



Commentary

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



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ARTICLE INFO

Article history:

Received 12 December 2012

Received in revised form 22 April 2013

Accepted 27 May 2013

Keywords:

Drugs

Detention

Human rights

Drug dependency

Law

Ethics

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.

Table 1
Statements by international authorities on drug detention, March 2008–February 2013.

Organization	Date	Quote
Special Rapporteur on Torture	February 2013	Called on states to “Close compulsory drug detention and “rehabilitation” centres without delay” and on donors to “Cease support for the operation of existing drug detention centres...” (UN Human Rights Council, 2013)
Special Rapporteur on Health	June 2012	Recommends that Vietnam close its drug “rehabilitation centres... with a view to replacing the current practice of compulsory detention and non-consensual treatment with alternative forms of treatment, care and support in compliance with international human rights standards” (UN Human Rights Council, 2012)
UNODC	May 2012	Compulsory drug detention centers cannot be considered an “alternative to treatment,” raise a number of human rights concerns, which if present may require UNODC to withdraw support (UNODC, 2012)
Committee on the Rights of the Child	March 2012	Recommends that Vietnam “[p]ursue its plan to revise the administrative detention system for children with drug addiction, and develop alternatives to deprivation of the child’s liberty in such situations, focusing on community-based treatment” (UN Committee on the Rights of the Child, 2012)
ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNAIDS, WHO, WFP, UN Women, UNODC	March 2012	“The UN entities which have signed on to this statement call on States that operate compulsory drug detention and rehabilitation centres to close them without delay and to release the individuals detained... and implement voluntary, evidence-informed and rights-based health and social services in the community” (United Nations, 2012)
ONDCP/NIDA	December 2011	“The practices alleged to have taken place in Vietnam’s drug detention centers are inconsistent with NIDA’s principles of drug treatment. Furthermore, agents who would routinely and without due process force drug users to undergo ‘treatment’ and ‘rehabilitation’ in the conditions described in [HRW’s] report not only would violate NIDA’s principles of drug treatment, but also would infringe upon internationally recognized human rights” (Kerlikowske & Volkow, 2011)
Committee on the Rights of the Child	August 2011	Recommends that Cambodia “[e]nsure that children in any form of arbitrary detention, whether in drug treatment and rehabilitation, social rehabilitation or any other type of Government-run centre are released without delay” (UN Committee on the Rights of the Child, 2011c)
UN Country Team/Vietnam	August 2011	“In addition to its concern about the lack of due process for all those under administrative detention, the UN Country Team (UNCT) in Viet Nam has specific concerns about the compulsory detention of sex workers and/or people who use drugs. These centres for sex workers and people who use drugs do not provide either effective treatment or rehabilitation and the UNCT does not support their use” (United Nations in Vietnam, 2011)
UNICEF	June 2011	“In 2009, UNICEF and other UN agencies developed a joint position on addressing drug use in the country and advocated strongly to progressively close drug rehabilitation centres and to replace these centres with community-based drug dependence treatment services. We have also called for the immediate release of all children from drug detention centres and the reintegration of these children back into their families and communities” (UNICEF, 2010)
Committee Against Torture	January 2011	Calls on Cambodia “to establish a national system to effectively monitor and inspect all places of detention, including... Drug Rehabilitation Centres... and to follow up to ensure effective monitoring” (UN Committee Against Torture, 2011)
WHO/Ministry of Health, Malaysia	March 2011	Recommends “rapid transformation of compulsory rehabilitation centres focusing on abstinence into cure and care centers with a wide range of treatment and care options to meet PWUD’s needs” and “significantly reduced reliance on drug rehabilitation centres and compulsory treatment” (WHO & Ministry of Health Malaysia, 2011)
Special Rapporteur on Health	August 2010	“Compulsory treatment primarily infringes the right to health in two ways. First, this “treatment” generally disregards evidence-based medical practices, and thus fails to meet the quality element of the right to health, as elaborated by the Committee on Economic, Social and Cultural Rights. Second, treatment is often conducted en masse and disregards the need for informed consent to be given on an individual basis” (UN General Assembly, 2010)
WHO, UNAIDS, UNODC, Global Fund, ANPUD	July 2010	“Compulsory centres for drug users are a common approach to “treatment” of drug users in the region... The centres contravene international human rights law which seeks to ensure the right to due process before incarceration” (WHO, UNAIDS, UNODC, & The Global Fund, ANPUD, 2010)
Global Fund to Fight AIDS, Tuberculosis and Malaria	July 2010	“I have called and will continue to call for the closure of all compulsory drug detention centers... I will continue to raise this issue in my meetings with concerned governments, such as when I met with the Vietnamese delegation here at the conference earlier today” (Kazatchkine, 2010)
UNAIDS	March 2010	“Drug treatment centres... are in violation of human rights... I believe the centres in Cambodia should be closed” (M. Sidibé, personal communication, March 30, 2010)
UNODC	March 2010	“Only in exceptional crisis situations of high risk to self or others can compulsory treatment be mandated for specific conditions and for short periods that are no longer than strictly clinically necessary. Such treatment must be specified by law and subject to judicial review” (UNODC, 2010a)
Special Rapporteur on torture	February 2010	“The Special Rapporteur remains concerned about the use of “Re-education through Labour” and similar forms of administrative detention, particularly the “coercive quarantine for drug rehabilitation” and the treatment of such detainees... He reiterates his recommendations concerning the guarantee of habeas corpus or equivalent means to challenge the lawfulness of detention and the full guarantee of the right to fair trial” (UN Human Rights Council, 2010)
UNODC and WHO	March 2008	“As any other medical procedure, in general conditions drug dependence treatment, be it psychosocial or pharmacological, should not be forced on patients. Only in exceptional crisis situations of high risk to self or others, compulsory treatment should be mandated for specific conditions and periods of time as specified by the law” (UNODC & WHO, 2008)

