

# A Slow March from Social Evil to Harm Reduction: Drugs and Drug Policy in Vietnam

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Improving Global Drug Policy: Comparative Perspectives and UNGASS 2016

## EXECUTIVE SUMMARY

### *Key Findings*

- Organized crime in Vietnam is limited, drug markets are essentially non-violent, and drugs principally pose a public health problem.
- Vietnam employs repressive policies to suppress drug consumption and trade, principally in regards to heroin, in contravention of international human rights norms.
- Vietnam is one of only a handful of countries to have suppressed illicit opium production in the late 1990s/early 2000s through a policy of enforced eradication, which was possible due to strong state presence and high capacity in opium production areas.
- The most detrimental and problematic Vietnamese policies include the incarceration of drug users in compulsory, but frequently ineffective treatment programs (06 Centers), and the stigmatization and abuse of consumers by the police.
- Vietnam's drug policy is slowly changing in the face of one of Asia's worst ongoing HIV epidemics.

### *Policy Recommendations*

- Vietnam's primary concern should be to reduce the harms associated with drug use via injection, especially to reduce HIV/AIDS infection rates and the spread of other infectious diseases.
- Vietnam should close its 06 Centers and develop cost-effective and politically viable alternatives focused on harm reduction. Even though Vietnam is emerging as a middle-income country, the level of funding from international donors for harm reduction and law enforcement vis-à-vis drugs should be sustained to enable the development of alternative programs, sharing of best treatment practices, and reduction in HIV infection rates.
- Further regional economic integration will likely increase the flow of drugs through Vietnam. As such, Vietnam should take pre-emptive measures by imposing stringent regulation to control industries using precursor chemicals, to prevent a further increase in amphetamine-type stimulants consumption and export. It should also improve training of border guards, take steps to reduce corruption, and scale-up cooperation with its neighbors.
- Vietnam is likely to support the status quo at the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016), and potentially even stricter supply side interventions, but the HIV epidemic may force Vietnam to come out at UNGASS 2016 as a proponent of harm reduction.

## Introduction

The suppression of drug consumption and trade is high on the government of Vietnam's agenda.<sup>1</sup> To accomplish this goal, Vietnam employs repressive policies that often contravene international human rights law. Among the most detrimental and problematic policies are the incarceration of drug users in compulsory treatment centers and the stigmatization and abuse of consumers by the police. That said, Vietnamese drug policy is slowly changing in the face of one of Asia's worst ongoing HIV epidemics. While the Communist Government of the early-1990s designated illicit drugs as a "social evil" to be eradicated through punitive and often repressive means, the recent implementation of harm reduction approaches have reduced the level of needle sharing, and thus HIV transmission.

This briefing will explore the current trends in drug consumption, production, and trafficking before looking at the key harms and threats associated with drugs in Vietnam. This will be followed by a summary of Vietnam's drug policies, including the country's approach to drug treatment, harm reduction, and illicit opium suppression. Vietnam is one of a small number of states to have suppressed illicit opium production, an intervention that centered upon coercive negotiations with limited alternative development. The briefing will conclude with some tentative recommendations for reform and thoughts on what could be expected from Vietnam during the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016).

## Trends in Drug Production, Trafficking, and Consumption

While Vietnam is no longer a major source of illicit opium, and its geographical position limits its role as

a transshipment point for drugs produced elsewhere in Southeast Asia, its importance in the regional flow of drugs could be increasing. While heroin is the most widely consumed drug, amphetamine-type stimulants (ATS) consumption is rising. This section will explore these trends in drug production, trafficking, and consumption.

### *Drug Production*

Vietnam is not a major source of any illicit drug. While the northern mountain provinces have long histories of opium production,<sup>2</sup> between 1990 and 2001 Vietnamese opium production declined by 98 percent, from an estimated peak of 90 metric tons to two metric tons. This was achieved through the employment of coercive negotiations to persuade farmers to stop growing opium, rather than the establishment of alternative incomes. As such, the intervention negatively impacted many (ex-)opium farming communities. While small amounts of opium continue to be cultivated in northern mountain provinces, the country has the capacity to contain production. Cannabis cultivation is limited; however, the trend toward the use of modern technology in indoor and outdoor farms may increase output. The manufacturing of ATS is a new occurrence and so far remains limited.<sup>3</sup> The increasing availability of ATS precursor chemicals could, however, boost domestic manufacturing.

### *Trafficking*

Seizures are dominated by heroin, followed by smaller amounts of opium, cannabis, and ATS. While Vietnam borders areas which are major sources of ATS and opium (China, Cambodia, and Laos), its location on the outskirts of the Greater Mekong

<sup>1</sup> The author would like to thank Vanda Felbab-Brown, Harold Trinkunas, Bradley Porter, and Emily Miller for their support and thoughtful and constructive comments on early drafts. The paper benefitted greatly from insightful discussions with Gloria Lai.

<sup>2</sup> Nghe Son, Son La, Lai Chau, and Lao Lai provinces have historically been the predominant sources of Vietnamese opium.

<sup>3</sup> See United Nations Office on Drugs and Crime (UNODC), *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and Pacific* (Vienna: UNODC, 2011), [http://www.unodc.org/documents/scientific/2013\\_Regional\\_ATS\\_Report\\_web.pdf](http://www.unodc.org/documents/scientific/2013_Regional_ATS_Report_web.pdf); UNODC, *Transnational Organized Crime in East Asia and the Pacific: A Threat Assessment* (Bangkok: UNODC, 2013), [http://www.unodc.org/documents/data-and-analysis/Studies/TOCTA\\_EAP\\_web.pdf](http://www.unodc.org/documents/data-and-analysis/Studies/TOCTA_EAP_web.pdf); UNODC, *World Drug Report 2014* (Vienna: United Nations, 2014), [http://www.unodc.org/documents/wdr2014/World\\_Drug\\_Report\\_2014\\_web.pdf](http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf); U.S. Department of State, *International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2011), <http://www.state.gov/documents/organization/156575.pdf>.

