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DIVEST. REDIRECT. INVEST.

The case for redirecting funds from ineffective
drug law enforcement to harm reduction
– spotlight on six countries in Asia

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Each year more than USD 100 billion is estimated to be spent on global drug law enforcement.¹ This is over 750 times the amount allocated to harm reduction services for people who use drugs.² Despite overwhelming evidence in favour of following a health and human rights-based approach to drug control, governments around the world, including many in Asia, continue to prioritise punitive responses to drugs.

This approach has deterred, and in some cases prohibited, people who use drugs from accessing health and social services.³ It has also fuelled mass incarceration, extrajudicial killings, torture, the use of the death penalty, discriminatory policing and the stigmatisation of people who use drugs.

Women who use drugs remain particularly vulnerable to abuse, discrimination and stigmatisation. Women also constitute the fastest growing demographic group in prisons in many countries.⁴ In Thailand and

the Philippines, for example, the ratio of women in prison who have been sentenced for a drug offence is 82% and 53%, respectively.⁵

Compulsory drug detention and rehabilitation centres still operate in several countries in Asia, including Vietnam, Cambodia and Sri Lanka,⁶ despite UN agencies condemning them as ineffective and a violation of human rights.⁷

Governments in Asia have committed to developing social protection safety nets, removing social and structural barriers that prevent people who use drugs from accessing HIV services,⁸ and to ending AIDS, eliminating hepatitis C and providing universal health care by 2030.⁹ Yet harm reduction services in Asia are grossly inadequate and underfunded, even though HIV and hepatitis C prevalence rates are high among people who use drugs.¹⁰ Many people who use drugs regularly use their own money to cover their harm reduction needs, which places an additional economic

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1. Harm Reduction International (2016), *The Case for a Harm Reduction Decade*, London, UK.
 2. Harm Reduction International (2021), *Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries*, London, UK.
 3. DeBeck, K. et al. (2017) 'HIV and the criminalisation of drug use among people who inject drugs: a systematic review', *The Lancet HIV*, Volume 4, Issue 8, E357 – E374.
 4. Harm Reduction International (2020) *Global State of Harm Reduction 2020*, London, UK.
 5. Linklaters LLP and Penal Reform International (2020) *Sentencing of women convicted of drug-related offences*, London, UK.
 6. Harm Reduction International (2021) *A broken system: Drug Control, Detention and Treatment of People Who Use Drugs in Sri Lanka*, London, UK.
 7. UN Agencies (June 2020), 'Joint statement: Compulsory drug detention and rehabilitation centres in Asia and the Pacific'. Available at www.unaidsapnew.files.wordpress.com/2020/05/unjointstatement1june2020.pdf
 8. United Nations General Assembly (2021), *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, New York, USA.
 9. United Nations General Assembly (2015), *Transforming our World: the 2030 Agenda for Sustainable Development*, New York, USA.
 10. Harm Reduction International (2020) *Global State of Harm Reduction 2020*, London, UK.

burden on communities and individuals, further amplifying inequalities.¹¹

The COVID-19 pandemic has shone a light on mass incarceration and prison overcrowding, with evidence of coronavirus outbreaks among people in prisons across the globe. In 2020, Indonesia, India and the Philippines collectively released over 185,000 people from prison¹² as part of their pandemic response.¹³

The decriminalisation of drug use and possession and the closure of compulsory drug detention centres could result in a dramatic reduction in the number of people detained in prisons and other detention centres. It could also save governments money and help prevent public health emergencies in closed settings, in the COVID-19 era and beyond.¹⁴

In 2015, UNAIDS joined civil society in recommending that governments rebalance their drug control investments to 'ensure that the resources needed for public health services are fully funded, including harm reduction for HIV infection, antiretroviral therapy, drug dependence treatment and treatment for hepatitis, tuberculosis and other health conditions.'¹⁵ Redirecting funds from ineffective drug law enforcement to harm reduction would not only improve lives and public health outcomes, it also makes economic sense and requires no new funds. This is crucial, given the global economic downturn, finite domestic resources and reduced international funding for harm reduction.



