

VIETNAM'S FORCED LABOR CENTERS

New evidence shows
that forced labor and
other abuses continue
in Vietnam's drug
detention centers





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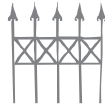
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INTERNATIONAL LABOR RIGHTS FORUM (ILRF)

The International Labor Rights Forum (ILRF) is a human rights advocacy organization dedicated to achieving just and humane conditions for workers worldwide, founded in 1986 and based in Washington D.C. ILRF works with trade unions and community-based labor rights advocates to expose violations of workers' rights, including child and forced labor, discrimination, and violations of workers' rights to organize and bargain collectively. Our field research helps to build and promote worker-driven organizations and solutions. We develop, propose, test, and assess government and corporate policies to ensure that global trade, procurement, and development practices support workers' rights. Through raising public awareness about working conditions in global low-wage industries -- especially in the garment and agriculture industries -- we educate consumers to push companies and governments for change.







Vietnam's Forced Labor Centers

Executive Summary

In 2011, Human Rights Watch released a shocking report on how Vietnamese citizens struggling with drug addiction were being beaten, tortured and forced to work in compulsory drug detention centers.¹ Vietnamese officials reacted defensively, dismissing the report as “groundless” and asserting that the drug centers are an effective, humane method of dealing with a growing drug problem.

But new interviews with recently released drug center detainees confirm that forced labor, torture, and other human rights abuses continue in the centers, despite the government’s pledge to scale up voluntary forms of drug treatment. ILRF partners interviewed fifteen former detainees between June 2012 and June 2013. 14 of the 15 former detainees reported being forced to produce goods for private companies and over half had either witnessed a beating or been beaten themselves simply for missing an assigned work quota.

The documentation of continued abuses comes at a critical juncture, as Vietnam faces a dilemma over whether to “renovate” its system of abusive drug detention centers or close them outright. In May 2012, twelve United Nations agencies released a joint statement calling for the immediate closure of compulsory drug detention centers. But within Vietnam, powerful constituencies, including the local officials who operate and profit from the drug centers, support their continued operation, making the prospects for real change uncertain.

Now is the time for the international community to send a clear message to the Government of Vietnam: forced labor cannot be legally or medically justified as “treatment” for drug dependence. International donor organizations, multinational companies that source from Vietnam, and the U.S. and EU should renew the call for immediate closure of drug detention centers.





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Chapter 1:

Background

Since its adoption of sweeping economic deregulation policies in 1986 – known as “Doi Moi” – Vietnam has undergone profound economic and social changes, including changing patterns of drug use and the spread of HIV. Over the past two decades, there has been a shift away from opium smoking towards heroin injecting and methamphetamine use, driven by internal migration, urbanization, and exposure to globalized culture.

According to official statistics, Vietnam was home to 172,000 registered drug users in 2012 (up from 145,000 in 2011), though the real number is likely to be much higher.² 85 percent of drug users inject heroin, a practice that has driven a concentrated HIV epidemic among injecting drug users (IDUs): over 26 percent of IDUs in Vietnam are HIV positive, compared to less than one percent of the general population.³ In Ho Chi Minh City and other areas, the rate of HIV infection among IDUs is as high as 48 percent.⁴

THE RISE OF THE DETENTION CENTER MODEL

Like other countries in the region, Vietnam has historically maintained severe policies toward drug use, characterizing it as a “social evil” -- along with prostitution and vagrancy -- and punishing drug users with arrest and internment in compulsory “treatment” centers.

These punitive policies have been accompanied by public propaganda campaigns against drug use, characterizing addicts as weak-willed, morally corrupt individuals, rather than people with a treatable

medical condition. Police are given arrest quotas for drug users and family members are even obligated to report their relatives’ drug use to local authorities.