Subregion limits its role in the regional flow of ATS and opiates. It does, however, play a relatively small but growing role as a transshipment point for heroin, methamphetamine, and precursor chemicals primarily destined for East Asia and Oceania. The Association of Southeast Asian Nations Economic Community (AEC) free trade agreement and improving regional transport links will likely increase the flow of illicit drugs through the region, including Vietnam, as drugs and precursor chemicals piggyback on the increased flows of licit goods. Vietnam is already emerging as a source of precursor chemicals diverted from domestic chemical wholesalers. Between 2002 and 2006 Vietnamese imports of pseudoephedrine and ephedrine increased by 262 percent, of which an undefined but potentially significant amount was diverted to the illicit drug trade.<sup>4</sup>

Trafficking into and out of Vietnam traditionally utilizes land routes, although sea and air routes are becoming more important. Particularly, crystal methamphetamine is increasingly entering Vietnamese airports from Africa and the Middle East. Vietnam's long, porous, and poorly controlled land borders and extensive coastline, and high levels of corruption within—and limited resources for—law enforcement, compromise the effectiveness of interdiction.<sup>5</sup>

Despite fairly ineffective anti-smuggling efforts, there are occasional reports from the state-controlled media of violent armed resistance from smugglers on the Chinese and Laotian borders. For example, in July 2014 a clash between the police and 25 armed smugglers left one police officer and two smugglers dead.<sup>6</sup> Many of these overland smugglers are from ethnic groups that populate the highlands of Southeast Asia; some have been involved in smuggling for generations and are often organized by traffickers. While ethnic Chinese tend to be the most prominent traffickers in Southeast Asia, including Vietnam, they are also joined by a growing number of foreign traffickers, including West Africans, whose presence is growing.<sup>7</sup>

### Consumption

As of December 2013, 181,396 people were registered in Vietnam as drug-dependent.<sup>8</sup> The actual number of users is likely much higher, since data collection remains poor and many users are unwilling to enter state-run treatment programs due to the threat of police harassment and incarceration in compulsory treatment centers. Heroin is the most widely consumed drug in Vietnam. In 2011, 0.53 percent of the population consumed an opioid and/or an opiate at least once—a significantly higher number than the

<sup>4</sup> U.S. Department of State, *2010 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2010), <http://www.state.gov/j/inl/rls/nrcrpt/2010/index.htm>; U.S. Department of State, *2011 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2011), <http://www.state.gov/j/inl/rls/nrcrpt/2011/index.htm>; U.S. Department of State, *2012 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2012), <http://www.state.gov/j/inl/rls/nrcrpt/2012/index.htm>; U.S. Department of State, *2013 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2013), <http://www.state.gov/j/inl/rls/nrcrpt/2013/index.htm>; U.S. Department of State, *2014 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2014), <http://www.state.gov/j/inl/rls/nrcrpt/2014/index.htm>; UNODC, *Transnational Organized Crime in East Asia and the Pacific*; UNODC, *Amphetamine-Type Stimulants in Viet Nam: A Review of the Availability, Use and Implications for Health and Security* (Bangkok: UNODC, 2012), [http://www.unodc.org/documents/southeastasiaandpacific/vietnam/publication/ATS\\_EN\\_Final\\_10042012\\_-\\_reduced\\_size.pdf](http://www.unodc.org/documents/southeastasiaandpacific/vietnam/publication/ATS_EN_Final_10042012_-_reduced_size.pdf); and UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*. Vietnam remains one of the five most important sources of heroin, and increasingly methamphetamine, entering Australia. In 2013 and 2014, Australia made a number of seizures of ATS precursor chemicals, primarily ephedrine and pseudoephedrine.

<sup>5</sup> UNODC, *Amphetamine-Type Stimulants in Viet Nam*; UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*; U.S. Department of State, *2011 International Narcotics Control Strategy Report*; and U.S. Department of State, *2012 International Narcotics Control Strategy Report*, 464, <http://www.state.gov/j/inl/rls/nrcrpt/2012/database/index.htm>.

<sup>6</sup> "Vietnam Police Office, 2 Drug Traffickers Die in Fire Exchange," *Tuoi Tre News*, July 20, 2014, <http://tuoitrenews.vn/society/21082/1-vietnam-police-officer-2-drug-traffickers-die-in-fire-exchange>; and UNODC, *Amphetamine-Type Stimulants in Viet Nam*.

<sup>7</sup> UNODC, *Transnational Organized Crime in East Asia and the Pacific*.

<sup>8</sup> UNODC, "Drug Dependence: Viet Nam is Discussing Voluntary Community Based Treatment and Care," news release, June 9, 2014, <http://www.unodc.org/southeastasiaandpacific/en/vietnam/2014/06/drug-workshop/story.html>.

Asian average of 0.40 percent (opioid) and 0.30 percent (opiate).<sup>9</sup> Injection is the most popular mode of ingestion.<sup>10</sup>

ATS consumption is expanding rapidly. Methamphetamine pills (*yaa baa*) and ecstasy consumption have increased every year since 2003 and experienced another sharp rise after 2007. In several areas bordering Cambodia, methamphetamine has even overtaken heroin as the main drug consumed.<sup>11</sup> There has also been a significant increase in crystal methamphetamine consumption since 2008.<sup>12</sup> Although traditionally ATS consumption has been confined to young people in urban areas, their use in rural areas is growing. The consumption of ketamine and “Sea Water” (GHB) is also rising, particularly among young people in night-time entertainment venues. We could witness further increase in ATS consumption if domestic manufacturing increases and/or foreign traffickers seek to diversify from their reliance on the large Thai consumer market to begin expanding their operations to Vietnam.

## Key Harms and Threats

Aside from the usual harms associated with heroin consumption (i.e., acquisitive crime, and the impact on health and wellbeing associated with consumption),<sup>13</sup> the most significant threat to national health

is the spread of HIV by people who inject drugs. At the start of 2014 an estimated 256,000 people—0.26 percent of the general population aged over 15—were living with HIV. Roughly 14,000 new infections were annually reported between 2010 and 2013. While prevalence has dropped from its peak in the early-2000s,<sup>14</sup> Vietnam continues to have one of Asia’s fastest growing HIV rates.<sup>15</sup> HIV prevalence is higher in certain localities—especially Northern and South Eastern provinces, Hanoi, and Ho Chi Minh City—and has ranged from 1 percent (Da Nang Province) to 56 percent (Quang Ninh Province). Reported cases of AIDS and mortality from HIV/AIDS have, however, remained fairly steady since 2009.<sup>16</sup> That said, the level of HIV may be underestimated as many people with HIV and other blood-borne diseases are unwilling to present themselves for treatment due to stigma and discrimination within their communities and the medical profession.

