
Keywords: people who injection drug, needles and syringes programs, methadone programs, condom programs

1. INTRODUCTION

People who inject drugs (PWID) can be defined as: “People who inject non-medically sanctioned psychotropic (or psychoactive) substances. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens” (WHO, 2014).

While injecting drug can be defined as: “Injecting drug use does not include people who self-inject medicines for medical purposes, referred to as “therapeutic injection”, nor individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or for improving athletic performance” (WHO, 2014).

According to joint estimates by the United Nations Office on Drugs and Crime, the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS), there are around 12.2 million people inject drugs all over the world in which there are around 1.65 million (13.5%) of them are living with HIV and almost of them are living in the low and middle income countries.  

The main cause of HIV infection among PWID is sharing needles, syringes or equipment for each other. When they share needles, syringes or equipment for each other, HIV will infect through blood transfer. That is why PWID often categorized in the high risk of HIV infection.

In South-East Asia, WHO estimated over 500,000 people inject drugs, and in this area the state of the drug trade is very complex and Vietnam is among this area. According to Dr. Nguyen Thanh Long a Deputy Minister of health, he told in the conference of response to Nation action month for HIV/AIDS and World AIDS Day in December 1st 2014 that: “Vietnam is the country with HIV infection ranked 5th in the Asia-Pacific region after India, China, Indonesia and Thailand, and every year in Vietnam there are around 10,000 new cases HIV infection”, this data is also from “World drug report 2013”.

### 2. STATUS OF HIV PREVALENCE AMONG PWID IN VIETNAM

Nowadays HIV epidemic in Vietnam is still concentrated in 3 main groups in which PWID, female sex workers (FSW), and men who have sex with men (MSM). PWID in Vietnam is the highest risk of HIV infection. According to the Ministry of Health, in 2009 there are around 200,000 PWID\(^2\). According to 2013 HIV sentinel surveillance, HIV prevalence among PWID, FSW, MSM in turn is 10.3%, 2.6%, 3.7%\(^3\). An estimated about 271,000 PWID in Vietnam and around 40% of them are living with HIV\(^4\), PWID can be found in all provinces. But from 2006 to 2012, the percentage of HIV prevalence among PWID sign to decrease as evidence in 2006 there were 23.1% but in 2012 it decreased to over half with 10.28%.


\(^3\) Vietnam AIDS response progress report 2014.

\(^4\) Data from the 2009 HIV/STI Integrated Behavioral and Biological. Survey Round II and annual sentinel HIV surveillance.
To get this result, the Vietnam government had to work very hard and had practical action to reduce the rate of HIV infection among PWID such as: HIV counseling and testing, needles and syringes programs, methadone maintenance therapy, medication assisted drug therapy (MAT). The PWID in Vietnam are facing some problems such as: they do not have clean needles and syringes and they have to share, they do not have a permanent home, health care worker do not trust them so there are no friendly health care service for them. Beside those problem, they also have some needs for themselves such as: they want a job, a family and security, some of them want to give up drugs but they cannot get help and they also want the social do not discriminate them.

3. THE PLANS AND PROGRAMS OF VIETNAM TO REDUCE THE RATE OF HIV INFECTION AMONG PWID

According to the data from Integrated Biological and Behavioral Surveillance in 2013 in Hanoi there was 44.3% PWID underwent HIV testing, in Ho Chi Minh city was 33% and just 27.7% in An Giang province. Recent times HIV counseling and testing are get more attention because the government want to provide the knowledge for PWID about the HIV prevalence and how to prevent it. In addition, government also want to give to the PWID the voluntary and free HIV testing because they want to validate percentage of HIV infection among PWID for counseling how to prevent HIV infection for them. According to the evidence above in 2013 Hanoi and Ho Chi Minh City, this is 2 big cities in Vietnam with status of trade and use of illegal drugs complicated and very difficult to control but nearly a half of PWID went to HIV testing. Furthermore An Giang


is a southwest district and has border in mainland with Cambodia, one of the province has status of trade and use of illegal drugs are very complex but with the effort of government there was nearly 30% PWID underwent HIV testing.

The most important issue is PWID lack of clean needles and syringes so the PWID often share needles and syringes or equipment to each other, aware of this problem government has stepped up needles and syringes programs (NSP) for PWID. According to the Behavior Surveillance Survey and Integrated Biological and Behavioral Surveillance, the percentage of PWID share needles and syringes decrease from 2000 to 2006.

Table 1: Percentage of IDUs in Hanoi, HCMC and Da Nang who reported sharing needles or syringes in the past 6 months.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanoi</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Ho Chi Minh City</td>
<td>44%</td>
<td>37%</td>
</tr>
<tr>
<td>Da Nang province</td>
<td>31%</td>
<td>29%</td>
</tr>
</tbody>
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Source: Behavior Surveillance Survey and Integrated Biological and Behavioral Surveillance.