At the center of Vietnam’s punitive drug strategy is a system of compulsory drug detention centers. In 1995 the National Assembly issued an Ordinance on Handling of Administrative Violations which stated that drug addicts “...shall be sent to health institutions for treatment, education and manual labor for from three months to one year.”⁵ The law laid the framework for the rapid expansion of the number of centers during the following decade: In 2000 there were 56 drug centers with a capacity to detain 27,000, but by 2011 there were 121 centers holding 40,000 detainees with a capacity of 70,000. The length of detention sentences also grew from one year to up to four.

The vast majority of detainees enter the drug centers involuntarily, as a result of merely being suspected of drug use by the police or failing a urine test. Some enter voluntarily, sent by family members desperate to get their relatives any kind of drug treatment. Regardless of how they enter, once inside detainees cannot leave and have no opportunity to challenge their continued detention. Since illegal drug use is treated as an administrative, rather than criminal, violation in Vietnam, alleged addicts are detained and sent to drug centers without the basic legal safeguards of due process required under international law, including a hearing before a judge and access to a lawyer.

The centers are run in a military “boot camp” style, with early morning wake up calls, mandatory exercises, and indoctrination with anti-drug messages. Detainees’ lives are highly regimented with little privacy or leisure time. Center staff prevent detainee escapes and enforce the rules, as opposed to providing medical care and counseling. Detainees have reported degrading and inhuman treatment and severe physical and mental abuse at the hands or direction of staff members. Not surprisingly, the drug centers have proven to be an ineffective form of drug treatment, with relapse rates hovering around 90 percent.

NEW APPROACHES

Responding to pressure and funding from international donors, around 2005 the government of Vietnam began to modify its drug laws to allow provincial authorities to support “harm reduction” measures like needle exchange services and voluntary methadone maintenance treatment (MMT) clinics.⁶

After the success of an initial methadone pilot project in 2008, MMT clinics were launched in 9 provinces, serving 4904 patients by the end of 2011. Reviewing the program expansion, the Ministry of Health found extremely positive results in terms of reduced levels of heroin injecting, HIV risk, and improved social and health status.⁷ By the end of 2012, 20 provinces were running MMT clinics serving over 12,000 patients with plans to scale-up to 245 clinics with the capacity to serve 80,000 users by 2015.⁸ Community-based needle and syringe exchange programs also greatly expanded in many cities during this same period.

Despite the growth of MMT clinics and other harm reduction measures, compulsory drug centers remain the dominant model for drug treatment in Vietnam: near the end of 2012, the Vietnamese government reported having 35,000 detainees in 121 drug detention centers.⁹







Chapter 2:

New accounts of forced labor and other abuses

“In the centers, there is no word ‘refuse.’ You work or you are beaten.”¹⁰

-- Thanh Le, a 32 year old man who spent two years making stone trinkets in a Hanoi drug detention center.

From June 2012 to June 2013, ILRF partners conducted confidential interviews with fifteen former drug center detainees (fictional names have been used to protect detainees’ privacy) recently released from eight different centers in and around Hanoi and Hai Phong. Overall, the testimony was consistent in terms of the types of work, working conditions, and the use of beatings and other punishments for those who failed to meet assigned production quotas. The testimony shows that forced labor and other abuses continue, despite growing international criticism and recent discussions of drug policy reforms.

TYPES OF WORK

At the heart of the purported treatment in the drug centers is “labor therapy,” a process where detainees are meant to relearn the value of work and gain occupational skills through long periods of daily, menial labor.¹¹ The most common types of work described by the former detainees from the Hanoi and Hai Phong centers include:

- Making joss paper (ceremonial papers burned in offerings to the dead)
- Making stone or ceramic trinkets or handicrafts
- Sewing soccer balls

- Making small pieces of jewelry for export
- Making false eyelashes

Other types of work mentioned by fewer detainees include making stuffed animals, painting small toys, sewing garments and mosquito nets.

