

**Report of the
Regional Consultation on Compulsory Centres for Drug Users
in Asia and the Pacific
14-16 December 2010, Bangkok**

1. The Regional Consultation on Compulsory Centres for Drug Users (CCDUs) was organized by the UNODC¹ Regional Centre for East Asia and the Pacific, ESCAP² and the UNAIDS³ Regional Support Team for Asia and the Pacific, with the participation of officials from eight Governments in East and South-East Asia.⁴ The Meeting was also attended by resource persons in the field of drug dependence treatment and HIV and AIDS. The Meeting was supported by the Australian National Council on Drugs, AusAID⁵ and USAID⁶. The list of participants is annexed to this document.

2. The Meeting adopted the following agenda:

- a. Opening session
- b. Election of officers
- c. Adoption of agenda
- d. Regional overview
- e. Review of country responses
- f. Review of United Nations standards and norms for drug dependence treatment approaches and HIV prevention, treatment and care
- g. Affected community's perspective
- h. Overview of responses to UNODC survey
- i. Group discussions
- j. Adoption of report

3. The Meeting reviewed the legal, policy and institutional environment governing national responses to drug use and dependence, including compulsory centres for drug users (CCDUs). It noted the variation in approaches and recognized the need to take into account the local context in formulating and implementing responses.

4. Presentations were made by the United Nations system and resource persons on the following issues:

- a. Evaluation of CCDUs, including cost-effectiveness

¹ United Nations Office on Drugs and Crime.

² United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)

³ Joint United Nations Programme on HIV/AIDS.

⁴ Cambodia, China, Indonesia, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

⁵ Australian Agency for International Development (AusAID).

⁶ United States Agency for International Development (USAID).

- b. UNODC/WHO: Principles of drug dependence treatment
- c. WHO/UNODC/UNAIDS: Recommended comprehensive package of HIV prevention, treatment and care interventions for people who inject drugs
- d. Experiences of people who use drugs

5. The Meeting noted that the expressed goals and objectives of CCDUs were the treatment and rehabilitation of people who use drugs in a controlled setting. Also noted was the use of CCDUs by some countries for drug users who could not be adequately treated in community-based settings, such as those with psycho-social problems or those who lacked sufficient family and social support. The Meeting further noted that, in some countries, CCDUs were also used as an alternative to the criminal justice system.

6. The Meeting considered both benefits and limitations related to CCDUs. While acknowledging the role of CCDUs, the concerns included:

- a. A lack of effectiveness to prevent high relapse rates;
- b. The potential to have negative impacts on public health, particularly on the transmission of HIV and other blood-borne diseases;
- c. High costs and a lack of sustainability of treatment outcomes;
- d. A lack of direct family and community support to people who use drugs; and
- e. The potential to have negative impacts on governments' efforts to ensure universal access to prevention, treatment, care and support for people who use drugs and people living with HIV and AIDS.

7. The Meeting noted the limitations of the CCDU model in addressing drug dependence as a chronic relapsing health disorder. In response, some countries were moving towards evidence-informed, community-based treatment.

8. The Meeting further noted that existing monitoring and evaluation systems were insufficient to assess the effectiveness of CCDUs. Moreover, there was a lack of engagement with the affected communities as a key source of information and feedback.

9. The Meeting expressed concern over the lack of human resources to implement specialized drug dependence treatment, including community-based treatment models. In that regard, the Meeting recognized the value of regional cooperation and knowledge sharing among countries in East and South-East Asia. It was of the view that those countries that had moved towards community-

based treatment models could share their rich experiences for the benefit of other countries.

10. The Meeting adopted the following recommendations:

Countries should consider:

- a. Promoting effective public awareness about the nature of drug dependence and the need for public health responses;
- b. Increasing multisectoral coordinated action among law enforcement, health, judiciary, drug control and other relevant sectors, as well as with affected communities;
- c. Improving data collection and monitoring and evaluation of the effectiveness of CCDUs from both a public health and a public security perspective;
- d. Advocating for greater financial and human resources as well as capacity building for evidence-informed, community-based drug dependence treatment services, including the development of effective responses to amphetamine-type stimulants (ATS) and inhalants;
- e. Addressing stigma and discrimination and legal and policy barriers to universal access to prevention, care, treatment and support for drug users affected by HIV and AIDS.

11. The Meeting called upon the United Nations system, particularly UNODC, UNAIDS, WHO and ESCAP, to:

- a. Promote multisectoral collaboration by bringing together officials from law enforcement, health, judiciary, human rights, social welfare and drug control and assist in the development of a regional framework for action;
- b. Enhance dialogue with policymakers to consider evidence-informed, community-based treatment;
- c. Promote the sharing of experiences on community-based treatment through regional intergovernmental and expert consultations;
- d. Incorporate the results of this Meeting into relevant intergovernmental processes, including the Asia-Pacific Regional Dialogue of the Global Commission on HIV and Law and the High-level Intergovernmental Meeting, as mandated by ESCAP Resolution 66/10 on the Regional call

for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific;

- e. Support governments in their efforts to assess the performance of CCDUs;
- f. Convene a follow-up meeting and explore with Malaysia the possibility of hosting it, in order to observe innovative community-based treatment approaches in that country.

12. Participants closed the Meeting with expressions of gratitude and noted the high degree of openness and willingness to achieve common understanding during the deliberations.

13. The Meeting adopted its Report on 16 December 2010.