

End compulsory drug treatment in the Asia-Pacific region



In March, 2012, 12 UN entities called on governments worldwide to close compulsory drug detention and rehabilitation centres for people “suspected of using drugs or dependent on drugs, people who have engaged in sex work, and children who have been victims of sexual exploitation” because of health and human rights concerns.¹ In 2020, 13 UN agencies reiterated that statement, focused on centres in Asia and the Asia-Pacific region, citing continued human rights violations, including lack of due process, forced labour, inadequate nutrition, physical and sexual violence toward detainees, and denial of evidence-based drug dependence treatment and basic health-care services in these facilities.² These statements built on evidence of widespread human rights violations³⁻⁶ and negative health, social, and economic outcomes associated with compulsory drug treatment and rehabilitation centres.⁷⁻¹⁰

Now a new report by the UNAIDS Regional Support Team for Asia and the Pacific and the UN Office of Drugs and Crime (UNODC) Regional Offices for Asia and the Pacific updates previous analyses and reviews the current status of compulsory drug detention centres in Asia.¹¹ Despite repeated calls for closure of compulsory drug detention centres in the region, the report finds that these facilities continue to receive political and financial support, with little change in the past decade in the number of people detained.

The report, to which some of us contributed, finds that annually between 2012 and 2018, nearly half a million people who use or are suspected of using illegal drugs were detained in compulsory drug detention facilities in seven countries in east and southeast Asia (Cambodia, China, Laos, Malaysia, Philippines, Thailand, and Vietnam). Individuals are committed to these centres on the basis of drug possession, suspected drug use, or a positive drug test after being apprehended by the police or admitted by relatives or community members. Treatment is considered compulsory if individuals are denied the unconditional right to refuse treatment; the process for ordering treatment is done without due process protections; or the conditions of treatment and rehabilitation violate human rights, including the denial of evidence-based drug treatment and other health and social support services.¹¹

There are at least 886 compulsory drug detention facilities in the seven countries in this region, and

in most countries there has been an increase in the number of facilities since 2012. Compulsory detention centres continue to use physical exercise, religious instruction, coerced unmedicated withdrawal, and forced labour as so-called therapy, while the provision of evidence-based health care, harm reduction, and social support services within such facilities is largely absent.¹¹ Facilities are operated primarily by custodial, military, or police personnel. Although some governments in the region had previously committed to close compulsory drug detention facilities and transition to voluntary community-based treatment, harm reduction, and social support services,¹² these alternatives remain scarce. In many settings, community-based treatment programmes retain punitive elements and do not follow international guidance on drug dependence treatment.¹³

The continued use of ineffective and abusive drug detention methods is not entirely surprising, given the predominance of so-called war on drugs approaches that foster stigma and discrimination against people who use drugs. But the ill-treatment, and in some cases torture,¹⁴ of those detained in these facilities cannot be ignored. There is also an urgent need for expanded voluntary community-based approaches to drug treatment in this region.

These concerns are a focus of a discussion paper¹⁵ published concurrently to the UNAIDS and UNODC report¹¹ by a group of academic, government, and civil society experts comprising the Asia-Pacific Expert Advisory Group on Compulsory Facilities for People Who Use Drugs. This discussion paper, which some of us have authored, highlights promising examples of evidence-based treatment of drug dependence in China, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Thailand, and Vietnam.¹⁵ Additionally, this expert group makes key recommendations to states that include the need to reform laws on drugs to create a policy environment that supports rights-based and evidence-based policies; establish multisectoral committees and action plans in countries that can catalyse the transition to a rights-based, evidence-based, and community-based approach; and strengthen services by building capacity and adequately resourcing health systems to meet the needs of people who use drugs.¹⁶ Crucially, the



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report states that decriminalising the use and possession of scheduled substances and related paraphernalia should be at the core of a health-based and human rights-based response to drug dependence.

Removing criminal penalties for drug use and related offences would address a key structural determinant of health and drug-related risk, reduce overcrowding in closed drug detention settings, and free up resources to expand effective treatment responses for people who are dependent on drugs. In parallel, a continuum of services designed for both people who use drugs and people with drug use disorders is needed that range from harm reduction interventions, such as needle syringe programmes and opioid agonist treatment, to outreach services, brief interventions, psychosocial support, and social reintegration initiatives.¹⁶

The permanent closure of compulsory drug detention centres, including compulsory centres deceptively labelled as supervised abstinence programmes or other similar terms, is an urgent priority. Scale-up of voluntary rights-based, evidence-based, and community-based services for drug dependence is immediately needed. Additional priorities include structural initiatives, such as the decriminalisation of drug use, the application of the principle of proportionality in sentencing, and the expansion of social welfare, economic, housing, and employment assistance, alongside efforts to address inequity and counter stigma and discrimination. We cannot wait another decade to end the abuses that have been long recognised in compulsory drug detention and rehabilitation centres.

RA, AA, ICE, MIF, SK, RS, and SN are members of the Asia-Pacific Expert Advisory Group on Compulsory Facilities for People Who Use Drugs and contributed to conceptualising and reviewing the discussion paper¹⁵ discussed in this Comment. CS wrote the UN report²¹ and discussion paper,¹⁵ discussed in this Comment. CS has served as a consultant at the UNAIDS Regional Office for Asia and the Pacific and UNODC Regional Office for Southeast Asia and the Pacific. All other authors declare no other competing interests.

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See Online for appendix