Arguments in favour of compulsory treatment of opioid dependence

Zunyou Wu[a]

Abstract Twelve agencies of the United Nations, including the World Health Organization, have issued a joint statement that calls on Member States to replace the compulsory detention of people who use opioids in treatment centres with voluntary, evidence-informed and rights-based health and social services. The arguments in favour of this position fall into three broad categories: Compulsory treatment centres infringe on an individual's liberty, they put human beings at risk of harm, and evidence of their effectiveness against opioid dependence has not been generated.

The United Nations statement underscores that although countries apply different criteria for sending individuals to compulsory treatment centres, detention often takes place without due process, legal safeguards or judicial review. This clearly violates internationally recognized human rights standards. Furthermore, people who are committed to these centres are often exposed to physical and sexual violence, forced labour and sub-standard living conditions. They are often denied health care, despite their heightened vulnerability to HIV infection and tuberculosis. Finally, there is no evidence, according to the statement, that these centres offer an environment that is conducive to recovery from opioid dependence or to the rehabilitation of commercial sex workers or of children who have suffered sexual exploitation, abuse or lack of care and protection.

The author of this paper sets forth several arguments that counter the position taken by the United Nations and argues in favour of compulsory treatment within a broader harm reduction strategy aimed at protecting society as well as the individual concerned.

Abstracts in عربي, 中文, Français, Русский and Español at the end of each article.

Twelve United Nations agencies, including the World Health Organization, have issued a joint statement that calls on Member States to "close compulsory drug detention and rehabilitation centers and implement voluntary, evidence-informed and rights-based health and social services in the community".[1] In this paper I refute each of the claims made in support of this petition and argue in favour of compulsory treatment as one component within a broader harm reduction strategy aimed at protecting and reintegrating into society individuals who are opioid-dependent while ensuring the safety of the broader community.

First, opioid dependence should not be viewed solely as a medical issue affecting the individual, but rather, as a complex social problem that affects entire communities. Opioid dependence harms not only the users themselves, but also their families and neighbours and even strangers far beyond their immediate circle of acquaintances. Therefore, a comprehensive response to opioid dependence must take into account both the human rights of the opioid-dependent individuals and those of the people who live in their communities.[2] In fact, compulsory treatment centres provide not only short-term opioid substitution therapy for the treatment of withdrawal symptoms, but also educational programmes, job skills training programmes and physical exercise routines in a safe, isolated environment. Some even offer opportunities for manual work. Hence, these centres increase the personal safety of both the individuals who have opioid dependence and the members of the communities in which they live. Besides reducing the use of opioids, they protect opioid-dependent individuals from death and suicide, opioid-related criminal activity and the physical harm that might befall them in a general prison. In addition, they protect the individual's community through reductions in illicit opioid dealing, theft, vandalism, sexual assault and murder, and by mitigating the health risks associated with needle sharing and high-risk sexual behaviour.

The benefits of compulsory treatment centres for opioid dependence are substantial, albeit at the temporary expense of the opioid-dependent individual's autonomy. However, this terrain is admittedly fraught with ethical dilemmas. Efforts to protect the rights of individuals and efforts to protect the broader community need not conflict, but where is the ideal balance? Although an individual's human rights are generally upheld as universal and of paramount value and much has been written in their defence, are they more valuable than the rights of entire communities? In my view, what is regarded as the ideal balance in this context is rooted in cultural norms. In general, Western societies defend and protect individual rights over the rights of the broader community, while the opposite is true of Eastern societies.[3] An example may serve to illustrate the point. Are people who have been dependent on opioids for years and who, in many cases, have severe psychological problems, able to make rational decisions, provide informed consent for treatment or participate competently in their own due process? At what point does the broader community have a responsibility to intervene? Some experts argue, as I do, that mental illness itself deprives an individual of their autonomy by rendering them unable to make free choices. Under some circumstances, the individual's autonomy must be overridden for the sake of the community as a whole.[4,5]

Second, although physical violence and high-risk sexual behaviour sometimes occur in compulsory treatment centres, no scientific evidence so far supports the notion that in these centres such problems are more common than elsewhere, or that the opioid-dependent individuals who live in them are at higher risk of opioid-related medical complications, infectious diseases or death than those not living in compulsory treatment

[a] National Centre for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention, 155 Changbai Road, Changping District, Beijing, 102206, China.

Correspondence to Zunyou Wu (e-mail: wuzunyou@chinaaids.cn).

