

# VIET NAM

Submission to The Working Group for The Universal Periodic Review – III Cycle

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## Reporting Organizations:



**Harm Reduction International (HRI)** is a leading non-governmental organisation working to reduce the negative health, social and human rights impacts of drug use and drug policy by promoting evidence-based public health policies and practices, and human rights based approaches to drug policy.



The **Asian Network of People who Use Drugs (ANPUD)** is a community-led regional advocacy network that works to improve the quality of life of people who use drugs through the enjoyment of equal human rights and opportunities. The formation of ANPUD is underpinned by the principle of “*Meaningful Involvement of People who Use Drugs*” with a strong belief of unity, support, equality, inclusiveness, spirit of friendliness, collaboration and the will to change the current situation faced by people who use drugs in the Asian Region.



The **International Drug Policy Consortium (IDPC)** is a global network of 163 non-government organisations, established in 2006, advocating for drug policies that are based on evidence and principles of public health, human rights, human security and development.

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## Introduction

1. The Asian Network of People who Use Drugs, Harm Reduction International, and the International Drug Policy Consortium welcome the opportunity of reporting to the Working Group for the Universal Periodic Review (Working Group) on the implementation of some key recommendations accepted by Viet Nam in 2014, during the II Cycle of Universal Periodic Review (UPR). This submission will focus specifically on the recommendations relevant to **Viet Nam's drug policy** and its impact on the enjoyment of human rights.
2. Vietnamese drug policy is characterised by an intrinsic tension between two co-existing yet conflicting trends. On one side, the country has gradually developed and implemented important reforms aimed at tackling drugs as a health-related issue, introducing harm reduction services and interventions which are often praised as best practices in the region.<sup>i</sup> On the other side, people who use drugs or who are involved in the drug market continue to endure stigmatisation, marginalisation, and prosecution: several drug related-behaviours, included drug use, possession, and trafficking, are punished with detention, or even death row.
3. During the latest cycle of UPR, Viet Nam accepted several recommendations which are directly relevant to the rights of people who use drugs or who are involved in the drug market. Among others, **Viet Nam accepted recommendations to:** "Ensure that the 1999 Penal Code and 2003 Criminal Procedures Code, and their implementation are consistent with its international human rights obligations,"<sup>ii</sup> guarantee freedom from arbitrary arrest and detention,<sup>iii</sup> as well as promote and protect the rights of vulnerable and disadvantaged groups.<sup>iv</sup> Viet Nam also committed to the protection and promotion of the right to health of "all segments of the population,"<sup>v</sup> and to "combat discrimination against people from disadvantaged groups, including providing them with access to [...] health services."<sup>vi</sup>
4. Regrettably, the Government did not accept the recommendation, submitted by Austria, to "Provide public information on the number of detention camps, including administrative detention centres for drug treatment set up by the police, the military and the Ministry of Labour, on the number of persons detained therein; as well as on all forms of work in which detainees are involved."<sup>vii</sup>
5. Viet Nam also received several recommendations on the death penalty, of which it accepted six.<sup>viii</sup> Notably, Viet Nam committed to "Continue reform towards eventual abolition of the death penalty, including greater transparency around its use" and to progressively reduce the number of crimes punishable with the death penalty, with a particular focus on "economic crimes and those linked to drugs."
6. The following paragraphs assess the performance of Viet Nam regarding the implementation of these recommendations, with a specific focus on the alignment of the domestic drug policy with the Country's human rights obligations. Accordingly, it will report on:
  - a) The death penalty for drug-related offences;
  - b) Availability of quality, accessible and evidence-based drug treatment and harm reduction services, as fundamental components of the right to the highest attainable standard of physical and mental health;
  - c) Compulsory reporting and treatment of people who use drugs; and
  - d) Stigmatization and criminalization of people who use drugs.