Under the regulations governing the centers, local administrators are encouraged to sign contracts with private companies for production of goods with detainees’ forced labor.¹² 14 of the 15 detainees interviewed for this article reported making products for private companies. Three detainees understood that the products they were making (jewelry and joss paper) were destined for export to Taiwan and South Korea.

PRODUCTION QUOTAS

“Usually, it was 100 percent of us who had to work in the evening...some until 2am or 3am, and some still didn’t meet the quota.”¹³

-- Ly Tran, 30 year old woman who spent two years making jewelry for export in a Hanoi-area detention center.

Under the regulations that govern the detention centers, detainees have an obligation to work and complete assigned target quotas.¹⁴ Collectively, the detainees interviewed for this article expressed a constant fear of not fulfilling their assigned production quota. 13 of 15 of them reported being

“IN THE CENTERS, THERE IS NO WORD ‘REFUSE.’ YOU WORK OR YOU ARE BEATEN.”

assigned a work quota that was difficult, if not impossible, to meet during “official” working hours. Some reported that quotas were calculated daily, so that any portion missed on one day would roll over and be added to the next. Everyone interviewed reported that detainees were punished for missing production quotas, including taking away scheduled work breaks, not allowing detainees to bathe, having to work through the night, and even severe beatings.

Detainees reported being under intense pressure to meet production quotas since failure is always met with punishment. Thai Nguyen is a man in his mid-30s who spent two years in a Hanoi detention center, making ceramic trinkets for a private company in Bat Trang, the famous ceramic village in the suburbs of Hanoi. In response to a question about what happened to detainees who failed to meet their production quota, he reflected:

“If the quota was not met, you would be beaten. If you made small mistakes, 4 or 5 staff would join forces to beat you until you bled. There was no way to complain.”¹⁵

BEATINGS AND OTHER PUNISHMENTS

“People in the centers are treated just like animals.”¹⁶

-- Hoang Bui, a 32 year old man who spent two years in a Hai Phong detention center.

Under Vietnamese law, drug center administrators have the authority to punish detainees for breaking center rules, including the obligation to work and meet assigned production quotas.¹⁷

Individuals bold enough to refuse to work reported being severely beaten by center staff and sent to a “punishment room,” a form of solitary confinement.

Dinh Ngo is a man in his early 40s who spent two years in a detention center in Hai Phong. He was sent to the punishment room twice and described what it was like:

“The room has just enough space for two people lying side by side. It has a urinal without a lid. You are fed a bowl of rice with some salt. It’s like dog food.”¹⁸

The worst punishments are reserved for detainees who try to escape the drug detention centers.

Anh Pham is a woman in her 30s who spent two years in a Hanoi drug center making jewelry for a private company, reportedly for export to South Korea and the United States. She witnessed her friend get caught while trying to escape:

“Many staff beat her up, by turn, one after another, using clubs. They used slippers to slap her face. Then she was hung by both hands from handcuffs on the door, all day, for a month.”¹⁹

Another detainee described the hopelessness and despair that can drive individuals to attempt escape, despite the severe consequences:

“Many people who have never been to the centers before just want to commit suicide after working for a while...Many people say it’s better to go to prison.”²⁰

In the past three years alone, there have been several incidents reported in official media where large groups of detainees have escaped detention centers.²¹ While some managed to evade capture, most were quickly rounded-up and returned to the centers.

CHILD LABOR

Like adults, under Vietnamese law children detained in the drug centers must participate in labor therapy.²² 9 of the 15 interviewed detainees reported seeing children under the age of 18 working in the drug centers. Some detainees reported that in their center children worked and lived in separate areas from the adults, but others noted that in their center children slept and worked in the same areas as adults.

WAGES AND WORKING CONDITIONS

“There was something called a ‘salary’, but every month they made deductions for many things. In the end there was nothing to receive.”²³

-- Ly Quan Minh, a 32 year old man who spent two years doing construction work in a Hanoi area detention center.