(*Submitted: 14 June 2012 – Revised version received: 30 October 2012 – Accepted: 12 November 2012*)

centres. In fact, a research report jointly authored by officials from China's Center for Disease Control and Prevention and Australian public health researchers shows quite the opposite. According to the report, about 50% of the interviewees, who were detained in a camp for re-education through labour, described their general health as good, very good or excellent.[6] Furthermore, testing for the detection of communicable diseases (including HIV infection, syphilis, hepatitis C, tuberculosis, etc.) is expanding in many compulsory treatment centres. This will make it possible to detect new cases of infectious disease earlier in this high-risk population, which is otherwise very difficult to access.

Third, the evidence on the relative effectiveness of compulsory treatment and of voluntary, community-based treatment for opioid dependence is still mixed. Opioid-dependent individuals, whether remanded to a compulsory treatment centre or voluntarily enrolled in a community-based treatment programme, often continue to use opioids and relapse immediately after their release or after treatment is completed or discontinued. They also frequently re-engage in criminal activity linked to their opioid dependence. Thus, it is becoming increasingly clear that neither option is a "magic bullet" for the complete and permanent rehabilitation of all opioid-dependent people. Opioid dependence is now widely recognized as a mental disorder and has been shown to permanently alter brain function. The effects of opioid dependence are lifelong and sometimes involve debilitating psychological co-morbidity.[7] Further research on this complex problem is required before the evidence surrounding the effectiveness of any single rehabilitation or treatment strategy for people with opioid dependence is deemed conclusive. More than likely, strategies will have to be tailored to different segments of the opioid-dependent population.

Compulsory treatment centres for opioid dependence play an important role within a broader harm reduction strategy. Voluntary treatment for opioid dependence is no longer unobtainable in some Asian countries. China has the largest methadone maintenance treatment network in the world.[8] Since 2004, the network has served more than 350 000 opioid-dependent individuals, cumulatively, in nearly 750 methadone maintenance treatment clinics across the mainland. Similar programmes are being piloted or scaled up in Cambodia, the Lao People's Democratic Republic, Malaysia and Viet Nam, and many Asian countries are taking aggressive steps towards broader, more comprehensive harm reduction strategies comprising educational campaigns, peer outreach, needle exchange programmes, voluntary counselling and testing programmes and expansion of treatment coverage for HIV infection.[9] Thus, opioid-dependent individuals in some Asian countries now have more opportunities than ever to choose treatment over continued opioid dependence.

Despite the wide availability of voluntary treatment options, however, a certain proportion of opioid-dependent individuals persistently refuse treatment and engage in offences related to their opioid dependence, including violent crimes.[2,10,11] In China, this proportion is thought to range from 60 to 90% (unpublished findings). Furthermore, a recent international study of the effects of methadone maintenance treatment programmes showed that they do reduce heroin dependence, but not opioid-related crime.[12] Rather, an expanding body of research suggests that community-based voluntary methadone maintenance treatment programmes are simply not enough to keep some opioid-dependent individuals from engaging in criminal activity[2] and that offenders' perceptions of legal pressure or coercion are very important in reducing rates of rearrest.[10,11] These studies have prompted some high-income countries to re-examine the idea of compulsory treatment and even open new compulsory treatment centres for opioid-dependent people.[2]

Although compulsory treatment centres vary widely in terms of management, prevailing conditions and the treatments offered, much room for improvement clearly exists. However, closing these facilities all at once and releasing their inmates into the community is not the answer. A more prudent course would be to gradually move towards embracing the recommendations in the United Nations' joint statement: not remanding people to compulsory treatment centres arbitrarily; establishing adequate oversight and reporting mechanisms in the centres, and reviewing the conditions within them.[1] Most the Asian countries cited in the joint statement are already actively engaged with various United Nations agencies and other international organizations in trying to learn and implement best practices in harm reduction strategies for opioid-dependent people.[9] Studies on the problems affecting Asia's compulsory treatment centres for opioid-dependent individuals are already under way. For example, a study from China explored ways to effectively transition opioid users in such centres to community-based methadone maintenance treatment clinics upon their release. The study provides evidence that administering methadone within compulsory treatment centres is beneficial not just for opioid substitution therapy or detoxification, which is the current practice, but also for methadone maintenance treatment.[13] Continued efforts to improve and expand on existing options for the rehabilitation of opioid-dependent people and to leverage a broad range of harm reduction strategies are the only way to effectively address the problem of opioid dependence.

