Background
In many countries, including Burma, Cambodia, China, Laos, Malaysia, Thailand, and Vietnam, people who use drugs or are suspected of drug use (and in some cases, sex workers) can face involuntary detention, for often lengthy periods of time, ostensibly for the purpose of drug treatment and rehabilitation. People who use drugs may be detained in police sweeps, or as the result of a single positive urine test. Some are also turned over by family or community members.

Admission to compulsory drug detention centres is typically extrajudicial, and without due legal process. In many countries, drug use is not a criminal, but an administrative offense. People suspected of drug use are not tried to determine whether they have committed a crime or the fairness of their sentence; there is often no right of appeal, and procedures for release are often unclear and unrelated to clinical treatment outcomes. Conditions in detention centres can amount to torture or cruel, inhuman and degrading treatment. Rather than alleviating suffering, “treatment” and “rehabilitation is often incarceration or forced labour by another name, with less due process rights or safeguards than would be found in prison systems. Even when people who use drugs enter the detention centres voluntarily, they are sometimes unaware of the “treatment” they will receive and cannot voluntarily leave. It has been estimated that more than 400,000 people are detained annually in such facilities, the majority in China.

As stated by the Reference Group to the United Nations on HIV and Injecting Drug Use, “[t]hese systems are based on the contention that drug use is a behaviour justifying denial of liberty. The intention is to prevent ongoing drug use by removing an individual from the community, confining them to a detention centre, and requiring them to undergo punishment or participate in activities intended to promote abstinence from drug use.”

Although they are often called “drug treatment centres”, compulsory drug detention centres are frequently administered and/or operated by police or military, and in fact, rarely have any trained health or medical staff. Although some claim to provide treatment, education, or rehabilitation, this is rarely in accordance with scientific evidence or principles as to what constitutes humane and effective drug dependence treatment (and for those individuals not dependent upon drugs, there is no need for treatment). Rather, “treatment” typically takes the form of sanction rather than therapy. Detainees may be forced to participate in military-style drills and chants such as “drugs are bad, I am bad”. There is no proper assessment of drug use or dependence, and medical supervision of drug withdrawal or treatment is not

References
1 Consensus Statement of the Reference Group to the United Nations on HIV and Injecting Drug Use, 2010. 2 Ibid. 3 Compulsory drug detention centres are sometimes also referred to as compulsory detoxification centres, drug rehabilitation centres, and education and labour centres.
Many human rights abuses in these centres have been documented. Detainees may be subject to physical punishment, torture and sexual abuse; food shortages; work without pay in the service of private companies; and experimental research (such as the use of experimental therapies including herbal “cures” for addiction) without informed consent. Young people are often also held with adults in facilities that do not attend to age-specific needs and rights.

In some countries, large numbers of people living with HIV and TB are detained in the centres. Treatment or prevention services for these diseases are largely unavailable, exposing detainees to higher risk of becoming infected with HIV and TB than those in the community, and depriving patients of lifesaving medications and presenting significant public health challenges.

In a 2008 discussion paper on drug dependence treatment, UNODC and WHO explicitly recognize that human rights violations in the context of drug treatment are unacceptable. The following are some examples of the abuses documented in multiple independent reports:

- In Vietnam, tens of thousands of people who use drugs have been incarcerated for years in compulsory treatment centres, whose main method for so-called treatment is forced labour for 10 hours or more a day at below-market wages. Despite detention terms of three years or more and high rates of HIV and drug use among detainees, centres run by the Division of Social Evils Prevention in the Ministry of Labor, Invalids, and Social Affairs rarely offer condoms or HIV treatment, and provide no clean needles to detainees. Those tested for HIV are frequently not told their status until they become too sick to work and are released.