Detainees generally reported being paid nominal wages, well below what is paid for comparable work

in the normal labor market. Detainees are not paid directly (they are not allowed to have cash inside the centers); rather, their wages are held in an account from which the center directly deducts expenses for electricity, food, clothing, and unspecified “administrative” expenses. What’s left over can be converted into vouchers valid only at the center’s canteen store. After two to four years of work, the majority of detainees reported leaving the center without collecting any accumulated wages.

Some detainees reported working without proper safety equipment and suffering work-related illnesses. For example, two detainees who made stone decorative animals for a private company noted the lack of safety equipment in the workshop:

“Many people got sick painting decorative animals... acetone is very hazardous and we didn’t have masks. The smell came up, making our throats dry and our eyes blurry.”²⁴

“All day we worked (grinding stone animals) without masks, inhaling a powder that led to lung problems, severe coughs, and trouble breathing.”²⁵

WEAK OVERSIGHT

While the national government – through the Ministry of Labor -- is responsible for setting the rules and regulations governing the centers, their day-to-day operation is under the control of provincial authorities. Several detainees noted that, during the infrequent visits by national officials or journalists, center staff were adept at hiding abuses:

“For stone work, you need gloves and goggles to avoid getting stone flakes in your eyes, but we were only given protective gear when visitors came to inspect the centers.”²⁶

“Upon any visit from the government, there would be plenty of meat/fish in the meal. If any journalist comes, people will not dare speak out about the abuses.”²⁷

“If there’s any journalist who wants to meet with people there, you should ask them to tell people to take off their clothes to see the bruises. They’re black and blue, all over.”²⁸







Chapter 3:

The case for closing the drug detention centers

In recent years there has been increasing international condemnation of compulsory drug detention centers in Vietnam and other countries.

In May 2012, twelve UN agencies, including the ILO, World Health Organization (WHO), and United Nations Office on Drugs and Crime (UNODC), issued a joint public statement calling for the closure of compulsory drug detention centers, citing health and human rights concerns:

“The deprivation of liberty without due process is an unacceptable violation of internationally recognised human rights standards. Furthermore, detention in these centres has been reported to involve physical and sexual violence, forced labour, sub-standard conditions, denial of health care, and other measures that violate human rights.”²⁹

The concerns expressed in the joint UN statement apply to Vietnam’s drug centers: forced labor, physical abuse, denial of health care, and other human rights violations.

“LABOR THERAPY” AND OTHER ABUSES VIOLATE INTERNATIONAL LAW

Forced labor is illegal under international law, including the Universal Declaration of Human Rights (Article 4), the International Covenant on Civil and Political Rights (Article 8), and the relevant ILO Conventions (No. 29 & 105). ILO Convention 29 defines forced labor as “all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered

himself voluntarily.”³⁰ Convention 29’s general prohibition on forced labor contains an exception for prison labor, but only if certain conditions are met:

- i. The work or service must be imposed as the result of a conviction in a court of law.
- ii. The work or service exacted from the convicted person must be under the supervision and control of a public authority.
- iii. The convicted person cannot be placed at the service of private companies without their consent.³¹

By requiring a conviction in a court of law, the first principle aims to ensure that penal labor cannot be imposed on an individual who has not first received full due process of law, including access to legal counsel, a hearing before a neutral judge, and the opportunity to appeal any ruling to a higher court.³²

Since drug users are detained in Vietnam’s drug centers without first being convicted in a court of law, their work is clearly forced labor under Convention 29. However, even if detainees were first convicted in a court of law with full due process, their work would often still be forced labor since many are forced to work producing goods for private companies.