In summary, I believe that compulsory treatment for opioid dependence should be retained as one component within a broader harm reduction strategy comprising voluntary treatment, needle exchange programmes, voluntary counselling and testing, expanded infectious disease treatment coverage, peer outreach and intensive educational campaigns. Compulsory treatment centres serve to protect the safety of both opioid-dependent individuals and their communities and offer a particularly important means of reaching the segments of the opioid-dependent population that repeatedly refuse outpatient treatment and engage in crime. ■

Competing interests: None declared.

ملخص

الحجج المؤيدة للعلاج الإلزامي المعتمد على المواد الأفيونية المفعول

أصدرت اثنتا عشرة وكالة تابعة للأمم المتحدة، من بينها منظمة الصحة العالمية، بياناً مشتركاً يهيب بالدول الأعضاء استبدال الاعتقال الإلزامي للأشخاص الذين يستخدمون المواد الأفيونية المفعول في مراكز العلاج بالخدمات الصحية والاجتماعية الطوعية المسندة بالبيّنات والمستندة على الحقوق. وتندرج الحجج المؤيدة لهذا الموقف ضمن ثلاث فئات واسعة: تنتهك مراكز العلاج الإلزامي حرية الفرد، وتعرض الإنسان لمخاطر الإصابة بالأضرار، ولم يتم تقديم البيّنات المعنية بنجاعتها ضد الاعتماد على المواد الأفيونية المفعول.

يشدد بيان الأمم المتحدة على أنه على الرغم من أن البلدان تطبق معايير مختلفة لإرسال الأفراد إلى مراكز العلاج الإلزامي، إلا أن الاعتقال عادةً ما يحدث دون محاكمة مشروعة أو ضمانات قانونية أو مراجعة قضائية. وهو ما ينتهك بشكل واضح المعايير المعترف بها دولياً في مجال حقوق الإنسان. علاوة على ذلك، فإن الأشخاص الذين يتم تسليمهم إلى هذه المراكز يتعرضون عادة للعنف الجسدي والجنسي والعمل القسري وظروف العيش متدنية المعايير. وغالباً ما يتم حرمانهم من الرعاية الصحية، على الرغم من ارتفاع قابلية التأثر بعدوى فيروس العوز المناعي البشري والسل. وفي النهاية، لا توجد بيّنات، وفقاً للبيان، تفيد بأن هذه المراكز توفر بيئة تساعد على التعافي من الاعتماد على المواد الأفيونية المفعول أو على إعادة تأهيل العاملين في تجارة الجنس أو الأطفال الذين عانوا من الاستغلال الجنسي أو الإيذاء أو الافتقار إلى الرعاية والحماية.

يحدد مؤلف هذه الورقة عدة حجج تعارض الموقف الذي اتخذته الأمم المتحدة ويؤيد في حججهم العلاج الإلزامي ضمن استراتيجية واسعة للحد من الأضرار تستهدف حماية المجتمع بالإضافة إلى الأفراد المعنيين.

摘要

支持阿片类药物依赖强制治疗的争鸣

包括世界卫生组织在内的12家联合国机构发表了一项联合声明，呼吁会员国不要将使用阿片类药物的病人强行羁押在治疗中心，而是代之以自愿、知证以及基于权利的卫生和社会服务。支持这一立场的主张可分为三大类：强制治疗中心侵犯个人的自由，它们让人面临受伤害的风险，其对阿片类药物依赖的治疗有效性尚无证据。

联合国声明强调，尽管各个国家在遣送个人到强制治疗中心的适用标准不同，羁押通常是在未经正当程序、法律保障和司法审查的情况下发生。这显然违反了国际公认的人权标准。此外，被遣送到这些治疗中心的人经常遭受身体暴力和性侵害、强迫劳动和恶劣生活条件中。尽管他们罹患艾滋病和肺结核病的风险很高，但是常常得不到卫生保健。最后，根据声明，还没有证据表明，这些中心提供有利于从阿片类药物依赖中恢复，或者有利于性工作者或遭受性剥削、虐待或缺乏照顾和保护的儿童康复的环境。

本文作者提出几点与联合国立场相左的主张，这些主张支持在以保护社会及相关个人为目标的更广泛的降低危害战略内进行强制治疗。

Résumé

Arguments en faveur du traitement obligatoire de la dépendance aux opioïdes

Douze agences des Nations Unies, parmi elles l'Organisation mondiale de la Santé, ont émis une déclaration commune qui appelle les États membres à remplacer la détention obligatoire des consommateurs d'opioïdes dans des centres de traitement par des services sanitaires et sociaux volontaires qui s'appuient sur des données probantes et soient fondés sur le droit. Les arguments en faveur de cette position se répartissent en trois grandes catégories: les centres de traitement obligatoire empiètent sur la liberté de l'individu, ils exposent les êtres humains à des risques et la preuve de leur efficacité contre la dépendance aux opioïdes n'a pas été démontrée.