UNICEF support for Choam Chao

In September 2009, Human Rights Watch presented to UNICEF research documenting abuses in Cambodian detention centers, including in the Choam Chao center just outside of Phnom Penh. The research included testimony by children that they were held against their will; routinely beaten, sometimes with electrical cables; forced to work; and subject to other abuses, including rape (Human Rights Watch, 2010b). UNICEF was provided the information four months in advance of its public release because it had provided funding for the operation of the Choam Chao center since 2006. During the same time period, UNICEF had funded numerous projects seeking to keep children from detention and protect them from physical and sexual abuse.

In January 2010, when the research was publicly released (Human Rights Watch, 2010b), the UNICEF country representative for Cambodia told the press that while these kinds of abuses are “typical in [such] centers,” he rejected the claims of abuse in the Choam Chao center, and suggested that reports of abuse were dated, or from a different center (Amon, 2010b). The country representative also maintained that the Choam Chao center operated on a voluntary basis. At the same time, UNICEF acknowledged that it did not routinely monitor conditions at Choam Chao, and after having received the allegations of abuse, had taken no steps to investigate. Simultaneously, a spokesperson for the Cambodian Ministry of Social Affairs defended its operation of drug detention centers from allegations of abuse, in part by citing its receipt of UNICEF funding (Amon, 2010a).

Over the next few months, UNICEF continued to insist upon a strategy of engagement with the Cambodian government, explicitly rejecting calls to investigate conditions at the center, or advocate for its closure. The representative explained to the media that “it’s not within our [UNICEF’s] vocation to confirm or deny” allegations of human rights abuses (Loy, 2010). In an interview with Radio Australia, the representative said UNICEF would not withdraw funding from the center, as the organization’s approach was “to look for the positive” (Radio Australia, 2010a). In late March, UNICEF’s representative visited the center and reported to the press that he had found no abuses. The representative told the press that while he had not spoken privately to children in the center on his visit, he had found them to be “engaging” (Radio Australia, 2010b).

