

Drug Use, Prisons and Compulsory Drug Treatment Centers

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United Nations Office on Drugs and Crime

Background

- In Thailand, drug offences account for the majority of people in prison
- An exponential increase in methamphetamine availability and use in the last ten years has placed further pressure on Thailand's prison system
- In 2005, 65% of people in Thai prisons were on drugs related charges
- In 2006, 75% of the 68,000 drug-related arrests were methamphetamine related



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Prisons are overcrowded

- The large numbers of drug users in prison has led to severe overcrowding
- The National Rehabilitation Act was established in 2002 to divert drug users from prison
- Drug users considered “patients, not criminals”

Treatment Centers

- Drug users increasingly sent to compulsory drug treatment centers (CDTC) “boot-camps” – there are currently 84 CDTCs in Thailand
- 75% of these centers are managed by the military or police

Number of compulsory drug treatment centres is increasing

Year	Thailand
2004	35 CDTCs
2005	49 CDTCs
2008	84 CDTCs

A regional issue

Incarceration of drug dependent people in compulsory drug treatment centers is common

CDTCs	Cambodia	China	Lao PDR	Myanmar	Thailand	Viet Nam
Number of CDTC	14	516 (as reported)	5	26 (major) and 40 (minor)	84	109
Population in CDTC	Unknown	140,000	Unknown	1,492	2,358 (adults) 3,500 (youth)	Approx. 100,000

Implications for individual and public health

A history of incarceration has been associated with several negative health outcomes:

- STIs including syphilis, herpes and HIV
- Mental health issues, skin infections
- TB
- Hepatitis B and C
- AIDS and TB are reportedly the major cause of death

Why?

Risk behaviours in prisons and CDTCs are prevalent:

- Unprotected sex
- Tattooing
- Injecting drug use
- Penile modification “Fung Muk”

The Facts

- Overcrowding
- Limited availability of condoms
- No availability of sterile needles/syringes which leads to frequent sharing of equipment
- Under staffed and unqualified staff
- Modest budget for HIV/AIDS services
- Basic primary health needs are unmet

Discussion

A policy of confinement of drug users in either prison or a CDTC is common in South East Asia:

- CDTCs are present in every country in the SE Asia , and number is increasing in most countries
- Lack of research on effectiveness/ consequences of this policy
- Relapse is high - when reported

Discussion cont'

No adequate provision of evidence based drug treatment for either opiate or methamphetamine dependence including harm reduction services

Human Rights and Principles of Drug Treatment

Current approaches of confinement of drug users contravene:

1. the UN Covenants on Human Rights:
The Right to the Highest Attainable
Standard of Physical and Mental Health

2. WHO/UNODC Principles of Drug
Dependence Treatment

The concerns

- No evidence that the drug treatment centers are in any way effective as relapse rates are very high
- All necessary steps to prevent, treat and control epidemics (HIV particularly) are currently not being taken prisons and compulsory treatment centers

Universal Access or Access: Denied?

What are the human, economic and social costs of the CDTCs approach for individual, the community, the state?

What are the public health risks for confined drug users and the wider society?