Decriminalising drug use and closing compulsory drug detention centres could dramatically reduce the number of people detained in prisons and detention centres, save governments money and help prevent public health emergencies.

Harm reduction works. Decades of evidence have proven that harm reduction not only saves lives, it saves money too. These cost-effective interventions keep people who use drugs safe and healthy, with a positive impact on the health and safety of their families and the wider community.¹⁶ **Governments must divest from punitive drug law enforcement responses that violate human rights, redirect this funding towards life-saving, cost-effective and rights-based harm reduction interventions, and invest in programmes that prioritise health, community and justice.**

To support advocacy for the redirection of funds from punitive drug control to health and harm reduction programmes, Harm Reduction International (HRI) developed tools for assessing national harm reduction investment and spending on drug law enforcement.¹⁷ These tools are available at www.hri.global/tools-for-advocates.

11. Harm Reduction International (2020) *Summing it Up: Building evidence to inform advocacy for harm reduction funding in Asia*, London, UK.

12. Although some people detained for drug use or possession were excluded from release.

13. Harm Reduction International (2020), COVID-19, Prisons and Drug Policy Global Scan – March-June 2020, London, UK. Available at www.hri.global/covid-19-prison-diversion-measures; Anadolu Agency (23 October, 2020) 'Philippines frees nearly 82,000 prisoners amid pandemic' [web article, accessed 19.07.2021]. Available at www.aa.com.tr/en/asia-pacific/philippines-frees-nearly-82-000-prisoners-amid-pandemic/2016471

14. The Economist Intelligence Unit (2021) *Drug control policies in Eastern Europe and Central Asia: the economic, health and social impact*, London, UK.

15. UNAIDS (2015) *A public health and rights approach to drugs*, Geneva, Switzerland.

16. Harm Reduction International (2020) *Making the investment case: Cost-effectiveness evidence for harm reduction*, London, UK.

17. Harm Reduction International (2020), *Costing Tools for Harm Reduction Advocates*, London, UK. Available at www.hri.global/tools-for-advocates.



This briefing summarises key findings from the research conducted using these tools in six countries: Thailand, Indonesia, Cambodia, Nepal, Vietnam and India. While data availability and spending levels differed, the predominance of funding for punitive approaches was clear in all six countries. The evidence gathered has been used to advocate for a redirection

of funding from punitive drug law enforcement to harm reduction¹⁸ and to inform budget advocacy for improved transparency and accountability.¹⁹

The data from this research shows that national governments and international donors have an opportunity to make changes to the ways they invest in drug policy, harm reduction and health.

RECOMMENDATIONS FOR NATIONAL GOVERNMENTS AND INTERNATIONAL DONORS:

1. Governments should invest in their own harm reduction responses, in line with need, to ensure the sustainability and scaling up of harm reduction services.
2. Governments should critically evaluate their spending on drug control and redirect resources from ineffective drug law enforcement to evidence-based harm reduction.
3. Governments should be transparent about their spending on harm reduction and drug control, making financial data accessible to the public.
4. Governments should ensure meaningful involvement of communities and civil society in the financial decision-making and monitoring of harm reduction and drug policies.
5. Governments should decriminalise drug use and possession and support people to live healthy lives. Until they decriminalise drug use and possession, governments should promote evidence-based and health-centred alternatives to incarceration.
6. International donors should increase their financial support for civil society and community led research and advocacy for the redirection of resources from ineffective drug law enforcement to harm reduction.

18. Harm Reduction International (2021) *The impact of a multi-country harm reduction advocacy grant in South-East Asia: changing hearts and minds, policies and practices*, London, UK.

19. Harm Reduction International (2020) *Getting ready for harm reduction budget advocacy: a guide for civil society and communities*, London, UK.

THE CASE FOR REDIRECTION IN THAILAND²⁰

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021 ²¹	Harm reduction investment ²²		Drug law enforcement expenditure ²³
			Total	Breakdown	
51,000	25%	USD 8.8 million	USD 3.8 million	USD 2.5 million donor investment; USD 1.3 million domestic investment	USD 1.8 billion

In 2019, harm reduction funding in Thailand was reported to be USD 3.8 million, with around one-third coming from domestic sources. Since 2015, domestic investment has increased but was reported to have dropped sharply in 2020 and is set to continue at levels below USD 200,000 for subsequent years.²⁴ It is clear that this investment falls far short of what is required to cover the health needs of people who use drugs.

