



## Commentary

## Compulsory drug detention in East and Southeast Asia: Evolving government, UN and donor responses



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## ABSTRACT

According to official accounts, more than 235,000 people are detained in over 1000 compulsory drug detention centers in East and South East Asia. Individuals in such centers are held for periods of months to years, and can experience a wide range of human rights abuses, including violation of the rights to freedom from torture and cruel, inhuman and degrading treatment; freedom from arbitrary arrest and detention; a fair trial; privacy; the highest attainable standard of health; and freedom from forced labor. Since 2010, an increasing number of United Nations agencies, human rights experts, and others have expressed concerns about rights abuses associated with compulsory drug detention centers, and since 2012, called for their closure. Although they do not represent a complete break from the past, these calls mark a significant shift from past engagement with drug detention, which included direct and indirect funding of detention centers and activities in detention centers by some donors. However, the lack of transparent governance, restrictions on free speech and prohibitions on monitoring by independent, international human rights organizations make assessing the evolving laws, policies and practices, as well as the attitudes of key governments officials, difficult. Looking specifically at publicly announced reforms and statements by government officials in China, Cambodia, Vietnam and Lao PDR reveals possible improvements in respect for the rights of drug users, and on-going challenges.

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## Background

According to official accounts, more than 235,000 people are detained in over 1000 compulsory drug detention centers in East and South East Asia (Lewis, 2012). Individuals in such centers are held for periods of months to years, and can experience a wide range of human rights abuses, including violation of the rights to freedom from torture and cruel, inhuman and degrading treatment; freedom from arbitrary arrest and detention; a fair trial; privacy; the highest attainable standard of health; and freedom from forced labor (Human Rights Watch, 2012; Cohen & Amon, 2008).

The history of compulsory drug rehabilitation and the number of individuals in detention in the region is varied. In China and Vietnam, compulsory drug detention is historically grounded in a decades-old system of “re-education through labor” (RTL) that has also detained peaceful dissidents, activists and others deemed threats to national security or public order (Human Rights Watch, 2010b, 2011a). By contrast, drug detention centers are a more recent phenomenon in countries such as Cambodia and Lao PDR, where such centers detain drug users alongside individuals deemed

to be “socially undesirable”, including sex workers, homeless adults and children, individuals with mental disability, alcoholics, and gamblers (Human Rights Watch, 2012).

Estimates of the numbers of individuals detained, and trends over time, are difficult to determine with precision. In China, estimates have ranged from 350,000 detained in 2005 (He & Swanstrom, 2006; Xinhua News Agency, 2004), to 171,000 in 2011 (Jingjing, 2012). In Vietnam, according to the government, there have been 169,000 admissions to detention centers between 2006 and 2010 (Government of Vietnam, 2011). Cambodia and Lao PDR are each estimated to detain between 2 and 3000 (National Authority for Combating Drugs of Cambodia, 2008; Open Society Institute Public Health Program, 2010). Compulsory drug treatment centers in Burma, Malaysia, and Thailand, are estimated to hold between 10 and 20,000 individuals (United Nations Office on Drugs and Crime (UNODC), 2009; World Health Organization, 2009).

Despite a reliance on detention, drug use is primarily recognized by governments in the region as an administrative infraction and not a criminal offense. In Lao PDR, the national drug law states that “[d]rug addicts are to be considered as victims” (Human Rights Watch, 2011b), and Chinese law requires that drug users be rehabilitated (Liu, Liang, Zhao, & Zhou, 2010; State Council of the People’s Republic of China, 1995). Thailand’s Narcotic Addict Rehabilitation Act, like others in the region, officially considers “drug addicts” as “patients,”

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and not “criminals” (Human Rights Watch, 2007; Pearshouse, 2009).

In this article, we examine the increasing identification by human rights organizations, UN agencies, and donors of compulsory drug detention centers as illegitimate institutions that systematically violate human rights, and we document the progression of calls for their closure. These calls are contrasted with previous strategies by donors of direct and indirect funding of compulsory drug detention centers with the goal of building the capacity of detention centers or furthering a strategic dialogue or a humanitarian response. Finally, we assess evidence from four countries – China, Cambodia, Vietnam, and Lao PDR – of changes in laws, policies, and practices, and attitudes by key government officials, in response to the international attention focused upon this issue.

### From violations of consent to calls for closure

Although some human rights organizations and experts were outspoken about abuses in detention centers prior to 2010 (Human Rights Watch, 2008; Nowak & Grover, 2008; UN Human Rights Council, 2009), the limited criticism of compulsory drug dependency treatment by UN agencies focused primarily upon violations of individual rights related to consent (UNODC & WHO, 2008). Little focus was placed on drug detention centers as systematically violating rights, and there had been few public calls for the closure of drug detention centers operating in the region.