Intravenous drug use is the primary means of contracting HIV in Vietnam: around 60 percent of all new HIV cases are contracted through needle sharing.<sup>17</sup> In 2011, an estimated 335,990 people—approximately 0.53 percent of the population—inject drugs. The number of people who inject drugs continues to increase,<sup>18</sup> partly due to the increased popularity of intravenous crystal methamphetamine consumption.

<sup>9</sup> UNODC, *World Drug Report 2014*.

<sup>10</sup> Van Nguyen and Maria Scannapieco, “Drug Abuse in Vietnam: A Critical Review of the Literature and Implications for Future Research,” *Addiction* 103 (2008).

<sup>11</sup> UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*; and UNODC, *Amphetamine-Type Stimulants in Viet Nam*.

<sup>12</sup> UNODC, *Regional Programme for Southeast Asia 2014-2017* (Bangkok: UNODC, 2013), <http://www.unodc.org/southeastasiaandpacific/en/regional-programme/index.html>.

<sup>13</sup> See, for example, Eleanor Hayes-Larson et al., “Drug Users in Hanoi, Vietnam: Factors Associated with Membership in Community-Based Drug User Groups,” *Harm Reduction Journal* 10, no. 1 (2013), doi: [10.1186/1477-7517-10-33](https://doi.org/10.1186/1477-7517-10-33). Mortality rates among people who inject drugs in Vietnam is estimated at 13.4 times higher than among the general population

<sup>14</sup> Government of Vietnam, *Vietnam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV / AIDS* (March 2014), [http://www.aidsdatahub.org/sites/default/files/publication/Vietnam\\_narrative\\_report\\_2014.pdf](http://www.aidsdatahub.org/sites/default/files/publication/Vietnam_narrative_report_2014.pdf).

<sup>15</sup> Bach Xuan Tran, “Willingness to Pay for Methadone Maintenance Treatment in Vietnamese Epicenters of Injection-Drug Driven HIV Infection,” *Bulletin of the World Health Organization*, no. 91 (2013), <http://www.who.int/bulletin/volumes/91/7/12-115147.pdf>.

<sup>16</sup> Government of Vietnam, *Vietnam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV / AIDS*.

<sup>17</sup> Lei Zhang et al., *Evaluation of a Decade of DFID and World Bank Supported HIV and AIDS Programmes in Vietnam from 2003 to 2012* (Sydney, Australia: University of New South Wales, 2014), [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/303560/Decade-DFID-World-Bank-Support-HIV-Aids-Prog-Vietnam-2003-2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303560/Decade-DFID-World-Bank-Support-HIV-Aids-Prog-Vietnam-2003-2012.pdf).

<sup>18</sup> UNODC, *World Drug Report 2014*.

In 2013, an estimated 11.6 percent of people who inject drugs lived with HIV, down from 13.4 percent in 2011<sup>19</sup> and 29.0 percent in 2002.<sup>20</sup> While prevalence of HIV among people who inject drugs does differ dramatically between provinces—ranging from 18.2 percent in Ho Chi Minh City to 34 percent in Thai Nguyen Province<sup>21</sup>—the introduction of needle exchanges and methadone maintenance programs has reduced the number of people sharing needles, which in the mid-2000s was as high as 81 percent in some provinces.<sup>22</sup>

## An Overview of Vietnam’s Drug Policies

Vietnam is going through a slow, but significant transformation from one of the world’s more punitive countries with respect to illicit drug use to one starting to incorporate harm-reduction approaches into its drug policy. It is also one of a small number of states to have suppressed the illicit production and cultivation of opium—an intervention centered upon coercion with limited rural development.

### *The Legal Framework and Drug Policy Conceptualization*

Since the early 1990s Vietnam’s official and publicly-stated view of illicit drugs has been that they are a “social evil” to be eradicated. Article 61 of the 1992 Constitution declared drug use a “dangerous social disease”<sup>23</sup> and laid the foundation for some of the world’s toughest drugs laws. The 2000 Law on Preventing and Combating Narcotic Drugs reiterated that drugs are a danger to both the public health and national security, stating, “The drug problem poses a major threat to the entire society, doing harm to human health, causing

offspring degeneration, degrading human dignity, disrupting family happiness, and gravely affecting social order and safety and national security.”<sup>24</sup> A 1997 amendment to the 1985 Criminal Code established the death penalty for possession of more than 100 grams of heroin or five kilograms of opium—an estimated 700 prisoners are on death row as of 2014, the majority for drug offenses.<sup>25</sup> In June 2014, for example, 29 people were sentenced to death for smuggling two tons of heroin into Vietnam from Laos.

However, despite the highly punitive policies toward smuggling and use, the growing HIV epidemic has gradually been shifting the ruling Communist Party’s perception of the drug problem. To address the HIV epidemic, harm-reduction approaches have been gradually introduced and the 2006 Law on AIDS/HIV Prevention and Control emphasized “encouragement of the use of [...] clean syringes and needles, treatment of addiction to opium-related substances with substitute substances, and other harm reduction intervention measures.”<sup>26</sup>

But despite the gradual implementation of harm-reduction approaches, many legal and practical contradictions and obstacles to an effective public-health approach persist. The Law on AIDS/HIV Prevention and Control is in conflict with the 2000 Law on Preventing and Combating Narcotic Drugs, which is widely interpreted as prohibiting the possession of needles. To remove some of these contradictions, the 2000 Law on Preventing and Combating Narcotic Drugs was amended in 2008 to provide support for the harm reduction measures proscribed in the Law on AIDS/HIV Prevention and Control. And in 2009, the Penal Code was amended to characterize drug users as

<sup>19</sup> UNODC, *World Drug Report 2014*; and UNODC, *Regional Programme for Southeast Asia 2014-2017*.