In 2013, the ILO’s Committee of Experts issued a “direct request” to the government of Vietnam for more information on how detainees enter the drug centers, how the authorities ensure that the persons concerned have given their free and formal consent to work, and what sanctions are applied in case of

refusal to work.³³ Depending on the content of the government’s response, the Committee will then have the opportunity to publish a public “observation” regarding Vietnam’s non-compliance with Convention 29.³⁴

In some cases, detainees have also reported working alongside fellow inmates who were as young as 14 or even 12 years old.³⁵ Forced child labor is prohibited under the ILO Convention on the Worst Forms of Child Labor (Convention 182), which Vietnam has ratified.³⁶ The UN Committee on the Rights of a Child has expressed concern regarding reports of children being forced to work and live alongside adults in the drug centers.³⁷

International law also prohibits many of the punishments used by center staff on detainees who refuse to work, fail to meet a quota, or violate center rules. The International Covenant on Civil and Political Rights, which Vietnam has ratified, prohibits “torture and cruel, inhuman or degrading punishment” and requires “anyone deprived of liberty to be treated with humanity and dignity.”³⁸ Detainee reports of beatings with clubs and being hung by the arms for days are clearly forms of torture that violate the Convention. The use of solitary confinement for days without adequate food, water, and waste facilities may also violate international law.³⁹

FORCED LABOR IS NOT EFFECTIVE DRUG TREATMENT

According to the World Health Organization (WHO) and UN Office on Drugs and Crime (UNODC),

good drug dependence treatment must be based on scientific evidence of effectiveness, tailored for the individual patient, and comply with human rights norms and patient dignity.⁴⁰ Involuntary treatment is only justifiable when it is of a medically and scientifically acceptable form. The intervention must be for exceptional situations where the person is an imminent threat to themselves or others, and strictly time bound to a period of hours or possibly days.⁴¹

Vietnam’s drug detention centers meet none of these standards.⁴² Neither forced labor nor long-term, compulsory detention is recognized as an evidence-based form of drug treatment. Drug center detainees are not provided with individualized medical care, but rather forced to participate in “labor therapy” and punished or even tortured for refusing to work or meet a daily production quota. Not surprisingly, this type of “treatment” is completely ineffective: former drug center detainees reportedly have relapse rates over 90 percent upon release.⁴³

In June of 2012, the United Nations Special Rapporteur on Health issued a report calling on the government of Vietnam to close the drug detention centers, emphasizing how they violate detainees’ rights to health and due process.⁴⁴ In early 2013, the United Nations Special Rapporteur on Torture released his own report condemning the use of detention and forced labor as a means of drug treatment.⁴⁵ Meanwhile, the White House Office of National Drug Control Policy (ONDCP) has condemned the “forced labor or inhumane conditions” and the “violent or punitive coercion” used in Vietnam’s drug centers as contrary to “safe, effective, evidence-based, drug addiction treatment.”⁴⁶

A BARRIER TO SCALING UP VOLUNTARY TREATMENTS

Not only are forced labor and compulsory detention ineffective forms of drug treatment, they are also a serious barrier to efforts to provide effective alternatives like voluntary, community-based methadone clinics. Drug centers are expensive to build and operate -- even with subsidies from detainees' forced labor -- diverting scarce public health resources away from the effort to provide effective alternatives. One recent study in Vietnam estimated that it costs \$674 to detain someone in a compulsory detention center -- over three times the cost of maintaining an individual on a methadone program over the same period.⁴⁷

Even worse, the continued existence of the drug centers makes drug users afraid to access methadone clinics or other community-based treatment out of fear that local police will identify them as addicts who can later be rounded-up and sent to drug centers whenever they need to meet an arrest quota.⁴⁸ As long as the centers remain open, they present a barrier to access to real health care for drug users in Vietnam.