Beginning in 2010, however, a wide range of voices began specifically identifying the *en masse* detention of people who use drugs, and the abusive conditions in drug detention centers, as a violation of human rights. Increasingly, individuals and organizations called for drug detention centers to be closed (Table 1). In January 2010, Human Rights Watch released a report on conditions in Chinese detox and re-education through labor center that repeated previous calls (Human Rights Watch, 2008) for the government to close the centers (Human Rights Watch, 2010a). Following the release of the report, the head of UNODC in China told the press: “Being detained in these centers not only does not help drug users to recover, as evidenced by the high rates of relapse, but also increases the likelihood that an individual will become infected with HIV” (Associated Press, 2010). Later that month, Human Rights Watch released a report on abuses in Cambodian centers, also calling for their closure (Human Rights Watch, 2010b).

In February, the United Nations Special Rapporteur on Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment repeated previous concerns about violations of rights to due process in drug detention (UN Human Rights Council, 2010). In March, the Executive Director of UNODC stated that the UN should focus on the “closure of detention centers” (Hungarian Civil Liberties Union, 2010). The same month, the director of UNAIDS, Michel Sidibé, said that “drug treatment centres... are in violation of human rights” and in reference to centers in Cambodia, he said that he believed that they should be closed (M. Sidibé, UNAIDS Executive Director, letter to Human Rights Watch, March 30, 2010). One month later, in April 2010, Sidibé told the audience of an international harm reduction conference that the “crimes which are being committed today in the name of drug detention must be denounced” (Hungarian Civil Liberties Union, 2010).

In May 2010, the UN country team in Cambodia issued a statement saying that “there is no reason for the [drug detention] centers to remain open” (United Nations in Cambodia, 2010). In June, in response to criticism of their financial support to drug detention centers in Cambodia, UNICEF’s East Asia and Pacific Regional Office issued a statement that said that UNICEF had “advocated strongly to progressively close drug rehabilitation centres” (UNICEF, 2010).

Later that month, at a meeting in Canada, Michel Kazatchkine, the director of the Global Fund against HIV, TB and Malaria, said that “All compulsory drug detention centers should be closed” (Hungarian Civil Liberties Union, 2010). He reiterated the call in July at the International AIDS Conference in Vienna (Kazatchkine, 2010).

Criticism of drug detention centers and calls for their closure continued in 2011, now including bi-lateral donor agencies. In May 2011, the Director General of AusAID wrote that “Australia’s position on compulsory drug detention centres is that they should be closed” (Director General of AusAID, letter to Human Rights Watch, May 31, 2011). Also in May, the World Medical Association (WMA) and the International Federation of Health and Human Rights Organizations (IFHHRO) called for the closure of centers (IFHHRO & WMA, 2011). In June 2011, the UK development agency said that it unequivocally opposed Vietnamese detention centers (A. Mitchell, UK Secretary of State, letter to Human Rights Watch, June 2, 2011). In September and October 2011, Human Rights Watch issued two additional reports, examining abuses in detention centers in Vietnam and Lao PDR (Human Rights Watch, 2011a, 2011b). Both reports called on government to close drug detention centers, and in the reports and in direct advocacy, the organization asked international donors to support such calls.

Abuses in drug detention centers were also taken up by the Children’s Rights Committee (CRC), the institution responsible for upholding the Children’s Rights Convention. In two consecutive sessions, in June and October, the CRC asked Vietnam and Cambodia to address detention and abuses against children in detention centers (UN CRC, 2011a, 2011b). Subsequently, the Committee called on Cambodia to immediately release children in detention centers and investigate torture and ill-treatment, and for Vietnam to take effective measures to address torture, ill-treatment, and forced labor of children in detention (UN CRC, 2011c, 2012). In December of 2011, the Special Rapporteur on Health repeated his past criticism of drug detention centers, calling for their closure, and describing them as “ineffective and counterproductive” (UN Office of the High Commissioner for Human Rights (OHCHR), 2011).

The culmination of these calls for closure was in March 2012, when 12 UN agencies – the International Labor Organization, UN Office of the High Commission for Human Rights, UN Development Program, UNFPA, UNHCR, UNICEF, UNODC, UN Women, World Food Programme, WHO and UNAIDS – issued a joint statement condemning compulsory drug detention and calling for the immediate closure of drug detention centers, emphasizing the health and human rights risks to detainees (United Nations, 2012).

### History of engagement

The evolution of these statements calling for the closure of compulsory drug detention centers belies a complex history of engagement by UN agencies and donors prior to 2010 and, to a lesser degree, on-going. The reasons given for support to drug detention centers have varied, and include the desire to build the capacity of centers to provide drug dependency treatment, a ‘humanitarian’ response, and strategic engagement with government officials. Three examples – of UNICEF’s support for the Choam Chao detention center in Cambodia, bi-lateral donor support for the Somsanga detention center in Lao PDR, and bi- and multi-lateral donor support for Vietnamese detention centers – demonstrate both the history and rationale of donor engagement with drug detention centers, and varying responses to international attention to human rights abuses.

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