority to send them to prison or compulsory detention centres rather than apply harm reduction as the international standard model to promote health conditions for them without detention. This study conducted a qualitative content analysis of documents by collecting and analysing grey literature on drug policy resources, combined with qualitative interviews with experts and drug policy professionals. Although Vietnam (re)states its commitment to balance the three pillars of harm minimisation in its drug policy reform, my research demonstrates that unclear provisions and blurred policies remain, and the challenges associated with scaling these approaches equally may not be feasible in reality. To do this, this study briefly explains (1) why Vietnam dominates the use of supply reduction-driven measures with 'hard strikes' for drug-related crimes, including the death penalty; (2) why Vietnam continues to use compulsory detention facilities for drug users as the main component of its demand reduction policy; and (3) why Vietnam still struggles to apply harm reduction, including in relation to policing practices. Some specific recommendations are called for further consideration to support harm reduction in policing.

Keywords Law enforcement, Drug use, Harm reduction, Policing, Vietnam

Introduction

Situated near the "Golden Triangle" of Laos, Myanmar, and Thailand, Vietnam has a long history of producing and using opium and heroin. At the same time, amphetamine-type stimulant (ATS) misuse has been considered widespread across the country [1–4]. While economic development and poverty reduction are significant milestones, Vietnam faces serious challenges in

dealing with drug use. Ending in December 2022, Vietnam had approximately 235,314 people who used drugs (PWUD) across all ages.¹ According to the Ministry of Health (MOH), PWUD accounted for the largest proportion of people living with HIV in Vietnam, around 37.4% [5]. Annually, the number of overdose deaths is about 1600, and at least 50% of PWUDs have concerns about mental health [6, 7]. While new PWUD increased from

*Correspondence:

Hai Thanh Luong
h.luong@griffith.edu.au

¹ School of Criminology and Criminal Justice, Griffith University, Mt Gravatt, QLD 4122, Australia

¹ An updated statistics from the National Committee on Preventing and Controlling AIDS, Drugs, Prostitutions, ending 2022, Vietnam is approximately 196,110 registered drug abusers (around 50% of those are out of control), 50,962 illegal drug users, and 14,455 post-detoxification cases.



© The Author(s) 2024. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

10 to 15% annually, groups under the age of 30 accounted for over 70%. Drug use has undergone many complex changes in terms of the type and form of drugs available in Vietnam. More than 10 years ago, the majority of opiate users, now 84.7% of PWUD, mainly used heroin [4, 8, 9]. Meanwhile, using ATS, including some neo-pharmaceuticals with addictive ingredients without clear origins at public school gates, continues to be the most popular choice among youth groups, with the remainder using marijuana and other drugs [4, 8, 9]. Although the rate of ATS users is still low compared to heroin, drug usage has also changed in methamphetamine users recently [4, 10].

Since the early 1990s, PWUD were officially characterised as a “social evil” (*Tệ nạn xã hội* in Vietnamese). This characterisation was embedded in the portrayal of the HIV epidemic, perceptions regarding drug-related crime, and psychological and “social derangement” [11]. These PWUDs were labelled as “junkies” (*thằng nghiện*), while their representations in local media often included images of ghosts, skulls, cemeteries, and coffins [12]. In response to drug challenges, Vietnam established a comprehensive drug control system under the leadership of the only ruling party—the Communist Party of Vietnam (CPV). Since the early 1990s, drug users have been regarded as a “social evil” to be eradicated, a view codified in the 1992 Constitution (amended in 2001), which mandated the initial successes of the harm reduction (HR) approach in dealing with HIV/AIDS concerns in the late 1990s led to changes in drug policy reform [13]. Since the 2000s, the laws have changed to recognise HR intervention as the third pillar in drug reform. Since the 2010s, the CPV and the Government have emphasised consistent provisions with the synchronised implementation of these three strategies.² Drug management strategies range from harsh penalties and incarceration of PWUDs (supply reduction policy) to decriminalisation of drug use—albeit often involving compulsory treatment programs (demand reduction policy)—to health promotion approaches to increase community awareness about the harms of drugs to health and society (HR policy) [14]. Until recently, as a country with “partial prohibition” and de facto “decriminalisation” [15]³ over the past three decades, advocating for the decriminalisation of drug use

whilst retaining criminal punishment for drug trafficking offences, including the application of the death penalty⁴ rather than providing health-oriented support aligned with an HR approach [4, 8, 16–19].

This study reviews Vietnam’s legislative system concerning drug control and highlights the inefficiencies and inconsistencies in reform policies. The main argument is that while Vietnam (re)claims to balance the three pillars of harm minimisation (supply, demand, and harm) within their drug policy reform, the vague provisions and ambiguous policies challenge their ambitions. To demonstrate this point, there are three specific questions to be addressed, including (1) why Vietnam dominates the supply reduction-driven measures with ‘hard strikes’ for drug-related crimes, including the death penalty; (2) why Vietnam continues to use compulsory detention centre (CDC) facilities for PWUD as the main component of demand reduction policy; and (3) why Vietnam is still struggling to apply HR, including for policing practices. In conclusion, the article provides some recommendations to support HR in policing in Vietnam.