According to the National Committee for AIDS in 2012 the percentage of PWID who share needles and syringes is from 15% to 37% in past 6 months in all provinces. According to data of National HIV surveillance system and Integrated Biological and Behavioral Surveillance, in 2006 the program has been distributed 2,000,000 clean needles and syringes for PWID and in that year the percentage of HIV prevalence among PWID was 23.1%. Furthermore, in 2007 the number of clean needles and syringes has been distributed increase to 11,000,000 and the percentage of HIV prevalence continue declining to 20.2% and in the next years the number of needles and syringes has been distributed annually constantly increases and thereby the percentage of HIV infection among PWID was reduced annually. In 2009 there was 194 of NSP sites in whole country. In 2012 the number of clean needles and syringes has been distributed increase to 33,000,000 and the percentage of HIV infection among PWID also decline over 2 times. The average number of needles and syringes provided to PWID increased from 140 needles and syringes per 1 PWID in 2011 to 180 needles and syringes per 1 PWID in 2012. The percentage of PWID use sterile needles and syringes or equipment has increased, from 95.3% in 2011 to 96.4% in 2012 and 97.3% in 2013. It is seen as one of the brilliant achievements of Vietnam for effort to control the rate of HIV infection among PWID.

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4. THE PROGRAMS ARE BEING DEVELOPED FOR PWID GROUP IN VIETNAM

Beside measures to prevent HIV infection among PWID, the Vietnamese government is making efforts to reduce the number of PWID by detoxification to them and create conditions for them to reintegrate with community and methadone maintenance therapy being used. Methadone maintenance therapy was conducted in Vietnam since 2008. This program helps the PWID to reduce frequency of drug use more suitable. In 2009 whole country just had 7 sites to provide methadone for PWID with 1646 patients however the services increase 2 times in the next year to 15 sites and 2584 patients access these services. Until 2013 the number of sites increases over 10 times than 2006 and the number of patients can access services increase to 15542 patients. The percentage of PWID continuing drug use decrease from 16% to 11%, no body share needles and syringes after access the methadone maintenance treatment program because they realize that sharing needles and syringes is one of the leading causes to get HIV infection and in this program needles and syringes are distributed for free, it also makes them feel comfortable when access this program, in addition the percentage of them use condom with partners or sex workers increase from 44% to 100% and depression symptom decrease from 80% to 15% after 12 months of treatment.9

Beside the program has certain limitations such as methadone maintenance treatment program depend heavily in international funding, to solve this problem socialization of this program has been piloted in some provinces furthermore the ministry of health has granted permission to 5 enterprise to produce methadone in the country. This is the sign to demonstrate the Vietnamese government tries to decrease the number of PWID among community.

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Furthermore, Vietnam is the one of 4 countries in ASIA have MAT program. MAT is one way to help PWID recover their lives. There are 3 parts in MAT in which: medication, counseling and support from family and friends. 3 parts work together to help PWID recover. MAT helps PWID to reduce drug use and also reduce share needles and syringes. Vietnam stated a pilot MAT program in 2008 and had just 6 sites in all country. MAT program look like Methadone maintenance treatment program. MAT is a program including opioid treatment programs (OTPs) or MMT (daily dispense) and buprenorphine (few day per time), combines behavioral therapy and medications to treat substance use disorders and this program also important to prevent HIV, if the patient use methadone or buprenorphine with appropriate doses, it will help the patients relieve cravings, block the effect of illicit opioids, prevent withdrawal and reduce the frequency of inject drugs and reduce share needles and syringes.

The issue should be attended is unprotected sex among PWID, they often lack of knowledge of sexual and reproductive health so their behavior often has unprotected sex. Not only having sex with the regularly partner, some of them sometimes exchange sex for drug or to get money for drug, it makes them cannot ask the partner using condom thus it increase the risk of HIV infection, furthermore some cases they are also at risk of violence, including rape. So condom program for PWID is also important, but according to Vietnam AIDS Response progress report 2014, the condom program signs of slowdown because of the deadline in donor resources for condom. In 2012 there was 57 per 63 provinces with 439 districts was covered by this program until 2013 with 14 million condoms had been distributed. In addition, the condom social marketing program also successful with evidence there was 32 million condoms had been sold through this program. However, condom use among PWID still too low, just only 41.2 of PWID said that they use condom at last sexual intercourse.
Vietnam is trying to control the spread of HIV/AIDS but the level of HIV infection is still high. According to the HIV case reporting of Ministry of Health in 2013 there were 11567 new infections so it means there were nearly 1200 new infection per month. The HIV AIDS epidemic has spread widely to all areas, all provinces in Vietnam has the people with HIV positive especially in mountainous, remote, ethnic areas where the people lack of knowledge and services about program for prevent HIV, HIV epidemic and risk behaviors have become complicated and difficult to manage in this areas. In addition, it remains very difficult to manage and carry out interventions among high-risk populations including FSW, IDU and MSM. Despite the percentage of HIV prevalence among PWID in Vietnam decrease significantly but it still in the high level. Despite Vietnam have many plants and programs to control the rate of HIV prevalence among PWID but there are still some certain limit such as stigma and discrimination by service providers in addition because of the conservative culture makes them difficult to access sexual and reproductive health services. Stigma and discrimination is still a key barrier for HIV service, PWID are among those most vulnerable to HIV infection because of drug use is illegal in Viet Nam so it will create barriers to accessing vital services and links HIV infection with ‘social evils’, increasing stigma and discrimination against them.

REFERENCES