#### a) The death penalty for drug offences<sup>ix</sup>

7. During the latest cycle of UPR, Viet Nam has accepted recommendations to **reduce the number of crimes punishable by death, starting from drug-related offences.**

In 2015, the Country adopted a new Penal Code (which entered into force in 2018), in which the death penalty was abandoned for eight offences, including *surrendering to the enemy*, *robbery*, and most notably *drug possession*.<sup>x</sup> However, death still figures as a possible punishment for a range of drug offences, such as *manufacturing*,<sup>xi</sup> *transporting*,<sup>xii</sup> and *trafficking*<sup>xiii</sup> defined substances above specified (and modest) quantities. The rationale of the Government that these offences constitute “extremely serious crimes”<sup>xiv</sup> and thus meet the threshold imposed by Art. 6(2) of the International Covenant on Civil and Political Rights for the imposition of the death penalty, is in stark contrast with the unanimous determination of both drug control<sup>xv</sup> and human rights bodies who agree that “most serious crimes” are only intentional crimes with lethal consequences, while drug-related offences do not qualify as such.<sup>xvi</sup>

8. Similarly, Viet Nam only partially implemented the recommendation to **increase transparency** around the use of capital punishment.

In February 2017, a Resolution adopted by the Supreme People’s Court determined “the publication on its online portal of its judgments and decisions within 30 days of their pronouncement,”<sup>xvii</sup> subject to national security and privacy restrictions. Pursuant to this Resolution, the Court portal now reports on new death sentences (or at least on a portion of them). However, the information provided is extremely limited, and the death penalty remains a state secret under domestic law.<sup>xviii</sup>

9. This lack of official information prevents from reporting accurate and substantiated information regarding the imposition of the death penalty for drug offences in the Country. Viet Nam is considered to be one of the world’s top executioner, with at least 54 individuals on death row for drug offences alone in 2016.<sup>xix</sup> At least 31 death sentences for drugs were reported in 2017,<sup>xx</sup> and two death sentences have been reported in the first six months of 2018.<sup>xxi</sup>

#### b) Availability of quality, accessible and evidence-based drug treatment and harm reduction services

10. In recent years, and in response to a growing HIV epidemic,<sup>xxii</sup> Viet Nam has undertaken some important steps towards embracing a health-based approach to drug use, by gradually introducing and providing certain harm reduction services.<sup>xxiii</sup> The 2006 Law on HIV/AIDS Prevention and Control<sup>xxiv</sup> formally recognised harm reduction, while the 2010-2020 National HIV/AIDS Strategy<sup>xxv</sup> set ambitious targets of reduction of HIV transmission among People Who Inject Drugs (PWID) by 2020, including through harm reduction. A 2013 Decision on “Drug Rehabilitation Renovation Plan”<sup>xxvi</sup> also sanctioned a shift from a compulsory to a voluntary system for addressing drug dependence, centred around community-based treatment centres.<sup>xxvii</sup> Methadone maintenance therapy (MMT) –proved to be effective by decades of research<sup>xxviii</sup> – has also been gradually introduced throughout the country: 265 clinics started operating between 2008 and 2016,<sup>xxix</sup> and in 2015 Viet Nam inaugurated the first MMT service unit for prisoners.<sup>xxx</sup> In addition to the provision of methadone, the Country is now planning to pilot buprenorphine in seven provinces/cities including two remote provinces with large estimates of people who use drugs – Dien Bien and Son La.

Despite this important progress, the Country is failing to uphold its obligations to invest in, and promote, adequate health-care for all segments of its population.

11. Since the last UPR, **funding** for essential harm reduction services has remained critically low, leading to scarce or absent coverage, especially in the most remote areas. The provision of specific services has shrunk since the last review. For example, while the number of sites operating Needle and Syringe Programmes

(NSP) has remained stable between 2014 and 2016, the number of sterile needles distributed yearly, per person, has decreased significantly: from 180 in 2012, to 98 in 2014, to a mere 62 in 2016.<sup>xxx</sup>