Methods

The study combined a policy desk review and in-depth interviews with key informants (KIs). The review is based on legislative documents using Legal Norms Library of Vietnam software via the thuvienphapluat.vn platform and grey literature in Vietnamese documents from government agencies. Alongside re-using some significant findings with paraphrased meaning from previous fieldwork before COVID-19 [9], the second interviews were conducted between November and December 2020. Limited time and restricted travel due to COVID-19’s impact,

⁴ The latest criminal code (2015) regulates this punishment maybe apply for three offences, including illegal manufacturing (article 248), illegal transporting (article 250), and illegal trading (article 251) if any trafficker has been demonstrated to commit these crimes at Clause 4 of each article, including:

- The offence involves a quantity of ≥ 05 kg of poppy resin, cannabis resin, or coca glue;
- The offence involves a quantity of ≥ 100 g of heroin, cocaine, methamphetamine, amphetamine, or MDMA;
- The offence involves a quantity of ≥ 75 kg of cannabis leaves, roots, branches, flowers, fruits or coca leaves;
- The offence involves a quantity of ≥ 600 kg of dried opium poppy fruits;
- The offence involves a quantity of ≥ 150 kg of fresh opium poppy fruits;
- The offence involves a quantity of ≥ 300 g of other solid narcotic substances;
- The offence involves a quantity of ≥ 750 ml of other liquid narcotic substances;
- The offence involves ≥ 02 narcotic substances the total quantity is equivalent to the quantity of narcotic substances specified in Point a through g of this Clause.

More detail is available at <https://www.wipo.int/edocs/lexdocs/laws/en/vn/vn086en.pdf>

² The latest resolutions from CPV and Government, including Directive No.36-CT/TW on 16 August 2019 of the Political Portfolio of CPV on Strengthening and Improving of the Efficiency of Drugs Prevention, Combat, and Control; Directive No.25/CT-TTg on 5 June 2017 of the Prime Minister for Enhancing to Drugs Prevention, Combat, and Treatment in the New Situations.

³ According to the Shi and colleagues’ study, based on a cross-national assessment in 38 countries relating to cannabis, drug control policies could be categorized by among four major types of drug control policies (complete prohibition, partial prohibition, depenalisation, and decriminalisation). See more detail at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0143562>

utilising the e-invitation letter attached with the survey questionnaire (Vietnamese) sent to four anti-narcotics police force (ANPF) officers in headquarters and province (Hanoi, Nghe An, Lai Chau, and Dien Bien), one lecturer in counternarcotic police's faculty of the People's Police Academy (PPA), and one official from United Nations Office on Drugs and Crime (UNODC). I applied two main formats when implementing the interviews. One involved sending the full questionnaire to KIs via Zalo's telecommunications software first and then calling to discuss more details (with ANPF's officers); the other was to discuss and exchange with UNODC staff and PPA lecturer via Zoom. By doing this, all six KIs could respond at their convenience electronically upon request in the short period and the COVID-19 restrictions. Verbal or written consent to participate was sought after achieving the Institutional Review Board's approval from the PPA. To protect private information for KIs, all their identities and current ranking positions were kept confidential. Each interview lasted for around 40–50 min in Vietnamese before translating into English for analysis based on thematic sections.

The current study also considered some limitations that could impact the main arguments, particularly with the small size of participants who are only police officers as representatives for drug law enforcement forces. There are at least three main reasons for these limits, including (1) conducting this research during the lockdown period of COVID-19 in Vietnam, (2) difficulties and barriers to approaching policymakers and other LEAs when they were preventing the pandemic, and (3) the scope of the current study is to assess policing in harm reduction.

Findings

Although the CPV and the Government have ostensibly committed to integrating the three pillars of harm minimisation (supply, demand, and harm reduction) into their drug policies and laws, the actual specialisation and implementation have disproportionately prioritised supply and demand reduction strategies to prevent and combat drug-related offences and manage PWUD. While the primary aim of the present study is not to determine which strategy is of the highest priority, this section sheds light on the specific priorities based on the evidence gathered from current documents.

Priority #1: a deterrence-based approach under communist leadership for drug-related offences

There are at least four main reasons why supply reduction remains a dominant priority in Vietnam's drug policy. Firstly, rooted in the ideological directives of the Communist leadership, the initiation of the first National Action Plan in the late 1990s marked a definitive move

prioritising the prevention and combating of drug-related crimes, emphasising supply reduction as a critical duty. This approach is also enshrined in the 1991 Constitution (amended in 2001), which advocates for combatting all drug-related crimes to ensure social order (Article 61). The ANPF, as the standing office for dealing with drug trafficking, plays the central pillar in proposing and establishing supply-driven reduction strategies within Vietnam's drug policy framework. The interviewee in the Ministry of Public Security (MPS) emphasised that

We [MPS] have recommended that the Politburo enact Directive 36/2019, aimed at enhancing and optimising the efficacy of drug prevention, combat, and control measures, thereby leveraging the collective power of the entire political system. We have also suggested that the Government propose the 2015 Criminal Code of Vietnam (CCV, revised and supplemented in 2017) to the National Assembly for ratification, which imposes severe penalties for drug-related crimes. Furthermore, we have advised the Government to propose the 2021 Law on Drug Prevention and Control to the National Assembly for approval to enhance the management of PWUD (Interviewee# 1).

Our content analysis from the authorised documents revealed that, under the directives from the CPV and Government, the ANPF routinely organises raids and intensively suppresses drug-related crimes as the highest priority in their policing duties. Since the 2000s, when setting up the 'Day against Drug Abuse and Illicit Trafficking' on 26 June annually, Vietnam has firmed that preventing and combating drug-related offences is the most significant obligation for ANPF. Over the past three years, on average, more than 20,000 cases and 30,000 drug offenders have been detected and arrested annually, with substantial quantities of various types of drugs confiscated. Notably, over 1,000 drug trafficking hub locations have been disrupted, including dismantling numerous transnational drug trafficking routes, thereby preventing the smuggling of drugs from foreign countries into the domestic market.