<sup>20</sup> Ministry of Health, Government of Vietnam, *Results of National HIV Sentinel Surveillance* (Vietnam: Ministry of Health, 2013).

<sup>21</sup> Government of Vietnam, *Vietnam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV / AIDS*.

<sup>22</sup> Nguyen and Scannapieco, “Drug Abuse in Vietnam.”

<sup>23</sup> Government of Vietnam, *Constitution of the Socialist Republic of Viet Nam*, no. 61 (1992), <http://www.na.gov.vn/htx/English/C1479/#BSi1T823Fk4U>.

<sup>24</sup> Government of Vietnam, *The Law on Preventing and Combating Narcotic Drugs* (2000), <http://www.unodc.org/enl/showDocument.do?documentUid=2304&cuntry=VIE>.

<sup>25</sup> “Vietnam Sentences 30 Heroin Smugglers to Death in Biggest Drugs Trial,” *The Telegraph*, January 20, 2014, <http://www.telegraph.co.uk/news/worldnews/asia/vietnam/10584932/Vietnam-sentences-30-heroin-smugglers-to-death-in-biggest-drugs-trial.html>.

<sup>26</sup> Government of Vietnam, *Law on AIDS/HIV Prevention and Control* (2006), <http://test.aidsportal.org/atomicDocuments/AIDSPortalDocuments/VietnamGovLawHIVPreventionControl2006.pdf>.



patients rather than criminals. While some academics have interpreted this as the decriminalization of drug consumption, the Ordinance on Administrative Violations continues to categorize drug use as an administrative violation and users are still frequently sent to compulsory drug treatment centers and imprisoned there. In fact, under the Ordinance, police feel obligated to arrest and incarcerate drug users.<sup>27</sup>

### **Treatment**

Treatment in Vietnam has centered upon the incarceration of drug users in compulsory treatment centers known as 06 Centers. This system was established by Article 61 of the 1992 Constitution, which specified that “the State provides for compulsory treatment of drug addiction and certain dangerous social diseases.”<sup>28</sup> Article 199 of the 2000 Law on Preventing and Combating Narcotic Drugs additionally mandates that users who relapse after being sent to 06 Centers be sentenced to between three months and two years of imprisonment—in a regular prison—for the first relapse and between two and five years for the second relapse.<sup>29</sup>

In 2011, there were 123 06 Centers in operation, managed by the Ministry of Labour, Invalids and Social Affairs, local authorities, and in smaller numbers, the Youth Union. Out of the 29,535 people in treatment in 2010, 24,155 were placed in 06 Centers and 5,380 in community- or home-based treatment programs.<sup>30</sup>

The majority of 06 Center inmates are arrested by the police or delivered to the centers by family members. Local authorities can sentence individuals to a maximum of two years’ imprisonment in the center, although the incarceration period can be extended by up to two years for post-treatment monitoring and management if the individual is seen as being at risk of relapse.<sup>31</sup>

06 Centers have been heavily criticized as ineffective and contrary to human rights norms.<sup>32</sup> Inmates are widely reported to be beaten with sticks and electric batons for violating rules or attempting to escape.<sup>33</sup> The homeless are often arrested and sent to 06 Centers to fill police quotas.<sup>34</sup> Since clinical care is poor and treatment is not based on best practices and scientific evidence, relapse rates are high.<sup>35</sup> In fact, 06 Centers strongly resemble labor camps: “treatment” is centered on “labor therapy,” such as the processing of cashew nuts or sewing cloths, in conjunction with detoxification, performance of military drills, and chanting of anti-drug slogans. Furthermore, post-release support services are limited, and the stigma of being an 06 Center inmate often makes it difficult for users to reintegrate back into their communities, find work, and access health care.

Paradoxically, the risk of contracting HIV is higher in some 06 Centers than in the communities, compounding the ineffectiveness of the compulsory

<sup>27</sup> Thu Vuong et al., “Drug Policy in Vietnam: A Decade of Change?” *International Journal of Drug Policy* 23, no. 4 (2012).

<sup>28</sup> Government of Vietnam, *Constitution of the Socialist Republic of Viet Nam*.

<sup>29</sup> Government of Vietnam, *The Law on Preventing and Combating Narcotic Drugs*.

<sup>30</sup> UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*.

<sup>31</sup> *Ibid.*

<sup>32</sup> Human Rights Watch, *The Rehab Archipelago: Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam* (New York: Human Rights Watch, 2011), <http://www.hrw.org/sites/default/files/reports/vietnam0911ToPost.pdf>; Joint United Nations Programme on HIV/AIDS (UNAIDS), “Joint UN Statement Calls for the Closure of Compulsory Drug Detention and Rehabilitation Centers,” press release, March 9, 2012, <http://www.unaids.org/en/resources/presscentre/featurestories/2012/march/20120308adetentioncenters>; UNODC, *Amphetamine-Type Stimulants in Viet Nam*; U.S. Department of State, *2014 International Narcotics Control Strategy Report*; and World Health Organization (WHO), *A Strategy to Halt and Reverse the HIV Epidemic Among People who Inject Drugs in Asia and the Pacific: 2010–2015* (New York: WHO, 2010), [http://www.who.int/hiv/pub/idu/searo\\_harm\\_reduction\\_strategy2010-2015.pdf?ua=1](http://www.who.int/hiv/pub/idu/searo_harm_reduction_strategy2010-2015.pdf?ua=1).

<sup>33</sup> Human Rights Watch, *The Rehab Archipelago: Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam*; and “Drug Detention Centres Offer Torture, not Treatment,” *States News Service*, July 24, 2014.

<sup>34</sup> Melissa Jardine et al., “Harm Reduction and Law Enforcement in Vietnam: Influences on Street Policing,” *Harm Reduction Journal* 9, no. 27 (2012), doi: [10.1186/1477-7517-9-27](https://doi.org/10.1186/1477-7517-9-27).

