

## Round table discussion

### Advocates need to show compulsory treatment of opioid dependence is effective, safe and ethical

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Zunyou Wu, the author of this round table,<sup>1</sup> attempts to rebut the United Nations' recent criticism of compulsory treatment centres for opioid dependence by arguing that: (i) illicit opioid dependence is not simply a health problem, since the dependent person's behaviour can adversely affect other community members through drug-related crime, use of illicit opioids in public, and transmission of blood-borne viral infection when the opioids are injected; (ii) the rights of people who are dependent on illicit opioids need to be balanced against the rights of the community that is adversely affected by their use of these drugs; (iii) compulsory treatment for opioid dependence is justifiable because it reduces the harms caused to both the dependent person and the community; and (iv) since voluntary treatment is not completely effective in reducing the harms associated with illicit opioid dependence, compulsory treatment must also be provided.

We accept the first and second premises but do not believe that they suffice to justify compulsory treatment for dependence on illicit opioids. Such treatment requires evidence that opioid-dependent individuals are unable to control their habit unless compelled to undergo treatment. As for the third and fourth claims, the evidence is either insufficient or misinterpreted. The author seems to place the burden of proving that such treatment is ineffective and unsafe on the critics of compulsory treatment, rather than assuming the responsibility of demonstrating that it is ethically acceptable, safe and effective. He can do so safe in the knowledge that critics cannot present evidence to the contrary because the governments that operate compulsory treatment centres do not allow their independent and rigorous evaluation.

The author puts forth only one argument in defence of the effectiveness of compulsory treatment for dependence on illicit opioids: that the use of these drugs is likely to be much lower in compulsory treatment centres than in the community. By the same logic, it could be argued that imprisonment qualifies as treatment because the use of injected opioids is less common in prisons, although much riskier when it does occur than it is in the community.<sup>2</sup>

The author's support of compulsory treatment for dependence on illicit opioids is at odds with the consistent failure of this type of treatment over the past century in Australia,<sup>3</sup> China<sup>4</sup> and the United States of America.<sup>4</sup> He also ignores the fact that no evidence of the efficacy and safety of contemporary programmes for compulsory treatment has been generated in the Russian Federation, Sweden or the Australian treatment programme that he cites in support.<sup>3,5,6</sup>

We applaud the fact that China is offering more effective forms of treatment for opioid dependence, including methadone maintenance treatment. It would be better still if compulsory treatment centres no longer formed a part of China's

response to the real public health and social problems caused by opioid dependence in its population. ■

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### References

1. Wu Z. Arguments in favour of compulsory treatment of opioid dependence. *Bull World Health Organ* 2013;142–145.
2. Hall W, Doran C, Degenhardt L, Shepard D. Illicit opiate use. In: Jamison DT, editor. *Disease control priorities in developing countries*. New York: Oxford University Press; 2006. pp. 907–31.
3. Hall W, Lucke J. Legally coerced treatment for drug using offenders: ethical and policy issues. *Crime Justice Bull* 2010;144:1–12.
4. Dikötter F, Laamann LP, Xun Z. *Narcotic culture: a history of drugs in China*. London: Hurst and Company; 2004.
5. Broadstock M, Brinson D, Weston A. *The effectiveness of compulsory, residential treatment of chronic alcohol or drug addiction in non-offenders: a systematic review of the literature*. University of Canterbury: Health Services Assessment Collaboration; 2008.
6. Wild TC, Roberts AB, Cooper EL. Compulsory substance abuse treatment: An overview of recent findings and issues. *Eur Addict Res* 2002;8:84–93. doi:10.1159/000052059 PMID:11979011

### Voluntary treatment, not detention, in the management of opioid dependence

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The compulsory treatment of opioid dependence is an approach to the management of opioid use based on detention in locked facilities resembling low security prisons where the main activities are drug education, military style drills and manual labour.<sup>1–7</sup> These centres are not part of the criminal justice system or subject to judicial oversight and their detainees have not necessarily been convicted of any crime. Staffed by security personnel, they do not provide the kind of evidence-based treatment that is described elsewhere in this theme issue and are probably more aptly named “extrajudicial drug detention centres” than “compulsory treatment centres”.