In contrast, the Thai Government's allocation for drug law enforcement activities is around 1,500 times its highest contribution to harm reduction.²⁵ This vast spending is evident in the extent to which drugs are criminalised in Thailand. In 2020, 157 people were on death row for drug offences in Thailand (62% of the total death row population), including all of the 28



Redirecting just 1% of Thailand's total drug law enforcement budget would cover the funding gap for HIV prevention among people who inject drugs for the next two years.

women awaiting execution.²⁶ Thailand has one of the highest incarceration rates in the world and the highest proportion of women in prison globally at 14%.²⁷ Prisons in Thailand are hugely overcrowded and in 2020, 80% of people in Thai prisons were incarcerated

20. This section draws upon research by Pascal Tanguay into national harm reduction investment and drug law enforcement expenditure (HRI consultancy)

21. UNAIDS' Financial Dashboard Country Resource Needs Estimates, available at <https://hivfinancial.unaids.org/hivfinancialdashboards.html>. This includes OAT, NSP, PreP, outreach and peer-education for people who inject drugs.

22. Harm Reduction International (2021) *Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries*, London, UK.

23. There is no mechanism to track law enforcement spending in Thailand. Estimates have been generated by Pascal Tanguay using HRI's costing tools for advocates (available at www.hri.global/tools-for-advocates) during an HRI consultancy.

24. Data from Thailand's country grant application to the Global Fund 2020 (funding landscape section).

25. Tanguay P (2019) *Drug law enforcement expenditure in Thailand* (research commissioned by HRI).

26. Harm Reduction International (2021) *The death penalty for drug offences: Global overview 2020*, London, UK.

27. Thailand Institute of Justice & UNODC (2021) *Research on the Causes of Recidivism in Thailand*, Bangkok, Thailand.

for drug offences.²⁸ Over three-quarters of those imprisoned on drug offences had been charged with offences related to yaba (methamphetamine), for which there are low thresholds on what is considered an amount indicative of intent to sell.²⁹ Compulsory treatment centres are also used in Thailand for those found in possession of small amounts of drugs. A small shift away from punitive measures could bring savings

to the Government and improve public health. Just 1% of Thailand's total drug law enforcement budget for 2019 equates to an estimated USD 18 million. **This means that redirecting just 1% of what is currently spent on drug control towards harm reduction would cover the resources needed to prevent HIV among people who inject drugs for the next two years.**³⁰

THE CASE FOR REDIRECTION IN INDONESIA³¹

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021	Harm reduction investment ³²		Drug law enforcement expenditure
			Total	Breakdown	
33,492	29-45%	USD 14 million	USD 3.4 million	USD 0.6 million donor investment; USD 2.8 million domestic investment	Total estimate: USD 250 million USD 81 million prison costs for drug-related offences USD 31 million prison costs for possession for personal use

The Government of Indonesia endorses harm reduction within government policy, but the predominant response is punitive drug control. This is evident in its investments, with up to USD 250 million spent on punitive drug control and around USD 2.8 million allocated to harm reduction initiatives

annually. As of October 2020, 214 of the 355 people on death row in Indonesia were convicted for drug offences, which represents a 29% increase from 2019.³³ Compulsory drug detention and rehabilitation centres form part of the national response to drugs but it is not known how many people are detained,

28. Thailand Institute of Justice & UNODC (2021) *Research on the Causes of Recidivism in Thailand*, Bangkok, Thailand.

29. Ibid.

30. UNAIDS' financial dashboard estimates that the resources needed for 2022 and 2023 total USD 17.5 million.

31. This section draws upon Very Kamil and Arie Rahadi's research into harm reduction investment and drug law enforcement expenditure conducted during HRI consultancies.

32. Data from funding landscape report submitted to the Global Fund along with country application: year of estimate 2019.