Local media continued to report on the controversy, and included the testimony of children they had independently interviewed who also reported forced confinement and beatings (Ferrie, 2010; Loy, 2010). Finally, in May 2010, UNICEF staff conducted private interviews with former detainees. On June 8, UNICEF issued a statement in which it reversed its previous position, reporting that it had found evidence of limited abuses perpetrated by youth supervisors and one staff member (UNICEF, 2010). Although UNICEF did not identify whether their investigation had examined, or found evidence of, violations of due process protections or arbitrary detention, it called for the immediate release of all children from drug detention centers in Cambodia. Following the release of the statement, the government stopped admitting children to the center; soon afterwards, the center closed (Loy, 2010).

Building the Somsanga detention center, Lao PDR

UNICEF’s financial support of a drug detention center is by no means unique, and their justification of support as a strategy of engagement is common. In Lao PDR, the Somsanga center is a large complex of concrete buildings, guarded by police and enclosed with high walls and barbed wire. Encompassing a set of “upper buildings” with a clinic and dormitory (where patients can stay if their parents or relatives are willing to pay monthly fees of between approximately US \$40–\$60) and “lower buildings”, which house

hundreds and sometimes over a thousand detainees (held without due process) in overcrowded cells, the center has received funding from donors since its construction in 1996 (Human Rights Watch, 2011b).

Between 2001 and 2012 donors, including the United Nations Office on Drugs and Crime (UNODC), the US State Department’s International Narcotics and Law Enforcement (INL) office, the German Development Agency, the Singaporean Embassy and Singapore International Foundation provided financial support to the center, including for the construction of a health clinic, vocational training programs, and building renovations (Singapore International Volunteers, n.d.; UNODC, 2011). Support by donors greatly expanded the number of people Somsanga could detain (US State Department, 2011), allowing it, among other things, to expand women’s detention facilities (Embassy of the United States: Lao PDR, 2008), and build the center’s walls and fences (Invitation for bids, 2010a, 2010b).

Donors justified their funding to Somsanga with a range of explanations. For example, the German Embassy said that their funding of services helped “create access and transparency” (Embassy of the Federal Republic of Germany, letter to Human Rights Watch, August 4, 2011). The US INL office stated that “our assistance is critical in helping to bring the [Somsanga] center more closely in line with internationally recognized treatment practices and international standards” (Assistant Secretary of State for International Narcotic and Law Enforcement Affairs, letter to Human Rights Watch, October 14, 2011). US support continued even in the face of detailed criticism of widespread abuses, including suicides, within the facility (Human Rights Watch, 2011b). In June 2012, the US committed \$400,000 in aid to Somsanga and other detention centers in Lao PDR (Embassy of the United States: Lao PDR, 2012).

Financial support as strategic engagement and humanitarian response in Vietnam

Bilateral and multilateral donors have also funded the construction of drug detention centers in Vietnam. For example, Japan provided US \$86,197 to the Ha Nam Drug Addict Treatment Center in Vietnam, for “rehabilitation facilities for women addicts” (Australian/Japanese Regional Chair for South East Asia and China, 2008). Another contribution (of US \$77,380) financed the construction of the “Dormitory and Treatment House for Drug Addicts in the Center of Education, Labour and Social Affairs of Quang Nam Province” (Japanese Regional Chair for South East Asia and China, 2009).

Other donors have supported the training of security staff inside drug detention centers. In Vietnam, UNODC (with more than US \$1 million provided by Australia, Luxembourg and Sweden) managed a project from 2004 to 2011 to train security staff from 10 provinces in drug dependency treatment. Another UNODC project provided training to detention center staff on the principle that “drug detention does not have to be voluntary to be effective” (UNODC, 2009, 2010b).

