

A shirtless man with dark hair and a goatee is looking upwards and to the right. He has a large tattoo on his left arm that includes the name 'Maria Elena' in cursive and a figure with wings. He is standing in front of a blue door with a metal lock. The background is dark and appears to be an indoor setting, possibly a prison cell.

TREATED
WITH
CRUELTY

ABUSES IN THE
NAME OF DRUG
REHABILITATION

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Cover photo: A heroin user stands in the doorway at the Los Tesoros Escondidos Drug Rehabilitation Center in Tijuana, Mexico. Addiction treatment facilities can be brutal and deadly places in Mexico, where better, evidence-based alternatives are rarely available or affordable. (Sandy Hufaker/ Getty Images)

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Open Society Public Health Program

The Open Society Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices reflect these values and are based on evidence. The program works to advance the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice.

International Harm Reduction Development Program

The International Harm Reduction Development Program (IHRD), part of the Open Society Public Health Program, works to advance the health and human rights of people who use drugs. Through grantmaking, capacity building, and advocacy, IHRD works to reduce HIV, fatal overdose and other drug-related harms; to decrease abuse by police and in places of detention; and to improve the quality of health services. IHRD supports community monitoring and advocacy, legal empowerment, and strategic litigation. Our work is based on the understanding that people unwilling or unable to abstain from illicit drug use can make positive changes to protect their health and that of their families and communities.

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WWW.STOPTORTUREINHEALTHCARE.ORG

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We are grateful to Françoise Girard and the leadership of the Campaign to Stop Torture in Health Care for providing a forum for these stories, a platform to work to end the abuses described here, and the encouragement to keep speaking out even when it is unpopular. Leon Mar and Thomas Bane offered valuable help with initial edits of the chapters. Kathleen Kingsbury and Paul Silva gave guidance on the content and layout of the book. But most of all, our sincere gratitude extends to the survivors and their family members who bravely shared their stories. These firsthand accounts, more than any argument we can make, demonstrate why we must stop abuses of drug users in the name of treatment.

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CAMPAIGN TO STOP TORTURE IN HEALTH CARE

When I go to a hospital or clinic, I expect to receive good quality, respectful care, and I usually do. Unfortunately, that is not the experience for many people around the world.

For them, health care settings are not places of healing, but places where severe mental or physical suffering is inflicted as a result of government policy or negligence.

This is especially true for patients from socially marginalized groups—people living with HIV, gays and lesbians, transgender persons, people who use drugs, and people with intellectual disabilities or mental health problems. Their contact with health facilities is too often characterized by physical abuse, insults, invasion of privacy, forced medical procedures, or denial of treatment. This amounts to cruel, inhuman, and degrading treatment—and in some cases, torture.

Such abuses must stop. That is why a coalition of health and human rights organizations, including the Open Society Foundations, is launching the **Campaign to Stop Torture in Health Care**. We are committed to a world where health care centers are safe, and where our governments act to prevent all forms of torture.

Egregious and pervasive cruelty is often condoned in the name of medicine, pub-

lic health, or public order. For example, in the so-called “rehabilitation” centers throughout Southeast Asia, people who use drugs are locked away without any access to medical care or legal recourse. The centers rely on physical abuse, shackles, solitary confinement, and other indignities to “treat” drug addiction and extract labor from the detainees. Moreover, they are often overseen by government authorities, with private business exploiting the forced labor inside. Not surprisingly, the vast majority of people quickly return to drug use once they are released from these centers.

It is clear that these practices violate international law. Governments and health providers who undertake them must be held responsible. What’s more, detention centers should be closed, and voluntary, scientific-based drug treatment should be provided to those who need it.

We hope you will join us in fighting such abusive treatment worldwide. Visit www.stoptortureinhealthcare.org for more information on the campaign and to take action today.

Françoise Girard, Director
Open Society Public Health Program

Photo: People who test positive for illegal drugs in China are detained in camps where they are forced to perform labor, often for private companies, without pay. (Aly Song / Reuters)

INTRODUCTION FROM THE UN SPECIAL RAPPOORTEUR ON TORTURE

During my six years as the United Nations’ Special Rapporteur on Torture, I often visited detention sites worldwide: police-holding cells, pretrial detention centers, and prisons. In such settings, too often what I found was that those most marginalized—including people who used drugs—were victims of torture and cruel, inhuman, or degrading treatment.

In Indonesia, I learned that police regularly used beatings and death threats to extract confessions and incriminating information from drug suspects. In Jordan, I discovered drug users who were severely beaten at a remote prison in the middle of the desert. Elsewhere I regularly found that police deny drug users opiate substitution therapies, knowing that withdrawal symptoms draw out confessions. No doubt this routine practice inflicts extreme pain and suffering, and, in severe cases, may constitute torture.

Unfortunately, torture or cruel, inhuman and degrading treatment or punishment does not end in prison settings. When drug users in many countries seek out—or frequently, are forced into—addiction treatment, the conditions they find are sometimes equally harsh. As the stories in this

volume illustrate, people suspected of using drugs regularly face compulsory detention without due process or even a proper evaluation of their drug dependency. This violates the prohibition against arbitrary deprivation of liberty, outlined in Article 9 of the International Covenant on Civil and Political Rights. Others, however, enter rehabilitation facilities voluntarily, unaware of the conditions that await them inside, and once there, are forbidden to leave. This, too, constitutes arbitrary detention.

