Compulsory detention as drug treatment and the impact on HIV outcomes

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KAWASAN LARANGAN

TEMPAT LARANGAN

( PUSAT SERENTI BESUT )

NO: PEWARTAAN P.U. (B) 298

BERTARIKH: 31 JULY 1997
• Over 1,000 compulsory centres across Asia
• Myanmar, Cambodia, China, Laos, Malaysia, Thailand, and Vietnam
• An estimated 400,000 PWUD detained in CCDU
• No of detainees range from 2000 – 210 000 depending on country
• Duration of detention – varies form country to country
• Administered through criminal or administrative law
• Operated by variety of institutions
  – law enforcement authorities
  – judiciary
  – local/municipal authorities
  – Ministry of Health and the Ministry of Social Affairs
• Admission typically extrajudicial, without due legal process
• Detained in police sweeps, single positive urine test, turned over by family or community members.
Treatment of Substance Use

- Substance use disorders highly prevalent
- Treatment - largely based on abstinence
- Rarely have trained professionals or medical staff
- Relapse rates – 70% or more
• Gruelling physical exercises
• Military style training
• Physical abuse and torture
• Denial of or inadequate provision of medical care
• Forced work regimens set within an abusive environment
• Variety of human rights abuses
Prevention and Treatment of HIV

• Data on HIV and HCV prevalence scarce
• No access to treatment for HIV and comorbidities
• Lack of financial resource
• Lack of trained staff
• General negative attitude towards PWUD
Prevention and Treatment of HIV

- Mandatory HIV testing common
- Detainees often not told of results
- No linkages to care
- No assessment of CD4
Absence of Antiretroviral Therapy and Other Risk Factors for Morbidity and Mortality in Malaysian Compulsory Drug Detention and Rehabilitation Centers

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- July – August 2010
- 28 Centres, 6,658 detainees
- 100 HIV +ve detainees in 2 Centres
- 70% from rural area
- Mean of 3.0 cumulative detentions in prison, 2.3 in CCDU
- 90 minute survey
- MINI, DAST-10, PHQ-9, TB symptom screening algorithm
• 95% met DSM-IV criteria for opioid dependence
• 93% reported substantial or high addiction severity prior to detention.
• 95% injected drugs in the 30 days prior to detention
• 65% reported daily heroin injection
• 22% reported daily injection of multiple substances
<table>
<thead>
<tr>
<th>Substance</th>
<th>Life Time Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>92</td>
</tr>
<tr>
<td>Heroin</td>
<td>99</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>47</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>55</td>
</tr>
<tr>
<td>ATS</td>
<td>89</td>
</tr>
<tr>
<td>Ketamine</td>
<td>21</td>
</tr>
<tr>
<td>Cannabis</td>
<td>81</td>
</tr>
<tr>
<td>Multiple substances</td>
<td>91</td>
</tr>
</tbody>
</table>
• 78% had been diagnosed with HIV
  – 20% during this detention
• Mean time since HIV diagnosis - 5.4 years
• 9% had received any HIV-related clinical assessment or care
• No access to ARV
• 34% had ever been CD4 tested
  – 18% had ever received a CD4 test result
• Median CD4 count - 315 cells/mL (range 15–1025 cells/mL)
• ¾ were on ARV 30 days prior to detention - forced to discontinue treatment due to its unavailability in the detention facility
• 23% screened positive for symptoms indicative of active tuberculosis
  – based on a screening algorithm (sensitivity 93%; specificity 36%)
  – prolonged cough (65%), fever (56%) and night sweats (30%)
• 14% had suicidal ideation over the previous two weeks.
In-depth and key informant interviews

19 PWID, 20 government and NGO officials

Average drug use 14 y (range 8–23 y)

Detox 4 times (range 1-8 times)

Intense fear of being recognized by the police and being detained

Routine HIV testing without consent and without disclosure of the result

HIV-infected detainees were not routinely provided medical or drug dependency treatment

IDUs received little or no information or means of HIV prevention
The impact of compulsory drug detention exposure on the avoidance of healthcare among injection drug users in Thailand

- 435 IDU
- 111 (25.5%) reported avoiding healthcare
- Avoiding healthcare associated with
  - exposure to compulsory drug detention (adjusted prevalence ratio [APR] = 1.60; 95% [CI]: 1.16–2.21),
  - having been refused healthcare (APR = 3.46; 95% CI: 2.61–4.60),
  - experiencing shame associated with one’s drug use (APR = 1.93; 95% CI: 1.21–3.09).

