1. The Second Regional Consultation on Compulsory Centres for Drug Users (CCDUs) was organized by the UNODC\(^1\) Regional Centre for East Asia and the Pacific, ESCAP\(^2\) and the UNAIDS\(^3\) Regional Support Team for Asia and the Pacific, with the participation of officials from nine 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 and AusAID.\(^5\) The list of participants is annexed to this document.

2. The Meeting adopted the following agenda:

   a. Opening of the Meeting
   b. Election of officers
   c. Adoption of the agenda
   d. Briefing on the outcomes of related global and regional meetings
   e. Review of implementation of the recommendations in the outcome document of the Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (14-16 December 2010) through country presentations
   f. Update by the Secretariat
   g. Overview of community-based treatment and care for drug use and dependence and good practices in community-based approaches
   h. Visit to a Cure & Care 1Malaysia Clinic including a presentation on the findings of evaluation on Cure & Care 1Malaysia Clinic model
   i. Consideration of proposals on the way forward in countries
   j. Group discussions
   k. Plenary discussion
   l. Adoption of the report
   m. Closing of the Meeting

3. The Meeting reviewed implementation of the recommendations in the outcome document of the Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (14-16 December 2010) through country presentations.

---

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, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.
5 Australian Agency for International Development (AusAID).
4. Presentations were also made on the following issues:

   a. Outcomes of related global and regional meetings on the implementation of the recommendations in the outcome document of the Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (14-16 December 2010) by United Nations agencies;
   b. Community-based treatment and care for drug use and dependence;
   c. Good practices in community-based approaches to addressing drug use and drug dependence by the Government of Portugal.

5. The Meeting noted high-level political commitment to voluntary community-based drug treatment, and acknowledged positive trends in establishing voluntary rather than compulsory approaches.

6. The Meeting recognized the importance of multi-sectoral coordination and greater involvement of affected populations and civil society organizations in the delivery of voluntary community-based drug treatment, HIV and harm reduction services.

7. The Meeting noted the Joint United Nations Statement on Compulsory Drug Detention and Rehabilitation Centres, released in March 2012, which called 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.

8. The Meeting further noted that the majority of countries anticipated a decrease in the number of CCDUs and people in them over the following two years.

9. The Meeting acknowledged challenges in the context of facilitating the transition to voluntary community-based drug dependence treatment services. The key challenges included:

   a. Laws of several countries providing for detention of people who use drugs in CCDUs;

   b. Frequent referral of people who use drugs to CCDUs by authorities even when not required by drug laws;

   c. Stigma and discrimination associated with drug use and drug dependence, which fuelled public opinion and support for punitive approaches;

---

6Community-based treatment refers to a specific integrated model of treatment in the community and provides services from outreach and low threshold, through detoxification and stabilization, to aftercare, including maintenance pharmacotherapy, where appropriate. Moreover, it involves the coordination of a number of health, social and other non-specialist services needed to meet the patient's needs.
d. Limited availability of technical capacity for voluntary community-based drug treatment;

e. A lack of follow-up and aftercare in voluntary community-based drug treatment;

f. Imbalances between investments in supply and demand reduction;

g. A lack of human and financial resources for transitioning from CCDUs to voluntary community-based drug dependence treatment services.

10. The meeting acknowledged a range of opportunities, including:

a. Working with new laws which viewed drug users as those in need of treatment, care and support;

b. Enhancing collaboration between government, civil society and other stakeholders;

c. Advocating with community leaders and local authorities, in collaboration with law enforcement officers, to play a greater role in resolving concerns over public safety, while supporting voluntary community-based treatment;

11. The meeting adopted the following recommendations:

Countries should consider:

a. Initiating, as appropriate, in line with national priorities, multi-sectoral consultations and reviews of laws, policies and practices that hinder access to voluntary and effective drug dependence treatment;

b. Undertaking cost-effectiveness studies comparing CCDUs and voluntary community-based treatment;

c. Improving follow-up and aftercare in voluntary community-based treatment;

d. Undertaking a mapping of existing resources allocated to different treatment systems;

e. Mobilizing additional human resources, including involvement of affected populations, such as recovering drug users, and enhancing specialized training for the delivery of voluntary community-based services;
f. Reallocating human and financial resources from CCDUs to voluntary community-based treatment, in accordance with national laws and policies;

g. Increasing government investments for voluntary community-based treatment;

h. Raising awareness and building capacity regarding community-based treatment among governmental, nongovernmental and private organizations, as well as community members, health professionals, religious leaders, social workers and those working in charities.

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

a. Promote evidence-informed and community- and rights-based programmes for people who use drugs, in coordination with law enforcement, health, judiciary, human rights, social welfare and drug control institutions, through:

i. Providing a platform for inter-governmental dialogue and cooperation;

ii. Facilitating multi-sectoral collaboration to develop frameworks of action to support voluntary community-based services for people who use drugs;

iii. Promoting the sharing of good practices, study visits, exchange programmes and provision of technical guidance and mentoring;


b. Strengthen country and regional level support in a coordinated, consistent manner, especially with regard to UNODC in its capacity as the lead agency on drug treatment;

c. Work with development partners to establish a harmonized approach to advocate for the transition to voluntary community-based treatment and enhanced access to resources;

d. Provide regular in-country technical support and hold stakeholder consultations to facilitate the transition from CCDUs to voluntary community-based treatment;

e. Work with the development partners, where appropriate, to have a clear commitment in supporting the transformation of CCDUs toward voluntary community-based treatment and provide a relevant roadmap in order to ensure the sustainability of new voluntary community-based
services in countries, including where development partners are phasing out funding.

f. Convene follow-up meetings and explore with China, Indonesia and Viet Nam possibility of hosting them, in order to observe innovative community-based treatment approaches in these countries; recognizing the interest of these countries to host following meetings, the United Nations will pursue this matter and make relevant arrangements.

13. Participants closed the Meeting with expressions of gratitude to the Government of Malaysia for hosting the Regional Consultation and noted the high degree of openness and willingness to achieve common understanding during the deliberations.