Rarely do these so-called “drug treatment” centers offer effective therapies based on scientific evidence. Instead, people find long hours of forced labor, denial of vital medications like opiate substitutes or antiretrovirals for AIDS, lack of adequate food and water, and, sometimes, military drills or unproven or experimental

remedies. Punishment for small infractions can be severe. The personal accounts that follow describe isolation, chaining, and beatings so brutal that, in one case, the result was death. It is clear that abuses—sometimes amounting to torture—are commonplace in drug treatment centers, both public and private.

People who use drugs are often subjected to such treatments because they feel they have no other options. But those suffering from drug dependence do not relinquish their human rights. Rather than turning to forced labor, corporal punishment, or military drills, governments would be better off addressing fundamental issues such as poverty, lack of education, or discrimination, in order to curb drug use in their countries. Prolonged institutionalization for the treatment of drug dependence, particularly when accompanied by beatings and humiliation, is more likely to induce disability rather than to cure it.

Drug dependence is a medical problem, which calls for a medical solution. Opiate dependence, for instance, can be treated with prescribed medications—methadone or buprenorphine. Yet, in many developing and transitional economies, fewer than one percent of those who need these medications have access to them. Instead of doctors and hospitals, drug rehabilitation more often falls under the purview of the police, military officials, and other law enforcement authorities, most of whom have little expertise on the treatment of addiction. Where ministries of health should be setting national drug policy, more frequently they are sidelined

in favor of departments of public security. A paradigm shift is needed.

International treaties offer some guidance. One of the most important rights under international law, and the focus of my recent mandate as Special Rapporteur, is the right to be free from torture, cruel, inhuman and degrading treatment or punishment. The prohibition of torture is absolute and non-derogable. Governments cannot use excuses such as counter-terrorism, insurgencies, or a war on drugs to bypass their obligations to stop and prevent torture. States have both a negative obligation to respect the prohibition against torture (State agents shall not torture people) and a positive obligation to protect and fulfill the right to be free from torture. This means stepping in to stop torture when it is practiced at the hands of non-state agents, such as privately run institutions, and acting to prevent torture by all available positive measures.

Drug dependence is among those realities that many societies regard as inconvenient, uncomfortable, and best left undiscussed. A “don’t ask, don’t tell” attitude, however, is no justification for cruel treatment, and is in fact a violation of the State’s duty to protect all citizens. The stories in this volume should be regarded as a call for action to improve State protections for people who use drugs, and to prevent the kinds of terrible “treatments” offered in the name of rehabilitation. Governments should heed these accounts. Otherwise, today’s impunity becomes a root cause of torture in the future.

Manfred Nowak

***United Nations Special Rapporteur
on Torture, 2004-2010***



Photo: (Guang Niu / Getty Images)



CHINA: BRUTALITY AND FORCED LABOR AS TREATMENT

China has one of the largest and most established drug detention systems in the world. The Reference Group to the UN on HIV and Injecting Drug Use estimates that China detains 300,000 people in drug detention centers,¹ while UNAIDS has placed the number at half a million.²

China has been lauded for a vast scale-up of methadone programs to treat opiate dependence, and in 2008 reformed its anti-drug law. Yet neither initiative has led to a significant reduction in drug detention. While the Anti-Drug Law did away with sentences to “re-education through labor centers” for drug users, it entrenched the system of administrative arrests and terms in compulsory drug detention centers, often extending the period of detention.³ Human Rights Watch, in interviews with former detainees in Beijing, Yunnan, and Guangxi provinces, has documented pervasive physical and sexual abuse, poor

conditions, and lack of access to health care or treatment.^{4,5} In addition to beatings, lack of medical treatment, and rape, drug detention in China often means being forced to work for up to 16 hours a day without pay. Many centers sign labor contracts with private companies.

The accounts that follow tell the stories of two detainees—a man and a woman—to illustrate the oppressive nature of the centers in addition to the profound and lasting psychological impact of the cruelty inflicted inside. The authors have written under pseudonyms to protect their safety.

HUMAN RIGHTS COMMENTARY

After eating, we run as fast as we can into the workshop to begin a day of frenzied labor. We sprint there because we need every second to meet our production quota for the day; if we don't, our buttocks will bear the brunt of punishment at day's end.

The experiences of North Star and Lin He illustrate a number of key human rights violations, commonly reported in compulsory drug detention centers in China.

The elimination of all forms of forced or compulsory labor is a fundamental labor right recognized in international law and enshrined in various international human rights instruments, including Article 4 of the Universal Declaration of Human Rights and Article 8 of the International Covenant on Civil and Political Rights. Hard labor as punishment has also been raised as a concern by the Committee Against Torture under Article 16. While international law permits prisoners convicted in a court of law to do work that is not for private benefit,⁶ North Star describes a regime in which administrative detainees are forced to work manufacturing commercial products. Such treatment violates the prohibition of forced labor, which the International Labor Organization defines as “all work or service which is exacted from any person under

the menace of any penalty and for which the said person has not offered himself voluntarily.”⁷ ILO’s Abolition of Forced Labor Convention adds that forced labor cannot be used as a means of discrimination or labor discipline, among other prohibited purposes.⁸ The ILO specifies that lack of consent can include physical confinement in the work location—in prison or in private detention, which is certainly the case in the following stories.⁹ The ILO also explains that “menace of any penalty” may include actual presence or credible threat of imprisonment or other physical confinement, physical violence against the worker, removal of rights or privileges, deprivation of food, shelter or other necessities, or shift to even worse conditions.¹⁰

The right to life and right to humane treatment impose obligations upon countries to protect the lives and/or well-being of persons detained in their custody. This has often been interpreted to require government authorities to take positive actions

to safeguard the health of prisoners. Still, both the experience of North Star and Lin He violate human rights protections.