Our most important priority when we established the task force in 1997 and, of course, until now is to fight and disrupt drug-related offences—nothing more, nothing less (Interviewee #3).

Secondly, as a transnational hub, Vietnam continues to be exploited as a valuable target by illicit drug traffickers, serving both as a destination and transit market. Our review of grey literature indicates that drug trafficking in Southeast Asia has become increasingly complex in recent years, with a surge in local consumption driven by

affluence and social expectations, especially concerning synthetic drugs and their diverse types. Geographically, proximity to the Golden Triangle, its porous borderlands with Cambodia, China and Laos, and a long coastline offer advantageous conditions for trafficking illicit drugs into and through Vietnam. The transiting of illegal drugs via Vietnam to countries in Eastern Asia countries, Australia, Europe, West Africa, the U.S., and beyond has increased considerably over recent years (Interviewees #1, 3, and 6). Particularly, the evolving organisational in Vietnam has necessitated enhanced professional enforcement activities. As Luong [20] observed that

The hot-spot drug trafficking routes across borderlands have continued to expand to different drug-related cases through cunning operations. Although the Government applied some strict measures with its absolute power for law enforcement agencies to counter-narcotics, the lucrative profits of illicit drugs have been “encouraging” traffickers to supply domestic markets.

Thirdly, the high demand for drugs in Vietnam during that period acted as pull-and-push factors, exacerbating the uncontrollable situation of drug trafficking from neighbouring countries to Vietnam via land routes. Although the CPV has passed several prohibition policies combined with propaganda campaigns, the persistently high rates of PWUD, especially among young users of the ATS, question the long-term effectiveness of these efforts. This scenario requires an ongoing supply reduction strategy, compelling the ANPF to execute stringent and professional operations to prevent and combat drug smuggling and trafficking. The third police officer highlighted that:

We need more expenditure budget to increase frequently and intensively our policing activities combating drug-related offences rather than wasting money to rehabilitate and detoxify. From our profiles, several relapsed drug users have returned to their addictive routines, and PWUD has committed many serious crimes. Perhaps we need to punish them in jail as we did in the past. I re-argued that investing and supporting drug law enforcement forces should continue as one of the top actions (interviewee# 3).

Finally, as a prominent member of the Association of Southeast Asian Nations (ASEAN), Vietnam has taken seriously its responsibility to implement regional drug control policies predominantly through supply reduction strategies to counteract drug trafficking. Zero-tolerance policies toward drugs in Southeast Asian directly and indirectly impact Vietnam's drug policy framework,

as articulated by an interviewee: “We have to respect all States, and we will continue to say no to drugs; fighting illicit drug trafficking is still our most dominated approach’ (Interviewee# 1). As the toughest country in the region, Vietnam's retention of capital punishment for drug-related offences reflects its powerful provision in the ‘war on drugs’. On the International Day Against Drug Abuse and Illicit Drug Trafficking, 26 June 2024, the MPS launched the campaign ‘One Border Belt without Drugs’ along the Vietnam-Laos border. This initiative reiterates Vietnam's zero-tolerance stance toward any drug trafficking groups/networks/hubs, signalling a continuous and rigorous enforcement policy against drug-related activities across its borders.

Priority #2: continuing to use the compulsory detention centres in demand reduction

Vietnam has incorporated the needle syringe exchange program into the National Strategy to Prevent HIV/AIDS since the 2000s as a component to curb transmission among drug users. Introducing and piloting methadone maintenance therapy (MMT) for PWUD in Ho Chi Minh City and Hai Phong marked a progressive step toward demand reduction through opiate substitution. Although these pilot programs have demonstrated positive outcomes in terms of cost-efficiency, physiological benefits, and community management, expanding these programs to compulsory detention centres and prisons, which house a large number of PWUD, remains a low-priority.

As one district police official in Hanoi recalled of the early 2000s:

At that time, we thought that the harder punishment could lead to easier control of drug user numbers... we considered that reducing demand by putting drug users in gaol would effectively reduce supply... however, that was wrong...penalties did not match roles.

The substantial increase of PWUD, averaging 10,000 people annually, has exerted significant pressure on the CPV to revise and enhance drug control policies beyond investing only in drug law enforcement forces to fight drug-related crimes. Since 2009, as the first country in Southeast Asia, Vietnam decriminalised drug use, eliminating PWUD (article 199) and abolishing capital punishment for organising the illegal use of narcotics (article 197).⁵ Alternatively, PWUDs have been subjected

⁵ The death penalty has now abolished and changed to life imprisonments for organising the illegal use of narcotics in the 2015 criminal code (Sect. 4, article 255), if committing a crime in one of the following cases, they include.

- Causing harm to the health of 02 or more people with a bodily injury rate of 61% or more for each person.
- Killing 02 or more people.

to administrative sanctions and treated as patients rather than criminals, exemplifying a pseudo-decriminalising model that maintains punitive measures in practice. The fourth police officer confirmed that:

We were happy to catch up on this big drug policy reform amendment. After long-term workings, we can reduce our workload to investigate, arrest and prosecute PWUD [Article 197 and 199 in the 1999 CCV] (Interviewee# 4).