La déclaration des Nations Unies souligne que même si les pays appliquent des critères différents pour l'envoi des individus dans des centres de traitement obligatoire, leur détention survient souvent sans procédure régulière, protection légale ou contrôle juridictionnel. Cet état de fait contrevient clairement aux normes des droits de l'homme reconnues au niveau international. En outre, les personnes remises à ces centres sont souvent exposées à des sévices physiques et sexuels, à du travail forcé et à des conditions de vie inférieures aux normes. Ils se voient souvent refuser des soins de santé en dépit de leur vulnérabilité accrue à l'infection par le VIH et à la tuberculose. Enfin, il n'y a aucune preuve, selon cette déclaration, que ces centres offrent un climat propice à la récupération de la dépendance aux opioïdes ou à la réinsertion des professionnels du sexe ou des enfants victimes d'exploitation sexuelle, de maltraitance ou de manque de soins et de protection.

L'auteur de ce document de travail avance plusieurs arguments contraires à la position adoptée par les Nations Unies et milite en faveur d'un traitement obligatoire participant d'une stratégie élargie de réduction des risques visant à protéger la société, mais aussi l'individu concerné.

Резюме

Аргументы в пользу принудительного лечения опиоидной зависимости

Двенадцать агентств Организации Объединенных Наций, включая Всемирную организацию здравоохранения, опубликовали совместное заявление, в котором призывали государства-члены заменить принудительное содержание потребителей инъекционных опиоидных препаратов в лечебных центрах добровольным осознанным медицинским и социальным обслуживанием на правовой основе. Аргументы в пользу данной позиции подразделяются на три категории: центры принудительного лечения ущемляют свободу личности, они подвергают людей риску нанесения вреда, а доказательства их

эффективности против опиоидной зависимости не приведены.

В заявлении Организации Объединенных Наций подчеркивается, что, несмотря на то, что страны применяют разные критерии при помещении лиц в центры принудительного лечения, подобное ограничение свободы часто не сопровождается надлежащими правовыми процедурами, правовыми гарантиями или судебным контролем. Это, несомненно, нарушает международно-признанные стандарты в области прав человека. Более того, люди, проходящие принудительное лечение в данных центрах, часто сталкиваются с физическим и сексуальным насилием, принудительным трудом и неприемлемыми условиями существования. Им часто отказывают в медицинской помощи, несмотря на их повышенную восприимчивость к ВИЧ-инфекции и туберкулезу. Наконец, согласно заявлению, отсутствуют доказательства того, что эти центры создают среду, способствующую избавлению от опиоидной зависимости или реабилитации работников коммерческого секса или детей, пострадавших от сексуальной эксплуатации, насилия или отсутствия заботы и помощи.

Автор данного доклада изложил несколько аргументов, которые противопоставляются позиции, высказанной Организацией Объединенных Наций, и приводит доводы в пользу принудительного лечения в рамках широкой стратегии по снижению вреда, направленной на защиту общества и заинтересованных лиц.

Resumen

Argumentos a favor del tratamiento obligatorio de la dependencia de opiáceos

Doce agencias de las Naciones Unidas, entre ellas la Organización Mundial de la Salud, han emitido una declaración conjunta que insta a los Estados miembros a reemplazar la retención obligatoria en centros de tratamiento de personas que hacen uso de opiáceos por servicios sociales y sanitarios voluntarios, basados en pruebas científicas y en sus derechos. Los argumentos a favor de esta postura se clasifican en tres amplias categorías: Los centros de tratamiento obligatorio atentan contra la libertad individual, ponen a las personas en riesgo y no existen pruebas de su eficacia contra la dependencia de opiáceos.

La declaración de las Naciones Unidas enfatiza que, aunque cada país aplica criterios distintos a la hora de enviar a los individuos a los centros de tratamiento obligatorio, es frecuente que la retención se lleve a cabo sin el debido proceso, la seguridad jurídica ni el examen judicial correspondiente, lo que viola claramente las normas de los derechos humanos reconocidas a nivel internacional. Además, las personas internadas en dichos centros se ven expuestas, con frecuencia, a violencia física o sexual, trabajos forzados y condiciones precarias de vida, y es frecuente que se les niegue la atención sanitaria a pesar de ser más vulnerables a la infección por VIH y a la tuberculosis. Por último, no hay ninguna evidencia, de acuerdo con la declaración, de que dichos centros ofrezcan un ambiente propicio para la recuperación de la dependencia a los opiáceos o para la rehabilitación de trabajadores sexuales o de niños que han sufrido explotación sexual, abusos o falta de cuidado y atención.