For example, the story of Lin He describes her physical and mental deterioration as a result of what happened to her while in detention. North Star describes conditions of detention—including overcrowding, lack of ventilation, extremes of temperature, and inadequate nutrition. International human rights law jurisprudence clearly shows that persons in detention have a right to adequate living space, hygienic living conditions, and to adequate food and water. All of these conditions, as well as health decline while in custody, have been named by numerous human rights bodies as conditions contributing to treatment that is inhuman or degrading.¹¹

Both the stories of North Star and Lin He also describe direct experiences of beatings, threats and other forms of violence or mistreatment while in detention, perpetrated by guards as well as by other detainees acting on behalf of the guards (“Big Brothers” and “Big Sisters”). The “Big Brothers” are an extension of the center management. They act however they please, without regard to national law, acting violently and abusively, disregarding all consequences. North Star describes threats and beatings as punishment for detainees who fail to meet work quotas. The story of Lin He describes forms of abuse including the use of restraints and suffocation. The prohibition of torture and other forms of cruel, inhuman or degrading treatment or punishment bans these forms of ill-treatment, whether perpetrated by government agents or their proxies.¹²

MY DAYS IN REHAB



I had a friend in rehab, with whom I shared a last name. He was a “crooked pear”—someone who was considered unable to meet production quotas or produced otherwise useless goods—and so he was often beaten as punishment. It was hard to blame him for his suicidal tendencies or for his eventual attempt at the real thing—an attempt that is permanently and profoundly etched in my mind. What follows is a description of one day—in a seemingly endless succession of days—in a drug rehab center.

Yesterday

It was already past 9 p.m. at the closing of production when we returned to our cells. After taking care of some little chores and serving supper to our “Big Brother” (the group leader in charge of our cells at the rehab center his supper), Big Brother went to sleep. Only then could we “little ones” go to bed, when it was almost midnight.

The air in the rehab center is oppressive, making you feel constantly stifled and anxious; in this environment where it’s hard even to breathe, I dragged my limp and dead-tired body into a dreamless sleep. It was for the best that I didn’t dream, for all I could have dreamt about is more production labor, so that even slumber would have been exhausting.

Today

I hear the guards wearing laden key chains enter the corridor. The clink of keys against steel as they unbolt the first door is the alarm that gets us out of bed. After that, the weighty main door to the cell is opened, and a resounding clang reminds every one of us that we should be restless again.

In a flash, the entire cell becomes a flurry of activity as everyone hurriedly gets out of bed and rolls up their bedding; those on

Photo: At forced labor camps in China, those who fail to meet work quotas are beaten, starved, or deprived of bathing privileges. (AP Photo)

Photo on page 9: Drug rehab patients are forced to march in formation at China’s Kunming Municipal Compulsory Rehabilitation Center, which houses about 5,000 men and women, making it one of the world’s largest drug detention facilities. (Guang Niu/Getty Images)

Entering the workshop, one sees every single person buried in his work. The only audible noise is the swish and brush of needles being threaded and the mechanical beeps of machines twisting copper wire. No one has time talk, let alone do anything else.

the floor busy themselves wrapping up belongings thick with the smell of mold. Everything is packed away into a bundle and stored against the wall.

With 17 or 18 people living in a room of about 20 square meters, the ventilation is minimal and the entire room is suffused with various repulsive odors. Many bodies crowd around the urinal and the sink—and with only one of each, everyone knows that there is

the distinct possibility of missing your chance to use either at all if you don't snatch a moment for yourself.

Before Big Brother is out of bed, "Tea Boy"—the person assigned to wait on Big Brother—has already prepared his toiletries for him; he must wait patiently for Big Brother to come use them at his leisure.

Once the cell doors are open, masses of people throng into the dimly lit corridor and march outside to a dirt field. Stick-wielding guards lining the corridor herd us along: "Damn it, hurry up! What, can't fly this morning?" Those who are on the slow side get a kick in the behind; one can constantly hear the low muttering and cursing as people inevitably bump into each other.

Every morning we must gather on the field at 6:30 a.m. for breakfast, which consists of a small bowl of vermicelli noodles in watery-thin vegetable broth. After eating, we run as fast as we can into the workshop to begin a day of frenzied labor. We sprint there because we need every second to meet our production quota for the day; if we don't, our buttocks will bear the brunt of punishment at day's end.

We work in two workshops. Each workshop measures about 20 square meters and contains four tables; more than 50 of us crowds around each of them.

Our product is ring magnets. First, we thread a large needle with several strands of copper wire. Then, we clamp a ring-shaped magnet about the size of a match head with

a pair of pliers and loop the copper strands around the magnet with the needle. Each ring magnet must be threaded through more than 10 times. There are several different colors of copper wire that must be threaded separately, and the number of loops made through the magnet must be exact—no more, no less—or else the product will be considered low grade.

In this process, we need to use our fingernails to pull apart intertwined enameled wires. More experienced hands have thick calluses on their fingers, while newer ones have a harder time and often come away with bloody fingertips. Some use a little coated fabric to wrap their injuries.

Entering the workshop, one sees every single person buried in his work. The only audible noise is the swish and brush of needles being threaded and the mechanical beeps of machines twisting copper wire. No one has time talk, let alone do anything else.

This routine persists for five straight hours until noon, when we hear the kitchen staff calling us to lunch. Everyone anxiously walks out of the workshop and gathers on the field, where we are given plastic plates. A whiff of rancid rice wafts over us; together with some cabbage cooked in fetid water—that is our lunch. We down it as quickly as possible before dashing back to the workshop to resume our frantic production. There isn't a second to waste.