12. As detailed below, the Government has introduced community-based, voluntary treatment centres. However, these services are not state-funded, the cost of the treatment must be borne by the person or her/his family; and in the case of a person withdrawing from the centre, the fee is not refunded. This places a heavy and unfair burden on the patients and their families, many of whom come from a vulnerable socio-economic background.
13. The **prison population**, which has a right to the same standard of healthcare as that available in the community,<sup>xxxii</sup> is critically underserved. Since 2016, there are just two prisons providing Opioid Substitution Therapy (OST) – demonstrated to be an evidence-based, effective therapy for opioid dependence,<sup>xxxiii</sup> and no prisons have NSPs in place.<sup>xxxiv</sup> Reportedly, this is due not only to a paucity of funding, but also to a reluctance on the part of prison authorities to provide harm reduction services. The public health consequences have been dramatic: “between 1 July 2011 and 30 June 2016, MPS [*Ministry of Public Security*] reported 12,246 cases of tuberculosis and 71,036 cases of HIV within the prison population.”<sup>xxxv</sup>
14. Notably, drug dependence treatment and key harm reduction services figure among the fifteen key interventions recommended by UN agencies for HIV prevention, treatment and care in closed settings;<sup>xxxvi</sup> while the denial of treatment services to prisoners with a drug dependence can amount to inhuman and degrading treatment.<sup>xxxvii</sup>

### c) Compulsory reporting and treatment of people who use drugs

15. Compulsory drug treatment and rehabilitation have been unanimously recognised by human rights bodies as contravening the prohibition against inhuman and degrading treatment, the prohibition of arbitrary detention, and the right to health;<sup>xxxviii</sup> the latter, in particular, sanctions the principle of free and informed consent as one of its fundamental components. From the same also descend obligations for the State to provide accessible, adequate, and non-discriminatory health services, which are safe, effective, people-centred, and evidence-based.<sup>xxxix</sup>

The Vietnamese drug policy violates these fundamental standards, on at least two levels.

16. Firstly, by mandating “drug addicts” to **report drug use to local authorities**. Article 26 of the Law on Preventing and Combating Narcotic Drugs<sup>xl</sup> requires a “drug addict” to “report[...] his/her own status of addiction to the office/organization where he/she works or the grassroots authorities in his/her place of residence.”<sup>xli</sup> A corresponding obligation to report “drug addicts” to local authorities is also imposed on their families. In many cases, and especially if the person has already undergone a first round of voluntary treatment, the consequence of being reported is forced rehabilitation.<sup>xlii</sup>
17. This system creates an environment of suspect and mistrusts, and increases stigma and discrimination against people who use drugs. In turn, this promotes unsafe and risky drug use behaviours, and deters individuals from seeking treatment when needed. A further consequence is the systemic underreporting and underestimation of phenomena such as drug use, drug dependence, and transmission of communicable diseases, which impinges on the ability of the State to design and implement adequate and effective responses.<sup>xliii</sup> This is highly problematic, in a country where PWID accounted for over 35% of all new HIV cases identified in 2016.<sup>xliv</sup>
18. Secondly, Viet Nam has for long relied, as one key pillars of its drug policy, on **forced treatment and rehabilitation** in “Treatment, Education and Social Labour Centres”, also known as “06 centres.” These structures ostensibly provide rehabilitation and detoxification for people who use drugs. In practice, however, individuals – including children<sup>xlv</sup> - labelled as “drug addicts” after reporting, self-reporting, or

identification by the police, are forcibly detained for up to two years<sup>xlvi</sup> and subject to degrading and ineffective forms of treatment, often centred around abstinence and ‘labour therapy’.<sup>xlvii</sup> By law, the cost of the treatment is often imposed upon the family.<sup>xlviii</sup>

19. In the years, credible reports of systematic human rights violations suffered in these centres have emerged, in the form of (among others): inhuman and degrading treatment, physical abuse (such as beatings, deprivation of food and water, confinement, among others), forced testing and treatment, and forced labour. Additionally, because these centres are not formally places of detention, they are subject to only limited judicial oversight.<sup>xlix</sup>
20. This form of treatment is also ineffective, and detrimental to both individual and public health:
  - Recent studies carried out in Viet Nam and other South-East Asian countries confirmed that compulsory rehabilitation is more expensive than community-based voluntary treatment, while also wielding worse results;<sup>i</sup>
  - A one-size-fits all approach is followed, which is by nature unfit to address the diverse needs of people who use drugs, who come from different backgrounds and have different drug use histories;
  - Sanitary conditions in the centres are often poor, and the risk of contracting HIV and other diseases is higher in some of these centres than in communities;<sup>ii</sup>
  - The risk of relapse upon release is elevated, as well as the risk of fatal and non-fatal overdoses: individuals have a high chance of using drugs after their release, and after a long period of detention they will struggle with the quality and the dosage of the drug; while the fear of being forced back into the centres prompts individuals to adopt risky behaviours, and deters them from seeking treatment.<sup>iii</sup>
21. Consequently, maintaining these centres in operation also runs counter the obligation of the State to progressively realise economic, social and cultural rights to the maximum of available resources (from which descends a duty to allocate its budget effectively), to which the state committed during the latest cycle of UPR.<sup>liii</sup>

