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Phasing out drug detention centres in East and South East Asia

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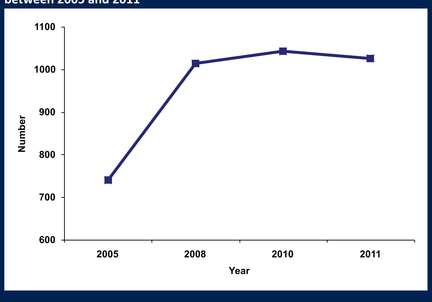
Background

While different terms are used to describe compulsory drug detention and rehabilitation centres (hereby referred to as compulsory centres), such centres are closed settings where people who use drugs, or who are suspected of drug use, are confined. These centres are widespread in East and South East Asia and constitute a complex phenomenon as well as a challenge with serious human rights and public health implications. Reported relapse rates following release back to the community are high indicating low cost-effectiveness of the centres. HIV prevention, treatment and care services and, in many cases, primary health care, is limited. Yet, transmission of HIV and other communicable diseases cannot be ruled out in such centres. There have also been allegations of violations of human rights such as forced labour.

The number of compulsory centres in East and South East Asia has increased over years. The number of such centres increased from 740[i] centres in six countries in 2005 to 1,014 centres in 2008 and 1,042 centres by 2010, respectively. A survey conducted by UNODC in August 2012 among the relevant governmental agencies in East and South East Asian countries found that there were nearly 240,000 people who have used drugs (or are suspected of drug use) detained in over 1,000 compulsory centres in six countries in 2011.[ii]

Even though the number of compulsory centres has notably increased since 2005, a shift in terms of a small decline in the number of such centres has been observed since 2011 so that 1,026 compulsory centres, 16 fewer than in 2010, were reported to be in operation in the six countries as of December 2011. The reported number of people detained in such centres reduced from 256,878 in 2010 to 236,062 in 2011, respectively. Of the six countries that reported existence of compulsory centres, four reported anticipating the number of such centres to reduce, and five reported that the number of people in the centres would reduce, over the next two years.

Figure 1: Number of compulsory centres in six E / SE Asian countries between 2005 and 2011



Obtaining information on the number of people in compulsory centres is challenged by the fact that the populations in such centres are not static. As people are newly admitted to the centres others are released, and so forth. Frequently, due to absence of opioid substitution treatment in the centres, high rates of opioid dependent persons relapse during weeks and months following their release from the centres, only to be re-admitted to a centre for a second or third time.

The main types of drugs associated with admission to such centres are, depending on the country, heroin and methamphetamine.

Table 1: Types of drugs associated with admission to compulsory centres in six countries (2011)

Country	1	2	3
1	ATS	Opioids	
2	Heroin (69%)	ATS (28%)	Ketamine and others (3%)
3	Heroin (50%)	Morphine (30%)	ATS (10%)
4	Heroin (83%)	Opium (13%)	ATS (4%)
5	Methamphetamine (97%)	Cannabis (1%)	Others (inhalants) (2%)
6	Heroin (85%)	Opiate (6%)	ATS (7%)

Concerns about compulsory centres

Several concerns have been raised about these centers, including that:

1. These centres represent an institutional and punitive approach to drug use and drug dependence, and relapse rates are high raising concerns over the cost effectiveness of the centres;
2. The centres do not distinguish between people who use drugs occasionally and those who are drug dependent;
3. The centres fail to address drug use as a chronic relapsing health disorder and are ineffective in treating people who are drug dependent;
4. Detention in closed settings is known to increase risk and vulnerability to HIV, TB, sexually transmitted infections and other communicable diseases. Yet the centres lack basic health care, HIV prevention, treatment and care services as well as evidence-based drug dependence treatment;
5. Alleged human rights violations, including physical and sexual violence, forced labor, sub-standard living conditions and denial to health care, are reported to be characteristic in these centres. Furthermore, detention frequently takes place without due legal process and other legal safeguards or judicial review.

Response by United Nations agencies

In December 2010, with support from Australian National Council on Drugs and AusAID, UNODC, ESCAP and UNAIDS partnered in organizing the first Regional Consultation on Compulsory Centres. Country delegations consisting of senior officials from eight governments (Cambodia, China, Indonesia, Malaysia, Myanmar, Philippines, Thailand and Viet Nam) in East and South East Asian region attended the consultation. The inter-governmental consultation aimed to provide a forum for governments in the region to share information and experiences on effective drug dependence treatment approaches and HIV responses and served to foster regional dialogue on the development and implementation of community- and evidence-based drug treatment, as well as HIV services for people who use drugs. The consultation reviewed the legal, policy and institutional environment governing national responses to drug use and dependence, including compulsory centres. Participants noted the variation in approaches and recognized the need to take into account the local context in formulating and implementing responses.

In October 2012, senior officials from nine countries convened in Malaysia for the second Regional Consultation on Compulsory Centres, once again organised by UNODC, ESCAP and UNAIDS, with support from Australian National Council on Drugs and AusAID. The consultation reviewed progress made in each participating country and the secretariat on the implementation of the recommendations detailed in the report of the first Regional Consultation two years earlier. Delegates shared good practices and positive steps taken by governments towards expansion of community-based treatment in the region, as well as attended a field visit to a Cure and Care 1Malaysia clinic in Sungai Besi, in the heart of Kuala Lumpur.