In the afternoons, the temperature becomes exceptionally hot. So many people working in such



a small space means that nearly everyone takes off his shirt; each man sweats up a storm. The heat saps everyone's energy. The sleep-deprived verge on dozing off, but no one dares to sneak a quick nap—the certain pain of possible punishment overcomes fatigue. Muscle memory guides the needles in our hands in and out of the tiny ring magnets.

On this particular day, just after 2 p.m., an announcement calling for an emergency gathering breaks through the haze of our fatigued labor. We hurriedly pull our tattered clothing back on before following Big Brother's directions to gather on the field. Some need help walking out of the workshop—their feet are swollen from the prolonged sitting, as well as from malnutrition.

Outside, we squat in orderly lines, baking under the blazing sun. A rehab center trainer in police uniform appears. He walks to the center of the field, faces us, and begins his lecture. He talks about two "crooked pears" who, unable to meet the demands of the rehabilitation program, attempted suicide. One, my friend who shared my last name, stabbed himself in the gut with a pair of scissors; the other stabbed himself in the neck.

"If you produce low-quality goods, the materials you use still cost money," he says. "By not meeting production quotas or making low-quality stuff, aren't you just asking for a beating?"

The question reverberates across the wide rectangular courtyard.

The trainer's words were supposed to be our psychological treatment, and I am not sure whether our respected trainer was a law enforcement officer from a national law enforcement organization, or a ruthless private entrepreneur who was willing to go to any lengths to turn a profit for his private enterprise.

When he finally finishes his address, many of us are dizzy from the fierce sun. I no longer have the energy to stand—I have heatstroke.

Though the path back to the workshop goes by the so-called infirmary, I'm later told that I was dragged straight back to work. I have no recollection of this.

When I come to, I have to hurry to make my production quota for the day. Usually, I'm able to meet it; sometimes I even exceed it, resulting in a stockpile I can fall back on. Today, that reserve helps me to meet the quota. Other "crooked pears," however, are having trouble. The time spent at the lecture has not decreased our production quotas—we still have to produce the same amount of goods.

We work until dinnertime. After downing a few mouthfuls of food, we rush back to the workshop, trying to take advantage of the little time we have left. But no matter how much we hurry, there is still a large majority of "crooked pears" suffering physical injury by the end of the workday at 9 p.m.

After recording how many did not finish their tasks or produced low-quality goods, the Big Brothers stand at the doors of the workshop, raise long hoes, and take turns viciously beating the "crooked pears." The sound is monstrous. The sight is ghastly. Those watching are shaken to the core—but no one dares to report such behavior, for to do so would mean being labeled a traitor and suffering an even more brutal attack as retribution.

The trainer, in the meantime, was taking a leisurely walk in the courtyard to relax his spirits. When he heard the beating sounds lasting too long, he would extend his neck

and say "That'll do, that'll do." But the Big Brothers would not desist in punishing "crooked pears" simply because he said so. To maintain their reputation as "Big Brothers," the beating continued. There was a fellow rehab patient who had imperfectly threaded several ring magnets and was afraid of being discovered and punished, so he hid these magnets. But when he stood up the magnets accidentally fell from his body and, upon being discovered, some Big Brothers decided to use him as an example. They dragged this friend alone into a cell and began an incredibly brutal group beating, so harsh that this friend's waist and one arm were completely destroyed. (The last time I saw this friend was one year after he had come out of the center, bent over because of a waist that would never fully straighten, dragging a useless bag of broken bones that had been his hand. His other hand held a small embroidered sack, and he was shuffling and limping along the street picking up used drink bottles and cans. He collected this trash in his cloth sack so that he could sell it and thereby eke out a living.)

Upon returning to our cell, our day of labor is followed by our unit's "internal affairs meeting," presided over by our Big Brother and our "village chief"—a rehab patient who assists our section leader in overseeing the unit. They "inquire" after when everyone's family will come to visit and how much mon-

ey the families will bring. Money received by patients from family members must be turned over to Big Brothers, who enjoy "emperor" status and authority. Patients with no family visits or whose families don't give enough money to satisfy their Big Brother suffer physical abuse—and, to add insult to injury, they must say, "Thank you, Big Brother" after their beating.

After the meeting, it's time once again to prepare Big Brother's supper. If he's in a good mood, he passes out cigarettes—sometimes we each get one, other times we have to share. Those who were beaten do not partake. While we enjoy Big Brother's "merciful gift," he boisterously recounts his own "glorious" rehabilitation from drug use, repeating it endlessly before going to sleep. Only then may we prepare our beds for sleep.

Tomorrow

Despite the suicide attempt by my friend—the "crooked pear" with whom I share a last name—life within the rehabilitation center continues as it always has. Tomorrow, the horrifying cycle will repeat itself. After a while, one becomes numb to it. All we can do is drag our fatigued and limp bodies into a death-like sleep. My eyes have only just shut, but already I can hear the clink of those laden key chains, signaling the start of another day.

By "North Star"



A DESCENT INTO TRAGEDY

Lin He has gone insane.

“She’s been insane ever since she came out of the rehab center,” a member of the community tells me.

Lin He suffered various forms of torture at the hands of “Big Sisters”—more senior detainees appointed to control other detainees in her rehabilitation center—simply because she couldn’t meet her production quotas.

Because of her “slow and stupid labor,” the Big Sisters put Lin He in shackles. They dunked her head in the toilet whenever she could not finish a task; because her hands would fly about during this torment, she was handcuffed. Every time she came out of the restroom, she was covered with wounds. But the Big Sisters’ animosity did not end there. In the cold winter air of October, they drenched her clothes so that she spent the entire day trembling uncontrollably.

Lin He developed severe mental health problems. The Big Sisters said she was simply “playing insane” to avoid work. To pun-

ish this “act,” she was tied up in the medical infirmary. At midnight, one could still hear her sobbing.