This effort reduced death row for organising the illegal use of narcotics and controlled the number of PWUD prisoners, respectively. However, it also increased pressure on CDC officers tasked with managing the growing number of PWUD annually. Although Vietnam has already implemented several measures in the rehabilitation and education policies with PWUD, the sustainable outcomes of these initiatives and the protection of those drug users' human rights remain questionable. Particularly, the Government passed legislation and set its expectations in the Planning Project to Renovating the Detoxicated Drugs Centres by 2020 and set a vision for 2030, with promises to reduce from 123 CDCs to 71 centres and the creation of at least 30 privately-owned voluntary detoxification centres (VDC). Despite these plans, as of April 2020, there were still 97 CDCs and only 16 licensed VDSs, with 34,982 PWUDs managed at these drug rehabilitation centres. This falls short of the National Project's goal promised to reduce the PWUD population by 20,000. One official of the UNODC, who observed and worked with the CDC to support HR programs, is still concerned about

As you may know 2000, there were only 56 CDCs across Vietnam; the number increased to 123 centres after abolishing the drug use offence. We could understand that drug users were sent to the CDC rather than put in jail. However, this change should not be recognised as an effort to provide alternatives to incarceration for drug offences in Vietnam's law and policy when they (drug users) remain in the CDC without free-selection options (Interviewee #1).

Furthermore, after over ten years of decriminalising drug use, Vietnam has yet to conduct a comprehensive assessment of the implemented relevant policies in the post-decriminalisation period. Indeed, PWUDs are still routinely confined to the CDCs, often with limited or no access to MMT interventions, and subjected to strict controls, forced labour, and even physical abuses for up to two years. When asked whether there has ever been an independent evaluation of these centres' activities and responsibilities to support drug users, all four key informants in the ANPF's agencies (both headquarters

and province level) shared that they are unsure (Interviewees #2, 3, 4, 6). Some public reports from non-government organisations and independent evaluations, which could provide oversight, are seldom synchronised with formal police data, as one lecturer of PPA analysed (Interviewee #5). This disconnect hinders the demonstration of the CDCs' effectiveness, which continues to consume a significant portion of the annual budget compared to more successful MMT approaches, as the first pilots in Ho Chi Minh City and Hai Phong proved.

At the end of the 2010s, policymakers in favour of supply reduction operations and sceptical HR interventions questioned the financial efficacy of supporting illegal drug users and registered drug abusers. Regarding annual costs, the expenditure of each PWUD is approximately USD 1000, with an additional USD 85 for personal documentation and related paperwork. Between 2009 and 2018, the Government invested at least USD 248,043 in related expenses.⁶ Furthermore, although the Government invested at least USD 44.6 million annually to run these CDCs, they are currently facing many problems and difficulties in delivering effective treatment for many relapsed cases. In response to these issues, since the early 2020s, officials from the MPS have proposed stricter regulations and harder measures for PWUD by advocating for the re-enactment of Article 199 (drug use) in the 1999 CCV, which was decriminalised in 2009. The third police officer highlighted that

We need more expenditure budget to increase frequently and intensively our policing activities combating drug-related offences rather than wasting money to rehabilitate and detoxify. From our profiles, several relapsed drug users have returned to their addictive routines, and PWUD has committed many serious crimes. Perhaps we need to punish them in jail as we did in the past. I re-argued that investing and supporting drug law enforcement forces should continue as one of the top actions (interviewee# 3).

In fact, although re-enacting this article has not been accepted to criminalise drug use again, the 2021 Law on Drugs Control introduced tougher and stricter control

⁶ This number belong to my consultancy report with the Harm Reduction International about Drug Law Enforcement Expenditures in Vietnam in 2021. Accordingly, A standard spreadsheet template, developed and released on July 2020 by HRI, was used for reporting annual indicators of law enforcement and expenditure figures in activities about policing, interdiction, judicial process, penitentiary institutions, and compulsory drug treatment over the 2015–2020 period. It is part of my consultancy with Harm Reduction International (HRI). Unit costs and expenditures were collected in Viet Nam Dong (VND) and converted to USD using the annual exchange rates to avoid confusing decimal statistics.

for PWUDs and continued to push them on CDCs. They seemingly continue to fumble out the nexus of drug use and criminal activity while also demonstrating a lack of HR interventions. The fifth police officer criticised that

Drug users make up the highest number of different offences across society.... [thus] preventing and combating all drug-related crimes are our most prioritised responsibilities (Interviewee# 5).

Priority #3: harm reduction—a long journey for policing

In Vietnam, pervasive high stigma and the associated societal, family, and community attitudes continue to impact the PWUD decision to self-report and opt for voluntary detoxification. Social norms and political frameworks regarding drug use result in the PWUD being funnelled into the CDCs as part of the final step in the rehabilitation process. Accordingly, Vietnamese drug law enforcement forces have advanced the idea that reducing harm means preventing illegal drug use, controlling drug users and promoting a so-called ‘drug-free society.’ Two main challenges hamper the effective implementation of HR interventions in policing. One is the lack of professional training for police officers, and the other is the presence of only one innovative program that facilitates police involvement to support PWUD.

Firstly, for the police training program, a specific curriculum has yet to be structured to train ANPF in Vietnam about policing in HR. This lack of targeted training results in many ANPF officials misinterpreting the concept of HR, leading to inconsistencies and inefficiencies when applying it in their daily duties. One police graduate with a degree in the PPA shared that

We recognise the danger of harm from illicit drug users and thus tend to prevent drug use escalation. Whenever we collaborate with CDC staff to educate them [PWUD], we remind the potential outcomes if they continue to relapse or join drug trafficking after completing the course at the centre (Interviewee# 2).

In fact, very few ANPF officers have understood their important role in supporting and implementing HR interventions, largely due to a lack of adequate education courses focused on community-based methadone and community reintegration strategies for people leaving the CDC. This often results in ANPF officers defaulting to a punitive approach, where they are more likely to criminalise people they suspect of using drugs or relapsing into drug use. One local police officer stated that

We have to monitor and call them anytime if we suspect they have relapsed and are involved in other criminal activities. Supporting them to stabilise

their lives is not our duty because we must conduct several inquiries.

