

## Report of the Third Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific

**21-23 September 2015, Manila, Philippines**

1. The Third Regional Consultation on Compulsory Centres for Drug Users (CCDUs) was organized by the United Nations Office on Drugs and Crime (UNODC) Regional Office for Southeast Asia and the Pacific, Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for Asia and the Pacific, and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), with the participation of senior representatives of drug control, health and finance agencies from nine countries: Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Community representatives from China, Indonesia and Thailand, as well as resource persons in the field of drug dependence treatment and HIV also attended the Meeting. The Third Regional Consultation was supported by the Australian National Council on Drugs and the Government of Sweden. The list of participants is annexed to this document ( see Annex 1).

The Meeting adopted a set of recommendations (see Figure 1, below) as part of their transition plan from Compulsory Centres for Drug Users towards Voluntary Community-based Treatment and Services for People Who Use Drugs.

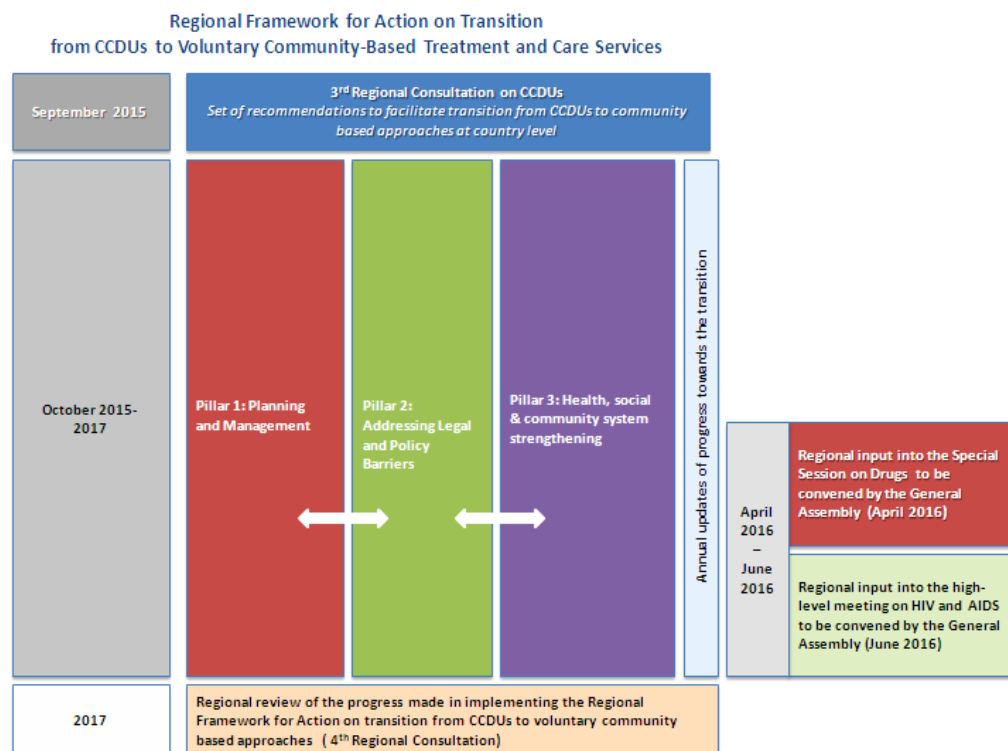


Figure 1: Regional Framework for Action

2. The Meeting adopted the following agenda:

- a. Opening of Meeting
- b. Introduction of participants, election of chair and co-chair
- c. Adoption of the agenda
- d. Briefing on drugs and HIV - the state of the response in Asia and the Pacific
- e. Review of implementation of the recommendations of the Second Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific
- f. Overview of community-based treatment and services for people who use drugs
- g. Briefing on cost effectiveness of community-based treatment and services
- h. Briefing on transitional framework towards community-based treatment and services approaches
- i. Working group discussions on the elements of transitional framework
- j. Plenary discussion
- k. Adoption of the recommendations
- l. Closing of the Meeting

3. Dr. Vladanka Andreeva, Regional Strategic Intervention Adviser, Prevention and Treatment, UNAIDS and Mr. Olivier Lermet Regional HIV Adviser, UNODC, delivered a presentation entitled, "Drugs and HIV: The state of the response in Asia and the Pacific". They provided a summary overview of the illicit drug situation in the region noting a growing need to integrate health objectives in drug treatment through multi-sectoral collaboration and improved data collection and reporting. They further explained that while HIV prevention, treatment, care and support services have been scaled-up significantly across the region, the proportion of people who inject drugs who access those services remains low and significant legal and policy barriers limit access to health services.