When we tracked down the neighborhood where Lin He’s family lived and asked people as to her whereabouts, they responded, “You mean that nutcase? In that little house just up the way. She used to be totally normal, but something strange happened so that she ended up coming back like this.”

We knocked on Lin He’s door. Before it even opened, we heard a gravelly female voice cursing loudly from within. A man opened the door, his back stooped with age and his hearing not quite intact. Only after some repeated and lengthy explanations did the elderly man understand our purpose for coming and let us inside. The entire house was in disarray.

“What sort of chicken-shit visit is this? You all get in here! I’m ready for you. Come and beat the life out of me, if you dare!” The source of this harsh invective, a shadow of a woman, suddenly detached herself from the

Photo: A police officer lectures inmates during a re-education class at a Chinese drug detention center. (AP Photo)



Photo: (China Photo / Getty Images)

wall and rushed to kneel in front of us. We were startled. This person was extremely hostile, clearly full of anger. She looked like a beggar. But the grime covering her entire body could not mask her beauty—from looking at her face, it was evident that she was once lovely and attractive.

“Look what she has become,” the old man said hopelessly.

The woman was Lin He.

Because it was difficult for us to communicate with Lin He’s father, he asked a neighbor to fetch his older daughter, Lin Lian, to talk with us and to explain the unfortunate circumstances of her little sister.

Lin He is the youngest of three siblings. Lin Lian, a single mother, is the middle child. The eldest, their brother, has a family of his own and lives and works outside the county. When Lin He was three years old, their mother passed away; their father never remarried.

Lin He was always a pretty girl. As she grew older, she became more stunning. She found a job at a reputable company and was an enviable catch for young men her age. She married, but was soon divorced by her husband, for she had given birth to a girl and thus disappointed her in-laws’ hopes of continuing their family line. In emotional pain, Lin He began using drugs, and could not stop. Eventually, she was caught, fired from her job, and thrown into a forced rehabilitation center.

Exactly how Lin He came out of the rehabilitation center is still

uncertain—she left before her rehabilitation period was up, and the center did not process any of the normal paperwork or notify any of her family. When she arrived home, her calves were swollen to the size of her thighs. The flesh around her ankles had rotted so that their shape was nearly indiscernible, caked as they were with blood and pus—the result of the shackles chafing her legs. The sight of them nauseated Lin Lian.

Today, Lin He is unable to work or manage her own life. She cannot afford the medication she needs. Her father struggles to sustain them both on his meager retirement funds. In theory, given her circumstances and the relevant national laws and regulations, Lin He’s family is entitled to request compensation through legal channels. When asked why they had not done so, Lin Lian tells us her reasons.

First, Lin He’s case occurred within a rehabilitation center—obtaining evidence would be virtually impossible. The family simply couldn’t afford the high fees required to launch a complaint against officials. And in any case, the accused would be the rehabilitation center, a *de facto* governmental organization. How could a civilian stand a chance against an arm of the government?

Second, should Lin He’s story become public, her family would be unable to stand the contempt and vicious rumor-mongering of neighbors. The societal pressure would make continued residence in their neighborhood impossible.

When she arrived home, her calves were swollen to the size of her thighs. The flesh around her ankles had rotted so that their shape was nearly indiscernible, caked as they were with blood and pus—the result of the shackles chafing her legs.

We felt the helplessness of the family’s situation deeply. When it came time for us to leave, we asked the father if he had any requests. He sighed, “We are just ordinary citizens—what requests could we possibly have? I just hope that someone can help cure Lin He. Our family would be so thankful.”

When we exited the Lin household, our moods were incredibly heavy. Lin He’s rain of perpetual swearing followed us out the door. We had no idea what the object of her bitter tirade was, or to whom it was directed. Even when we had gotten far away, we could still hear the harsh traces of her curses echoing in the distance.

By “An Average Citizen”



CAMBODIA: WHEN TREATMENT BECOMES PUNISHMENT

Cambodia’s National Authority for Combating Drugs runs a number of detention centers known as “rehabilitation camps.” These facilities claim to offer psychosocial services, medical care, and vocational training. Former detainees report, however, that they receive no such care and counseling, and that the camps are a place for the government to lock up “undesirables.”

A 2010 Human Rights Watch report documented torture, physical and sexual violence, and other forms of cruel punishment in these centers and in additional facilities set up by the military and civilian police and the Phnom Penh municipal authorities. In one, supported by UNICEF, child detainees were beaten, administered electric shocks, and subject to forced labor.

UNICEF has subsequently pulled support for the center where abuses of children were most severe. However, the Cambodian government recently celebrated the opening of a new women’s wing of Oksas Knyom, the center outside of Phnom Penh mentioned in the follow-

ing account. In addition, the Cambodian government continues to build a large new center that is expected to house 2,000 people. Noting that the new center is to be built near docks and plantations, and with support of Vietnam, where drug detention centers are used as sources of slave labor, observers fear that Cambodia is moving to a system of large-scale forced labor.

The current system is bad enough. In the following story, Jin, a drug user in Cambodia, recounts his most recent arrest and detention at Oksas Knyom. Its name translates to “My Chance.”

Photo: At a drug detention center in northwestern Cambodia, detainees must perform military-style exercises, usually under the blazing sun. (Patrick@picto.asia)

HUMAN RIGHTS COMMENTARY

The other people in the room were all men. They were all different ages; the youngest was 12 years old. He did not have any parents and was also accused by the police of injecting drugs. The oldest man was about 50 and a beggar.