IJDP 2014
Evolving response
Transformation of Compulsory Drug Detention Centers into Voluntary Evidence Based Treatment & Care Centers - Malaysia
CONCEPT

OPEN ACCESS SERVICES

✓ Voluntarism or Walk-in
✓ Support from parents or family
✓ Referral
✓ Outreach / Motivate

✓ No Legal Implications
✓ No Pre-conditions

✓ No stigma
✓ Private and Confidential
✓ Options for clients
✓ Community-based Program
✓ Clients as patients
<table>
<thead>
<tr>
<th><strong>COMPULSORY DRUG REHAB. CENTERS</strong></th>
<th><strong>C&amp;C CLINIC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory Treatment &amp; Admission through the Law; Criminal Records; Stigma</td>
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</tr>
<tr>
<td>Treatment- psychosocial based services only</td>
<td>Focus on medical, psychiatric &amp; clinical treatment</td>
</tr>
<tr>
<td>Focus on medical, psychiatric &amp; clinical treatment</td>
<td>Treatment for all substance abusers (opiate, ATS, inhalant) – males, females &amp; adolescent are separated</td>
</tr>
<tr>
<td>Treatment Duration – 2 years</td>
<td>Treatment duration – 1-3 months (inpatient), 4-6 months (outpatient)</td>
</tr>
<tr>
<td>Capacity for residents in DRCs – 7,350</td>
<td>Number of clients that accessed services at 8 C&amp;C Clinics – 9,041</td>
</tr>
<tr>
<td>Cost of food – RM8.00 x 30 days x 12 months /person = RM 2,880</td>
<td>Cost of food – RM8.00 x 30 x 3 months = RM720.00 (able to treat 4x more no patients)</td>
</tr>
<tr>
<td>Loss of Property caused by violence, arson</td>
<td>No incidence of violence or arson</td>
</tr>
</tbody>
</table>
## C&C 1MALAYSIA (C&C) & CURE&CARE REHAB CENTER (CCRC)
Malaysia 2011-2013

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CCRC-Legal sanction (sek.6(1)(a) No of detainees</th>
<th>C&amp;C- Voluntary Cure &amp; Care Centres No of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>4,789</td>
<td>9,376</td>
</tr>
<tr>
<td>2012</td>
<td>5,473</td>
<td>12,766</td>
</tr>
<tr>
<td>2013</td>
<td>5,136</td>
<td>14,426</td>
</tr>
<tr>
<td>Total</td>
<td>15,398</td>
<td>36,568</td>
</tr>
</tbody>
</table>

12 CCDU HAVE BEEN CONVERTED TO CURE & CARE CLINICS WITH REMAINING 18 STILL FUNCTIONING

Currently 6,500 clients are receiving methadone at all these voluntary centres.
“This significant change in policy signals a new sense of urgency. As drug dependency is a health issue that should be treated medically, there is a need to take a bolder but softer approach rather than a punitive one……… This is why efforts must be stepped up to decriminalise drug dependency, actively address the issue of the stigma of addiction……………………..

NST March 2011
Challenges in moving towards a voluntary community-based treatment centres

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

c. Limited technical capacity for voluntary community-based drug treatment
d. Imbalances between investments in supply and demand reduction
Key Recommendations

- Reviews of laws, policies and practices
- Reallocate human and financial resources from CCDUs to voluntary community-based treatment
- Mobilise additional human resources, including involvement of affected population
- Build capacity through specialized training for the delivery of voluntary community-based services.