Otherwise, they assume that the public health sector is mainly responsible for HR approaches rather than law enforcement. As the third officer analyses that

Once again, I would like to highlight that we only exercise and practice our professional operations to deal with drug-related crimes under our leader's requirements. There are many pressures when we open the hot-spot campaign, and thus, frankly, we have no thoughts about the HR interventions in our policing (Interviewee# 3).

Therefore, although police institutions supported a training budget for drug prevention and combat, it is unclear whether there is specific HR training for drug law enforcement officers. If there is any, it only focuses on educating officers about identifying harmful policing activities and preventing and combating drug-related offences. The training also emphasises minimising the risks associated with interacting with PWUDs, including HIV/AIDS transmission. One lecturer of the PPA stated that

We were proud of over twenty years of establishing and training for all ANPF in Vietnam. Two main approaches in our curriculum for those forces include (1) preventing and anticipating potential drug-related crimes and (2) building professional strategies to investigate and combat those offenders, particularly drug trafficking groups. Seeking to build the capacity of systems to address health needs while validating the police mission to protect public and individual safety and order, as HR policing is looking forward, has not yet been updated and approached in our courses during these two decades (Interviewee# 5).

Almost all ANPF officials who graduated with their policing degree at the PPA assumed that their training primarily only focused on 1 or 2, with less emphasis on both. Among our interviewees, no one reported learning HR interventions in their educational program.

Secondly, there is a notable lack of innovative programs within the drug law enforcement's budget to invest in supporting HR interventions in policing. Although Vietnam decriminalised drug use over a decade ago (since 2009) to recognise PWUD as patients rather than criminals, HR policing has not been officially integrated into their framework. Partially, police have been trained and instructed on how to apply occupational health and safety to avoid HIV/AIDS transmission in confronting the PWUD. One police in a previous study assumed that

That is why we did not know precisely what role and responsibilities were in dealing with drug users to support their access to standard HR interventions during the first five years after decriminalising [2009–2013]. We were taught how to protect ourselves to avoid HIV exposure from users and, in case of exposure, how to promptly handle to minimise HIV risk.

While the HR intervention was promoted to guide the application of drug control policies and related reforms for the period of 2014–2019 prior to amending the drug laws, almost all drug law enforcement agencies needed to be faster to research and adopt these approaches. Yet, the MPS and their cabinets continue to struggle with determining the specific roles and responsibilities of police in community-based voluntary treatment and when they should be deployed in HR policing in reality. This was explained by one headquartered.

We have sent some official delegations to join and learn experiences from Western models to apply it [HR] into practical policing activities. However, there are many different legal and political priorities and mechanisms on our side, and thus, it [HR] has not yet specialised in implementing in both training and practising with our force [ANPF] (Interviewee# 3).

Before the enactment of the 2022 drug law, the MPS had yet to fully embrace the role of HR policing, a significant initiative piloted through collaboration and cooperation between civil society organisations and police. The Supporting Community and Development Initiatives (SCDI), with technical support from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States, implemented the law enforcement assistance diversion (LEAD) model. This model was first tested in six wards of two districts in Hanoi between 2019 and 2020. Under the LEAD model, police are trained to support PWUD to connect with specific counterparts' services rather than arresting or sending them to the CDC. These programs strengthened the collaboration and coordination between police and other professionals (social workers and public health), thus facilitating access to medical, social, and legal services at the local level. As Luong [20] observed that

This pilot demonstrated police officers' abilities, duties, and responses to cooperating and collaborating with multiple civil society and social affairs in the HR approach; if the high-ranking level in the MPS supports it, then it will be extended to other locations.

In the LEAD model, police are tasked with identifying PWUD and referring them to the ward's coordinator, who provides health, social, and legal support. They also maintain regular communication with those coordinators to monitor the client's progress. This enables the police to play an important role in facilitating early access and treatment, either drug detoxification or comprehensive rehabilitation in the community, while also reducing social, legal, and health harms for PWUD. However, in Vietnam, the traditional role of police, particularly for ANPF officers, typically involves recording, supervising, and apprehending PWUD, often leading to their placement in CDCs. Thus, the adoption and objective assessment of HR policing approaches like the LEAD model may require more time, as the first interviewee from UNODC suggested

It is hard to say this [LEAD] was a successful program after two-year implementations. It is small, with only 204 clients and needs further extension with a larger scale to demonstrate how and what police joined and contributed to this innovation. Particularly, when the new drug control law was issued, I was still sceptical of the continuous support from their side [police], although we should not deny the first pilot's outcomes. Perhaps we need more time to assess it (Interviewee# 1)!

Discussions

As one of the parts of the global drug policy, the balance among supply, demand, and harm reduction approaches places the role of law enforcement agencies at the centre of inevitable disputation [17, 18, 21, 22]. Whether standing as supporters or opponents, the involvement of these agencies cannot be disregarded, refused, or vetoed. However, they are often the starting point for several human rights violations against PWUD [23–26]. Vietnam is no exception in this regard. Since the establishment of ANPF in 1997, the CPV and Government have relied heavily on them to deal with drug concerns [1, 19]. Keeping the death penalty for drug trafficking in recent legislation is viewed as the highest ambition in supply reduction in Vietnam. However, the statistics and its related implementations have not substantiated the effectiveness of this severe punishment [8, 27–29]. Historically, the ANPF in Vietnam has prioritised identifying and documenting PWUD, often directing them to prisons or CDCs rather than facilitating connections to harm reduction interventions [1, 16, 17]. Besides, the prevailing ideologies of many ANPF officers in Vietnam about HR are similar to those of over the past two decades. Although police have been leaders and implementers of HR intervention programs in collaboration with these relevant agencies

since the 2000s, not all are well informed about HR practices [30]. Mass media campaigns and news reports often celebrate large drug seizures and serious criminal cases involving PWUD as triumphs in supply reduction, which the CPV, government, and local communities view as positive rather than investing and/or re-allocating funds [13, 18, 31].