Detention without trial of people who use drugs violates basic principles of international law. Article 9 of the Universal Declaration of Human Rights states that, “No one shall be subjected to arbitrary arrest, detention or exile.” The right to be free from arbitrary arrest or detention is also enshrined in international treaties, including the International Covenant on Civil and Political Rights (Art. 9). The UN Working Group on Arbitrary Detention considers the provisions enshrined under Article 9 to be customary international law, and are therefore binding upon all States whether or not they have ratified the Covenant. However, in some countries arbitrary detention for compulsory “treatment” and/or “rehabilitation” in secure places of detention is common practice. Jin’s story is one example of a violation of the prohibition on arbitrary detention, as he was picked up by police and detained without charge or due process.

In the context of persons deprived of liberty, the prohibition on torture and other forms of cruel, inhuman or degrading treatment or punishment imposes both “negative” and “positive” obligations on States. Negative obligations prohibit States or those acting of behalf of the State from directly inflicting harm on

detainees, such as by beatings or torture. Positive obligations impose a responsibility on States to take proactive action in order to safeguard the lives and/or health of persons in custody, such as by providing adequate standards of health care. In the words of the UN Human Rights Committee, “the State party remains responsible for the life and well-being of its detainees.”¹³

Jin’s story provides clear examples of instances where both of these obligations were violated, with the result being that the State inflicted what might be judged to be instances of torture, or cruel, inhuman or degrading treatment or punishment. He describes multiple examples of beatings and violence perpetrated at the hands of State agents, such as police officers and guards “beat[ing] people with sticks, fists, and kicks.” He also describes examples where medical attention was withheld from detainees. In some cases this was a failure to care for those who had suffered beatings. In others, it was forcing people to go through opiate withdrawal without medical support or medicines to alleviate the symptoms of withdrawal. Numerous human rights bodies have found similar circumstances to contribute to treatment that may reach the threshold of inhuman or degrading.

TRAPPED



My name is Jin. I am a 48-year-old drug user, and I live on the streets of Phnom Penh, Cambodia. I have been using drugs since I was 31. I am originally from Vietnam, but I left when I was 28 and came to Phnom Penh to try and make a life for myself and earn more money. I started using drugs three years after I got to Phnom Penh when some friends asked me if I wanted to try something that would make all my problems float away from my mind. Since then I have been arrested and detained eight times.

The most recent time I was arrested, I was on the side of the street with a friend in Boeung Trabek, the district of Phnom Penh where most of the people who use heroin live. I was not doing anything illegal, only sitting near the road and talking with my friend. The police pulled up in a car and stopped in front of us. They got out of the car and walked over to us. I was nervous,

because I had gone through this so many times before.

Two police officers came toward us and told us to stay seated. They tied our hands behind our backs with a thick plastic rope. The police then hit me twice in the back with a large board. I could not understand why they were hitting me because I was already tied up, and they hadn't told me why they were arresting me. I was too afraid to ask why they were treating me like that. After they hit me, they forced me to lie down and dragged me through the dirt and over the pavement to their car where they forced me to lay with the top half of my body under the front of the car, with my feet sticking out into the road. They did the same to my friend. I waited for them to run me over, but they just left me there for 15 minutes, with the car still on, while I feared for my life.

Photo: Drug detention centers in Cambodia and elsewhere use locks and guards to prevent detainees from escaping. (Lianne Milton)

The police then hit me twice in the back with a large board. I could not understand why they were hitting me because I was already tied up, and they hadn't told me why they were arresting me. I was too afraid to ask why they were treating me like that.

When they dragged me out from underneath and put me in the car, they took me to the police station called Sangkat Sadumko, where they brought me inside and put me in a room. They cut the plastic that tied my hands and told me that I inject drugs.

"I don't know what you mean, I was only sitting when you came and arrested me," I said. They did not respond.

There were eight other people at the police station, all men. The police told them they were injecting too. Twenty minutes later they made us all get into a van marked "Department of Social Affairs" and they

started driving away from Phnom Penh. We asked where they were taking us but they didn't answer.

They drove away from the city for a very long time, until we were in the countryside. After a long ride they drove into a large, locked compound, and we were taken out of the van and put into a room with 48 other people. The room was too small for that many people. It was about 18x30 feet, but very crowded. There were dirty clothes everywhere, and it smelled terrible. There was only one bathroom in the room, and it was filthy.

The other people in the room were all men. They were all different ages; the youngest was 12 years old. He did not have any parents and was also accused by the police of injecting drugs. The oldest man was about 50 and a beggar.

They took me out of the room and asked me my name, age, what province I was from and where I lived. Then they took a urine sample and put me back in the room.

I was not told how long I would be kept in that place until I had already been there three days, and the guards told me I would be kept there for three months. At this point I did not care because I was so sick from not having drugs and I felt trapped—I was trapped. If I had tried to leave they would have beat me like they did the others who tried to leave.

I was not given any medication to help with my drug withdrawal symptoms; when I asked for something to help me get through it, they

gave me only three paracetamol (acetaminophen) tablets. It did not help, and I remained very sick.

During this time I was so dope-sick that I could not work in the field because I was too weak. One day they made me go into the field, but I was feeling very sick and one of the guards came over to me and told me to put my hands above my head and bend over. Two other guards came over, and they hit me four times with a stick on my back. I felt so hopeless, like I couldn't do anything and would never be able to leave. Each time the guards beat me was the same.

I witnessed many other people also being beaten by the guards, almost everyday this happened. The guards would beat people with sticks, fists, and kicks. I saw about 15 to 20 people a week getting beaten.

The worst time was when a man I knew talked back to the guard. The guards, four or five of them, jumped on him and beat him with anything they could find until he was unconscious. Then they poured water on him to wake him up, and when he awoke they beat him again until he fainted. The guards dragged him away, and I did not see him for two or three days after this.