- In China, people arrested for drug possession and use can be consigned to forced detoxification centres without trial or any semblance of due process for up to five years. Once in the centres, detainees are required to do unpaid, forced labour—a human rights violation. Those detained in the centres run by Public Security report that forced testing for HIV and other sexually

---

transmitted infections is common, though detainees are rarely told their results and treatment is not made available. Instead, according to one guard, the guards used HIV testing data “to know which female inmates they could sleep with without using a condom”. Detainees are housed in unsanitary and overcrowded conditions. Investigations have uncovered extreme abuse, such as the administration of electric shocks while viewing pictures of drug use. In one study, 9% of 3213 Chinese heroin users had taken extreme steps, such as swallowing glass, to gain a medical exemption from forced treatment.

- In Cambodia, detainees in compulsory detention centres do not have adequate food or access to health care, including medicine to alleviate painful drug withdrawal or to treat common ailments. Serious human rights abuses by guards, including severe beatings and sexual assault, have also been reported. The centres frequently lack any trained medical personnel, and are staffed by police or poorly trained guards wielding sticks and electric batons.

- In Thailand, people suspected of using drugs are frequently kept in prison with convicted criminals until a commission can evaluate their case, and most are consigned to compulsory treatment and housed in centres run by the military.

- In Malaysia, detainees in government treatment centres have reported that their orientation included being caned by religious teachers, beaten with bricks, kicked, punched, made to crawl through animal excrement and swallow dirty water.

In some of these countries, these approaches to “drug treatment” exist in tension with other, evidence-based efforts to prevent HIV and other drug-related harms that are endorsed by other arms of the government. In Malaysia, Vietnam, and China, evidence-based harm reduction approaches, such as opioid substitution treatment (OST), have been implemented and scaled up at the same time as drug detention centres have been maintained or expanded. China has rapidly scaled up methadone treatment. Malaysia is noteworthy for moving to increase methadone treatment, decreasing the numbers of those remanded to compulsory detention centres, and opening voluntary treatment facilities. Nonetheless, even as evidence-based responses are being increasingly embraced in some countries, the number of detainees in the drug detention centres continues to vastly exceed the number of people receiving evidence-based treatment for drug dependence. In many countries, the number of compulsory detention centres has grown, such as in Thailand (where the number of centres grew from 6 in 2000 to over 80 in 2010) and

---

16 Ibid.
in Cambodia and Laos (where the number has increased tenfold in less than a decade).18

**Expert consensus**

In July 2010 at the 18th International AIDS Conference, the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Michel Kazatchkine, called for the closure of all compulsory drug detention centers.19 UNODC,20 UNDP,21 Unicef,22 WHO23 and the UN High Commissioner for Human Rights,24 have also expressed concern about these centers, calling for their closure and a move to evidence- and community-based approaches to drug-dependence treatment. The UN Special Rapporteurs on Torture and Health have spoken out against abuses in drug detention centers,25 and the Director of the Drug Policy Coordination Unit of the European Commission, said: “I believe that [these types of centers] are an abomination.”26 Finally, experts on the United Nations Reference Group on HIV and Injecting Drug Use have reached consensus that detention has no effectiveness, and that imprisonment is unjustified for those who have committed no crime other than drug use or possession of illicit drugs for personal use.27

UNAIDS Executive Director Michel Sidibé, in a letter to Human Rights Watch dated 30 March 2010, said that “UNAIDS is deeply concerned” about the human rights issues raised in the Human Rights Watch report on detention centres in Cambodia,

---

18 Wolfe and Saucier, supra, with further references.
20 17. Comments by UNODC Director Antonio Maria Costa at the March 2010 UN Commission on Narcotics Drugs Meeting, United National Office on Drugs and Crime. Available at: http://www.youtube.com/watch?v=G7sz0vzk09E
23 Email correspondence from Director of HIV Department of WHO Gottfried Hirnschall to Human Rights Watch, May 6, 2010
26 Anonymous. UN official calls for decriminalizing drug use. Deutsche Presse-Agentur, October 27, 2009
27 Interview with Director of the Drug Policy Coordination Unit of the European Commission Carel Edwards. HCLU. Abuse in the name of drug treatment. Hungarian Civil Liberties Union, 2010. Available at: http://www.youtube.com/watch?v=G7sz0vzk09E
Skin on the Cable. He referred to a statement of the United Nations Country Team in Cambodia of 16 February 2010, which called for the commitment of the Royal Government of Cambodia to meet its obligations under its Constitution and international law by taking action to avoid arbitrary and illegal detention and inhuman and degrading treatment; to respect minimum standards of care; to establish either voluntary treatment, or coerced confinement based on court decision; and to establish judicial and independent oversight of the centres.