4. Data collected through self-administered questionnaires highlighting key trends in the transition towards voluntary community-based drug treatment and services yielded the following trends: 1) Across the region, the number of CCDUs has remained largely stable, with a few countries starting to phase out such institutions while the number of CCDU clients has generally increased over time; 2) Virtually all countries have undertaken legal and policy reviews to identify barriers and facilitate the transition towards voluntary community-based treatment and services, and the vast majority of countries have also evaluated the performance of the national CCDU infrastructure; 3) Most countries across the region report providing access to basic health care services to clients in CCDUs.

5. Incremental steps taken since the First Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (December 2010) were acknowledged and implementation of the recommendations of the Second Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific (October, 2012) was reviewed through country presentations. Government delegates reported progress against the recommendations including in terms of reviewing and reforming laws and policies, though the level of progress varies significantly across the region. Governments confirmed that the transition is in progress and national responses are being designed to fit each local context.

6. It was underlined that drug dependence is globally recognized as a chronic health condition requiring public health interventions and that additional efforts are required to reform and improve the drug dependence treatment systems across Asia. Where the current apparatus focuses on legal action towards elimination of illicit

drugs, reforms are needed to ensure that all people who use and inject drugs are diverted into health facilities, and/or community based services to receive the care, treatment and support they need.

7. *The Joint United Nations Statement on Compulsory Drug Detention and Rehabilitation Centres<sup>1</sup>*, released in March 2012, which called on States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community was noted.

8. There was recognition that the recommendations from the Second Consultation and the Joint UN Statement are aligned with the recommendations of the ESCAP *Regional Framework for Action on HIV and AIDS beyond 2015* towards the development of an enabling legal and policy environment in the region.

9. The Meeting noted high-level political commitment to voluntary community-based drug treatment, and highlighted examples of emerging community-based treatment and service models from across the region: Rumah Singga PEKA in Indonesia a community-based treatment centre run by the community for the community focusing on substance use services and substance dependence treatment; AIDS Care China who piloted a model for improved options for treatment which encompassed partnerships with law enforcement, health services and NGOs; Asian Network of People who Use Drugs (ANPUD) highlighted their multi-stakeholder engagement on treatment for people who use drugs through capacity building, outreach and service delivery as well as advocacy and policy development; lastly, the Cambodian Ministry of Health presented on their implementation of community-based treatment and services which has expanded into four provinces. Though these models are recent, participants affirmed that they offer a new range of drug treatment options.

10. The importance of evaluating treatment outcomes using cost-effectiveness analysis, and that effective community based treatment and services can lead to significant financial savings on a medium to long term was acknowledged. In parallel, participants noted that investments in security have been shown to generate few public health benefits and strongly emphasized shifting the management of the national drug treatment infrastructure to the public health sector as a positive approach.

11. Multi-sectoral coordination and greater involvement of people who use drugs and civil society organizations in the delivery of voluntary community-based drug treatment and services was afforded a level of importance by the delegates.

12. The challenges faced in the context of facilitating the transition to voluntary community-based drug treatment and services were acknowledged. The key challenges included:

- a. *Amphetamine-type stimulants (ATS)*: A growing proportion of people who use and inject drugs in the region are turning to ATS, and the scale of the market has shown great resilience to supply and demand reduction efforts. At present, there are no effective pharmacological substitutes available to clinically alleviate symptoms of withdrawal and maintain patients' health through drug dependence treatment. Virtually all governments participating in the Meeting noted the need for additional guidance and support to address problematic ATS use.
- b. *Resources*: All delegations underlined the critical human, technical and financial resource gaps currently hindering the transition: human resources need to be recruited and (re) trained according to evidence-based guidelines; technical support is required to assist governments in developing and implementing

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[http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310\\_Joint%20Statement6March12\\_FINAL\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12_FINAL_en.pdf)

comprehensive transition plans; and funding must be re-allocated from CCDUs towards implementing voluntary community-based treatment and service options.