When the guards beat people so badly that they needed medical care, the victim would be taken to the on-site clinic, and they would get cleaned up by the doctor. They usually returned to the room with everyone else. If they needed stitches, the doctor would give those too.



After being at the center for a few weeks, I was used to it. We were fed three times daily. For breakfast we were given rice gruel, for lunch we were given rice and beans, and for dinner rice with morning glory. There was not enough food. I felt hungry and weak. They gave us a lot of rice with our meals, but only a small amount of vegetables and no meat or fish.

It made it hard for me to work when I was feeling weak from lack of food. After about a month of being there the guards began bringing us to another site to work. We would ride in a van and spend all day turning soil on a farm. The farm was rumored to be owned by a military general, but no one really knew.

During the times I was inside the center I was just locked in the room with everyone else. We did not receive any information that

would help us stop using drugs. The guards told us “drug users are no good” and “by using drugs you shamed your family.” I think that if you are going to have a center like Oksas Knyom, you should not take people there just to abuse them. You should actually try to help them in their lives. That never happened at Oksas Knyom.

I was released after three months. The guards came and took me from the room where we slept and put me in a car and drove me to Phnom Penh and told me to get out. They did not say anything else. They just dropped me off at a market. I hope to never return there. If I were in charge, I would close it because the people who work there are not right in their head.

Interview by Sara Bradford

**I was trapped.
If I had tried
to leave they
would have
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others who
tried to leave.**

Photo: With very few medical options to assist those who need drug dependence treatment, families in Cambodia turn to ineffective government-run centers. (Lianne Milton)

ANEXO DE VIDA

PARA ENFERMOS DE DROGADICCIÓN
Y ALCOHOLISMO





MEXICO: LEFT WITH NO BETTER OPTION

In Mexico, drug treatment is mostly delivered by unregulated, expensive private institutions, infamous for their harsh and abusive methods.

With public treatment facilities limited, and ill-equipped, families and friends of drug users often turn in desperation to these private institutions. Given the high demand for drug treatment, nearly anyone can set up shop and administer expensive “treatment” with little to no oversight. Family members of stimulant users are not told that there is little evidence that in-patient treatment is required.

In 2002, Adriana and her family watched as her brother Francisco, barely in his twenties, was treated for drug addiction at a private rehabilitation center in Mexico City, ultimately an experience that ended in his death. Adriana tells Dr. Gady Zabicky his story.

Photo: A woman and her child walk by a rehabilitation clinic in Ciudad Juarez, Mexico. (AP Photo/Guillermo Arias)

HUMAN RIGHTS COMMENTARY



Francisco had told her that patients were forbidden to talk to family members about their treatment inside the anexo. The padrinos monitored the family visits to make sure the inmates didn't talk.

Photo: Drug users sit in crowded sleeping quarters in a rehabilitation center in Culiacan Sinaloa, Mexico. (Heriberto Rodriguez/MCT/MCT via Getty Images)

In this account, the State of Mexico has breached its positive obligation to protect Francisco against torture by private parties, or other measures that compromise his liberty and well-being. States are required not only to refrain from actively violating human rights, but also to take appropriate steps to provide protection against violations of those rights by others, including by private entities. The government must therefore ensure that the treatment inside rehabilitation centers is consistent with the State's obligations, namely the obligation to prevent torture and other forms of cruel, inhuman or degrading treatment, the right to health, and the right to life, all of which were violated in Francisco's story.

Subsequent to Francisco's death, the *anexo* was investigated and some people arrested, however, the facility continues to operate under a different name, raising questions about the government's fulfillment of its human rights obligations in connection with this privately run center.

A FAMILY'S GRIEF

“He used to get [the cocaine] on the corner of my street—he went out and that was it. The truth is that every street of the neighborhood has a dealer, every corner has a distributor.”

Adriana is reminiscing about her little brother, Francisco, who started using cocaine when he was around 19 or 20 years old.

“He snorted it as a powder and [used it] as rock too, crack,” recalls Adriana. “We didn’t know the reason why he was addicted to cocaine; we really don’t know. We begged him, ‘Please stop, and don’t get high!’ He said, ‘I want to stop, but I can’t.’”

At first, Adriana only heard about her brother’s drug use through the grapevine—it was just a rumor. But one day, she spotted him in the streets of Tlalpan, the largest of Mexico City’s 16 delegaciones, or boroughs. In a neighborhood called Isidro Fabela, an area known for its drug problems, Adriana saw Francisco smoking crack cocaine.

“It was hard to accept that he was using,” she admits. “But his behavior wasn’t normal. I saw him crying many times. Sometimes he didn’t come home. He had yellow fingertips—I think it was from the drug use. He was, let’s say, in a very alarming state.”

Francisco was 23 years old when his family first sent him against his will into an *anexo*. Literally, *anexo* means “next to,” owing to the fact that such facilities are usually located right next to locations for Alcoholics Anonymous meetings. This *anexo*, a private recovery house called “Carrasco,” was located right next to the Sala Ollin Yoliztli, the concert hall that is home to the Mexico City Philharmonic. The Hernández home was just ten blocks away.

The family had heard that Carrasco was peaceful. The *anexo* staff told them that its treatment was based on group therapy, that its patients were treated well, and that it was not among the *anexos fuera de serie*—the “unaligned” *anexos* where it is more or less understood that violence is used against patients to force them off drugs. The *padrinos*—the “godfathers” who manage *anexos*—at Carrasco said they mentored patients by sharing their own experiences.