#### Recent developments concerning compulsory drug treatment

22. Viet Nam has only partially implemented the accepted recommendations to guarantee the freedom from arbitrary detention, combat discrimination, and promote the right to health.

In recent years Viet Nam has scaled this system down, also in response international pressure.<sup>liv</sup> The 2012 Law on Handling Administrative Violations, entered into effect in July 2013,<sup>lv</sup> introduced a court process for determining whether a person found to have a drug dependence will be compulsory treated. However, it is reported that, in the practice, these procedures fail to meet basic standards of fairness and due process.<sup>lvi</sup> In the Rehabilitation Renovation Plan approved the following year, the Government committed to “diversify drug dependence treatment models, scale up community-based and voluntary treatment centers (including MMT clinics) and gradually reduce the number of drug users held in compulsory treatment centers.”<sup>lvii</sup>

23. Although steps in the right direction, it is concerning that the Renovation Plan does not envisage the overcoming of this abusive system of treatment, but rather only a reduction in the proportion of drug users sent to compulsory centers.<sup>lviii</sup> As a consequence, compulsory treatment centres are still in operation.
24. The Council of the European Union reported, by July 2017, the presence in the Country of at least “5 compulsory drug rehabilitation centres, and 75 centres providing a mix of compulsory, voluntary and Methadone treatment”; a total of “17,488 [individuals] are participating in the compulsory programs under Courts’ Orders, of which 10,422 have no permanent residence.”<sup>lix</sup> Worryingly, the number of people in compulsory rehabilitation pursuant to Court orders rose of 12,461 units between 2015 and 2016,<sup>lx</sup> as a further manifestation of the ongoing reliance of the Government of Viet Nam on this abusive system.

Human Rights Watch reported the adoption, in August 2017, of a Decree which expands the categories of subjects eligible to be detained in these centres.<sup>lxi</sup>

25. News reports of abuses and degrading conditions of detention have emerged since the latest Cycle of review, denouncing unsafe and unsanitary conditions of detentions, overcrowding,<sup>lxii</sup> and forced labour.<sup>lxiii</sup>

#### d) Stigmatization and criminalization of people who use drugs

26. Despite some positive amendments introduced as part of the comprehensive review of the Country's criminal laws, punishment and repression are still at the core of Viet Nam response to drugs: drug use constitutes an administrative offence and can be punished with detention up to two years;<sup>lxiv</sup> while possession of drugs (over determined quantities) is a criminal offence, and can lead to imprisonment.<sup>lxv</sup>
27. This repressive approach to drug use directly impacts upon people's access to fundamental services, pushes people who use drugs away from accessing harm reduction services and from seeking treatment when needed, and towards unsafe practices, also fuelling a vicious cycle of stigmatization and discrimination. Confidential sources report that, although police are legally required not to interfere with NSP outreach services, PWID are often targeted and harassed, and prevented from making use of these services. Also, police performance is determined on the basis of targets, or quotas, for arrests; these provide a strong motivation for targeting those most vulnerable and 'exposed', such as people who use drugs, which are often arrested and detained for minor offences (such as possession of minimal quantities).

