

# *The transition from compulsory to voluntary drug treatment in Asia*

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# Topics:

- Global drug policy
- CCDUs in Asia
- The case for CCDUs
- Transition compulsory to voluntary DT
- Conclusions

# Global drug policy:

- Drug policy became prohibition early 20<sup>th</sup> C
- Almost all countries adopted
- Increasingly intensified early to late 20<sup>th</sup> C
- ‘A drug free world: we can do it!’ still being said late 1990s – very different now
- But drug markets have expanded, more dangerous, increasing deaths, disease, crime, corruption, violence

# Global drug policy: 2

- Last 20 years:
  - Increasing criticism – retired then serving senior police, politicians
  - Global Commission Drug Policy 2011
  - ‘Drug policy not fit for purpose’ UNODC
  - Realisation: need to redefine drugs as primarily health, social problem
  - Some countries began taxing, regulating some drugs

# CCDUs in Asia:

- **Compulsory Centres Drug Users:**
  - Started when?
  - Spread through Asia; how many countries?
  - NB: no CCDUs in Myanmar
  - 250,000 young people detained in Asia?
  - No good evidence that effective
  - No good evidence cost effective
  - But increasing evidence serious harms
  - Increasing criticism last 5-10 years

# The case for CCDUs:

- Drug use causing major, unacceptable hardship families PWUD, communities
- Authorities under great pressure: 'do something'
- Greatly worsened by ATS
- Perception drug treatment nothing to offer

# Transition compulsory to voluntary DT:

- Now transition to voluntary happening number of countries in region
- Better understanding strengths drug treatment, weaknesses criminal justice approach
- Some realisation need to reduce huge pockets severely disadvantaged youth

# Road map for transition:

- Each country needs to plan its own transition
- Need to train more drug treatment staff
- Need funding?
- Need policies, procedures
- Need milestones: goals and targets
- Who, what, when, how?
- Need for inclusive, practical approach

# Conclusions:

- Shift from compulsory to voluntary drug treatment started in region
- But too slow
- Occurring in context of decline global drug prohibition
- Drugs being redefined as primarily health, social problem – need to invest much more funding health, social interventions