33. Harm Reduction International (2021) *The death penalty for drug offences. Global Overview 2020*, London, UK.

and related financial data is not available. Prisons are severely overcrowded, with some reported to be 800% over capacity.³⁴ As of June 2021, an estimated 55% of people in prisons were serving drug-related sentences and 14% were imprisoned for drug use.³⁵ Pre-trial detention numbers have also increased in recent years, with the time spent in detention before trial typically ranging from 20 to 200 days after arrest. The estimated annual cost of keeping people in prison for drug-related convictions was USD 81 million in 2017, with USD 31 million covering people incarcerated for personal possession of drugs. **Decriminalising drug use and personal possession of drugs could save the Government of Indonesia USD 31 million per year in prison-related costs, double the amount required to fully fund harm reduction.**³⁶



Decriminalising drug use and personal possession of drugs could save the Government of Indonesia USD 31 million in annual prison costs.

Criminalisation also creates phenomenal costs for individuals and their families. Per person, average legal fees cost around USD 450, court processing charges cost USD 56 and bail charges cost USD 20,665. As the average monthly income in Indonesia is less than USD 400, these costs push many individuals and families into poverty.

THE CASE FOR REDIRECTION IN INDIA³⁷

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021	Harm reduction investment		Drug law enforcement expenditure ³⁸
			Total	Breakdown	
850,000	6%	USD 293 million	USD 12 million	USD 1 million donor investment; ³⁹ USD 11 million domestic investment ⁴⁰	USD 1.2 billion annual spending on policing related to drug laws

34. LBH Masyarakat, Institute for Criminal Justice Reform and Harm Reduction International (2020) *Submission to the UN Working Group on Arbitrary Detention on detention in the context of drug policies, pursuant to Human Rights Council Resolution 42/22*. Available at www.hri.global/files/2020/04/03/LBHM_ICJR_HRI_-_WGAD_Indonesia_Final1.pdf.

35. Data from the Department of Correctional Service of the Ministry of Law and Human Rights, Indonesia [accessed 21.07.2021]. Available at <http://smslap.ditjenpas.go.id/public/kr1/current/monthly/year/2021/month/6>

36. Rahadi A (2019) *Drug law enforcement expenditure in Indonesia* (research commissioned by HRI).

37. This section draws upon research by Sourabh Chakraborty into national harm reduction investment and drug law enforcement expenditure conducted during HRI consultancies.

38. Year of estimate: 2018. Source: Chakraborty S (2019) *Drug Law Enforcement Expenditure in India* (research commissioned by HRI).

39. Year of estimate: 2019. Harm Reduction International (2021) *Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries*, London, UK.

40. Year of estimate: 2016 Chakraborty S (2017-2019) *Harm reduction investment and drug law enforcement expenditure in India* (research commissioned by HRI).

The Government of India covers the majority of harm reduction funding in the country, with around USD 11 million in domestic funding going to needle and syringe programmes (NSP) and opioid agonist therapy (OAT).⁴¹ International donor support amounted to around USD 1 million in 2019. Harm reduction coverage falls far short of need and requires at least a five-fold increase to reach the UN-recommended threshold for high coverage.⁴²

The Indian Government's investment in harm reduction is strikingly small when compared with its annual expenditure on policing related to drug laws, which jumped from USD 1.04 billion in 2016 to USD 1.2 billion in 2018. Domestic spending on harm reduction represents just 1% of the estimated spending on policing related to drug laws in the country.



Domestic spending on harm reduction represents just 1% of the estimated spending on policing related to drug laws in the country.

Prison overcrowding is reported across all states in India. In 2018, prisons were almost 20% over capacity, with about one-third of all prisoners in pre-trial detention. Punitive drug policies are a huge contributory factor, with 9,113 people serving sentences for drug possession and 23,191 people in pre-trial detention for drug-related offences. In 2018, it is estimated that the Government of India spent USD 21 million on imprisoning people for drug-related offences.⁴³ **Decriminalising personal possession of drugs could save the Government of India USD 21 million in prison-related costs.**

THE CASE FOR REDIRECTION IN NEPAL⁴⁴

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021	Harm reduction investment		Drug law enforcement expenditure
			Total	Breakdown	
130,424	8.8%	USD 6 million	USD 1.4 million	USD 1.1 million donor investment; USD 0.3 million domestic investment	Estimate not available. Policing expenditure (including drug law enforcement) USD 334 million

41. Chakroborty S (2017-2019) *Harm reduction investment and drug law enforcement expenditure in India* (research commissioned by HRI).