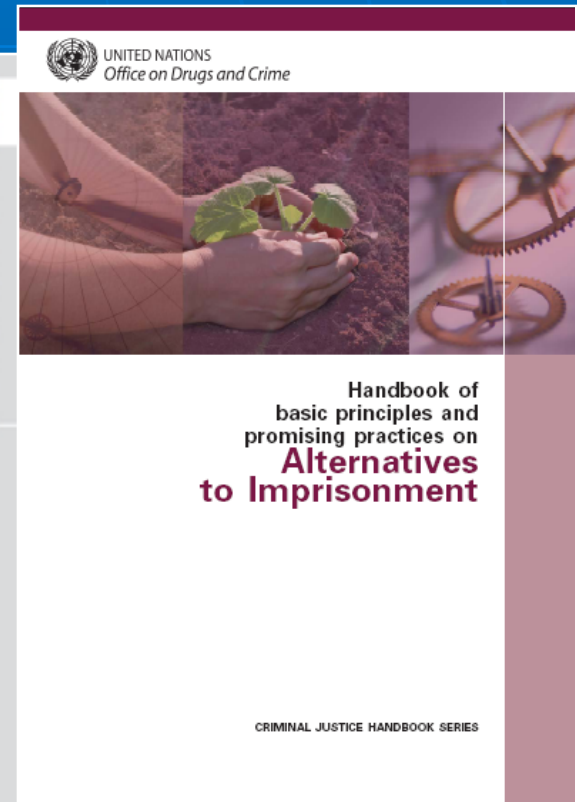
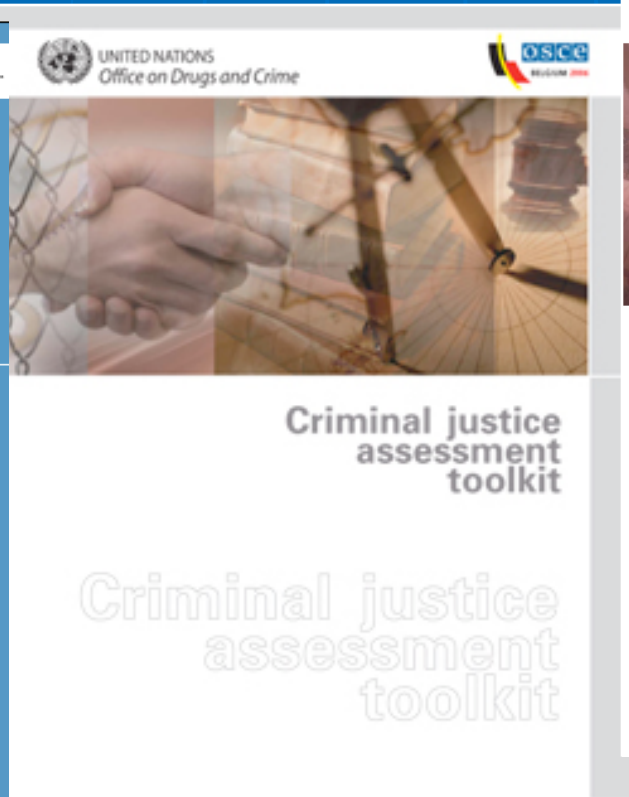
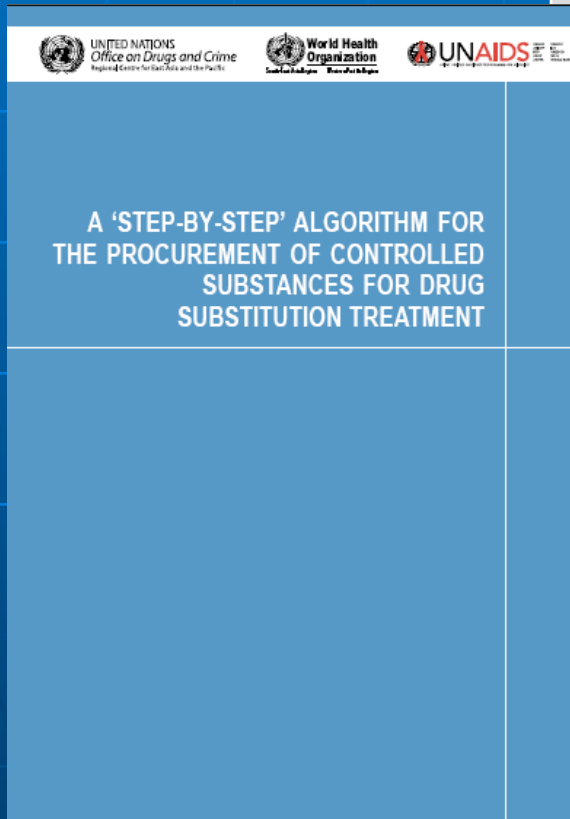
Recommendations

1. Research on health risks and vulnerability in both prisons and CDTCs is needed
2. Evaluation on effectiveness of CDTCs is necessary
3. Alternatives to imprisonment and confinement, including increased access to low threshold, voluntary, community and evidence based drug treatment options; and a comprehensive HIV/AIDS package of interventions for drug users

Recommendations

4. Protect human rights of drug users
5. Cease long period of detention without trial and without access to health care especially for drug dependent people
6. Involve NGOs/civil society/families/affected community in the research; design, and implementation of responses

Tools:



Thank you

www.unodc.un.or.th/drugsandhiv/