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TOKYO | QUESTIONABLE FUNDING OF CORRECTIONAL FACILITIES

Shut down cruel detention centres

THE accounts call to mind 18th century insane asylums: patients confined against their will in dismal conditions, abused and subjected to experiments and unscientific treatments.

Today's inmates — at least 350,000 — are locked up, in China and Southeast Asia, just for using illegal drugs, or being suspected of it.

Human Rights Watch recently released a paper detailing the practice of warehousing alleged drug users in China, Cambodia, Vietnam and Laos, adding to a stack of damning reports about these centres, which also exist in Thailand and Malaysia.

In March, the United Nations Office on Drugs and Crime and 12 other UN agencies called for the closing all such institutions.

It was a noteworthy statement, given that the UNODC, as well as the US and other donor countries, has given many of them financial support.

Dumped there by police or well-meaning but uninformed families, detainees are sometimes held for years. Authorities consider detention and gruelling exercise to be treatment, though there is no evidence

this is effective.

Opiate addicts, whose numbers are waning in Asia, get no opiate-substitution therapy. No equivalent treatment exists for addiction to methamphetamine, the use of which exploded in Asia in the late 1990s, prompting a boom in detention camps. But existing, proven interventions, such as individualised counselling, would help and are not made available.

Former detainees have told human rights investigators about being beaten with bricks and truncheons, subjected to medical experiments, forced to crawl through excrement and swallow foul water.

A centre staff member in China said female inmates were HIV-tested so guards could identify whom they could rape without a condom.

Forced labour is a feature in some countries. Sometimes it is pointless, such as being made to repeatedly dig and fill holes. Some centres in China and Vietnam amount to slave camps because they produce goods — notably processed cashews in Vietnam — using the labour of inmates, including children.

The United States, Japan,

Sweden and the UNODC have actually helped Laos build its centres. Countries including the US, Australia, Canada, Luxembourg, Netherlands, Sweden and Britain have funded programmes within facilities throughout Southeast Asia to improve, for instance, health care, vocational training or sports facilities. The argue that at least they can make life better for detainees.

This support just sustains a corrupt system. Even if these institutions treated people well, they would still be based on unlawful detention. And they utterly fail at their purpose.

The US government estimates that 95 per cent of released detainees in Vietnam return to drug use. By contrast, in Australia, a study found close to half the drug users who participated in a two or four-session programme of motivational interviewing and cognitive-behavioural therapy remained abstinent after six months.

The call by UN agencies to close the Asian centres was a good sign, though it would have been more reassuring had the UNODC not co-sponsored a fashion show that same month to raise funds for one such fa-

cility in Vientiane, the Laotian capital.

The UNODC, the US and other donors would do well to withhold relevant funding until the centres are closed, detainees are released and local authorities agree to respect international norms for treating drug abuse.

These include patient consent. Exceptions to that principle can be made only rarely, for a short period, with judicial oversight, for the purpose of restoring a patient's ability to make decisions autonomously.

Treatment and rehabilitation services should be offered within communities — through health clinics or welfare offices, for example — so patients can access them easily and without being stigmatised.

As a half-measure, some donors already support community-based programmes alongside the detention centres. Asking patients to enter voluntary programmes is risky, however, when their identification as drug users might land them in a far worse place. The drug treatment system in China and Southeast Asia cannot be reformed. It requires a do-over. — Bloomberg News Editorial