

Compulsory detention, forced detoxification and enforced labour are not ethically acceptable or effective ways to treat addiction

Compulsory detention of drug users without trial is neither an ethical nor an effective way of addressing addiction.

During the past century, a number of countries have passed laws that provide for the compulsory detention of addicted individuals, usually under the description of compulsory treatment for their addiction. A number of Australian [1] and US states [2] legislated for the involuntary treatment of 'inebriates' in the late 19th and early 20th centuries. US Federal courts sent heroin-addicted individuals for 6 months' compulsory treatment in Public Health Hospitals at Lexington, Kentucky and Fort Worth, Texas from 1934 to 1971 [3]. In these detention centres treatment (usually detoxification and 12-Step psychotherapy) was mandatory. That is, detainees were not offered the choice of conventional addiction treatment in the community as an alternative to imprisonment, an approach for which there is some evidence of effectiveness [4].

Compulsory detention of addicted individuals has either been abandoned or fallen into disuse in most developed countries for two main reasons. First, it failed to treat addiction effectively, with most people detained returning to drug use after release [1,3,4]. Secondly, this approach has been criticized for violating the human rights of drug users (e.g. [5]). The few developed countries that still detain addicted people compulsorily—such as Russia [6] and Sweden [7]—do so in the absence of rigorous evaluations of the efficacy or safety of this approach.

Compulsory detention of drug users has been implemented recently in a number of developing countries with serious drug use problems, e.g. Cambodia, China, Myanmar, Thailand and Vietnam [8,9]. In these countries, large numbers of drug users (more than 300 000 in China, more than 60 000 in Vietnam and more than 40 000 in Thailand) have been sent to 'drug detention centres' for as long as 2–4 years [10]. These centres have been criticized as violating basic human rights by human rights advocates (e.g. [5,8]), and UN Agencies such as the World Health Organization (WHO) [10] and the UN Office on Drugs and Crime (UNODC) [11].

Authorities in these developing countries do not usually allow independent inspections of the centres or evaluations of their inmates' experiences, so critics have

relied upon interviews with former residents and staff members (e.g. [12,13]). These studies reveal major concerns about the way in which these centres are allowed to operate under law. There is no independent review or appeal process on entry; centres are run by the military, security or police officers; and such 'treatment', as is provided, usually consists of unmedicated detoxification, hard physical labour, physical and psychological abuse and withholding of food as punishment for non-compliance. There is little, if any, medical oversight of treatment, conditions are often overcrowded and unsanitary and release is usually after a fixed term rather than based on clinical outcomes [5,9,10]. These centres are, in short, prisons by another name.

What occurs in these compulsory detention centres cannot be dignified by the term of 'compulsory treatment'. It does not, for example, meet minimum criteria for ethically acceptable forms of legally coerced addiction treatment as an alternative to imprisonment [4]. In these centres drug users: are detained without legal due process or review; have no choice about the treatment offered; and do not receive humane and effective treatment of addiction [14]. A recent WHO and UNODC [10] discussion paper concluded very reasonably that detention centres in many developing countries violated the human rights of drug users.

Detention centres in these developing countries do nothing to reduce, and may well amplify, the substantial public health and order problems that drug use causes in these countries [8,9]. In the absence of effective addiction treatment, there are high rates of relapse to drug use after release and high rates of human immunodeficiency virus (HIV) infection among participants in these centres. The resources devoted to running these centres are not available to provide more effective public health interventions to prevent blood-borne viruses (BBV) transmission among injecting drug users [9].

There are some signs that these policies are beginning to change for the better in some developing countries. The governments of Vietnam [15] and China [16], for example, have recently introduced needle and syringe programmes and opioid substitution for heroin dependence. These changes are welcome, but drug users continue to be detained compulsorily in these countries.

We urge governments that are afflicted by serious illicit drug problems to replace unethical and inhumane