Delegates at the second Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific in Kuala Lumpur, Malaysia (October 2012)

The meeting noted challenges and opportunities in the context of facilitating the transition to voluntary and community-based drug dependence treatment services. In addition to laws of several countries which provide for detention of people who use drugs in compulsory centres, further challenges constitute stigma and discrimination associated with drug use and drug dependence as well as the lack of human and financial resources and limited availability of technical capacity constitute further challenges. The second consultation underlined the strong commitment by UNODC, along with other UN partners, to continue to provide a platform for regional dialogue and multisectoral collaboration, as well as technical assistance and support to the ongoing efforts of governments in the region to phase out compulsory centres and to shift towards voluntary, evidence-, rights- and community-based treatment and rehabilitation services.

Encouraging developments in East and South East Asia

Malaysia - Cure & Care 1Malaysia Clinics:

- Malaysian government began gradually to move away from compulsory centres and introduced a number of evidence- and community-based treatment services for people who inject drugs.
- First Cure and Care 1Malaysia Clinic established in 2010 in response to high-relapse rates associated with compulsory centres.
- Clinics provide a basic range of services informed by individual clinical assessment. The service include:
  - Food, a place to rest, bathing facilities
  - Medical check-ups
  - Methadone maintenance therapy
  - Counseling
  - An outreach programme
  - Spiritual and moral education
  - Support for integration
- Transformation of compulsory centres to voluntary services presents a shift in Malaysia's approach to drug dependence treatment and a move away from institutionalized punitive rehabilitation.

Puan Sri Dato' Zuraidah HJ. Mohamed, Director General, National Anti-Drugs Agency (left) and Dr. Sangeeth Kaur, Principal Assistant Director (Medical), National Anti-Drugs Agency, Agency (2nd from left) with delegates visiting a Cure & Care 1Malaysia Clinic in Kuala Lumpur

Select developments in three other countries in East and South East Asia:

- **Cambodia**: The Royal Government of Cambodia is committed to expanding community-based treatment to 350 communes by 2016. Cambodia's Deputy Prime Minister, HE General Ke Kim Yan, has been a strong advocate for the programme. In 2012 he stated that, "Community-based drug treatment is an alternative for drug users which has been found effective in Banteay Meanchey, so we need to expand such services".
- **China**: With the largest methadone maintenance treatment (MMT) programme in the world, there are 756 MMT clinics providing treatment to some 200,000 opioid dependent persons currently. The cumulative total number of people who have accessed MMT clinics by 2013 is 300,000.
- **Viet Nam**: plan to transform the majority of the "06 centers" to voluntary services, and to expand voluntary, community-based treatment programmes. The national target is to make available MMT for up to 80,000 people who are dependent on opiates by 2015.

Recommendations

In March 2012, twelve UN Agencies issued a Joint Statement on compulsory drug detention and rehabilitation centres, in which;

> ***"UN entities call on States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community".***

Where a State is unable to close such centres rapidly, without undue delay, the Joint UN Position Statement urges that the following measures be established as a matter of priority:

1. A process to review the detention of those in the centres to ensure that there is no arbitrary detention and that any detention is conducted according to relevant international standards of due process and provides alternatives to imprisonment. This review will allow the identification of those who should be released immediately and those who should be referred for voluntary, evidence-informed treatment programmes within the community;
2. A process to review conditions in compulsory drug detention and rehabilitation centres with a view to immediately improving those conditions so as to meet relevant international standards applicable in closed settings, including access to quality and evidence-informed health care, social and education services, and the elimination of inhumane and degrading treatment and forced labour[iii], until the centres are closed;
3. Provision of health care services pending closure of the centres, including for treatment of HIV and other sexually transmitted infections (STIs), TB and opportunistic infections, as well as health and legal services to respond to physical and sexual violence;
4. Judicial and other independent oversight and reporting over the review and closure process of the centres; and
5. Moratoria on further admission into compulsory drug detention and rehabilitation centres of people who use drugs, people who have engaged in sex work and children who have been the victims of sexual exploitation.

Summary/conclusion

In conclusion, while the number of compulsory centres increased during 2005-2011 since 2011 there are indications of increasing political commitment in the countries to move away from this approach and to expand access to voluntary and rights-based drug dependence treatment that responds to the specific needs of each individual.

Expansion of voluntary community-based drug dependence treatment approaches to enable phasing out of compulsory centres in East and South East Asia will require ongoing support from international development partners.

References:

[i] UNODC Regional Centre for East Asia and the Pacific. HIV/AIDS and Custodial Settings in South East Asia: An Exploratory Review into the Issue of HIV/AIDS and Custodial Settings in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam. 2006. Information on one more country (Malaysia) was obtained from UNODC. Patterns and Trends of ATS and Other Drugs. UNODC, Bangkok.

[ii] Information derived from responses by governments in East and South East Asia in response to a questionnaire survey by UNODC in August 2012.

[iii] For more on a rights-based approach to HIV in the context of labour, see ILO recommendation of HIV and AIDS and the World of Work, 2010 (No. 200).

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