42. Ibid.

43. On average, the Government of India spent USD 12.2 million on imprisoning people convicted of drug-related offences (8,169 prisoners multiplied by USD 1503: the average annual unit cost per prisoner). There were 23,191 people in pre-trial detention for drug offences: the estimated associated expenditure of this is USD 8.7 million.

44. This section draws upon research by Anjay Kumar on harm reduction investment and Sanjaya Thapa Singh on drug law enforcement expenditure conducted during HRI consultancies.

Harm reduction in Nepal remains heavily dependent on international donor funding, amounting to 70% of overall investment.⁴⁵ Domestic funding levels for harm reduction have remained fairly static since 2016 and were reported to be around USD 0.3 million in 2018.⁴⁶ In comparison, annual (domestic) expenditure on policing, including for drug law enforcement, has almost doubled, rising from USD 169 million in 2015 to USD 334 million in 2020. Drug-related arrests represented 13% of all arrests in Nepal in 2019.

Prisons in Nepal are hugely overcrowded and were operating at 56% over capacity in 2020,⁴⁷ with 21% of prisoners serving sentences or awaiting trial for minor drug offences.⁴⁸ **Decriminalising minor drug offences would reduce incarceration and pre-trial detention by one-fifth, leading to substantial savings for the Government of Nepal.** While the annual cost of imprisonment per person could not be established, the Ministry of Home Affairs allocated USD 18 million to the department of prison management

in the fiscal year 2020-2021. If reducing incarceration and pre-trial detention by one-fifth reduced the required allocation by one-fifth, this would save the Government of Nepal USD 4 million. Redirecting this amount to harm reduction would have a dramatic impact on the funding gap in Nepal, covering three-quarters of the annual estimated resource need.

The average length of stay in pre-trial detention for a minor drug offence is between 12 to 18 months. While individuals must cover their own personal and legal expenses, current Department of Prison Management guidelines entitle each prisoner to 700 grams of grain and a daily food allowance of USD 0.5. In 2020, when 2,056 people were in pre-trial detention for minor drug offences, the Government of Nepal spent USD 2 million covering their grain and daily food allowance.⁴⁹ **Even this small proportion of the cost of pre-trial detention for minor drug offences is seven times greater than the Government of Nepal's investment in harm reduction.**

THE CASE FOR REDIRECTION IN CAMBODIA⁵⁰

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021	Harm reduction investment		Drug law enforcement expenditure
			Total	Breakdown	
4,136 people who inject drugs; 18,238 people who use drugs (95% ATS) ⁵¹	15%	USD 1.2 million	USD 0.2 million	USD 0.2 million donor investment; no data available on domestic investment	No data available

45. Harm Reduction International (2020) *Summing it Up: Building evidence to inform advocacy for harm reduction funding in Asia*, London, UK.

46. Government of Nepal (2019) GARPR report to UNAIDS, 2019

47. Total prison population was 24,069, while capacity was 15,466.

48. 5,176 prisoners in total: 4,889 male prisoners and 287 female prisoners.

49. This equates to USD 984 per person over one year.

50. This section draws upon research into harm reduction investment and drug law enforcement expenditure by Sreang Chheat and Sovannara Mey conducted during HRI consultancies.

It is difficult to access data on domestic spending on either harm reduction or punitive drug law enforcement in Cambodia. Financial data is not made publicly available, nor is it accessible through interviews with government officials or other stakeholders. The International Budget Partnership ranks Cambodia's budget transparency score among the lowest worldwide (15/100).⁵² Likewise, civil society and public involvement in the budget process is very limited. The Open Budget Survey 2019 shows that Cambodia has a similarly low transparency score (32/100).⁵³ This poses real challenges for civil society and community advocates trying to influence government budget allocations.

