Government and United Nations officials yesterday signed a letter of intent to introduce a nationwide Community-Based Drug Treatment Programme that is designed to be an alternative to compulsory treatment, a controversial practice that is a fixture of a draft drug law currently under discussion.

Ke Kim Yan, chairman of the National Authority for Combating Drugs, said at the signing ceremony that the programme had already begun in Banteay Meanchey province, and that it would be rolled out at between 350 and 400 health centres nationwide after December.

He said compulsory treatment in existing centres may be decreased if the new programme proves succesful.

“If implementation is successful in accordance with the project, [the] centres will be decreased immediately,” he said. “No one wants to live in the centres, they want to live with their family.”

He said the project would be implemented over five years with a budget of US$9.73 million.

Neak Yuthea, director of the NACD’s Department of Legislation, Education and Rehabilitation, said that the programme would not necessarily replace compulsory drug treatment centres.

“We cannot say it will replace [the centres],” he said. “The government of Cambodia always finds the appropriate way of helping people with drug addictions. Compulsory treatment might still be necessary for some people with really strong addiction.”

During a visit to a new methadone clinic in Phnom Penh yesterday, UN Secretary General Ban Ki-moon presents a gift to a disabled former drug user during a ceremony yesterday at the Cambodian-Russian Friendship Hospital in Phnom Penh. Photo by: Heng Chivoan
Ki-moon praised the Community-Based Drug Treatment Programme and the clinic’s methadone maintenance therapy programme as examples of positive alternatives to involuntary treatment.

“Evidence shows that such initiatives are more effective than incarceration in addressing the social problems caused by addiction,” he said, according to a statement released afterwards. “I look forward to continued partnership between the government and the United Nations system to deliver evidence-based approaches to drug-related problems.”

When told of the new programme yesterday, Joe Amon, director of the health and human rights division at Human Rights Watch, said the immediate closure of existing drug centres should still be a priority.

“The UN, the Global Fund, and many others have called upon Cambodia to close all compulsory treatment centres. If the government is serious about helping people who use drugs, and respecting human rights, that is the first step,” he said via email.

He said it was “absurd” to say the government always found “appropriate” ways of treating people with addictions.

“Compulsory treatment, beatings, electric shocks, unproven experimental ‘cures’ are not appropriate ways of helping people with drug addiction,” he said.

A draft drug law that calls for drug users to be subjected to up to two years of involuntary rehabilitation is expected to be finalised at the end of the month, officials said earlier this week.

**Regional concerns**
Cambodian officials have indicated that they are taking cues from Vietnam while devising drug control policies, but observers have warned that Hanoi is not a good model for treatment.

In an open letter released prior to Ban’s four-nation Asia tour, HRW called on the secretary general to address the incarceration of drug users in both Cambodia and Vietnam.

In Vietnam, up to 45,000 people are “detained in detention centres purportedly for ‘treatment’ of drug dependence”, according to the letter.

“Individuals are sentenced for up to four years without access to a lawyer, appearing before a court, or having an opportunity to appeal the decision,” the letter states.

It goes on to urge Ban to “clearly communicate” to the Cambodian and Vietnamese governments “that the system of compulsory drug treatment violates international human rights law and is not supported by either scientific evidence or international standards for effective drug dependence treatment”.

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