The US government, through INL, the President’s Emergency Plan for AIDS Relief (PEPFAR), USAID, and the Centers for Disease Control and Prevention (CDC), have also funded capacity building activities, including training detention center security staff (Australian Regional Chair for South East Asia and China, 2007; Australian/Japanese Regional Chair for South East Asia and China, 2008; Offner & Dekker, 2009; US State Department, Bureau for International Narcotics and Law Enforcement Affairs, 2008), and supporting vocational training and health programs. For example, USAID funded a project in Vietnam, operating between 2003 and 2008, that worked to “integrate and transition” detainees to work in private sector garment factories (SMARTWork, n.d.).

USAID and UNODC frequently have insisted that engagement through funding of activities in detention centers helps to guide their eventual closure, or, at a minimum, maintains an important dialogue with government officials. For example, UNODC defended its history of financial support and technical assistance to Vietnam's detention centers by explaining, "we cannot dictate but seek to advocate and maintain a dialogue, for which the implementation of technical assistance projects provide an opportunity which must be seized" (Deputy Executive Director of UNODC, letter to Human Rights Watch, August 10, 2011).

Other donors identified their funding of activities in detention centers as consistent with "humanitarianism", even if they did not propose a response based upon humanitarian principles, such as urgency, impartiality, independence, or accountability to beneficiaries (Minear & Weiss, 1993). For example, between 2005 and 2010 the World Bank provided US \$1.5 million to renovate health clinics in three detention centers on a pilot basis, then funded government authorities to implement HIV-related services in drug detention centers in 20 provinces (Png, 2005; M. Kwarka, letter to Human Rights Watch, June 9, 2011). In correspondence with Human Rights Watch, the World Bank's country director noted: "The World Bank targeted the centers because avoiding them would have resulted in serious public health risk, including many more infections and deaths. The overriding factor in our decision was the risk to the people in these centers and their right to lifesaving prevention and treatment" (Png, 2005; M. Kwarka, letter to Human Rights Watch, June 9, 2011).

The Global Fund has also cited "humanitarianism" in explaining its funding to Vietnam's government to provide HIV and TB prevention, testing, and treatment services in drug detention centers (The Global Fund and the Ministry of Health of Vietnam, 2007, 2009, 2010). In a 2009 letter to Human Rights Watch, the GF executive director estimated that GF activities took place in 35 detention centers and reached 13,500 detainees (M. Kazatchkine, letter to Human Rights Watch, June 11, 2009). A year later, Vietnam's Country Coordinating Mechanism (CCM) sought additional GF money to expand support for training and services in 30 more centers, aiming to bring the total number of drug detention centers receiving GF support to 65 (over half the total number in Vietnam) (Vietnam Country Coordinating Mechanism, 2010). At the same time that the GF executive director said that the GF recognized that detention centers "do not provide effective treatment and rehabilitation" and that the GF did not "support their use," he argued that not funding effective HIV services in the centers would be "inhuman" (M. Kazatchkine, letter to Human Rights Watch, June 11, 2009).

However, the GF's support for activities in drug detention centers shifted markedly in 2010–2011, following widespread reports of abuse. After an extensive review of GF support to detention centers in the region, the GF's executive director outlined a policy of limiting GF support to services that provide direct "support, treatment and prevention of HIV and TB," eliminating support for capacity building efforts and activities not considered "life-saving". However, specific mechanisms for ensuring that governments abide by this restriction were not publicly identified.

Evolving government approaches

Legal reform

Despite rhetoric that drug users are "patients" not "criminals", laws, policies and practices of governments in the region reveal an approach to drug use based upon establishing social order and meting out punishment. For example, in response to a survey administered by UNODC in East and Southeast Asia, one anonymous country representative acknowledged that drug users were

detained "to maintain peacefulness and reduce disturbances in the community" (UNAIDS, 2010).