In recent years, the Party and Government allowed some scholars and policymakers to begin researching the nexus of law enforcement, public health, and policing in HR. High-ranking delegations, primarily participants from MPS, attended the annual conference on law enforcement and public health to understand how HR policing could be applied and interpreted in the Vietnam context. This participation could signal a shift in mindset toward embracing HR in policing. After over one decade of decriminalising drug use (2009), as a principal investigator, I led two groups of the PPA to review and assess its implications on drug policy and to evaluate the effects of this policy change on drug enforcement strategies and the actual application of HR policing in Vietnam [8, 9, 13]. Accordingly, while decriminalising drug use in Vietnam was designed as a progressive and health-orientated drug policy, the ongoing disconnect between the health intent of the policy and the police-led oversight of its implementation in the community persists [22, 32, 33]. Despite being a health-orientated drug policy amendment, police often send suspected drug users to the CDC without judicial oversight in most cases [24, 34, 35]. Moreover, two decades post-decriminalisation, HR practices aimed at minimising harm reduction rather than policing the amount of drug used are still not adequately integrated into policing strategies in Vietnam [8, 9, 36]. As the key informants in this study indicated, there are no existing HR interventions in policing, such as needle syringe programs, supervised injecting facilities, non-injecting routes of administration, and overdose prevention interventions [23, 37].

Consequently, PWUDs continue to face challenges when interacting closely with law enforcement, which can negatively impact access to HR interventions and community-based treatment programs. Part of this disconnect is explained by the lack of training and clear protocols that would enhance the police's ability to contribute to the health focus of the policy rather than viewing drug use solely through a law enforcement-only lens [8, 9]. Existing studies on HR policing often 'identify harmful policing activities' to protect the interests of drug law enforcement agencies at the expense of the PWUD deal [24]. In Vietnam, the concept of HR policing has not yet been correctly understood. It is likely to lead to imbalanced resource allocations in drug control

operations, with an excessive focus on supply reduction and high expenditures for DLEF.

As an evidence-based approach, the LEAD model should be approved and widely adopted across different communities in Vietnam to enhance collaboration between law enforcement and public health community-based organisations delivering services for PWUD. Building on the successful example of Hanoi's LEAD implementation, the Party and Government should reallocate their budgets to support HR-focused policing rather than focusing only on supply reduction, which is currently prevalent in Vietnam. Under the new regime of the General Secretary of the CPV in 2024, who previously served as minister of MPS, there is optimism that the Party will continue to enable police delegations to share experiences about policing in HR at international/regional conferences. This also includes supporting the expansion of Hanoi's LEAD model. If implemented as in Copenhagen, Denmark, where 'policing PWUD in the techniques of HR policing' [24] has been effective, this approach can enable local ANPF officials to shift from automatically directing drug users to CDCs to referring them to coordinators who will assess the situation and facilitate the most appropriate treatment. Accordingly, police are tasked with identifying PWUD and connecting them to the ward's coordinator for health, social, and legal support. They also maintain constant communication with those coordinators to monitor the client's progress [9, 36]. With the LEAD model, police play an important role in facilitating early access to treatment, either drug detoxification or comprehensive rehabilitation in the community, while also reducing social, legal, and health harms for PWUD [9, 13, 19]. According to the SCDI's initial assessment, 88% of clients in this pilot (204 PWUDs) reported being less afraid of being noticed by the police, and 81% said that the police attitude toward them has changed positively. Those police officers in this pilot have also acknowledged the benefits of HR interventions to support PWUD in recovery and rehabilitation.

As the initial targets of the LEAD model [9, 36], these positive outcomes show that the process of PWUD's treatment is a long-term approach, including opioid substitution treatments, home-based detoxification, voluntary residential treatment, and psychiatric hospitals. Thus, the Government should ensure the budget is balanced to invest in these programs with involvement from multiple stakeholders. Ideally, the relative financial budget for ANPF should be shared and (re)funded to focus on policing in HR under the LEAD model rather than continuing the traditional, supply-driven approach that primarily aims to arrest and punish PWUDs [9]. The author also agrees with the specific recommendations

from those SCID's pioneers [36, *added and highlighted*] that

For the approach to be successful, it must be implemented in the community and among relevant professionals [particularly police] to increase the workforce and upgrade their understanding and skills to provide assistance and rehabilitation to PWUD. All stakeholders universally endorsed the approach, and they expressed the view that it should be extended to the rest of the country.