<sup>35</sup> Hayes-Larson et al., “Drug Users in Hanoi, Vietnam”; Tomori et al., “‘In Their Perception We Are Addicts’: Social Vulnerabilities and Sources of Support for Men Released from Drug Treatment Centers in Vietnam,” *International Journal of Drug Policy* 25, no. 5 (2014): 897-904, doi: [10.1016/j.drugpo.2014.04.012](https://doi.org/10.1016/j.drugpo.2014.04.012); and UNODC, *Amphetamine-Type Stimulants in Viet Nam*.

treatment system; while drug consumption levels are lower in 06 Centers than in the communities, there is minimal access to sterile needles and condoms, and thus the spread of HIV and other communicable diseases is actually greater.<sup>36</sup>

The threat of arrest, subsequent imprisonment, and forced detoxification in 06 Centers inflate risky injecting behavior and prevent access to health care, including HIV/AIDS treatment and prevention. Users will often prepare, mix, and inject their drugs hastily, and discard syringes as quickly as possible to avoid detection. While possession of needles is legal, and they are distributed by the state or organizations supported by the state, many users feel that possession will lead to arrest and incarceration in 06 Centers, or inclusion on police black-lists, which results in police harassment. Furthermore, those who have been imprisoned in 06 Centers often refuse to access any form of harm reduction services as doing so would advertise to the police that they have relapsed, which can result in prison or a further term in an 06 Center.

Encouragingly, Vietnam has declared its intention to reduce the number of 06 Centers in its December 2013 Drug Rehabilitation Renovation Plan. The Plan also committed itself to increase resources for community-based voluntary treatment centers.<sup>37</sup> Yet despite the Plan's commitments, Vietnam appears intent on fixing the compulsory treatment system rather than eliminating it altogether. Indeed, in April 2014, the Secretariat of the Communist Party Central Committee called for an improvement in the quality of detoxification centers, rather than their removal.<sup>38</sup> A 2012 amendment to the Law on Handling of Administrative Violations

established due process for processing compulsory treatment.<sup>39</sup> While this is a welcome development, it also codified the continuous use of 06 Centers. While treatment does not necessarily have to be 100 percent voluntary to be effective, it does need to adhere to a base of evidence which suggests that patients need to feel safe and secure, and that treatment should be tailored to their individual circumstances rather a one-size-fits-all approach.

### **Harm Reduction**

Despite the long-standing repressive attitudes and contradictions in laws and policies, the HIV epidemic has forced Vietnam to gradually take more harm reduction approaches. The provision of methadone maintenance and needle exchange programs is growing.

Pilot methadone maintenance programs—administered between 1997 and 2002 and extended to 2011—were considered by the government of Vietnam to be successful in reducing HIV and acquisitive crime and improving the health of users and public health overall. Rolled out nationally in 2008, methadone maintenance programs have been expanding and in early 2014 were available to 15,542 patients across 80 sites in 30 provinces and cities. The Vietnamese government has even acknowledged that current availability is inadequate, especially in high consumption areas, and committed itself to expand methadone access to 80,000 drug users by 2015. To reach this target, five medical schools and national hospitals have been allowed to deliver training on methadone maintenance, and five Vietnamese companies have been licensed to manufacture methadone.<sup>40</sup>

<sup>36</sup> Nguyen Tran Hien et al., "The Social Context of HIV Risk Behavior by Drug Injectors in Ho Chi Minh City, Vietnam," *AIDS Care* 12, no. 4 (2000), doi: [10.1080/09540120050123882](https://doi.org/10.1080/09540120050123882); and see, for example, Will Small et al., "Injection Drug Use, HIV/AIDS and Incarceration: Evidence from the Vancouver Injection Drug Users Study," *HIV/AIDS Policy and Law Review* 10 (2005): 5-10. Similar results have been reported elsewhere.

<sup>37</sup> Government of Vietnam, *Vietnam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV/AIDS*; UNODC, *Viet Nam is Discussing Voluntary Community Based Treatment and Care*; U.S. Department of State, *2014 International Narcotics Control Strategy Report*; UNAIDS, "Alternative Action on Compulsory Detention: Innovative Responses in Asia," news release, October 5, 2012, <http://www.unaids.org/en/resources/presscentre/featurestories/2012/october/20121005detentioncenters>. UNODC, "Viet Nam Communes Trials Communes Trial Community-Based Drug Dependence Treatment," news release, March 27, 2012, <http://www.unodc.org/southeastasiaandpacific/en/vietnam/2012/03/cbt/story.html>.

<sup>38</sup> "Vietnam: Party Secretariat Calls for Stronger Leadership to Prevent Drug Crime," *Thai News Service*, April 16, 2014.

<sup>39</sup> UNODC, *Viet Nam is Discussing Voluntary Community Based Treatment and Care*.

<sup>40</sup> Government of Vietnam, *Viet Nam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV/AIDS*; and Ward Cates, "A World Without AIDS? A Promising Approach Is Bringing Vietnam Closer," *Huffington Post*, November 26, 2013, [http://www.huffingtonpost.com/ward-cates/a-world-without-aids-a-pr\\_b\\_4344058.html](http://www.huffingtonpost.com/ward-cates/a-world-without-aids-a-pr_b_4344058.html).

Vietnam also runs “some form” of needle exchange programs in most provinces. In 2012, it was distributing 180 needles/syringes per injecting user.<sup>41</sup> While 180 needles per user is above the Asian regional median of 116, it remains below the UNAIDS recommendation of 200.<sup>42</sup> While 12 of Vietnam’s 32 provinces have reached UNAIDS’ target,<sup>43</sup> the national ratio unfortunately dropped to 98 per injecting user in 2013.<sup>44</sup> This reduction likely reflects the close of an HIV/AIDS program in 2012, of which needle exchange was a major component, funded by the World Bank and the United Kingdom’s Department for International Development (DFID). Overall, as is discussed below, as Vietnam emerges as a middle-income country, the level of funding from international donors for harm reduction is declining. Distribution also varies dramatically across provinces, ranging from 16 per person (Son La Province) to 669 per person (Ha Tinh Province).<sup>45</sup>