Sidibé noted that

[d]rug treatment centres, which do not meet these standards, are in violation of human rights. They also discourage people who use drugs from accessing health services, including for drug dependence and for HIV prevention, treatment and care. Where a person is detained, this may result in the denial of these services if the services are not provided in the centres – leading to more HIV infections and deaths from AIDS.

He continued by saying that “I believe that the centres in Cambodia should be closed,” and noted that “[o]ver the past years the UN Joint Team on AIDS in Cambodia has worked closely with the Government of Cambodia at the highest levels advocating for a change from the current model of detention centres to an alternative community-based drug treatment programme”. He further acknowledged “that it is part of my UN obligation to seek more immediate relief of those in the detention centres”. He said he was asking relevant partners to join him in intensifying UN system support toward:

- the earliest possible closure of detention centres, which do not meet minimum standards in Cambodia and other countries; and

- the earliest possible establishment (until their closure) of:
  - a process to review the detention of those in centres to ensure that there is no illegal or arbitrary detention and that coerced detention derives only from a court decision; this will allow the identification of those who should be released immediately and those who should go into alternative forms of treatment of acceptable minimal standards;
  - a process to review conditions in detention centres with a view to immediately improve those conditions towards at least minimum standards of humanitarian care and avoidance of inhuman and degrading treatment until the centres are closed; and
  - judicial and other independent oversight and reporting.

In a speech at AIDS 2010, Michel Kazatchkine acknowledged that Global Fund grants finance services such as provision of anti-retroviral treatment in some drug detention centres in Vietnam and China. He said that, because of the reports of serious human rights violations released earlier in 2010 by Human Rights Watch, he had looked into whether the Global Fund should indeed finance services in centres where such violations occur. He continued by saying:

First and foremost, I have called and will continue to call for the closure of all compulsory drug detention centers. UNAIDS, UNODC, WHO and UNDP have also done this, along with a number of NGOs including OSI and Human Rights Watch. I urge other organizations that have not yet done so, to join me in calling for their closure. I will continue to raise this issue in my meetings with concerned governments .... I urge them to put in place evidence-based

Remarks by Dr. Michel Kzatchkine at the session: Global Fund: Proving Impact, Promoting Rights, AIDS 2010 (Vienna, Austria), 21 July 2010.
drug treatment that conforms to ethical standards and human rights norms, instead of the detention centers. At the same time, if Global Fund financing is the only way for detainees to access condoms, clean injecting equipment, or ART, should we deprive them of these life-saving measures by not funding them? This is the ethical dilemma I am, as all donors are, confronted with. It is not an easy one. But after a lot of reflection, I believe that, until these centers are closed, the Global Fund should not exclude funding effective, evidence-based HIV prevention and treatment in the centers, if detainees would otherwise be unable to obtain access to these services. I will take great care to ensure that our willingness to fund such services is not understood as legitimizing these centers and their strategies. I will also take great care that the life-saving services we provide do not end up subsidizing what are clearly unlawful centers.

Also at AIDS 2010, UNODC convened a press conference with advocates from Human Rights Watch and the Open Society Institute, and with the Special Rapporteur on the right to health, to release a paper on principles of effective drug dependence treatment. These include clear guidance that detention, when compulsory, should be restricted only to life-threatening instances, for extremely limited time periods, and after other less restrictive circumstances had been exhausted. None of these conditions apply to drug detention centers.

Regional consultations
On 1-3 September UNAIDS and UNODC convened an Informal Consultation on the Compulsory Centres for Drug Users in East and Southeast Asia. This meeting brought together people who use drugs, UN agencies, academics, service providers and one government to discuss compulsory drug detention centres and chart a way forward. There was general agreement that the centres have to be closed from the points of view of human rights, health and efficacy, and that the UN has an important role in speaking out for their closure. There was also recognition that many governments were averse to any criticism of these centres and to international engagement on this issue and also wanted workable alternatives to deal with their drug using population.

