



Closing of Compulsory Drug Detention Centres

IFHHRO Position

IFHHRO believes that the human rights of individuals who use controlled substances should always be respected, including the right to the highest attainable standard of health¹ and freedom from discrimination, arbitrary detention, torture and cruel, inhuman or degrading treatment.^{2 3}

IFHHRO believes that users of controlled substances have a right to equitable access to professional treatment and rehabilitation. Treatment decisions should be based on principles of medical ethics^{4 5} and evidence-based multidisciplinary best practice and on respect for the autonomy of the individual patient. Drug therapy should be administered according to professional guidelines and supervised by specially trained physicians.⁶

IFHHRO calls for the immediate closure of drug detention centres that practice arbitrary detention do not comply with minimum standards of care, do not respect principles of voluntary treatment and other human rights requirements and lack judicial and other forms of independent oversight.

IFHHRO calls for the replacement of the drug detention centres with evidence-based, community-based voluntary drug treatment that conforms to ethical standards and human rights norms.

Background

Multiple countries operate administrative detention centers for users of controlled substances; in total these centers house an estimated 400,000 people.⁷ These facilities are neither part of the criminal justice system nor are they rehabilitation or treatment programs. While doctors sometimes work inside the detention centers, they are typically run by police or the military and suspected drug users are often detained without regard to legal standards, procedural safeguards, or actual need for treatment. Some detention centers practice forced labor and other forms of ill-treatment of detainees, including torture and cruel, inhuman and degrading treatment and punishment.^{8 9 10}

The medical community has recognized that 'treatment of addiction, like treatment for any disease or condition, should be undertaken in the best interests of the patient and according to established principles of medical ethics.'¹¹ Drug therapy should be administered according to professional guidelines and supervised by specially trained physicians.¹² Community-based services such as substitution therapy are recognized as effective, evidence-based rehabilitation and treatment strategies. Such services also decrease the risk of HIV transmission.

The human rights of individuals who use or are addicted to controlled substances should always be respected, including the right to the highest attainable standard of health¹³ and freedom from discrimination, arbitrary detention, torture and cruel, inhuman or degrading treatment.^{14 15} They have a right to equitable access to medical treatment and allied rehabilitation services in accordance with generally approved medical principles.^{16 17}

As in other forms of medical care, drug dependency treatment should be voluntary^{18 19} and should respect and validate the autonomy of the individual. Patients should be fully informed about the risks and benefits of treatment choices. Furthermore, programs should create supportive environments and relationships to facilitate treatment, provide coordinated treatment of co-morbid mental and physical disorders, and address relevant psychosocial factors.²⁰

Administrative drug detention centres meet none of these standards. The report of the Special Rapporteur the Right to Health to the General Assembly of the United Nations in 2010 noted, for example, that “government and enforcement authorities that coerce or force drug-dependent individuals into centres where they are subject to ill-treatment and forced labour, instead of providing evidence-based medical treatment, discriminate against people who use drugs, denying them their right to access medically appropriate health care services and treatment.”²¹

Footnotes

1. ICESCR Art. 12, General Comment 14
2. ICCPR Art. 7
3. World Medical Association (WMA). Declaration of Tokyo
4. World Health Organisation (WHO). Guidelines for the Psychosocially Assisted Pharmacological treatment of Opioid Dependence, 2009
5. World Medical Association (WMA). Declaration of Lisbon
6. World Medical Association (WMA). Statement on the Responsibilities of Physicians in Preventing and Treating Opiate and Psychotropic Drug Abuse
7. Mathers et al, HIV prevention, treatment and care services for people who inject drugs: a systematic review of global, regional and national coverage; Lancet, 2010; 375:1014 - 1028
8. Human Rights Watch. Skin on the Cable: The Illegal Arrest, Arbitrary Detention and Torture of People who Use Drugs in Cambodia. 2010, New York: Human Rights Watch
9. Human Rights Watch. Where Darkness Knows No Limits.: Incarceration, Ill-Treatment and Forced Labor as Drug Rehabilitation in China. 2010, New York. Human Rights Watch
10. Thomson N. Detention as Treatment: Detention of Methamphetamine Users in Cambodia, Laos and Thailand. 2010, New York: Open Society Institute
11. World Medical Association (WMA). Statement on the Responsibilities of Physicians in Preventing and Treating Opiate and Psychotropic Drug Abuse
12. Ibid
13. ICESCR Art. 12, General Comment 14
14. ICCPR, Art. 7
15. World Medical Association (WMA). Declaration of Tokyo
16. World Medical Association (WMA). Declaration on the rights of the patient, Lisbon, 1981, amended Bali, 1995, editorially revised Santiago, 2005
17. World Medical Association (WMA). Declaration of Tokyo
18. UNODC. From coercion to cohesion: Treating drug dependence through healthcare not punishment. Working paper. 2 March 2010
19. UNGA, Report of the Special Rapporteur on torture and other forms of cruel, inhuman and degrading treatment or punishment, Manfred Nowak, Human Rights Council, Tenth Session, 2009, A/HRC/10/44, p. 19
20. World Health Organisation (WHO). Guidelines for the Psychosocially Assisted Pharmacological treatment of Opioid Dependence, 2009
21. UNGA, Rights of everyone to the enjoyment of the highest attainable standard of physical and mental health, 2010, A/65/255, p. 11



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The International Federation of Health and Human Rights Organisations

promotes the monitoring of health-related human rights, including the right to health. IFHHRO believes that there lies a huge potential in the health profession that could be mobilised for the promotion and protection of human rights, by applying medical expertise. To increase the involvement of doctors, nurses, paramedics and other health workers, IFHHRO stimulates international cooperation between health and human rights organisations in various countries. Our members are doctors' associations interested in human rights work, human rights groups paying attention to health-related rights violations, or organisations that have been especially created to mobilise health professionals for human rights protection.

*'...health will finally been seen not as a blessing to be wished for,
but as a human right to be fought for.'*
Kofi Annan

CURRENT MEMBER ORGANISATIONS

Action Group for Health, Human Rights and HIV/AIDS (AGHA)
Aman-saulyk
Association for Victims of Repression in Africa (AVRA)
Centre for Enquiry into Health and Allied Themes (CEHAT)
Commonwealth Medical Trust (COMMAT)
Doctors for Human Rights
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CURRENT OBSERVER ORGANISATIONS

Amnesty International
British Medical Association (BMA)
International Council of Nurses (ICN)
International Federation of Medical Students' Associations (IFMSA)
International Rehabilitation Council for Torture Victims (IRCT)
Norwegian Medical Association (NMA)
Ipas

People's Health Movement (PHM)
South African Medical Association (SAMA)
Turkish Medical Association
Uganda Medical Workers Union
World Medical Association (WMA)

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