Some projects have been innovative, such as providing needles through tea stalls and “secret boxes” that reduce users’ risk of being identified by the police and arrested. Improved access to clean needles has reduced needle-sharing in many areas: 26 of 32 provinces in which DFID and the World Bank administered needle exchange programs witnessed a decline in HIV prevalence, and none of the provinces which provided clean needles reported a growth in HIV prevalence. Lei Zhang and colleagues estimate that 26,822 HIV infections have been prevented by needle-exchange programs, and that for every U.S. dollar spent on needle-exchanges, \$1.93 was returned in saved healthcare costs.<sup>46</sup>

Overall, the introduction of harm reduction principles has started to contribute to a reduction in HIV

cases. The HIV rate among users who inject drugs declined from 30 percent in the mid-1990s to 11.6 percent in 2013.<sup>47</sup>

But despite the expanding implementation of these effective programs, as well as the above-discussed improvements in national drug laws and regulations, significant challenges and barriers to effective harm reduction and drug policy remain. In addition to the continuation of the 06 Centers, uninformed and discriminatory attitudes of medical professionals in Vietnam and abusive police practices are among the most detrimental. The prevalent police culture views forced detoxification as the only means of reducing the threat that drug users pose to society. Such attitudes are exacerbated by a lack of police training about the effectiveness of harm reduction. Indeed, local police use harm reduction programs as mechanisms to identify drug users. Equally counterproductive, they tend to harass and even arrest harm reduction workers.

Local police also continue to receive quotas for the number of users they are required to arrest to ensure that 06 Centers are full, while managers of, and stakeholders in, 06 Centers profit from inmates’ cheap labor.<sup>48</sup> As such, there is a large network of police and 06 Center workers with vested interests in centers being full.

Yet there are a few hopeful signs that attitudes among some within the Vietnamese police may slowly be changing. For example, Lam Tien Dung, a lieutenant colonel at the People’s Police Academy stated at the 2014 International AIDS Conference in Melbourne that:

Harm reduction approaches to HIV prevention among sex workers and drugs users have

<sup>41</sup> Government of Vietnam, *Viet Nam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV / AIDS*, 3.

<sup>42</sup> UNAIDS, *The Gap Report* (Geneva: UNAIDS, 2014), [http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf).

<sup>43</sup> Zhang et al., *Evaluation of a Decade of DFID and World Bank Supported HIV and AIDS Programs*, 6.

<sup>44</sup> Government of Vietnam, *Viet Nam AIDS Response Progress Report 2014: Following up the 2011 Political Declaration on HIV / AIDS*, 3.

<sup>45</sup> Zhang et al., “Evaluation of a Decade of DFID and World Bank Supported HIV and AIDS Programs,” 36.

<sup>46</sup> *Ibid.*, 48.

<sup>47</sup> “Compulsory Detention for Drug Use Undermines Treatment in Laos,” IRIN, August 19, 2014, <http://www.irinnews.org/report/98920/compulsory-detention-for-drug-use-undermines-treatment-in-laos>.

<sup>48</sup> Human Rights Watch, *The Rehab Archipelago: Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam*.



been scientifically proven by public health experts, but cannot be successful without the active participation of law enforcement [...] We used to think of these people as our targets, but now we see them as our partners. By working with HIV experts to develop strong police practices grounded in public health and human rights, we can help control the spread of HIV among these groups—and the general population.<sup>49</sup>

Furthermore, Vietnam used the 2014 World Drug Day to appeal for an end to the stigmatization and discrimination of drug users (in addition to the obligatory burning of drugs).<sup>50</sup>

### ***Suppression of Opium Poppy Cultivation***<sup>51</sup>

Vietnam is one of only a handful of countries to have suppressed opium production. After decades of cultivation, Vietnam succeeded in suppressing production in the late 1990s and early 2000s through a policy of enforced eradication. Although eradication was nominally negotiated and nominally accompanied by alternative livelihoods efforts, in practice coercion underpinned the policy.

There is a long tradition of opium production by some ethnic groups, who have cultivated poppy since migrating to the northern highlands from China in the early to mid-nineteenth century.<sup>52</sup> Successive regimes had attempted, often unsuccessfully, to monopolize this production and trade. In 1899, France overturned local prohibitions on opium consumption and trade by establishing a monopoly in its new colony.<sup>53</sup> To avoid conflict, highland farmers were allowed to produce opium for their own consumption;

however, much highland opium was subsequently exported to the lowland black market where it competed with monopoly opium. Then, in 1905, to prevent competition with monopoly opium, the colonial French government attempted to procure all highland opium. The price paid was small, so little was surrendered and the highlands continued to supply the lowland black market. The colonial government ceased the procurement of highland opium in 1925 due to the lack of cooperation. The colonial government once again attempted to monopolize supply in the early-1940s in response to growing demand for opium from foreign pharmaceutical industries. The monopoly began promoting highland production by concurrently increasing highland land taxes and monopoly prices. Insufficient controls over rural highland areas, however, meant that farmers who had previously grown only for local consumption enlarged their output in response to growing demand from both the regulated and black markets. While production increased during this period, Vietnam remained a minor source in comparison to China, India, Iran, and Turkey and primarily supplied the domestic market.

Demand for Southeast Asian opium increased during the Vietnam War (1955-1975) due to the large-scale consumption of heroin by American troops stationed in Vietnam. The Vietnamese heroin market was supplied from opium produced in Burma, Laos, and Thailand, and supplemented with, at most, minimal Northern or Southern Vietnamese-produced opium. The South Vietnamese government, however, claimed that illicit production had ceased in 1955 after an extensive forced eradication campaign. In 1971, a U.S. provost marshal reported that the North Vietnamese government had regulated some farmers to produce

<sup>49</sup> “Police Join Forces with HIV Experts to Turn Tide of HIV Among Sex Workers and Drug Users,” *States News Service*, July 21, 2014.

<sup>50</sup> “World Drug Day 2014,” UNODC, [http://www.unodc.org/unodc/en/frontpage/2014/July/world-drug-day-2014\\_-\\_activities-across-the-globe.html](http://www.unodc.org/unodc/en/frontpage/2014/July/world-drug-day-2014_-_activities-across-the-globe.html).