- c. *Transparency and accountability*: Almost all participating delegations underlined issues related to data quality, data collection, monitoring, evaluation and sharing of results. More comprehensive and effective monitoring and evaluation systems are required across the region in order to assess progress in the transition and governments were strongly encouraged to improve transparency and share data related to the transition with UN partners.

13. Opportunities to promote, facilitate and accelerate the transition towards voluntary community-based treatment and services were acknowledged as follows:

- a. *Integration with national HIV responses*: All participating countries have already developed national responses to HIV with civil society participation and involvement of key affected populations. Important lessons, practices, mechanisms and tools have been generated in the HIV sector to facilitate health service delivery that can be applied to facilitate national transitions towards community based treatment and services for people who use drugs. The overlap between the HIV response, particularly when targeting people who use and inject drugs, and the national transition plans towards voluntary community-based treatment and services provides an opportunity for integration of services that can significantly strengthen the overall response.
- b. *Advocacy platforms*: A number of platforms were identified during the Meeting as potential avenues to effectively advocate for public health approaches to drug treatment and services. Specifically, participants noted that the United Nations General Assembly Special Session (UNGASS) on drugs in April, 2016 represents a critical opportunity to raise the profile of the issue of drug dependence treatment in Asia and the Pacific and further advocate for policy change and attract support to facilitate the transition. The UNGASS on HIV scheduled for later in 2016 also offers similar opportunities for advocacy, as do the International Harm Reduction Conference, the International Law Enforcement and Public Health Conference as well as regional platforms such as the Association of Southeast Asian Nations (ASEAN), ASEAN Senior Officials on Drug Matters (ASOD), and ASEAN Senior Officials on Transnational Crime (SOMTC).
- c. *National level action*: The transition away from CCDUs and towards voluntary community-based treatment and services must be operationalised at national level to adapt to the realities and specific needs of each country in the region. Resource allocation from national budgets will become increasingly important as international financial support will decrease.

14. The inputs of the informal expert working group were acknowledged with gratitude. The working group consisted of Dr. Adeeba Kamarulzaman; Dr. Apinun Aramrattana; Dr. Alex Wodak; Dr. Nicholas Fraser Thomson; Dr. Robert Ali; Mr. Gino Vumbaca; Ms. Gloria Lai; Mr. Anand Chabungbam and Mr. Pascal Tanguay. Through their development of a discussion paper entitled: *“Transition from Compulsory Centres for Drug Users to Voluntary Community-Based Treatment and Services”*, the informal expert working group provided the foundation for the discussions on the transition.

15. The recommendations outlined in the discussion paper produced by the informal expert working group specifically focused on supporting the transition through the adoption of a national transition framework consisting of three elements, as described below:

- a. *Element 1: Planning and Management:* A national multi-sectoral decision-making committee should be established with overall responsibility for the transition to community based treatment and services. This body should be responsible for the development and overall implementation, in consultation with key stakeholders from various sectors, of a comprehensive action plan. This action plan should include objectives, activities, outcomes, indicators, targets, budgets, timelines and responsibilities and will provide countries with a critical platform from which to coordinate the transition.
- b. *Element 2: Fostering Enabling Legal and Policy Environments:* Drug policies, defined to include laws, regulations, strategies and practices, are recognized as critical to the success of the transition to voluntary community-based treatment and services for people who use drugs. A shift in policy approaches to drug use and dependence away from criminalization and punishment, towards health and rights-based measures, shall play a central role in ensuring the effectiveness of the transition.
- c. *Element 3: Health and Community System Strengthening and Financing:* Bottlenecks along the pathway to voluntary community-based treatment and services for people who use drugs are largely due to low capacity across the public health, social affairs, law enforcement and civil society sectors. As such, assessments that involve mapping those pathways, identifying potential bottlenecks and ensuring that sufficient capacity is available need to be conducted. The assessments will provide evidence to inform the development of national capacity building plans as well as technical assistance mobilization plans in order to fill operational gaps. The development of an effective and evidence-informed drug dependence treatment system requires systemic reforms to establish and strengthen the various mechanisms underpinning drug treatment management and operations. These reforms will be accompanied by investments to support development of expertise and workforce capacity across all relevant sectors as well as within the communities of people who use drugs.

16. The Third Regional Consultation on Compulsory Centres for People who use drugs (CCDUs) concluded on a consensus to facilitate the transition to an evidence-informed system of voluntary community-based treatment and services that are aligned with international guidelines and principles of drug dependence treatment, drug use and human rights.