Despite data gaps, it is clear that the Government of Cambodia spends vast amounts on punitive drug policy, while its contribution to harm reduction remains very limited. **Between 2018 and 2020, 38,335 people were arrested for drug offences in the country.** Each year, around half were arrested for drug use and many would have remained in pre-trial detention, received prison sentences or gone on to compulsory detention and rehabilitation centres.⁵⁴ The criminalisation of drugs is contributing to severe prison overcrowding in the country. **In 2019, estimates suggest that the prison population in Cambodia was 331% higher than the national prison capacity.**^{55,56} This constitutes a public health risk and exacerbates the human rights violations of incarcerated people – even more so during the COVID-19 pandemic.



Punitive drug policies fuel prison overcrowding in Cambodia, constituting a public health risk and contributing to human rights violations.

The United Nations has repeatedly condemned drug detention and rehabilitation centres as ineffective and a violation of human rights. Despite this, 12 centres remained operational in Cambodia in 2019 (nine state-run and three privately-run). That year, at least 13,415 people were sent to the centres, of whom 9,064 were released in the same year and 4,351 remained for a longer period.⁵⁷ The severe human rights cost of these centres has been widely documented.⁵⁸ The economic cost is also substantial.

A consolidated spending assessment for overall drug law enforcement in Cambodia is not available, however our research found five government agencies with budget allocations for drug control programmes totalling USD 6.3 million in 2020. In addition, USD 3.1 million was allocated for anti-drug activities under policing for public security, USD 17.3 million for prison management, and USD 30 million for judicial processes.⁵⁹ **The Government of Cambodia could make more effective use of some of the funds allocated to ineffective drug law enforcement by investing in community health and safety instead.**

51. Cambodian Ministry of Health (2018) *National Integrated Biological and Behavioral Survey and Population Size Estimation among People Who Use and Inject Drugs in Cambodia* (2017)

52. The NGO Forum on Cambodia (5 May 2013) 'Budget transparency remains low in Cambodia' [web article, accessed 19.11.2020]. Available at www.ngoforum.org/kh/budget-transparency-remains-low-in-cambodia/

53. Open Budget Survey (2019) Cambodia. Available at www.internationalbudget.org/sites/default/files/country-surveys-pdfs/2019/open-budget-survey-cambodia-2019-en.pdf

54. National Authority for Combatting Drugs' (NACD) annual reports for these years do not contain this information.

55. World Prison Brief, 'Cambodia' [webpage accessed 26.11.2020]. Available at www.prisonstudies.org/country/cambodia

56. 36,600 prisoners and pre-trial detainees were held in 2019 in 23 prisons. The prisons had a total capacity for 8,500 prisoners.

57. Data was not available for two of the privately-run centres.

58. Amnesty International (2020) *Substance abuses: The human cost of Cambodia's anti-drug campaign*, London, UK.

59. Government of Cambodia, 'Budget in Brief, Fiscal Year 2020' [accessed online 25.11.2020; webpage no longer available].

THE CASE FOR REDIRECTION IN VIETNAM⁶⁰

Number of people who inject drugs	HIV prevalence among people who inject drugs	UNAIDS resource needs estimate for harm reduction by 2021	Harm reduction investment		Drug law enforcement expenditure
			Total	Breakdown	
235,314 people who use drugs (around 96% male) ⁶¹ 189,000 people who inject drugs ⁶²	9.5%	USD 24.3 million	USD 16.4 million	USD 3.8 million donor investment USD 12.5 million domestic investment	No data available

The Government of Vietnam is investing in harm reduction, covering over three-quarters of the overall harm reduction funding in the country in 2019. Government investment predominantly covers OAT, while international donor funding goes towards NSP. In 2009, Vietnam became the first country in South-East Asia to technically decriminalise drug use, but considerable numbers of people who use drugs have been arrested for drug possession since this law reform. Between 2009 and 2018, it is reported that 365,293 people who use drugs were arrested.⁶³ While data on whether these arrests led to prison sentences is lacking, there are many compulsory drug detention and rehabilitation centres in the country, so in practice many people have been detained as a punishment for drug use. In addition, Vietnam also retains the death

penalty for drug offences. Vietnam alone accounted for over a third of all confirmed death sentences for drug offences in 2020.⁶⁴

Establishing what the Vietnamese Government spends on punitive drug law enforcement is very challenging. Since 2015, this information has been considered a state secret. Figures prior to 2015 showed around USD 35 million in annual spending on drug law enforcement policing,⁶⁵ which represents just part of the country's spending on drug law enforcement overall. This lack of transparency and accountability severely limits the extent to which civil society and community organisations can scrutinise government spending and are able to advocate for changes to budget allocations.