Conclusions and recommendations

The current study partly contributes to understanding the nature of supply-driven reduction ideologies, which heavily favour the death penalty for drug trafficking and placing PWUD into CDCs, with minimal emphasis on demand reduction. The research also analyses the imbalanced distributions in the expenditure of drug law enforcement agencies while identifying barriers and challenges of HR policing. While Vietnam aims to balance supply and demand reduction with HR within its strategic action plans, HR initiatives are notably under-emphasised compared to supply-side efforts. This imbalance reflects the high priority the CPV and Government place on encouraging and supporting ANPF to prevent and combat drug-related crimes, predominantly targeting external suppliers and allocating substantial financial resources toward these efforts. Despite some success in a supply reduction, the persistently high rate of HIV transmission among PWUD underscores the need to reformulate its drug control policy to enhance the effectiveness of all three pillars: supply, demand, and HR. Based on our findings, we recommend the following actions for policymakers, practitioners, and academics to consider: *Firstly*, Vietnam should also reassess its strategies, programs, and initiatives to focus on long-term methadone maintenance treatment (MMT) in prisons, where a significant proportion of inmates are PWUDs. Currently, of the 54 national prison locations, housing approximately 1,890,000 prisoners (excluding 82 pre-detention jails and 734 pre-detention houses), only one prison is authorised to implement MMT [8]. If this significant initiative is approved, it will contribute to reducing the number of PWUDs in prisons and CDCs [3, 8, 38]. Some research results demonstrated the initial effectiveness of methadone maintenance treatment globally and in Vietnam has been similar, such as reduced usage of illegal drugs, decreased sharing of needles and syringes, lowered rates of HIV infection and other blood-borne diseases, diminished criminal activity and reduced costs for individuals with substance use disorders. Additionally, MMT contributes to creating job opportunities and

improving community reintegration and health conditions [4, 18, 38–40]. Specifically, in terms of expenditure, studies using data from Hai Phong's MMT clinics have shown that voluntary methadone treatment is more cost-effective compared to treatment in the CDC [18]. *Secondly*, the initial outcomes and related statistics of Hanoi's LEAD model should be examined objectively to provide the CPV and Government with data to develop sustainable solutions. This successful pilot represents an evidence-based approach that advocates for a re-balancing of expenditures from supply reduction to support HR policing, improving the model that promotes collaboration between police and public health [9, 41]. *Thirdly*, policing in HR within the scope of drug control policy in Vietnam has remained modest, if not slow. There is a need for sustained advocacy with the Government to ensure better allocation and distribution of resources for HR interventions within the ANPF. Particularly, data on the impact of police training on police attitudes and practices towards PWUD is insufficient. More than a decade after the initial assessments published in the *Harm Reduction Journal* in 2012, and despite the collaboration between police and public health agencies to implement HR interventions for PWUDs throughout the 2010s [13, 30, 38], there is still no specific training course available for ANPF officers [16, 30, 38]. Therefore, there is an urgent need to increase the general understanding of the importance of HR policing duties. After joining the Amsterdam Declaration on Police Partnerships for Harm Reduction one decade ago (2014), the MPS should support and facilitate the establishment of a trusted partnership by creating a standard HR policing profile for training purposes. Following the model of the Uganda National Police for HR policing training [23, 42] and considering the current budget allocations for the drug control program and potential international sponsors through UNODC and other entities, such training should be conducted at the PPA in collaboration with the SCID to educate ANPF officers properly.

Abbreviations

ANPF	Anti-narcotics police forces
ATS	Amphetamine-type stimulants
CCV	Criminal code of Vietnam
CDC	Compulsory detention centre
CPV	Communist party of Vietnam
HR	Harm reduction
LEA	Law enforcement agencies
MMT	Methadone maintenance therapy
MOH	Ministry of health
MOLISA	Ministry of labour, invalids and social affairs
MPS	Ministry of public security
PPA	People's police academy
PWUD	People who use drugs
SCDI	Supporting community development initiatives
UNODC	United Nations office on drugs and crime

Acknowledgements

The author sincerely thanks the editors and other participants who attended and recommended my presentation at the Asian Drug Laws Workshop at the Singapore Management University in June 2023. I was also grateful for the voluntary sharing and exchange from several anonymous participants while collecting data in Vietnam. Lastly, I sincerely thank two anonymous reviewers with their specific recommendations, as well as thanks for editing from the Griffith English Language Institute (GELI).

Author contribution

It is my solo author.

Availability of data and materials

No datasets were generated or analysed during the current study.

Declarations

Competing interests

The authors declare no competing interests.

