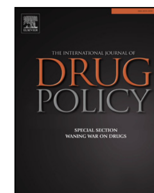
International Journal of Drug Policy 59 (2018) 10–15

Contents lists available at ScienceDirect

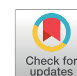
International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research paper

Compulsory treatment of drug use in Southeast Asian countries



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ARTICLE INFO

Keywords:
Mandatory drug treatment
People who inject drugs
People who use drugs

ABSTRACT

Background: Several Southeast Asian countries have implemented compulsory drug detention centres in which people who use or are suspected of using drugs, mainly amphetamine-type stimulants, are confined without their consent and in most cases without due process and clinical evaluation of their substance use disorder.

Given these facilities' lack of access to evidence-based drug dependence treatment, and the human rights implications of peoples' arbitrary detention under the pretext of "treatment", international organizations have called for their closure. The aim of this study was to estimate recent numbers of compulsory drug treatment centres and of people in these centres in the region.

Methods: We conducted an analysis of cross-sectional governmental data collected from seven countries in the region with compulsory drug detention centres, namely Cambodia, China, Lao PDR, Malaysia, the Philippines, Thailand and Viet Nam. We computed descriptive data provided by government representatives for the period between 2012 and 2014.

Results: The total number of people in compulsory detention centres overall decreased by only 4% between 2012 and 2014. In 2014, over 450,000 people were detained in 948 facilities in the seven countries. While only two countries decreased the number of compulsory detention centres, most countries increased the number of people detained.

Conclusions: In spite of international calls for the closure of compulsory detention centres, the number of facilities and detained people remained high in the seven countries included in the analysis. These officially reported figures are concerning regarding access to effective drug dependence treatment and given the potential for additional human rights abuses within compulsory detention centers.

Further concerted policy and advocacy efforts should support transition of treatment for people with drug dependence towards human rights-based and evidence-based drug dependence treatment. Expansion of existing drug and HIV services in the community rather than compulsory treatment modalities will effectively address the region's drug and HIV burden.

Background

The use of opiates and particularly of amphetamine-type stimulants (ATS) like methamphetamine continues to be a major problem in Southeast Asian and Pacific countries (UNODC, 2017), which represents the largest market worldwide for ATS. China, Malaysia, Myanmar and Viet Nam report heroin as leading substance among people who use drugs, and the use of opiates has been increasing in the region. Among people who use drugs, rates of injecting drug use have been growing in the region, where an estimated 3.15 million people inject drugs, accounting for a quarter of people injecting worldwide (UNODC, 2016c).

In HIV epidemics concentrated among people who use drugs, harm reduction through sufficient provision of sterile syringes and effective drug dependence treatment have proven to limit HIV transmission in this key population (Wodak & McLeod, 2008). Effective opioid dependence treatment is based on agonist treatment with methadone or buprenorphine that reduces craving for, and use of, heroin or other illicit opiates, as well as drug related mortality and morbidities (Gowing, Farrell, Bornemann, Sullivan, & Ali, 2011). Methadone also reduces the risk of HIV infection among seronegative people who use drugs by more than 50% (MacArthur et al., 2012). Like for any substance use disorder,

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https://doi.org/10.1016/j.drugpo.2018.06.009
Received 14 June 2017; Received in revised form 28 April 2018; Accepted 11 June 2018
0955-3959/ © 2018 Published by Elsevier B.V.

effective treatment of stimulant drug use disorders require skilled diagnosis and treatment based on behavioral and pharmacological therapies. Effective treatment of stimulant drugs use disorders should be provided by qualified trained health professionals and need to based on evidence. This includes motivational interview, short therapy, contingency management and behavioral therapy. Currently, there is no internationally recognized substitution therapy for stimulant drugs dependence. Some promising treatments such as dispensing dexamphetamine to treat cocaine or methamphetamine dependence have emerged, but further research is needed to identify an evidence-based pharmacological stimulant drug use treatment.

As part of their response to drug use and the associated burden, many countries in the Southeast Asian and Pacific region have implemented compulsory drug detention facilities in which people suspected to use drugs or people who use drugs are held without their consent. These are closed, government or privately run facilities in which people who use drugs are detained without alternatives or consent for the declared purpose of "drug treatment" or "rehabilitation" and without the possibility to leave the centre if they wish. Such facilities are also referred to as compulsory drug detention centres, compulsory drug treatment or rehabilitation or correction centres, reeducation through labour camps (in some cases renamed drug rehabilitation centers), boot camps, long-term detention centres, or other terms. Almost all compulsory drug detention facilities do not provide harm reduction or evidence-based drug dependence treatment (Hall et al., 2012).