Drug control policies, laws and practices in East and Southeast Asia typically establish drug dependency "treatment" as *en masse* detention, overseen by security forces, for periods ranging from months to years. "Treatment" is based upon forced abstinence, despite evidence that abstinence does not effectively address drug dependency (World Health Organization (WHO), 2004), and that drugs are often available in detention settings (Jürgens, Nowak, & Day, 2011). Compulsory exercise and/or labor are common elements of "treatment", either in the belief that they will directly aid in drug dependency treatment (for example, by sweating out toxins) or to aid in social rehabilitation upon release (Human Rights Watch, 2012).

In the past decade, with increasing criticism of human rights abuses in compulsory drug detention centers (Human Rights Watch (HRW), 2008, 2010a, 2010b, 2011a, 2011b), and recognition of high relapse rates (Hao, Yang, Zhang, & Li, 2001; Liu, 2003; Ministry of Labour of Vietnam Invalids and Social Affairs, 2008; Sun, Ye, & Qin, 2001; Wan, 2001), a number of legal and policy reforms have been passed. For example, reforms in the last five years in China include: the elimination of detention in "reeducation-through-labor" centers for drug users (Yu, 2007); prohibitions on physical punishments of drug users in detention centers (Jingjing, 2012); minimum standards of medical care in detention centers (Lipes, 2010); amended drug control laws to "exempt from punishment" drug users who voluntarily seek drug treatment, and protection of personal information of drug users (Anonymous, 2011); and prohibitions on forced labor in detention (Yinan & Yin, 2012).

More limited reforms have also been passed in Vietnam. In mid-2012, debate over compulsory detention and rehabilitation of drug users and sex workers in the Vietnamese National Assembly led to the passage of a law eliminating administrative detention of sex workers and granting individuals in drug detention centers the right to have court hearings on their cases and legal representation in court (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2012). At the same time, the Assembly rejected the elimination of administrative detention for drug users, and the extent to which drug users are able, in practice, to access legal representation and court hearings is unclear.

An October 2012 meeting on drug policy sponsored by UNODC, the UN Economic Social Commission for Asia and the Pacific, and UNAIDS, suggests the possibility of further reforms. At the meeting, attended by nine East and Southeast Asian countries (including China, Vietnam, Cambodia and Lao PDR), countries agreed to decrease the numbers of compulsory detention centers and the number of people being detained in such centers, "at a rate to be determined by the country" (UNAIDS, 2012, para. 14).

On-going rhetorical and financial support for drug detention

Real and promised reforms, and increased criticism of drug detention centers and calls for their closure, have not always led to the closure of centers or the end of financial support to centers. In contrast to reports by international human rights organizations and criticism from UN agencies, state-run media often portray drug detention centers in a positive light, for example, publishing photos of individuals in drug detention centers working and engaged in "therapy" (including yoga, kicking large stuffed figures, and dancing (Anonymous, 2009, 2012; Jingjing, 2012; Yan, 2010; Xinhua News Agency, 2004)). Other reports include comments by government officials that unreservedly reveal abuses and attitudes supportive of compulsory detention. For example, the commander of a detention center run by the military police in Cambodia described to the press how detainees at his center were forced to stand in the sun or "walk like monkeys" as punishment for attempting to escape

(Smith, 2010). Similarly, a Cambodian Interior Ministry spokesperson suggested to a reporter that those in detention “need to do labor and hard work and sweating – that is one of the main ways to make drug-addicted people become normal people” (Deutsche Presse-Agentur, 2010). Sometimes statements by government officials suggest both an acknowledgement of criticisms of compulsory drug detention centers, and a lack of understanding of those criticisms. For example, the head of the National Authority for Combating Drugs in Cambodia said in a speech: “All drug users go to the centers voluntarily, and if they don’t volunteer, we arrest them” (Embassy of the United States: Cambodia, 2010).