#### Recommendations

The following recommendations are suggested for Viet Nam's III Cycle UPR:

- a) Immediately adopt an official moratorium on executions and remove drug-related offences from the list of crimes punishable by death, as a first step towards the complete abolition of the death penalty;
- b) Provide updated, reliable, and disaggregated information on the imposition and the use of the death penalty, as well as on the operation of '06 centres', including details on the number of people undergoing treatment, their conditions of health, and the kind of treatment provided;
- c) Close '06 centres' still in operation and ensure subjects who are currently undergoing forced treatment are released, and provided acceptable and evidence-based healthcare on the basis of individual needs. Subjects who endured violations of their rights while detained in these centres must be granted access to justice, without discrimination;
- d) End the criminalization of drug possession, as well as the punishment of drug use through lengthy administrative detention;
- e) Further review its drug policies, with an eye to overcoming the system of compulsory rehabilitation of people who use drugs, and fully replacing it with voluntary, community-based interventions which are in line with fundamental human rights standards and with the latest scientific evidence; work to ensure that voluntary treatment is accessible and affordable for all segments of the population;
- f) Enhance efforts to guarantee the provision of harm reduction services across the country, including in detention settings and in the most remote areas, by allocating the resources necessary to gradually increase coverage.

<sup>i</sup> As an example, see: <https://www.unodc.org/southeastasiaandpacific/en/vietnam/2016/05/mmt-bangladesh/story.html>

<sup>ii</sup> "Ensure that the 1999 Penal Code and 2003 Criminal Procedures Code, and their implementation are consistent with its international human rights obligations" (Norway C2 - Accepted)