WHY REFORMS ARE NOT THE ANSWER

In response to growing international criticism of the drug centers, in 2012 the National Assembly passed a new Ordinance on Handling of Administrative Violations, the law that provides for the administrative detention of sex workers and drug users. The updated law ended compulsory detention in rehabilitation centers for sex workers,

but continued such compulsory detention for drug users. The modified law, which does not take effect until 2014, moves the final authority for authorizing an individual's detention to a drug detention center from the Chairman of the People's Committee to a district court.⁴⁹

While this procedural change may provide an additional level of oversight, it is not clear that it will be implemented in a manner sufficient to meet international standards of due process. Under the International Covenant on Civil and Political Rights and other sources of international law, administrative detainees have the right to challenge the lawfulness of their detention by petitioning an appropriate judicial authority to review whether the grounds for detention are lawful, reasonable, and necessary.⁵⁰ If in practice the district court "rubber stamps" a detention order prepared by the Chairman of the People's Committee, then detainees will not receive any real degree of legal protection of their rights to due process. This concern is far from remote since the court system in Vietnam is known to suffer from political influence, corruption, and inefficiency.⁵¹

More importantly, even if the proposed procedural change to the Administrative Ordinance provides detainees with real due process to challenge their detention order, holding people in detention centers where they must perform "labour therapy" for drug dependence would still be a form of arbitrary detention. The ICCPR's ban on arbitrary detention is not limited to the question of whether or not the initial decision to detain was lawful, but also considers whether the detention conditions "contain

elements of inappropriateness, injustice, and lack of predictability.”⁵² There is no valid legal or medical justification for forced labor as “treatment” for drug dependence, hence the detention remains arbitrary.

Late in 2012, a key Vietnamese official pledged that the government would not build more drug detention centers and would convert half of the existing centers into “open centers” for voluntary treatment by 2015.⁵³ At least one international donor has publicly congratulated the government of Vietnam for its initiative “to transform compulsory drug centers into community-based and voluntary treatment facilities.”⁵⁴ However there is a risk that the government will convert a handful of drug centers as showcases to international donors and media, while other “voluntary” centers remain, in practice, involuntary and abusive. But more importantly, even the most progressive of the policy options being considered by the government of Vietnam would still leave 10,000 detainees forced to work in centers by 2020.⁵⁵

Nor are other potential “fixes,” like limiting the number of hours detainees must work, satisfactory. First, the definition of forced labor under international law doesn’t depend on the amount of work, per se, but rather its involuntary nature. While reducing detainees’ hours might make their lives easier, their work would still be forced labor under international law. Second, such an hour restriction would be difficult to enforce, since the drug centers are run by local administrators with little national oversight.

Indeed, the prospects for ending forced labor in the drug centers via piecemeal reforms are doubtful given the strong economic incentives local administrators have to keep detainees working as much as possible. The detention centers are subsidized by detainees’ forced labor at two stages: First, detainees subsidize the cost of their detention through various deductions from their meager wages. Second, center administrators generate an important stream of revenue by signing contracts with private companies to produce various goods.

What we do know for certain is that the various discussions for “renovation” of the centers do not fundamentally alter the legal framework which allows drug users to be sent to compulsory detention centers and subjected to forced labor and other abuses. Also missing is any government acknowledgement of the human rights abuses that continue to occur within the drug centers, much less any prosecution of the perpetrators or restitution to victims.

Despite the government’s increasing support for voluntary forms of drug treatment, there is nothing inevitable about the closure of the drug detention centers. Facing a rising number of registered drug users, Vietnam could decide to simultaneously expand open, voluntary drug treatment while continuing to place thousands of people into the abusive, compulsory centers. For all these reasons, advocates, the diplomatic community, and Vietnam’s international donors should continue to call for closure of all the detention centers and the dismantling of the legal and policy framework which supports them.



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Vietnam's Forced Labor Centers

Recommendations

GOVERNMENT OF VIETNAM

- The Ministry of Labor, Invalids, and Social Affairs (MOLISA) should release all drug center detainees and permanently close all drug detention centers.
- Instruct MOLISA to provide adequate compensation to detainees and former detainees for the forced labor they performed while in detention.
- The National Assembly should modify all existing laws, including the Law on Handling of Administrative Offenses, which prescribe compulsory detention and/or forced labor as drug treatment.