In his defence of the use of drug detention facilities in China,<sup>8</sup> Wu argues that the concerns indicated in a recent United Nations statement<sup>9</sup> are based on a “western” sense of ethics and that in more communitarian societies drug detention centres play a role in a spectrum of responses. He also argues that such centres pose little risk of maltreatment and poor health to detainees and that detention in them is practically as effective as voluntary, community-based treatment.

Societies undoubtedly vary in their perspectives on the appropriate balance between the rights of the individual and those of the community. More communitarian societies might be expected to justify the practice of social exclusion through confinement in compulsory drug detention facilities on the grounds that it is for the common good. On the other hand, there are some “western” countries without drug detention facilities but with high rates of imprisonment of people who use drugs. In a third group of countries there are neither drug detention centres nor high rates of imprisonment for people who use drugs. The difference between these three groups of countries lies not so much in their preference for individual versus community rights, but rather in their preference for

policies of social inclusion versus social exclusion for dealing with people who use illicit drugs, and perhaps in their capacity to implement such policies.

On the issue of the relative effectiveness of treatment and compulsory detention, we disagree with Wu's assertion that the evidence for the effectiveness of treatment approaches is mixed. Methadone maintenance treatment is one of the most effective and cost-effective treatments for a chronic, non-communicable disease known to modern medicine. It reduces heroin use, transmission of the human immunodeficiency virus (HIV), criminal activity and the risk of death in the treated individual, each by approximately two thirds.<sup>10</sup> On the other hand, there is no evidence provided that compulsory detention for opioid dependence is rehabilitative. Maximizing the proportion of people with drug use disorders who receive effective treatment is widely thought to benefit both the community at large and people who use illicit drugs. This can be done by ensuring that quality treatment is available, accessible and affordable.<sup>11</sup>

Treatment rates can be further improved by optimizing the interaction between the health-care system and the criminal justice system.<sup>12</sup> If, for example, someone with heroin dependence is arrested for stealing and faces imprisonment, he will be more motivated to start drug treatment if it reduces his chances of going to prison. Since successful treatment reduces the risk to the community, is generally cheaper for the state, and better for the individual, it is a "win-win" solution.

Many countries around the world are now developing such mechanisms of interaction between the criminal justice system and the health-care system.<sup>13</sup> Such arrangements can usually be made without any change in legislation, but several countries have introduced special legislation to facilitate this process. Voluntary treatment can also be offered in prison and on leaving prison. Many countries have a system whereby people are released from prison early on certain conditions, which may include treatment, and must return to prison if these are no longer being met. The interaction between the criminal justice system and the drug treatment system is one of the areas of focus of a recent initiative, the Joint UNODC/WHO Programme on Drug Dependence Treatment and Care,<sup>14</sup> now active in 15 countries.

The general experience with such methods of interaction between the criminal justice system and the health-care system has been positive, and most countries that are initiating collaboration between these systems are looking to expand them.<sup>13</sup> The threat of detention alone appears to be already more effective than detention itself in encouraging people to get treated. More often than not, the barrier is a lack of treatment places, not a lack of volunteers.