<sup>51</sup> This section is a summary of findings presented in James Windle, “The Suppression of Illicit Opium Production in Viet Nam: An Introductory Narrative,” *Crime, Law and Social Change* 57, no. 4 (2012); and James Windle, *Suppressing the Poppy: A Comparative Historical Analysis of Successful Drug Control* (London: I.B. Taurus, forthcoming).

<sup>52</sup> The Hmong have traditionally been the most significant opium farmers. In the 1990s roughly 75 percent of all opium farmers were Hmong, while the Dao, Thai, and Kho Mu groups each accounted for five percent, with the remaining 10 percent coming from the Tay, Nung, Kinh, Muong, and Han groups.

<sup>53</sup> James Windle, “How the East Influenced Drug Prohibition,” *International History Review* 35, no. 5 (2014).

opium for medicinal purposes. Little is believed to have been diverted due to the efficient enforcement of the ban on unauthorized production in areas under their authority. This said, as the government lacked the resources to provide isolated opium farmers with alternative incomes or modern medicines, a certain amount of production for local demand was unofficially tolerated in some areas. Part of this toleration was to avoid destabilizing strategically important border regions beside local opium farming populations.

In 1975, the government of Vietnam began procuring highland opium for domestic and export medical purposes. When the state stopped buying highland opium in 1985, those who had been selling to the state continued producing opium, the majority of which was sold on the black market. It appears that opium was tolerated until Vietnam prohibited opium production in 1992, amidst concerns about rising domestic opium and heroin consumption. Top-down crop substitution projects were established in the early-1990s. These state-administered projects centered on contracts between the state and farming communities, in which the state agreed to compensate individual farmers or provide rural development in exchange for the immediate cessation of opium farming. Drug control was later mainstreamed into national highland development programs, aimed at assisting the poorest communes to avoid moral hazard and discourage farmers from growing opium in order to attract development aid. Even so, the level of development support remained spotty and sporadic and was considerably lower in the highlands than in the lowland areas. As such, the highland people continued to suffer chronic poverty. In some highland areas, an emerging tourism industry represented the only alternative income for opium farmers.

Overall, the development projects did not succeed in alleviating poppy farmers' poverty and may have even worsened their living conditions, forcing many to sell land and/or migrate. While strong national economic growth lifted many out of poverty—70 percent of the population were classified as poor in the mid-1980s and only 30-40 percent in the year

2000—the major opium-producing areas in the remote highland areas continued to lag economically behind the lowland and urban areas, and remained plagued by chronic poverty.

Indeed, the core of the poppy suppression effort was coercive negotiations. From 1992, the official policy was to immediately eradicate poppy crops. The so-called “negotiated eradication” would begin with the distribution of propaganda about the harm of opium and with state promises of rural development assistance. The negotiations with farmers were conducted by the military, which allowed for increased surveillance of opium farming areas. While the presence of the military itself implied coercion, reports also emerged that soldiers regularly threatened farmers to implement eradication. Other reports of widespread human rights abuses of the highland peoples at the hands of the military and police further indicate that the opium-eradication efforts were far more repressive than is often publicly acknowledged. That said, arrest and prosecution were officially reserved for systematic re-cultivation, although farmers were often “administratively” punished. For example, farmers could be placed under increased surveillance or ordered to reside (possibly under house arrest) and work in a specified area.

However questionable from a human rights perspective, the forced eradication drives did effectively wipe out opium poppy cultivation. Within a decade, Vietnam went from being designated as a significant source of opium to having essentially eliminated production.

The key components of Vietnam's success were the presence of a strong coercive state presence, manifested in extensive surveillance of and law enforcement presence in opium-producing areas, and the strong leverage the state had in negotiating eradication. That the actual administration of alternative development appears to have been insufficient suggests that disincentives were the primary motivation for the cessation of opium production. Vietnam's actions differed significantly from the more humane and development-orientated approach developed in neighboring Thailand. This may be because Vietnam

already possessed authority over its opium farming areas, whereas one of the main objectives of the Thai intervention was state extension. That is, Vietnam's coercive negotiation approach worked because the state possessed authority over opium growing areas. It would likely have been less successful in areas where the state had minimal authority.

## Recommendations for Improving Drug Policy in Vietnam and Lessons for Other Countries

Vietnam's highly punitive and coercive approach to drug control is slowly changing as the country seeks to address its ongoing HIV epidemic. That is, the HIV crisis has motivated Vietnam to change its counter-narcotics laws and overcome its punitive predisposition. This has resulted in the introduction of methadone maintenance programs and needle exchanges.

Given that organized crime in Vietnam is limited and drug markets are essentially non-violent, and that drugs pose principally a public health problem, at present, Vietnam's primary concern should be to reduce the harms associated with drug use via injection. To reduce HIV infection rates and the spread of other infectious diseases, Vietnam should adopt the following measures:

- Expand methadone maintenance. The provision of methadone maintenance and other opiate substitution therapy has strong evidence of effectiveness in terms of reducing harms and, in combination with other treatments, especially psychosocial services, can be effective in reaching abstinence. It is cost-effective in relation to other treatment options.<sup>54</sup>
- Expand needle-exchange programs. There is strong evidence that needle-exchange programs improve drug users' health and benefit the wider community by reducing the spread of HIV.<sup>55</sup>

The effectiveness of harm reduction and treatment interventions is limited if people are unwilling to engage for fear of arrest and incarceration, as well as subsequent torture or degrading or inhumane treatment. As such, the barriers to treatment entry should be lessened. This would include the following:

- The police should be provided with new training and instructions; and incentives for police to arrest users—such as quotas on the number of users to be arrested—should be removed. The police, and other state employees, should be trained in harm reduction techniques and made aware of what services are available. This will need to be conducted in conjunction with media campaigns and proclamations by high-level politicians and state employees aimed at reducing the stigma attached to injecting drug users among the police, medical profession, and general public. The overall aim of these policies will be to remove barriers to treatment erected by a prevalent culture which views forced detoxification as the only means of reducing a “social evil.”
- Close O6 Centers. The available evidence suggests that compulsory treatment centers are abusive and ineffective in terms of reaching the goals of harm reduction and abstinence. In fact, the centers may actually spread HIV. O6 Centers are, however, unlikely to be removed without alternatives in place. Vietnam must be presented with cost-effective and politically viable alternatives. As such, the international community should support knowledge exchange on what works in treatment. International and domestic training for competent drug treatment and prevention providers should be expanded. This could perhaps include training and visits to treatment centers in Europe and the United States.