Funding and support for compulsory drug detention centers also continues. The International Narcotics Control Board (INCB), UNODC and the US have all funded programs and/or made statements that undermine international calls for the closure of drug detention centers. In addition to US support for the Somsanga center, mentioned above, in early 2012, INCB praised Vietnam for their “steps taken. . . to improve the treatment and rehabilitation of drug abusers.” INCB further called on Vietnam to “reinforce and support existing facilities” yet made no mention of the widespread human rights violations occurring in drug detention centers (INCB, 2012).

Between 2008 and 2011, UNODC provided technical assistance to the Cambodian government in drafting revisions to the country’s drug control law. The revised law increased criminal penalties for possession of drugs for personal use and lengthened periods of detention for compulsory treatment – a result consistent with UNODC’s project goal to “strengthen” penalties in the law (Loy & O’Toole, 2011). In March 2012 (the same month the joint UN statement calling for the closure of detention centers was released), UNODC co-sponsored a fashion show to raise funds for the Somsanga drug detention center in Lao PDR (KPL Lao News Agency, 2012).

In February 2013, Wu Zunyou, the head of the National Centre for AIDS/STD Control and Prevention at the Chinese Center for Disease Control and Prevention, was invited by the Bulletin of the WHO to write a commentary in support of compulsory detention for drug dependency treatment. Without citing any specific research, he stated that drug detention centers in China provide “educational programmes, job skills training programmes and physical exercise routines in a safe, isolated environment. Some even offer opportunities for manual work.” He went on to claim that: “these centres increase the personal safety of both the individuals who have opioid dependence and the members of the communities in which they live” (Wu, 2013).

Conclusions

The process of policy change – in this case, towards the respect and protection of the rights of drug users – is multifaceted and, nearly always, challenging. Over the past five years, significant changes have occurred, with governments, donors, and UN agencies adjusting their understanding, rhetoric, and, to a more limited extent, their policies and laws related to compulsory drug detention centers.

However, evaluating the pace and the cause of policy change related to compulsory drug detention centers is difficult. Little government information is published on the exact number of individuals held in detention centers, their average detention periods, or even the number of detention centers that exist. Independent monitoring organizations are not permitted access to detention centers – or to some countries in East and Southeast Asia – and donors and NGOs funding or implementing activities in detention centers have little independent authority to assess conditions or thoroughly report on their activities. The bottom-line though seems clear: despite widespread calls for the immediate closure of

compulsory drug detention centers, there continue to be hundreds of thousands of individuals detained without due process and subject to widespread human rights abuses in the name of “treatment”.

Among donor agencies only UNODC has also developed and publicized policy guidance addressing human rights risks of engagement in drug detention centers (as part of guidance on the organization’s human rights responsibilities in the context of counter-narcotics and other aid). The guidance, released in May 2012, recommends action to be taken in cases in which UNODC’s work may conflict with human rights norms. With respect to drug detention centers, UNODC expressed concerns about reports of serious human rights abuses in the centers, stating: “Direct UNODC support to any institution in which the above violations [lack of due process, lack of evidence-based treatment, lack of harm reduction, mistreatment] are present places UNODC at an unacceptably high risk of providing aid or assistance to human rights abuses. UNODC must in such cases either work with these institutions to improve the human rights situation, or to consider withdrawal of support” (UNODC, 2012, p. 13). While other donors have said that they have reviewed their engagement and funding, none have publicly released a description of human rights criteria for funding or conducting activities in detention centers, or described in detail how they will monitor their programs for human rights abuses and respond to abuses they identify.

The decision by UN and donor agencies to issue unequivocal calls for the closure of compulsory drug detention centers represents an important recognition of the role of donors in upholding the respect, protection and fulfillment of human rights. However, much more work is needed to achieve the identified goal.

Acknowledgements

The authors wish to thank the many individuals, and especially those formerly detained in drug detention centers, who participated in this research. In addition, Margaret Wurth and Alex Gertner provided critical editorial assistance. The preparation of this article was supported by Aids Fonds Netherlands.

Conflicts of interest

We declare that we have no conflicts of interest.

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