In December 2010, a “Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific” took place in Bangkok. The meeting was organized by the UNODC Regional Centre for East Asia and the Pacific, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the UNAIDS Regional Support Team for Asia and the Pacific. Officials from eight Governments in East and South-East Asia (Cambodia, China, Indonesia, Malaysia, Myanmar, Philippines, Thailand and Viet Nam) participated. According to the meeting report, the meeting “considered both benefits and limitations related to CCDUs” [Compulsory Centres for Drug Use]. “While acknowledging the role of CCDUs”, it lists the following concerns, without making any reference to the severe human rights violations occurring in the centres:

- A lack of effectiveness to prevent high relapse rates;
- The potential to have negative impacts on public health, particularly on the transmission of HIV and other blood-borne diseases;
- High costs and a lack of sustainability of treatment outcomes;

---

d. A lack of direct family and community support to people who use drugs; and
e. The potential to have negative impacts on governments’ efforts to ensure
universal access to prevention, treatment, care and support for people who use
drugs and people living with HIV and AIDS.

The Meeting also noted that “existing monitoring and evaluation systems were
insufficient to assess the effectiveness of CCDUs”. It adopted the following
recommendations:

Countries should consider:

a. Promoting effective public awareness about the nature of drug dependence
and the need for public health responses;
b. Increasing multisectoral coordinated action among law enforcement, health,
judiciary, drug control and other relevant sectors, as well as with affected
communities;
c. Improving data collection and monitoring and evaluation of the effectiveness
of CCDUs from both a public health and a public security perspective;
d. Advocating for greater financial and human resources as well as capacity
building for evidence-informed, community-based drug dependence treatment
services, including the development of effective responses to amphetamine-
type stimulants (ATS) and inhalants;
e. Addressing stigma and discrimination and legal and policy barriers to
universal access to prevention, care, treatment and support for drug users
affected by HIV and AIDS.

The Meeting “called upon the United Nations system, particularly UNODC,
UNAIDS, WHO and ESCAP, to:

a. Promote multisectoral collaboration by bringing together officials from law
enforcement, health, judiciary, human rights, social welfare and drug control
and assist in the development of a regional framework for action;
b. Enhance dialogue with policymakers to consider evidence-informed,
community-based treatment;
c. Promote the sharing of experiences on community-based treatment through
regional intergovernmental and expert consultations;
d. Incorporate the results of this Meeting into relevant intergovernmental
processes, including the Asia-Pacific Regional Dialogue of the Global
Commission on HIV and Law and the High-level Intergovernmental Meeting, as
mandated by ESCAP Resolution 66/10 on the Regional call for action to
achieve universal access to HIV prevention, treatment, care and support in
Asia and the Pacific;
e. Support governments in their efforts to assess the performance of CCDUs;
f. Convene a follow-up meeting and explore with Malaysia the possibility of
hosting it, in order to observe innovative community-based treatment
approaches in that country.

The meeting report indicates that, while a few countries are moving towards
community-based, evidence-informed treatment models, most countries continue to
resist that move or to acknowledge the serious human rights violations occurring in
the centres, putting the onus on the UN to come up with better alternatives.

UNAIDS representatives involved in the issue and at the meeting commented that,
while “there was not a revolution in attitude change, some solid, measurable
progress was made on a controversial issue regarding which governments have
been unwilling to engage with the UN until even very recently.” They also recognized that the UN will only be able to make a difference in the region if it works collectively, and with fortitude, on something which needs to be seen more as a matter of public health and human rights. They cited the influential impact some countries, like Malaysia, could have in showing that alternatives to compulsory drug detention work. In follow up, the Vietnamese have apparently asked PEPFAR/USAID to fund a study tour to Kuala Lumpur to look at community-based treatment models.