While the key harms and threats associated with illicit drugs in Vietnam are public health issues, further

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<sup>54</sup> John Strange et al., “Drug Policy and the Public Good: Evidence for Effective Interventions,” *The Lancet* 379 (2012): 71-83.

<sup>55</sup> Ibid.

regional economic integration will likely increase the flow of drugs through Vietnam. And Vietnam does have some weak points which make it vulnerable to traffickers, including its long and poorly controlled border; high levels of corruption within, and limited resources for, law enforcement and border security; and its poorly regulated control of precursor chemicals. As such:

- Vietnam should take pre-emptive measures by imposing stringent regulation to control industries using precursor chemicals to prevent a further increase in ATS consumption and manufacturing; and
- Vietnam should improve training of border guards, take steps to reduce corruption, and scale-up cooperation with its neighbors.

The adoption and implementation of many of these policies will likely produce resistance from the police and at least some local authorities. Even though the central Communist Party is capable of pushing through change at the national level, local-level implementation of harm reduction and treatment policies may be slowed by zero-tolerance cultures. While training and media campaigns may help alter the long-term institutional culture of the police, implementing agencies will need to be persuaded by central government. This will likely require not only exhortation through legislation but also the provision of incentives from the government and possibly external actors. This could range from improved resources for local agencies to rewards for local officials who comply. As the managers of 06 Centers profit from inmates' cheap labor, they will likely represent an additional barrier to change, and such workers may need to be diverted to alternative economic activity.

Many of these policy recommendations require considerable financial resources. As Vietnam emerges as a middle-income country, the level of funding from international donors for harm reduction and law enforcement vis-à-vis drugs is declining. For example, the government of Vietnam estimated that the cost of HIV services increased by 60 percent between 2011 and 2015; however, its budget could fund just 6 to 12 percent of 2014 HIV services.<sup>56</sup> Around 73 percent of all HIV prevention and treatment services, including harm reduction, have historically been funded by foreign donors.<sup>57</sup> An independent report for DFID and the World Bank concluded, "If current programs are not maintained in the future, then it can be expected that HIV epidemics will increase substantially, particularly among people who inject drugs, with the potential for further spread beyond the populations most at risk."<sup>58</sup> As such, the international community needs to continue supporting Vietnam to reduce HIV. Support for preventive measures against potential threats associated with precursor chemicals and increased border trade may also be required.

## Vietnam and UNGASS 2016

Combatting drug consumption and smuggling continue to be high priorities of the government of Vietnam. Nonetheless, HIV prevention has also become a high priority. It is unlikely that Vietnam will be supportive of liberal reforms of the three drug control treaties. Indeed, it is more likely to be supportive of maintaining the status quo and potentially stricter supply side interventions, especially as punitive measures tend to receive strong support from the general public.

The HIV epidemic has, however, forced many Vietnamese policy-makers to question Vietnam's punitive approach to drug use. As such, Vietnam may come

<sup>56</sup> Tran, "Willingness to Pay for Methadone Maintenance Treatment in Vietnamese Epicenters of Injection-Drug Driven HIV Infection"; Cates, "A World Without AIDS?"; and Government of Vietnam, *Viet Nam AIDS Response Progress Report 2014: Following Up the 2011 Political Declaration on HIV/AIDS*.

<sup>57</sup> Zhang et al., *Evaluation of a Decade of DFID and World Bank Supported HIV and AIDS Programmes*.

<sup>58</sup> *Ibid.*, 10.

out as a proponent of harm reduction not just domestically, but even at the United Nations. The 2014 Plan for Socio-Economic Development, for example, calls for the scaling up of methadone maintenance and voluntary treatment services, even as it reiterates that drug use is a “social evil.”<sup>59</sup>

In short, Vietnam will likely attempt to present a picture of a determined drug-control country that takes a hard line against drug traffickers and dealers even while increasingly adopting, and perhaps even endorsing internationally, harm reduction approaches as important means for reducing the spread of HIV.

## Conclusion

This briefing has shown how Vietnamese drug policy is in a period of change. It has slowly moved from having one of the world’s more repressive drug policies to embracing certain aspects of harm reduction. These changes have come about because Vietnam has suffered one of Asia’s worst ongoing HIV epidemics, and needle exchanges and methadone maintenance programs do appear to have reduced the spread of HIV. There are, however, many barriers to sustaining these successes. These center upon the continued existence of 06 Centers, the stigma attached to drug users by those in the medical profession and police, and the abuse that drug users receive from law enforcement. The declining level of funding from international donors for harm reduction and law enforcement vis-à-vis drugs is also worrying. It is unknown whether Vietnam will be able to scale up or even maintain harm reduction; much will depend upon whether the Vietnamese government possesses the political will to invest. If they do not, or cannot, then the success in reducing HIV rates could be reversed.

The briefing has also shown how Vietnam is one of a small number of states to have suppressed the

illicit production and cultivation of opium. Reductions from 1993 onwards were centered upon coercive negotiations employing “stern threats” of violence by the military or administrative sanctions. The lack of alternative development pushed many farmers deeper into poverty. While successful, it is worth remembering that the intervention would not have been possible without a government who perceived suppression as in their best interest, possessed authority over the majority of its national territory, and had the capability to monitor farmers and administer law enforcement.

The case of Vietnam provides lessons for other states. First, it demonstrates how repressive law enforcement and compulsory detention for drug offenses can present barriers to effective treatment and harm reduction. Second, needle exchanges and methadone maintenance can help reduce the transmission of HIV. Third, illicit drug crop cultivation and production can be suppressed using coercion and eradication, without the support of alternative development, but *only* if the state possesses authority over the majority of opium farming areas.

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<sup>59</sup> “Major Tasks and Solutions Guiding and Directing the Realization of the Plan for Socio-Economic Development and State Budget Estimate in 2014,” *States News Service*, January 2, 2014.



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