17. Countries have acknowledged the need to support voluntary community-based treatment and services for people who use drugs through implementation of a transitional framework consisting of three pillars: 1. Planning and management; 2. Addressing legal and policy barriers and 3. Health and community system's strengthening. (see Figure 2)



Figure 2: Pillars of a transitional framework

18. The Consultation generated consensus on the related recommendations. These are in line with ESCAP Member States commitments to intensify efforts to eliminate HIV and AIDS in the region, including deployment of national processes detailed in the Regional Framework for Action on HIV and AIDS beyond 2015, and the WHO/UNODC Principles of Drug Dependence Treatment. Additionally the following recommendations address concerns outlined in the UN Joint Statement (2012) on compulsory drug detention and rehabilitation centres. This is done by offering practical steps for addressing outlined concerns in accordance with the outcomes of the Commission on Narcotic Drugs (CND Resolution 54/5, 2011) which states the following:

*“Recognizing that drug dependence is a chronic but preventable and treatable multifactorial health disorder; Convinced of the need to base programmes for the treatment and rehabilitation of drug use disorders on scientific evidence while respecting human rights and human dignity; Convinced also of the need to improve the quality, coverage and variety of demand reduction services, including those targeting rehabilitation, reintegration and relapse prevention, as part of a continuum of health and social care.”*

19. Recommendations which were adopted by the Meeting for Transition to Voluntary Community-Based Treatment and Services for People Who Use Drugs:

**Pillar 1: Planning and Management Recommendations:**

1.1 Establishment/strengthening of multi-sectoral decision-making committee with participation of civil society and communities of people who use drugs;

1.2 Development of national transition plans with objectives, activities, outcomes, indicators, targets, budgets, timelines and responsibilities through consultation with relevant stakeholders, including government agencies from public health, social affairs, drug control and public security sectors, as well as people who use drugs;

1.3 Development of costed implementation frameworks to allocate and mobilize adequate human, technical and financial resources for each phase and component of the transition;

1.4 Annual updates of progress towards the transition, based on unified monitoring tool that will be developed by UN.

**Pillar 2: Fostering Enabling Legal and Policy Environments Recommendations:**

2.1 Conduct a multi-sectoral and participatory review of existing legal and policy frameworks relating to drug use and dependence, with the aim of identifying barriers preventing people who use drugs from accessing voluntary community-based treatment and services;

2.2. Development, promotion and implementation of an action plan based on the review, for the creation of enabling environments to facilitate the transition;

2.3 Strengthen the capacity of the public health, social affairs, public security, justice, judiciary, civil society and communities of people who use drugs, as well as other relevant sectors to better understand and facilitate the implementation of current and reformed/revised policies for maximum protection of the human rights of people who use drugs.

**Pillar 3: Health, Social and Community System Strengthening and Financing Recommendations:**

3.1 Conduct a capacity and systems assessment of key sectors involved in the transition process (e.g. public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs)

3.2 Development /update of community based treatment and services strategy, including a minimum standard of care and governance framework, which encompasses elements of capacity building and systems strengthening;

3.3 Implementation and scale up of community based treatment and services for people who use drugs in partnership with communities and relevant service providers;

3.4 Building capacity of public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs to facilitate collaboration in delivering voluntary community-based treatment and services for people who use drugs;

3.5 Engagement and collaboration with civil society and community groups, including communities of people who use drugs at national and subnational level, in order to reduce bottlenecks in the treatment pathway, as well as facilitate access to effective voluntary community based treatment and services for people who use drugs;

3.6 Implementation of evidence-based communication strategies to raise awareness about the need to reduce drug-related harms including drug dependence, HIV, viral hepatitis and overdose. These service promotion activities aim to increase evidence-based understanding of drug use, and to inform the public about the availability of drug dependence treatment, and harm reduction services;

3.7 Conduct an assessment of current funding (domestic and international) with a view to develop a transitional financing plan for voluntary community based treatment and services.

20. Participants closed the Meeting with expressions of gratitude to the Government of Philippines and the United Nations for hosting the Regional Consultation and noted the high degree of openness and willingness to achieve common understanding during the deliberations. Countries expressed interest to continue the Regional Consultations and meet in 2017 to review the progress made.



## **ANNEX 1: LIST OF PARTICIPANTS**

### **GOVERNMENTS**

#### **CAMBODIA**

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