El autor del presente artículo describe numerosos argumentos que rebaten la posición adoptada por las Naciones Unidas a favor de un tratamiento obligatorio en el ámbito de una estrategia más amplia enfocada a la reducción del daño y cuyo objetivo es proteger tanto a la sociedad como al individuo afectado.

References

1. *Joint statement: compulsory drug detention and rehabilitation centres*. New York: International Labour Organization; Office of the High Commissioner for Human Rights; United Nations Development Programme; United Nations Educational, Scientific and Cultural Organization; 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 [accessed 19 November 2012].
2. Birgden A, Grant L. Establishing a compulsory drug treatment prison: therapeutic policy, principles, and practices in addressing offender rights and rehabilitation. *Int J Law Psychiatry* 2010;33:341–9. doi:10.1016/j.ijlp.2010.09.006 PMID:20923717
3. Kausikan B. Asia's different standard. *Foreign Policy* 1993;92:24–41. doi:10.2307/1149143
4. Williamson T. Ethics of assertive outreach (assertive community treatment teams). *Curr Opin Psychiatry* 2002;15:543–7. doi:10.1097/00001504-200209000-00013 PMID:15264342
5. Charland LC. Cynthia's dilemma: consenting to heroin prescription. *Am J Bioeth* 2002;2:37–47. doi:10.1162/152651602317533686 PMID:12189075
6. Wu Z, Liu W, Chen Y, Yap L, Reekie J, Butler T. *Health and wellbeing of re-education-through-labour camp (laojiaosuo) detainees in south-western China region. Summary report*. Sydney: University of New South Wales; 2012.
7. Volkow ND, Wang GJ, Fowler JS, Tomasi D. Addiction circuitry in the human brain. *Annu Rev Pharmacol Toxicol* 2012;52:321–36. doi:10.1146/annurev-pharmtox-010611-134625 PMID:21961707
8. Metzger DS, Zhang Y. Drug treatment as HIV prevention: expanding treatment options. *Curr HIV/AIDS Rep* 2010;7:220–5. doi:10.1007/s11904-010-0059-z PMID:20803321
9. Mesquita F, Jacka D, Ricard D, Shaw G, Tieru H, Hu Y et al. Accelerating harm reduction interventions to confront the HIV epidemic in the Western Pacific and Asia: the role of WHO (WPRO). *Harm Reduct J* 2008;5:26. doi:10.1186/1477-7517-5-26 PMID:18680604
10. Young D, Fluellen R, Belenko S. Criminal recidivism in three models of mandatory drug treatment. *J Subst Abuse Treat* 2004;27:313–23. doi:10.1016/j.jsat.2004.08.007 PMID:15610833
11. Somers JM, Currie L, Moniruzzaman A, Eiboff F, Patterson M. Drug treatment court of Vancouver: an empirical evaluation of recidivism. *Int J Drug Policy* 2012;23:393–400.
12. Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database Syst Rev* 2009;3:CD002209. PMID:19588333
13. Yan L. *A pilot study to refer drug users from detoxification centres to community-based HIV prevention services* [thesis]. Beijing: Peking Union Medical College; 2010. Chinese

Round table discussion

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

Wayne Hall[a] & Adrian Carter[a]

Zunyou Wu, the author of this round table,[1] attempts to rebut the United Nation's 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.[2]

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,[3] China[4] and the United States of America.[4] 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.[3,5,6]

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. ■

Competing interests: None declared.

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

Nicolas Clark,[b] Anja Busse[c] & Gilberto Gerra[c]

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.[1–7] 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,[8] Wu argues that the concerns indicated in a recent United Nations statement[9] 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.[10] 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.[11]

Treatment rates can be further improved by optimizing the interaction between the health-care system and the criminal justice system.[12] 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.[13] 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,[14] 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.[13] 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[8] – 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 considers "the deprivation of liberty without due process […] an unacceptable violation of internationally recognized human rights standards".[9] ■

Acknowledgements

The views of the authors do not necessarily represent the views of WHO or UNODC.

Competing interests: None declared.

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 [accessed 7 January 2013].
8. Wu Z. Auguments 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 [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 [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 [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 [accessed 10 January 2013].