

Compulsory drug detention centres: time to question their continued use?



In the *Lancet Global Health*, Martin Wegman and colleagues present their study of opioid use in opioid-dependent individuals released from compulsory drug detention centres (CDDCs) compared with those from voluntary methadone treatment centres (VTCs) in Malaysia.¹ This study was the first prospective observational study to compare drug-use outcomes between the two facility types. The investigators showed that opioid-dependent individuals in CDDCs were significantly more likely to relapse to opioid use after release than opioid-dependent individuals receiving methadone in VTCs (in unadjusted analyses, CDDC participants had significantly more rapid relapse to opioid use post-release compared with VTC participants [median time to relapse 31 days {IQR 26–32} vs 352 days {256–inestimable}, log rank test $p < 0.0001$]).

As such, the findings of this study make another contribution to the growing literature base on the ineffectiveness of CDDCs in treating drug dependence.^{2–5} The study also builds on an expanding evidence base of scientific research into the effectiveness of pharmacological drug dependence treatment approaches. These findings are an important addition to the many reports on CDDCs^{6,7} undertaken mainly by non-governmental organisations committed to promoting human rights of marginalised and vulnerable individuals, but which at times have not contained the scientific rigour needed to warrant government attention, especially from governments that do not welcome criticism of the CDDCs' approach to curtailing drug use and drug dependence.

It is important to be cognizant of the different drugs of choice in countries in which CDDCs operate, especially since proponents of CDDCs in countries where amphetamine-type substances are the main drug of choice argue that CDDCs are required in the absence of a pharmacological treatment approach for dependence on amphetamine-type substances.

In their study Wegman and colleagues¹ noted that, although concurrent use of amphetamine-type substances was common (around 70%) in their sample of individuals with opioid dependence, to compare outcomes among individuals who used

amphetamine-type substances without opioid dependence was beyond the scope of the study. Accordingly, it is important for future studies to compare outcomes among users of amphetamine-type substances both with and without opioid dependence—such information would greatly inform advocacy efforts with countries which continue to operate CDDCs because of endemic use of amphetamine-type substances.

Several countries in east Asia and southeast Asia continue to operate CDDCs despite mounting evidence for their ineffectiveness across a range of health and social outcomes. Such operations continue despite the issuance in 2012 of a Joint UN Statement⁸ calling for member states to close down such centres because of a range of associated problems including reported human rights violations. The findings from Wegman and colleagues' study provide solid evidence in support of an urgent need to expand availability of, and access to, evidence-based voluntary drug-dependence treatment approaches to all individuals affected by drug dependence. Although some countries have expressed a desire to close down CDDCs or to transition them to voluntary drug dependence treatment services, the number of CDDCs in some countries continues to increase.

Evidence about the effectiveness of compulsory and voluntary drug dependence treatment in the Asian region has been scarce and this study is a much-needed addition to the evidence base that is required to inform policy making, especially at a critical juncture when many of these countries shift their attention from the Millennium Development Goals to achieving the Sustainable Development Goals, including target 3.5: Strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol by 2030. The key messages from the Article are: first, that countries in the Asian region would benefit greatly from applying the available evidence to inform, review, and amend their national drug-control strategies and policies to better meet the challenges of endemic drug use and drug dependence; and second, there is an ever-growing weight of evidence for the ineffectiveness and harms created by CDDCs that is now too strong to simply ignore. The evidence also

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firmly places the onus on countries in the Asian region that continue to pursue a policy of CCDCs to outline the actual evidence for their continued use. The continued poor health, social and economic outcomes associated with CCDCs demand a response.

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We declare no competing interests.

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