

Arguments against the compulsory treatment of opioid dependence

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The Asian Network of People Who Use Drugs finds a recent attempt to advocate for compulsory “rehabilitation” centres¹ founded on faulty arguments and dubious research that, if heeded, poses a direct threat to the human rights of people who use drugs and the dignity of society at large.

Wu’s round table article claims to refute the rationale behind the recent call made by 12 UN agencies “... to close compulsory detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community”.² In countries with compulsory centres, the detention of people who use drugs often occurs without sufficient due process, legal safeguards or judicial review, and there are frequent reports of physical and sexual violence, forced labour, sub-standard conditions, denial of health care, and other violations of human rights in such state-sanctioned centres.³ Yet Wu claims “... there is no evidence that people in such centres are at higher risk of opioid-related medical complications, infectious diseases or death, than those not living in compulsory treatment centres”. A 2010 report – one of many exposés – on compulsory drug treatment and forced labour shows that such centres deny access to treatment, put inmates at risk of physical abuse and forced labour.⁴ To imply that such unacceptable conditions may also exist in the community is the weakest possible defence for favouring compulsory centres.

The article suggests that we “... must take into account both the human rights of the opioid-dependent individuals and those of the people who live in their communities”, omitting the fact that deprivation of liberty without due process is always an unacceptable violation of human rights.⁵ When the rights of drug-using individuals have been compromised for community well-being, these measures have both failed to improve communities and forced people who use drugs further underground, encouraging needle-sharing and other

risky behaviours.^{6,7} State-sanctioned violence always reflects badly on society as a whole, not least in Asian countries that identify as community-oriented.

Wu proposes – and the discussants disagree – that compulsory centres make the community safer from violent criminals. Yet studies show that “... many dependent drug users do not commit any crimes other than drug use/possession, where it is criminalized”.⁸ Evidence also shows that low threshold treatments such as methadone maintenance programmes reduce involvement in crime.⁹

Wu proposes that: “Compulsory treatment centres should be part of a broader harm reduction strategy.” The UN system has recommended nine essential services for people who inject drugs, all of which have a strong evidence base and none of which sanction compulsory treatment.¹⁰ Compulsory drug rehabilitation centres have not shown to be effective in preventing relapse and they pose considerable risks to the well-being of detainees.^{11,12}

The UN Special Rapporteur has reported on abuse, torture, cruel and inhumane treatment and degrading punishment in health-care settings. With regard to mandatory drug treatment, the report states: “... State drug policies intentionally subject large groups of people to severe physical pain, suffering and humiliation, effectively punishing them for using drugs and trying to coerce them into abstinence, in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the ineffectiveness of punitive measures.”¹³ The UN office for Drugs and Crime further reminds us that: “Many countries provide long-term residential treatment for drug dependence without the consent of the patient that is in reality a type of low security imprisonment. Evidence of the therapeutic effect of this approach is lacking, compared to traditional imprisonment and community based involuntary drug treatment. It is expensive, not cost-effective, and neither benefits the individual nor the community.”¹⁴

We argue that compulsory drug centres fail in their stated aim of achieving abstinence and that the points made in favour of the centres do not amount to any rational excuse for keeping them open. The Asian Network of People who Use Drugs reaffirm our call for relevant states to close down compulsory drug detention centres, and for the UN system to rigorously discourage their continuation. We also offer our network as a resource for governments wishing to implement services that have been proven to reduce crime as well as improving health and human rights for people who use drugs. ■

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