- iii "Take the necessary measures to guarantee its citizens' right to equality before the law, to be presumed innocent until proven guilty, and to a fair and public trial, as well as the right to freedom from arbitrary arrest or detention" (Canada C2 – accepted)
- iv Among others: "Strengthen policies to protect children, vulnerable groups and the disadvantaged" (Madagascar C2- Accepted); "Continue its efforts to improve access to education, housing and health-care services" (Singapore C2 - Accepted); "Focus on mitigating income inequalities, providing equal opportunities in education and employment, and improving social security and health services for all segments of the population" (Turkey C2 - Accepted); "Further develop the quality of education and health-care policies in the country" (Kazakhstan C2 - Accepted); "Continue intensifying efforts to provide high quality education and medical services to the population, including in remote rural areas" (Belarus C2 - Accepted);
- v "Continue efforts to promote and protect the rights of all segments of the population" (Nepal C2 - Accepted); "Focus on mitigating income inequalities, providing equal opportunities in education and employment, and improving social security and health services for all segments of the population" (Turkey C2 - Accepted);
- vi "Continue implementation of policies to combat discrimination against people from disadvantaged groups, including providing them with access to social security, health services, education and housing" (Serbia C2 - Accepted);
- vii "Provide public information on the number of detention camps, including administrative detention centres for drug treatment set up by the police, the military and the Ministry of Labour, on the number of persons detained therein; as well as on all forms of work in which detainees are involved" (Austria C2 - Noted)
- viii **"Continue to reduce offences subjected to the death penalty" (Belgium C2 - Accepted); "Continue to work towards reducing the number of crimes subject to the death penalty" (Namibia C2 - Accepted); "Reduce the number of crimes punishable by death by December 2014" (United Kingdom C2 - Noted); "Reduce the list of crimes punishable by death penalty, in particular economic crimes and those linked to drugs, and examine the possibility of introducing a moratorium" (Switzerland C2 - Accepted); "Further reduce the number of crimes carrying the death penalty and publish figures on death verdicts" (Germany C2 - Noted); "Consider at least further restricting the use of the death penalty only for the most serious crimes, as stated in article 6 of ICCPR with a view to soon adopting a de facto moratorium on executions" (Italy C2 - Accepted); "Continue reform towards eventual abolition of the death penalty, including greater transparency around its use" (New Zealand C2 - Accepted); "Consider abolition of the death penalty in the near future" (Greece C2 - Noted); "Consider establishing a moratorium on the death penalty" (Ecuador C2 - Noted); "Consider a moratorium on the death penalty with a view to its eventual abolition" (Slovenia C2 - Noted); "Consider a moratorium on the use of the death penalty with a view to its abolition" (Namibia C2 - Noted); "Consider imposing a moratorium on execution of death penalties while assessing the possibility of adopting the Second Optional Protocol to ICCPR aimed at the abolition of the death penalty" (Brazil C2 - Noted); "Continue to work towards abolition of the death penalty and consider adopting an immediate de facto moratorium" (Portugal C2 - Noted); "Reintroduce a moratorium on executions with a view to abolition of the death penalty" (Czech Republic C2 - Noted); "Establish a moratorium on executions with a view to removing the death penalty from its criminal statutes and ratify the Second Optional Protocol to ICCPR" (Australia C2 - Noted); "Establish a moratorium on the death penalty with a view to becoming a party to the second Optional Protocol to ICCPR, and continue with efforts to uphold all international human rights standards, including civil and political rights" (Estonia C2 - Noted); "Establish a moratorium on the use of the death penalty with a view to its abolition, and, in the meantime, ensure full compliance in all death penalty cases with international fair trial standards" (Lithuania C2 - Noted); "Establish a moratorium on executions with a view to abolishing the death penalty" (France C2 - Noted); "Establish an official moratorium on the use of the death penalty with a view to abolition" (Montenegro C2 - Noted); "Establish a moratorium on executions with a view to the total abolition of capital punishment" (Belgium C2 - Noted); "Institute a moratorium on the application of the death penalty" (Togo C2 - Noted); "Immediately adopt a moratorium on the death penalty as a first step towards its abolition" (Austria C2 - Noted); "Adopt an indefinite moratorium on the death penalty and commute current convictions to achieve its total abolition" (Spain C2 - Noted); "Declare a moratorium on the capital punishment; until that, promptly reduce the number of offences subject to death penalty and publish statistics about the use of death penalty in Viet Nam" (Sweden C2 - Noted); "Publish precise information on the identity and number of convicted persons currently on death row" (Belgium C2 - Noted); **Continue using its sovereign right to apply the death penalty as a tool of criminal justice in accordance with the proper safeguards specified under international human rights law (Egypt C2 – Accepted);****
- ix Additional information on the use of the death penalty in Viet Nam and its compatibility with core human rights standards is provided in the report submitted by the NGO Reprieve
- x Human Rights Committee, Third periodic report submitted by Vietnam under article 40 of the Covenant, due in 2004 (9 January 2018), para. 67. UN Doc. CCPR/C/VNM/3
- xi Socialist Republic of Vietnam, Criminal Code (No. 100/2015/QH13), Art. 248(4). Translated text available at: <http://www.wipo.int/edocs/lexdocs/laws/en/vn/vn086en.pdf>
- xii Socialist Republic of Vietnam, Criminal Code, Art. 250(4)
- xiii Socialist Republic of Vietnam, Criminal Code, Art. 251(4)
- xiv Human Rights Committee, Third periodic report submitted by Vietnam under article 40 of the Covenant, due in 2004 (9 January 2018), para. 67. UN Doc. CCPR/C/VNM/3
- xv The UN Office on Drugs and Crimes has repeatedly called for the abolition of the death penalty for drug related offences; among others, see: For example, see: *Statement by the UNODC Executive Director on the recent executions in Indonesia* (UNODC, 29 July 2016), <https://www.unodc.org/unodc/en/press/releases/2016/July/statement-by-the-unodc-executive-director-on-the-recent-executions-in-indonesia.html>. The International Narcotics Control Board also endorses abolition; see: UN Information Service (2014). *INCB encourages States to consider the abolition of the death penalty for drug-related offences*,
- xvi Among others, see: Human Rights Council, Report of the Secretary-General: Question of the Death Penalty (1 July 2013), para. 24. UN Doc. A/HRC/24/18; UN Human Rights Committee. Concluding Observations: Sudan (29 August 2007), para. 19. UN Doc. CCPR/C/SDN/CO/3. Human Rights Council. Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, Philip Alston: Civil and Political Rights, Including the Questions of Disappearances and Summary Executions (29 January 2007), para. 39-53; UN Economic and Social Council, Resolution 1984/50: Safeguards guaranteeing protection of the rights of those facing the death penalty (25 May 1984)
- xvii Amnesty International, 'Death Sentences and Executions 2017' (London, 2018), 27. Accessible at: <https://www.amnesty.org/en/latest/news/2018/04/death-penalty-sentences-and-executions-2017/>
- xviii Gen Sander, 'The Death Penalty for Drug Offences: Global Overview 2017' (London: Harm Reduction International, 2018), 29. Accessible at: <https://www.hri.global/the-death-penalty-for-drug-offences>
- xix Gen Sander, 'The Death Penalty for Drug Offences: Global Overview 2017' (London: Harm Reduction International, 2018), 29
- xx Amnesty International, 'Death Sentences and Executions 2017' (London, 2018), 27

