A Transitional Framework towards Voluntary Community-based Treatment and Services for People Who Use Drugs

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Background
Over the last three decades in response to a rise in substance use in the region, many countries in East and Southeast Asia responded by establishing laws and policies that lead to custodial confinement in which those perceived or known to be using drugs are forcibly placed to undergo abstinence and “treatment” for a pre-determined period of time. Administered through criminal or administrative law, CCDUs are operated by various government agencies including law enforcement authorities, national drug control agencies, the Ministry of Health, or the Ministry of Social Affairs, depending on the specific country. Arguing for a ‘drug-free environment’, interventions are restricted to detoxification, often are not medically supervised, and provide little or no ongoing evidence-informed treatment, harm-reduction services or after-care services. Nine countries in the region use this approach: Cambodia, China, Indonesia, Laos, People’s Democratic Republic, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

Response by United Nations Agencies
In 2010, United Nations Office on Drugs and Crime (UNODC) Regional Office for Southeast Asia and the Pacific, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for Asia and the Pacific, and the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), with support from the Australian National Advisory Council on Alcohol & Drugs (ANACAD) initiated the first regional consultation on CCDUs, and offered a platform for the governments to discuss the need for effective drug treatment programmes that are based on the principle that drug dependence is a medical and not criminal problem. The First Regional Consultation, held in Bangkok, Thailand in 2010 addressed recommendations calling upon countries to consider legal, policy and legislative changes that will move away from using drug user detention to existing voluntary community-based treatment centres. During the Second Regional Consultation held in Kuala Lumpur, Malaysia in 2012, the progress made in each participating country and the secretariat on the implementation of the recommendations from the previous consultation was presented. At this consultation the Core and Care 1 Malaysia centres were exempted as a good practice model.

Regional Consultations 2010-2012
In March 2012, twelve UN Agencies issued a Joint Statement on compulsory drug detention and rehabilitation centres. In 2010, United Nations Office on Drugs and Crime (UNODC) Regional Office for Southeast Asia and the Pacific, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for Asia and the Pacific, and , the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), with support from the Australian National Advisory Council on Alcohol & Drugs (ANACAD) initiated the first regional consultation on CCDUs, and offered a platform for the governments to discuss the need for effective drug treatment programmes that are based on the principle that drug dependence is a medical and not criminal problem. The First Regional Consultation, held in Bangkok, Thailand in 2010 addressed recommendations calling upon countries to consider legal, policy and legislative changes that will move away from using drug user detention to existing voluntary community-based treatment centres. During the Second Regional Consultation held in Kuala Lumpur, Malaysia in 2012, the progress made in each participating country and the secretariat on the implementation of the recommendations from the previous consultation was presented. At this consultation the Core and Care 1 Malaysia centres were exempted as a good practice model.

Regional Expert Inputs on a Transitional Framework
Taking into consideration the recommendations from the first two consultations and within the context of the country specific requirements - a group of experts from the region developed a discussion paper, “transition from compulsory centres for drug users to voluntary community-based treatment and services.” The paper was presented at the Third Regional Consultation and served as a platform for discussion as a basis for the transition.

The Third Regional Consultation on CCDUs
The Third Regional Consultation took place in Manila, Philippines in September 2015 supported by ANACAD as well as local and international partners. The consultation was attended by representatives from 15 countries. Delegates shared good practices of various forms of community-based treatment being offered in their countries. For the first time, civil society was invited to share their experiences of using a community-based approach and delegates welcomed their input. Working group discussions around the transitional plans included country delegations, civil society representatives and experts. Countries have acknowledged the need to support voluntary community-based treatment and services for people who use drugs through implementation of a transitional framework consisting of three pillars.

Pillars of a Transitional Framework

**Pillar 1: Recommendations for Planning and Management**

1. Development/strengthening of a national/bilateral decision-making committee with participation of civil society and community of people who use drugs.
2. Development of national transit plans that outline objectives, activities, outcomes, indicators, targets, timelines and responsibilities through consultation with relevant stakeholders, including government agencies from public health, social affairs, drug control and public security sectors, as well as in ways the people who use drugs.
3. Development of national implementation frameworks to allocate and mobilise adequate human, technical and financial resources for milestones and components of the transition.
4. Annual update of progress towards the transition, based on unified monitoring tool that will be developed by the.**

**Pillar 2: Recommendations for Addressing Legal and Policy Barriers**

1. Conduct a multi-level and participatory review of existing legal and policy frameworks relating to drug use and dependence, with particular focus on barriers that prevent people who use drugs from accessing voluntary community-based treatment and services.
2. Development, promotion and implementation of an action plan based on the review, for the rationalisation of existing regulations to facilitate the transition.
3. Strengthen the capacity of the public health, social affairs, security, justice and policy sectors, as well as other relevant sectors to better understand and facilitate the implementation of relevant policies and regulations in order to maximise protection of the human rights of people who use drugs.

**Pillar 3: Recommendations for Health, Social and Community Systems Strengthening**

1. Conduct a capacity and systems assessment of key sectors involved in the transition process (e.g. public health, social affairs, public security, justice, and policy sectors) to better understand and facilitate the implementation of relevant policies and regulations in order to maximise protection of the human rights of people who use drugs.
2. Development (update of community-based treatment and services) strategy, including a minimum standard of care and governance framework, which encompasses elements of capacity building and systems strengthening.
3. Implementation and scale-up of community-based treatment and services for people who use drugs in partnership with communities and relevant service providers.
4. Building capacity of public health, social affairs, security, justice and civil society groups and communities of people who use drugs in facilitating collaboration in delivering voluntary community-based treatment and services for people who use drugs.
5. Engagement and mobilisation, with civil society and community groups, including communication of people who use drugs at national and subnational level to protect human rights and to ensure transparency in the implementation of public health and social affairs policies.
6. Strengthening of health and social workers’ capacity to better understand and facilitate the implementation of relevant policies and regulations in order to maximise protection of the human rights of people who use drugs.

**Conclusion**
While the transition to voluntary community-based treatment and services is not happening rapidly, there is evidence of improved compliance by countries in the region to transition towards the goal. The discussion paper developed by regional experts showcased several good practice models on voluntary community-based approaches, and countries have acknowledged the need for a shift in policy approaches to drug use and dependence away from criminalisation and punishment, towards health and rights-based measures. Countries recognised the role that people who use drugs and communities can play in this effort. The Third regional consultation recommendations are in line with UNESCAP and Declaration of the High-level meeting on the eradication of all forms of discrimination against all persons with drug use problems to move towards a human rights-based approach in the region, indicative national processes detailed in the Regional Framework for Action on HIV and AIDS beyond 2015, and the WHO/UNODC Principles of Drug Dependence Treatment.

For more information please visit:

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