With the full use of effective, voluntary treatment, fewer people with opioid dependence would be committing the kind of crimes that would render them a danger to their communities. For the small group of people who commit serious crimes despite the opportunity to receive treatment, the criminal justice system is best placed to determine if social exclusion via detention is necessary, and to oversee that detention. Recent world history is full of examples of abuses committed in settings of extrajudicial detention. Similar stories are emerging from drug detention facilities, and the figures quoted by Wu<sup>8</sup> – that half the detainees in compulsory drug detention centres were in good health – are hardly encouraging for the other half. It is for good reason that the United Nations con-

siders "the deprivation of liberty without due process [...] an unacceptable violation of internationally recognized human rights standards".<sup>9</sup> ■

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### References

1. *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, Western Pacific Regional Office; 2009.
2. Wolfe D, Saucier R. In rehabilitation's name? Ending institutionalised cruelty and degrading treatment of people who use drugs. *Int J Drug Policy* 2010;21:145–8. doi:10.1016/j.drugpo.2010.01.008 PMID:20144540
3. *Skin on the cable: the illegal arrest, arbitrary detention and torture of people who use drugs in Cambodia*. New York: Human Rights Watch; 2010. Available from: <http://www.hrw.org/reports/2010/01/25/skin-cable> [accessed 7 January 2013].
4. *The rehab archipelago: forced labor and other abuses in drug detention centers in southern Vietnam*. New York: Human Rights Watch; 2011. Available from: <http://www.hrw.org/reports/2011/09/07/rehab-archipelago> [accessed 7 January 2013].
5. *Somsanga's secrets: arbitrary detention, physical abuse and suicide inside a Lao drug detention center*. New York: Human Rights Watch; 2011. Available from: <http://www.hrw.org/reports/2011/10/11/somsanga-s-secrets-0> [accessed 7 January 2013].
6. Cohen JE, Amon JJ. Health and human rights concerns of drug users in detention in Guangxi Province, China. *PLoS Med* 2008;5:e234. doi:10.1371/journal.pmed.0050234 PMID:19071954
7. Saucier R, Wolfe D, Kingsbury K, Silva P, editors. *Treated with cruelty: abuses in the name of drug rehabilitation*. New York: Open Society Foundations; 2011. Available from: [http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/treated-with-cruelty-20110624/treatedwithcruelty.pdf](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/treated-with-cruelty-20110624/treatedwithcruelty.pdf) [accessed 7 January 2013].
8. Wu Z. Arguments in favour of compulsory treatment of opioid dependence. *Bull World Health Organ* 2013;142–145.
9. *Joint statement: compulsory drug detention and rehabilitation centres*. Geneva: International Labour Organisation, Office of the High Commissioner for Human Rights, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organisation, United Nations Population Fund, United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Office on Drugs and Crime, United Nations Entity for Gender Equality and the Empowerment of Women, World Food Programme, World Health Organization & Joint United Nations Programme on HIV/AIDS; 2012. Available from: [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310\\_Joint%20Statement6March12FINAL\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf) [accessed 7 January 2013].
10. *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. Geneva: World Health Organization; 2009. Available from: [http://whqlibdoc.who.int/publications/2009/9789241547543\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241547543_eng.pdf) [accessed 7 January 2013].
11. *Principles of drug dependence treatment*. Geneva: World Health Organization; 2009. Available from: <http://www.drugsandalcohol.ie/14417/> [accessed 7 January 2013].
12. *From coercion to cohesion: treating drug dependence through health care, not punishment*. Vienna: United Nations Office on Drugs and Crime; 2010. Available from: [http://www.unodc.org/docs/treatment/Coercion/Final\\_eBook\\_Sept\\_2010.pdf](http://www.unodc.org/docs/treatment/Coercion/Final_eBook_Sept_2010.pdf) [accessed 7 January 2013].
13. *Alternatives to conviction or punishment for people with drug use disorders in the criminal justice system: examples of care from around the world*. Geneva: World Health Organization; 2013. Forthcoming.
14. World Health Organization [Internet]. Management of substance abuse. The Joint UNODC/WHO Programme on Drug Dependence Treatment and Care. Geneva: WHO; 2013. Available from: [http://www.who.int/substance\\_abuse/activities/unodc\\_who/en/index.html](http://www.who.int/substance_abuse/activities/unodc_who/en/index.html) [accessed 10 January 2013].