- <sup>xxi</sup> [https://deathpenaltynews.blogspot.com/2018/06/vietnam-two-sentenced-to-death-for-drug.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+DeathPenaltyNews+%28Death+Penalty+News%29](https://deathpenaltynews.blogspot.com/2018/06/vietnam-two-sentenced-to-death-for-drug.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+DeathPenaltyNews+%28Death+Penalty+News%29)
- <sup>xxii</sup> James Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam' (2017) *Journal Of Drug Policy Analysis*, 10 (2), 5
- <sup>xxiii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7
- <sup>xxiv</sup> Socialist Republic of Vietnam, Law on HIV/AIDS Prevention and Control (No. 64/2006/QH11). Available at: [http://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=75339](http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=75339)
- <sup>xxv</sup> Socialist Republic of Vietnam, Decision of the Prime Minister approving the National Strategy on HIV/AIDS prevention and control in Viet Nam till 2010 with a vision to 2020 (Ref. 36/2004/QD-TTg). Available at: <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/National%20Strategy%20on%20HIVAIDS.pdf>
- <sup>xxvi</sup> Vietnam Ministry of Labor Invalid and Social Affairs (2013), Renovation Plan for drug addiction treatment for 2013–2020 in Vietnam
- <sup>xxvii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7
- <sup>xxviii</sup> Among others, see: Thu Vuong et al., 'Outcomes of Compulsory Detention Compared to Community-based Voluntary Methadone Maintenance Treatment in Vietnam' (2018) *Journal of Substance Abuse Treatment* 87
- <sup>xxix</sup> Hoang et al., 'Factors Associated with Concurrent Heroin Use among Patients on Methadone Maintenance Treatment in Vietnam: A 24-month Retrospective Analysis of a Nationally Representative Sample' (2018) *International Journal of Drug Policy* 55, 114
- <sup>xxx</sup> <https://www.unodc.org/southeastasiaandpacific/en/vietnam/2015/10/prisoners/story.html>
- <sup>xxxi</sup> Katie Stone (ed.), 'The Global State of Harm Reduction 2016' (London: Harm Reduction International, 2016), 38. Accessible at: [https://www.hri.global/files/2016/11/14/GSHR2016\\_14nov.pdf](https://www.hri.global/files/2016/11/14/GSHR2016_14nov.pdf)
- <sup>xxxii</sup> General Assembly, Resolution 70/175: United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) (8 January 2016), Rule 24 UN Doc. A/RES/70/175
- <sup>xxxiii</sup> WHO, UNODC, and UNAIDS, 'Technical Guide for Countries to set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users – 2012 Revision' (Geneva: World Health Organization, 2012), 13. Accessible at: [http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)
- <sup>xxxiv</sup> <https://www.unodc.org/unodc/en/hiv-aids/new/news-ost-tour-vietnam.html>
- <sup>xxxv</sup> Australian Government, 'DFAT Country Information Report: Vietnam (Department of Foreign Affairs and Trade, 2017), 23. Available at: <http://dfat.gov.au/about-us/publications/Documents/country-information-report-vietnam.pdf>
- <sup>xxxvi</sup> UNODC, ILO, UNDP, WHO, and UNAIDS, 'Policy Brief: HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions' (Vienna: UNODC, 2013)
- <sup>xxxvii</sup> Human Rights Council. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez (1 February 2013), para. 54. UN Doc A/HRC/22/53; Human Rights Committee. Concluding observations on the seventh periodic report of the Russian Federation (28 April 2015), para. 16. UN Doc. CCPR/C/RUS/CO/7
- <sup>xxxviii</sup> Among others, see: Human Rights Council, Report of the United Nations High Commissioner for Human Rights: Study on the impact of the world drug problem on the enjoyment of human rights (4 September 2015), para. 46-49. UN Doc. A/HRC/30/65; ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN WOMEN, WFP, WHO, and UNAIDS, Joint Statement: Compulsory drug detention and rehabilitation centres (March 2012)
- <sup>xxxix</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant) (11 August 2000), para. 12. UN Doc. E/C.12/2000/4