Received: 15 April 2024 Accepted: 7 October 2024

Published online: 20 November 2024

References

- Luong HT. Drug trafficking trends and its responses: a case study of Vietnam. In: Viano E, editor. *Cybercrime, organized crime, and societal responses: international approaches*. Cham, Switzerland: Springer; 2017. p. 201–19.
- Luong HT. Transnational drug trafficking across the vietnam-laos border. *Palgrave advances in criminology and criminal justice in Asia*. In: Heberton B, Jou S, Chang L, editors; 2019, Cham, Switzerland: Palgrave MacMillan.
- Luong HT. Drug production, consumption, and trafficking in the greater mekong sub-region. *Asian Surv*. 2019;59(4):717–37.
- Tran TNM, et al. Understanding Vietnam's drug policy for amphetamine-type stimulants misuse. *Harm Reduct J*. 2022;19(45):1–13.
- UNAIDS. Country factsheets: Vietnam 2019; 2019 [cited 2020 11 May]. Available from: <https://www.unaids.org/en/regionscountries/countries/vietnam>.
- Ta L, Ba D 1600 die yearly from drug overdose in Vietnam. In: *drug annual report*, News, editor; 2018, VN Express International: Hanoi, Vietnam.
- Nghiem TV, et al. Prevalence and correlates of HIV infection among men who inject drugs in a remote area of Vietnam. *Harm Reduct J*. 2018;15(8):1–14.
- Luong TH. Drug law enforcement expenditure in Vietnam. In: *Internal report*; 2021, Harm Reduction International (HRI).
- Luong HT, et al. We realised we needed a new approach: government and law enforcement perspectives on the implementation and future of the drug decriminalisation policy in Vietnam. *Int J Drug Policy*. 2021;87:1–7.
- UNODC Synthetic drugs in East and Southeast Asia: latest development and challenges; 2022, United Nations office on drugs and crime (UNODC): Bangkok, Thailand.
- Khuat THO. HIV/AIDS policy in Vietnam: a civil society perspective; 2007, New York: Open Society Institute (OSI).
- Le MG, et al. Substance use disorders and HIV in Vietnam since Moi (renovation): an overview. *J Food Drug Anal*. 2013;21(4 Supplement):S42–5.
- Luong HT, et al. Vietnam's policing in harm reduction: has one decade seen changes in drug control? *J Commun Safety Well-Being*. 2019;4(4):67–72.
- Sischy J, Blaustein J. Global drug policy at an impasse: examining the politics of the 2016 United Nations general assembly special session. *Int J Drug Policy*. 2018;60:74–81.
- Shi Y, et al. Cannabis liberalization and adolescent cannabis use: a cross-national study in 38 countries. *PLoS ONE*. 2015;10(11):e0143562.
- Jardine M, et al. Harm reduction and law enforcement in vietnam: influences on street policing. *Harm Reduct J*. 2012;9(27):1–10.
- Tarantola D. Foreword: public health, public policy, politics and policing. *Harm Reduct J*. 2012;9:1–2.
- Vuong T, et al. Outcomes of compulsory detention compared to community-based voluntary methadone maintenance treatment in Vietnam. *J Subst Abuse Treat*. 2018;87(April):9–15.
- Truong TD, et al. Social norms and political constructions of drug use: a narrative story of Vietnam. *Cogent Soc Sci*. 2020;6(1):1–14.
- Luong HT. Drug trafficking in the mainland southeast asian region: the example of vietnam's shared borderland with laos. *Ann Int Criminol*. 2020;58(1):130–51.
- Hughes C, et al. Decriminalisation of drug use and possession in Australia—a briefing note. In: *Drug policy modelling program*, NDARC, editor. 2016, National Drug & Alcohol Research Centre (NDARC): Sydney.
- Vuong T, et al. The political and scientific challenges in evaluating compulsory drug treatment centers in Southeast Asia. *Harm Reduct J*. 2017;14(2):1–14.
- Krupanski M. Police and harm reduction: how law enforcement can advance public safety, public health, and public confidence. New York: Open Society Foundations; 2018. p. 32.
- Kammersgaard T. Harm reduction policing: from drug law enforcement to protection. *Contemp Drug Probl*. 2019;46(4):345–62.
- Ritter A, Bright D, Gong W Evaluating drug law enforcement interventions directed towards methamphetamine in Australia; 2012: Sydney. p. 133.
- Hughes C, et al. The deterrent effects of australian stree-level drug law enforcement on illicit drug offending at outdoor music festivals. *Int J Drug Policy*. 2017;41(March):91–100.
- Luong HT. Why Vietnam continues to impose the death penalty for drug offences: a narrative commentary. *Int J Drug Policy*. 2021;88:1–9.
- HRI. The death penalty for drug offences: global overview 2022; 2023. p. 54.
- Luong HT, Ta J, et al. What are the specific actions if vietnam still retains the death penalty for drug-related offences? In: Biddulph S, et al., editors. *Death penalty in Asia: law and practice*. Hanoi, Vietnam: Social Science Publishing House; 2021. p. 319–317.
- Khuat TH, et al. Harm reduction and “clean” community: can viet nam have both? *Harm Reduct J*. 2012;9(25):1–10.
- Luong HT. Vietnam and the mekong's synthetic drug epidemic; 2019 [cited 2019 11 December]; 6 May. Available from: <https://thediplomat.com/2019/05/vietnam-and-the-mekongs-synthetic-drug-epidemic/>.
- Lan C-W, et al. Drug-related stigma and access to care among people who inject drugs in Vietnam. *Drug Alcohol Rev*. 2018;37(3):333–9.
- Windle J. The slow march to harm reduction: drugs and drug policy in Vietnam. *J Drug Policy Anal*. 2016;10(2):483–95.
- Nguyen TT, et al. How to be self-reliant in a stigmatising context? challenges facing people who inject drugs in Vietnam. *Int J Drug Policy*. 2020. <https://doi.org/10.1016/j.drugpo.2020.102913>.
- Luong K, et al. Compulsory treatment of drug use in southeast Asian countries. *Int J Drug Policy*. 2018;59(April):10–5.
- Oppenheimer E, et al. Police mediated legal and social assistance to people who use drugs in Hanoi. *Vietnam J Commun Safety Well-Being*. 2022;7(1):s45–51.
- Ritter A, Cameron J A systematic review of harm reduction; 2005, Turning point alcohol and drug centre: Sydney. p. 83.
- Jardine M, Nguyen VA, Khuat TH. Case study: methadone maintenance treatment in Hanoi. *Vietnam Harm Reduct J*. 2012;9(26):1–2.
- Tam TMN, et al. Methadone maintenance treatment reduces the vulnerability of drug users on HIV/AIDS in Vietnamese remote settings: assessing the changes in HIV knowledge, perceived risk, and testing uptake after a 12-month follow-up. *Int J Environ Res Public Health*. 2018;15(2567):1–9.
- Tran VH, et al. Impact of a methadone maintenance therapy pilot in Vietnam and its role in a scale-up response. *Harm Reduct J*. 2015;12(39):1–9.
- Luong HT. Time to rethink vietnam's drug policies. Economic, politics and public policy in east asia and the pacific 2019 26 July. Available from: <https://www.eastasiaforum.org/2019/07/26/time-to-rethink-vietnams-drug-policies/>.
- Khorasheh T, et al. A scoping review of harm reduction training for police officers. *Drug Alcohol Rev*. 2019;38(2):131–50.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.