

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 20th C
- Almost all countries adopted
- Increasingly intensified early to late 20th 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