A critical challenge in the region and elsewhere is to find effective and rights-based ways to deal with ATS (the majority in Thailand’s detention centres are ATS users). It will also be necessary to present community-based models of treatment that are considered credible and effective alternatives to compulsory drug detention.

**Potential Reference Group recommendations**

**Consistently and clearly supporting closure and protections against abuses until closure is effected:** The UNAIDS EXD and the other heads of agencies, as well as all staff of UNAIDS Secretariat and Co-sponsors, should consistently and clearly speak out about compulsory drug detention centres, calling for their closure, condemning the severe human rights abuses, including but not limited to those leading to greater risk of contracting HIV and other infections or developing illness in the centres, and asking that the centres be replaced by drug treatment approaches that are effective and respect and protect human rights. This should include speaking out during meetings of Country Coordinating Mechanisms when they consider funding proposals that include drug detention centre components.

**High-level meeting with UNODC and other co-sponsors:**

**UNODC:** The UNAIDS EXD should meet with the head of UNODC, Mr Fedotov, to highlight the need for a human rights-based approach to HIV and drug policy and for much greater, evidence- and human rights-based action on HIV among people who inject drugs deprived of liberty in drug detention centres as well as pre-trial detention and prison. Specifically, he should discuss with Mr Fedotov his position and that of WHO and the Global Fund on compulsory drug detention centres and how UNAIDS and UNODC, with others can support countries to close the centres as soon as possible and to provide due process and minimum standards until they are closed. He could further ask whether UNODC would be open to supporting, under the leadership of UNAIDS and with the collaboration of the Office of the High Commissioner for Human Rights, the development of guidelines on HIV, human rights and drug policy.

**WHO:** UNAIDS should engage WHO to support closure and to develop clear guidelines, with UNODC and UNAIDS, that detail not only good drug treatment practice, but also make explicit that practices such as chaining, flogging, and forced labour do not constitute drug treatment.

**ILO:** UNAIDS should engage the ILO to support closure in the context of forced labor occurring in detention centers.

**Unicef:** UNAIDS should engage Unicef to support closure in the context of children in detention centers facing heightened risk of HIV exposure and denial of effective HIV and drug detention treatment.
UNDP: UNAIDS should engage UNDP to support closure.

Providing technical assistance with establishment of effective community-based drug treatment: UN agencies, and specifically UNODC, should pro-actively provide countries that employ compulsory drug detention centres with increased technical assistance to enable them to close the centres and rapidly expand effective community-based drug treatment. Efforts should not build the capacity of illegal and abusive institutions.

Guidelines for donors: Donors, including the Global Fund, should articulate ethical guidelines for engagement with punitive drug treatment centers. Specifically, donors should ensure safeguards against use of their support to publicly legitimize drug detention, and ensure that where urgent HIV prevention and treatment is supported, these programs adhere to human rights principles. No support should be used to build detention centers, to perpetuate forced labor, torture, or other practices commonly reported in them, or to train those committing such abuses. When support is provided, it requires close monitoring and an obligation to investigate and report on conditions in detention settings, and an explicit timeline for phasing out support and transition to community-based alternatives.

Removal of police and public security from decisions about health service delivery and from service delivery itself: Changes in criminal law are unlikely to resolve all problems related to drug detention, since detention of people who use drugs is often on administrative grounds and without a court appearance. Police and public security, however, should not make decisions about compulsory drug detention without consultation with medical professionals and judicial process. In no circumstances should extrajudicial detention be permitted. Further, where such detention does occur, qualified professionals—rather than guards or public security personnel—should ensure access to and deliver needed testing and treatment, in accordance with human rights principles and sound medical practice.

Questions for discussion
1. Are any key issues related to drug detention centres missing from the paper?
2. Do members agree with the draft recommendations?
3. How should they best be communicated and disseminated, particularly since they involve not only UNAIDS Secretariat, but also some co-sponsors and donors?

This issue paper was prepared by the Reference Group Secretariat to facilitate discussion at the Reference Group’s March 2011 meeting.

Please do not reproduce, redistribute or cite.