Mandatory treatment refers to legally mandated treatment, usually as an alternative to criminal justice sanctions, and is considered an opportunity offered by the community to people who use drugs and drug dependent individuals to accept some form of treatment (Hall & Lucke, 2010). It allows some choice of therapy, rehabilitation, education, and health care, and does not force patients to treatment without their consent (UNODC, 2009). In contrast, compulsory "treatment" is a modality that lacks consent for treatment and is defined by the United Nations Office on Drugs and Crime (UNODC) as treatment" that does not allow the individual to decline treatment or choose the type that they receive" (UNODC, 2009). A position paper issued by the Australian National Council on Drugs defined compulsory treatment as "court-ordered treatment as part of sentencing orders, and civil commitment, in which cases treatment interventions occur without the consent of those receiving them" (Australian National Council on Drugs, 2014). The United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI) and the Japanese Ministry of Justice conducted a survey of drug treatment in China (Hong Kong), Korea, Malaysia, Singapore and Thailand, in which compulsory treatment is defined as institutional or community-based treatment "which provides drug abuser treatment without the consent of its clients […], in relation to the criminal justice system" (UNAFEI, 2005).

In some countries, the referral process for sending people to compulsory drug detention facilities occurs outside the judicial system, a deprivation of liberty that violates the minimum standards of due process within the International Covenant on Civil and Political Rights (Amon, Pearshouse, Cohen, & Schleifer, 2014). Compulsory treatment modalities do not allow for comprehensive assessment and diagnosis to develop and implement individual treatment plans, which need to take into account the stage and severity of the disease, somatic and mental health status, individual character and personality traits, vocational and employment status, family and social integration, and legal situation (UNODC & WHO, 2008). These treatment modalities therefore cannot comply with the principles of substance use disorder treatment provided by WHO and UNODC. Likewise, treatment without consent does not consider patient's readiness for change and does not allow motivational strategies; and thus misses the opportunity to facilitate, as recommended by professional associations dedicated to drug dependence treatment, linkage of drug dependent people to an appropriate level of care, e.g., outpatient vs. more intense inpatient or residential care (Mee-Lee, 2013; UNODC, 2016a).

Compulsory drug detention centres for people who use drugs rarely provide any evidence-based forms of treatment and differ from other types of mandatory treatment, such as quasi-compulsory treatment offered as an alternative to prison. The Council of Europe defined 'quasi-compulsory' treatment (QCT) of drug-dependent offenders as "any form of drug treatment that is ordered, motivated or supervised by the criminal justice system" (McSweeney, 2008). Research on quasi-compulsory treatment is relatively rare, methodologically limited due to its inherent selection bias (as people opt into this treatment), and its effectiveness in comparison to voluntary treatment is unclear (Stevens et al., 2005). Compulsory treatment modalities further include civil commitment to drug treatment (legally sanctioned, involuntary commitment of a non-offender into treatment for drug or alcohol dependence), court-mandated treatment (of an offender, required by a court order), and coerced treatment (in the presence of an offence, and limited degree of choice in the individual's decision to access treatment or face legal sanctions) (Pritchard, Mugavin, & Swan, 2007).

A recent review evaluated the clinical effectiveness compulsory treatment, referring to the detention in closed facilities in which people who use drugs are enclosed without an alternative to incarceration and are administered involuntary drug dependence treatment in any form without their consent. Current evidence does not support that compulsory treatment modalities are effective for drug dependence treatment, and some studies even suggest it to be harmful (Werb et al., 2016).

Consequently, given these facilities' lack of clinical effectiveness in treating drug use disorders and the problematic human rights implications of peoples' detention for drug treatment without consent (Lunze, Idrisov, Golichenko, & Kamarulzaman, 2016), twelve United Nations organizations issued a joint statement in 2012 on compulsory drug detention and rehabilitation centres, calling for their closure and replacement with voluntary, evidence-informed and rights-based health and social services in the community (UNODC, 2012). Our goal was to follow-up on this call and to assess the magnitude of people who use drugs currently in compulsory treatment. The aim of this study was therefore to estimate recent numbers of compulsory drug treatment centres and of people in compulsory treatment in the Southeast Asian and Pacific region.

Methods

We conducted a cross-sectional study in the context of a regional consultation on compulsory drug detention centres in September 2015 in Manila, Philippines, convened by UNODC, UNAIDS and the UN Economic and Social Commission for Asia and the Pacific. For this study, we sampled data from countries in the region which took part in the regional consultation, i.e., where compulsory drug detention centres exist The following countries agreed to participate in the survey: Cambodia, China, Lao PDR, Malaysia, the Philippines, Thailand and Viet Nam. We used a standardized data collection form and, informed by the literature review summarized above, a revision of the 2009 UNODC definition of compulsory treatment ("detention in closed facilities in which people who use drugs are enclosed without an alternative to incarceration and are administered involuntary drug dependence treatment in any form without their consent") to clarify the compulsory modality under study, as China for example has compulsory detoxification facilities that are distinct from reeducation through labor camps. We requested data via standardized questionnaires sent to national authorities for combating drugs in the selected countries by email. We collected data on the number of facilities, number of people held in these facilities, and initial length of stay of individuals in these centers. Our attempt to validate the submitted data through triangulation with data in published documents and reports was limited, as most of these figures are not in the public domain.

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