60. This section draws upon research into harm reduction investment and drug law enforcement expenditure by Nguyen Thi Minh Tam and Hai Thanh Luong conducted during HRI consultancies.


61. Year of estimate: 2019, taken from the Annual report of the Government of Vietnam Ministry of Labor, Invalid, and Social Affairs (MOLISA), cited in Hai, TL (2020) *Drug law enforcement expenditure in Vietnam* (research commissioned by HRI).

62. UNAIDS 'Viet Nam' [webpage, accessed 26.07.2021]. Available at www.unaids.org/en/regionscountries/countries/vietnam

63. Hai, TL (2021) *Drug law enforcement expenditure in Vietnam* (research commissioned by HRI).

64. Harm Reduction International (2021) *The death penalty for drug offences: Global overview 2020*, London, UK.

65. Taken from 'MPS for Implementing of National Plan Action on Prevent and Combat Drugs for the period 2011-2015 and Proposed Plans for 2016-2020', cited in Hai, TL (2021) *Research into drug law enforcement expenditure in Vietnam* (research commissioned by HRI).



Despite the lack of data, it is clear that the Vietnamese Government spends significant amounts on the running of numerous compulsory drug detention and rehabilitation centres. The Government of Vietnam set targets to reduce the number of compulsory drug detention and rehabilitation centres to 71 by 2020, but it failed to meet this goal and 97 such centres were still operating as of late 2020. This reduction reflects a drive to move from compulsory detention to voluntary detoxification centres, of which there were 16 in late 2020, some run by the Government and some privately.⁶⁶ However, the extent to which these centres are truly voluntary and free from human rights violations is unclear, particularly for those run privately. The number of people detained within compulsory drug detention centres and voluntary detoxification

centres is reported to have increased from 22,400 in 2018 to almost 35,000 in 2020. This represents another missed government target to reduce the number of people detained to 20,000 by 2020.⁶⁷

There are clear human rights and public health arguments to close compulsory detention centres.

There is also an economic argument to redirect funds towards expanding community-based harm reduction and evidence-based drug treatment programmes. A study in Vietnam found detaining a person who injects drugs in a centre of this kind costs the local government 2.5 times more than providing the person with OAT in the community for a year.⁶⁸ Between 2009-2018, our analysis suggests that running these centres may have cost the Government of Vietnam USD 248 million.⁶⁹

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Governments have committed to ending AIDS and tuberculosis and eliminating viral hepatitis by 2030. Under the Global AIDS Strategy, they have also made a commitment to the decriminalisation of drug use and possession.⁷⁰ This research highlights the vast amounts of public funds spent on criminalising people who use drugs in six countries in Asia. The redirection of funds away from ineffective drug law enforcement to harm reduction would improve public health, human rights and economic outcomes and contribute to global goals. It could also close the funding gap for harm reduction, enabling governments to invest in cost-effective, evidence-based programmes without requiring new funds. **Governments must divest from punitive drug law enforcement responses that violate human rights, redirect this funding towards life-saving, cost-effective and rights-based harm reduction interventions, and invest in programmes which prioritise health, community and justice.**

66. Hai, TL (2021) *Drug law enforcement expenditure in Vietnam* (research commissioned by HRI).

67. Ibid.

68. FHI 360, Vuong, T. et al. (2015) *Economic Evaluation Comparing Center-Based Compulsory Drug Rehabilitation (CCT) with Community-Based Methadone Maintenance Treatment (MMT) in Hai Phong City, Vietnam*.

69. Hai, TL (2021) *Drug law enforcement expenditure in Vietnam* (research commissioned by HRI).

70. UNAIDS (2021), *End Inequalities, End AIDS: Global AIDS Strategy 2021-2026*. Geneva, Switzerland.