THE INTERNATIONAL LABOUR ORGANIZATION

- The Committee of Experts on the Application of Conventions and Recommendations (CEACR) should publish a public observation regarding forced labor in the drug centers and the government of Vietnam's failure to comply with its obligations under ILO Convention 29.
- Instruct ILO's Special Action Program to Combat Forced Labour to engage MOLISA to end forced labor in drug detention centers.

VIETNAM'S TRADING PARTNERS

- In the context of ongoing negotiations for a Trans-Pacific Partnership (TPP) trade agreement, the United States Trade Representative (USTR) should not

provide Vietnam with greater market access unless the government ends forced labor and closes the drug detention centers.

- In the context of negotiations for a free trade agreement between Vietnam and the European Union, the EU should raise with the government of Vietnam the need to end forced labor in drug detention centers before the agreement is finalized.
- In light of Human Rights Watch's 2011 report documenting cashew production in at least 11 of the 16 centers under the administration of Ho Chi Minh City authorities, the US Department of Labor should add cashews from Vietnam to its list of goods from around the world that are produced by forced or child labor.

INTERNATIONAL CORPORATIONS THAT SOURCE GOODS FROM VIETNAM

- Comply with their obligations under the United Nation's Guiding Principles on Business and Human Rights ("Ruggie Principles") to conduct human rights due diligence and ensure they are not sourcing goods produced by forced labor in Vietnam's drug detention centers.
- Companies that source goods which are known to be produced in drug centers should issue a public statement (either on their own or through an industry association) of concern to the government of Vietnam about potential exposure to goods made by forced labor in the drug centers.

END NOTES

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¹³Interview with Ly Tran, Hanoi, 2013.

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¹⁶Interview with Hoang Bui, Hanoi, 2013.

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²⁰Interview with Dinh Ngo, Hanoi, 2013.

²¹See “Vietnam’s dilemma: to close or reform drug rehab centers”, ThanhNienNews.com, Sept 28th, 2012. (Describing three separate incidents where 578, 164, and 91 detainees escaped drug detention centers). Available at: <http://www.thanhniennews.com/index/pages/20120928-vietnams-dilemma-to-close-or-reform-drug-rehab-centers.aspx>

²²See Rehab Archipelago, p. 66.

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²⁴Interview with Binh Diep, Hanoi, 2012.

²⁵Interview with Thanh Le, Hanoi, 2012.

²⁶Interview with Thai Nguyen, Hanoi, 2012.

²⁷Interview with Dinh Ngo, Hanoi, 2012.

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³¹ ILO Convention 29, Article 2(2)(c).

³² See Forced Labour, General Survey by the Committee of Experts on the Application of Conventions and Recommendations, ILC, 96th Session, Geneva, 2007, paras. 51-61.

³³ Direct Request to Government of Vietnam under Forced Labour Convention of 1930 (No. 29), available at: http://www.ilo.org/dyn/normlex/en/f?p=1000:13100:0::NO::P13100_COMMENT_ID:3073472

³⁴ In its 2013 annual report, the Committee of Experts made an “observation” to the government of Cambodia regarding reports of forced labor in its drug detention centers. See Observation to Government of Cambodia under Forced Labour Convention of 1930 (No. 29). Available at: http://www.ilo.org/dyn/normlex/en/f?p=1000:13100:0::NO:13100:P13100_COMMENT_ID,P11110_COUNTRY_ID,P11110_COUNTRY_NAME,P11110_COMMENT_YE AR:3080569,103055,Cambodia,2012

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³⁶ See ILO Convention 182, Art. 3.

³⁷ United Nations Committee on the Rights of the Child, “Consideration of reports submitted by States parties under article 44 of the Convention - Concluding observations: Viet Nam”, CRC/C/VNM//CO/3-4, June 15, 2012. Available at: http://www2.ohchr.org/english/bodies/crc/docs/co/CRC_C_VNM_CO_3-4.pdf

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