

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

Oliver Lernet,

Regional Adviser, HIV/AIDS, UNODC Regional Office for Southeast Asia and the Pacific (Olivier.lernet@unodc.org)

Vladanka Andreeva DDM, MPH,

Regional Strategic Intervention Adviser Prevention and Treatment, UNAIDS Regional Support Team, Asia and the Pacific (Andreevav@unaids.org)

Karen Peters,

Drugs and Health Officer, UNODC Regional Office for Southeast Asia and the Pacific (Karen.peters@unodc.org)

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 allowed for compulsory detention in the name of treatment for people who use drugs.¹ Compulsory Centers for Drug Users (CCDUs) are a form of 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. Aiming 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, Lao People’s Democratic Republic, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

CONCERNS ABOUT COMPULSORY CENTRES

- 1) Entry and exit into these CCDUs is involuntary.
- 2) This includes highly punitive measures in facilities with no medical personnel trained in drug dependence assessment or treatment²
- 3) Human rights abuses include; involuntary and indefinite detention, physical abuse, and denial of or inadequate provision of medical care.
- 4) Failure to address drug use as a chronic relapsing health disorder with huge inefficacies in treating people who are drug dependent.
- 5) Increased risk and vulnerability of those in the centres to HIV, Hepatitis, TB, sexually transmitted infections and other communicable diseases.
- 6) Detention often takes place without due legal process and other legal safeguards.
- 7) They are ineffective: high rate of drug overdose and crime recidivism upon release from detention.³

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 (ESCAP), 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 adhere to internationally accepted principles of drug dependence treatment and human rights. The **First Regional Consultation**, held in Bangkok, Thailand in 2010 adopted recommendations calling upon countries to consider legal, policy and institutional environment governing national responses to drug use and dependence, including compulsory 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 Cure and Care 1 Malaysia centres were exemplified as a good practice model.

UN Joint Statement



Chairing the 3rd Regional Consultation on CCDUs: Mr. Benjamin P. Reyes, Dangerous Drugs Board (Philippines) and Ms. Riza Sarasvita, Badan Narkotika Nasional (Indonesia)

In March 2012, twelve UN Agencies issued a **Joint Statement on compulsory drug detention and rehabilitation centres**.

Regional Consultations 2010-2012



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 through the Swedish Governments contribution to UNODC. 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 community-based approaches and delegates welcomed their inputs. 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

- 1.1 Establishment/strengthening of multisectoral decision-making committee with participation of civil society and communities of people who use drugs;
- 1.2 Development of national transition plans with objectives, activities, outcomes, indicators, targets, budgets, 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 people who use drugs;
- 1.3 Development of costed implementation frameworks to allocate and mobilize adequate human, technical and financial resources for each phase and component of the transition;
- 1.4 Annual updates of progress towards the transition, based on unified monitoring tool that will be developed by UN.

Pillar 2: Recommendations for Addressing Legal and Policy Barriers

- 2.1 Conduct a multi-sectoral and participatory review of existing legal and policy frameworks relating to drug use and dependence, with the aim of identifying barriers preventing people who use drugs from accessing voluntary community-based treatment and services;
- 2.2. Development, promotion and implementation of an action plan based on the review, for the creation of enabling environments to facilitate the transition;
- 2.3 Strengthen the capacity of the public health, social affairs, public security, justice, judiciary, civil society and communities of people who use drugs, as well as other relevant sectors to better understand and facilitate the implementation of current and reformed/revised policies for maximum protection of the human rights of people who use drugs.

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

- 3.1 Conduct a capacity and systems assessment of key sectors involved in the transition process (e.g. public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs)
- 3.2 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;
- 3.3 Implementation and scale up of community based treatment and services for people who use drugs in partnership with communities and relevant service providers;
- 3.4 Building capacity of public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs to facilitate collaboration in delivering voluntary community-based treatment and services for people who use drugs;
- 3.5 Engagement and collaboration with civil society and community groups, including communities of people who use drugs at national and subnational level, in order to reduce bottlenecks in the treatment pathway, as well as facilitate access to effective voluntary community based treatment and services for people who use drugs;
- 3.6 Implementation of evidence-based communication strategies to raise awareness about the need to reduce drug-related harms including drug dependence, HIV, viral hepatitis and overdose. These service promotion activities aim to increase evidence-based understanding of drug use, and to inform the public about the availability of drug dependence treatment, and harm reduction services;
- 3.7 Conduct an assessment of current funding (domestic and international) with a view to develop a transitional financing plan for voluntary community based treatment and services.



Delegates at the third Regional Consultation on Compulsory Centres for Drug Users in Manila, Philippines (September 2015)

Conclusion

While the transition to voluntary community-based treatment and services is not happening rapidly, there is evidence of improved commitment by countries in the region to transition towards this 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 criminalization 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 Member States commitments to intensify efforts to eliminate HIV and AIDS in the region, including deployment of national processes detailed in the Regional Framework for Action on HIV and AIDS beyond 2015, and the WHO/UNODC Principles of Drug Dependence Treatment.

¹ Compulsory drug detention centers in East and Southeast Asia, Kamarulzaman, Adeeba et al. International Journal of Drug Policy, Volume 26, S33 - S37
² World Health Organization. (2009). Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: An application of selected human rights principles. Manila: World Health Organization. http://www.wpro.who.int/publications/docs/FINALforWeb_Mar17_Compulsory_Treatment.pdf
³ Dolan, K. A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A. D. (2005). Four year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. Addiction, 100, 820–828. [http://refhub.elsevier.com/S0955-3959\(14\)00335-1/sbref0025](http://refhub.elsevier.com/S0955-3959(14)00335-1/sbref0025)