- <sup>xl</sup> Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs. Translated text available at: [https://www.unodc.org/res/cld/document/vnm/law-on-preventing-and-combatting-narcotics\\_html/Law\\_preventnarcoticsdrugs-viet2000.pdf](https://www.unodc.org/res/cld/document/vnm/law-on-preventing-and-combatting-narcotics_html/Law_preventnarcoticsdrugs-viet2000.pdf)
- <sup>xli</sup> Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs, Art. 26
- <sup>xlii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 3
- <sup>xliii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 4
- <sup>xliv</sup> Hoang et al., 'Factors Associated with Concurrent Heroin Use among Patients on Methadone Maintenance Treatment in Vietnam', 113
- <sup>xliv</sup> Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs, Art. 29(1)
- <sup>xli</sup> Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs, Art. 28
- <sup>xlvii</sup> Vuong et al., 'Cost-Effectiveness of Center-Based Compulsory Rehabilitation Compared to Community-Based Voluntary Methadone Maintenance Treatment in Hai Phong City, Vietnam' (2016) *Drug and Alcohol Dependence* 168
- <sup>xlviii</sup> Socialist Republic of Vietnam, Law on Preventing and Combating Narcotic Drugs, 26(d)
- <sup>xlix</sup> Vuong et al., 'Cost-Effectiveness of Center-Based Compulsory Rehabilitation Compared to Community-Based Voluntary Methadone Maintenance Treatment', 148
- <sup>i</sup> Among others, see: <sup>i</sup> Vuong et al., 'Cost-Effectiveness of Center-Based Compulsory Rehabilitation Compared to Community-Based Voluntary Methadone Maintenance Treatment'; Vuong et al., Vuong et al., 'Outcomes of Compulsory Detention Compared to Community-based Voluntary Methadone Maintenance Treatment in Vietnam'
- <sup>ii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 6
- <sup>iii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7
- <sup>iiii</sup> "Continue to take appropriate measures and to provide adequate resources to ensure the socio-economic rights of vulnerable groups" (Madagascar C2 – Accepted); "Continue appropriate measures to ensure the realization of the socioeconomic rights of its people and to provide adequate resources for vulnerable groups facing economic challenges" (Islamic Republic of Iran C2 - Accepted); "Continue its efforts to improve access to education, housing and health-care services" (Singapore C2 - Accepted); "Focus on mitigating income inequalities, providing equal opportunities in education and employment, and improving social security and health services for all segments of the population" (Turkey C2 – Accepted)
- <sup>lv</sup> See Joseph J. Amon et al., 'Compulsory drug detention in East and Southeast Asia: Evolving government, UN and donor responses' (2013) *International Journal of Drug Policy* 25(1)
- <sup>lv</sup> Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 56. Doc 13600/17. Available at: [https://www.parliament.gv.at/PAKT/EU/XXV/EU/15/95/EU\\_159529/imfname\\_10756868.pdf](https://www.parliament.gv.at/PAKT/EU/XXV/EU/15/95/EU_159529/imfname_10756868.pdf)
- <sup>lvi</sup> United States Department of State, 'Vietnam: Country report on Human Rights Practices for 2016', 12. Available at: <https://www.state.gov/documents/organization/265598.pdf>
- <sup>lvii</sup> Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 55

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<sup>lviii</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 7

<sup>lix</sup> Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 54

<sup>lx</sup> From figure reported at Council of the European Union, Regional Report on South Asia. From Australian Regional Chair of the Dublin Group (16 October 2017), 55

<sup>lxi</sup> Human Rights Watch, 'World Report 2018. Events of 2017' (USA, 2017), 630

<sup>lxii</sup> <https://www.bbc.co.uk/news/world-asia-37749156>

<sup>lxiii</sup> <https://www.news24.com/World/News/cold-turkey-at-vietnams-compulsory-drug-rehab-centres-20171211>

<sup>lxiv</sup> Windle, 'A slow march from social evil to harm reduction: drugs and drug policy in Vietnam', 6

<sup>lxv</sup> Socialist Republic of Vietnam, Criminal Code, Art. 249