When Francisco was released after three months, his description of the *padrinos*’ practices painted a completely different picture.

“He said that patients were made to kneel on bottle caps, bathe in cold water every day at five in the morning, and sometimes starved,” says Adriana. “Please, don’t put me in there [ever again], you’ll regret

it for the rest of your life’—that’s what he told me. Another guy who was in the *anexo* with him told his wife, ‘Please get me out; they hit me a lot.’ But because they are addicts, sometimes you don’t believe what they say.”

Despite these disturbing accounts, Francisco appeared rehabilitated. Then three months later, he relapsed. His father sent him to Carrasco for a second time. Five days later, he was dead.

Francisco was readmitted to Carrasco on August 5, 2002. His family signed the requisite documents and paid an admission fee and a monthly fee. But troubling signs appeared quickly. *Anexo* staff asked for medication for Francisco—they claimed he was anemic. The *anexo*’s doctor was himself a patient in the center.

“When they discovered that he was a doctor, they put him to work,” says Adriana. “If he had been an electrician, they would have made him change the light bulbs.”

Adriana went to Carrasco several times to deliver the asked-for medicine. On one such visit, she sensed that the doctor wanted to tell her something. In retrospect, she is sure that it was to say that her brother was being beaten, “but a *padrino* came in and he couldn’t tell me anything.”

“Please, don’t put me in there [ever again], you’ll regret it for the rest of your life”—that’s what he told me. Another guy who was in the anexo with him told his wife, “Please get me out; they hit me a lot.” But because they are addicts, sometimes you don’t believe what they say.”

Opposite page photo: Patients at the CRREAD rehab center in Culiacan, Mexico, usually spend at least three months in the closed institution, unable to leave without permission. This young man heads to his mandatory group therapy session held each day. (Teun Voeten / Panos)

The muzzling effect of the *padrinos* was no surprise to Adriana. After his first time in the *anexo*, Francisco had told her that patients were forbidden to talk to family members about their treatment inside the *anexo*. The *padrinos* monitored the family visits to make sure the inmates didn’t talk.

Medicine wasn’t all the family was asked for. They also brought food—beans, rice, fruit, and vegetables—though Adriana doubts Francisco ever saw, let alone ate, any of it. The *padrinos* also asked for money, ostensibly to pay for candy Francisco had bought. Adriana thinks it was actually for drugs: “Other people who were also at the *anexo* said that the *padrinos* were still getting high.”

On August 9, Francisco’s father went to the *anexo* to check in on him. “He found the *padrinos* chatting and overheard one of them saying, ‘He is in very bad condition,’” Adriana recounts. “My father asked, ‘Who is very bad?’ ‘Your son,’ the *padrinos* answered. ‘He is all beaten up.’ ‘My son wasn’t beat up when I brought him, I gave him to you in perfect condition,’ my father argued. The *padrinos* said, ‘We have to take him to a hospital.’”

Francisco was brought down in a chair, covered in a blanket, his head drooping to one side. They took him to the Dr. Manuel Gea González General Hospital. Adriana’s father called home: “Your brother is gravely ill. The *padrinos* at the house beat him,” he said.

The signs of trauma were clear. There were signs on his hands, wrists, and legs that he had been

tied up. His whole body was purple—his ribs, his eyes, his legs. His head had been shaved—another form of punishment, according to Adriana.

The hospital doctor told Adriana that her brother had trauma in the cranium and the thorax and that it was unlikely that he’d survive. “He couldn’t talk—he was on a ventilator. I talked to him—I told him, ‘Don’t go,’ and he let a tear fall. I think that was the moment when we said goodbye,” says Adriana.

Francisco died at 4:20 a.m. on Saturday, August 10, five days after being admitted to Carrasco.

After Francisco’s death, fingers were pointed at certain *padrinos*. Many people in the Carrasco *anexo* were willing to give statements. Thanks to their testimony, three people were jailed, charged with Francisco’s murder.

“We are certain that he was beaten from August 5, when he was admitted, until August 8—approximately four days. According to the other guys [in the *anexo*], every day there were several *padrinos* ‘visiting’ him to beat him. Different *padrinos* gave him their ‘welcome’—that’s the way they worked,” says Adriana. “Just by the way they punched him, I think they were high—they did it with so much wrath. The [other guys] even said that on the days that the *padrinos* were beating him, they bathed him with powder soap, with a hose, they scratched him with a broom—that’s what one of the guys in the *anexo* who was a witness said in his statement in the complaint.”

In their statement to the district attorney, the *padrinos* argued that Francisco arrived at Carrasco already beaten up and in critical condition. Adriana's father disputed this, saying if that had been so, the *padrinos* would have not admitted him.

"When I visited him in the hospital, he had a heavy blow on his eye, it was all purple," recalls Adriana. "We learned afterwards that the *padrinos* did this with a small baseball bat called 'the goose.' He also had a punctured lung and six broken ribs; the medical certificate determined that they were broken with a blunt object."

Other memories continue to haunt her: "One of the *padrinos* always wore pointy boots. His name was Ramón. I saw him once. They called his punishment 'ramonazos'—kicks with the tips of his boots. My brother had *ramonazos* marks on his legs.

"If my father hadn't gone there to inquire about him, they would have said that he was missing. I mean, they would have thrown his body somewhere, we probably would have accepted it as fact that he had gone missing, and we probably would not have even found out where his body ended up.

"When my father filed the complaint for battery, the *padrinos* emptied the *anexo* of files, they erased the computer, they took everything so there were not any remains of my brother's presence there. They would have denied that my brother was ever there. They didn't know we had documentation for my brother, signed



by the *padrinos*, with the date of entry, saying 'registration paid.'"

The police picked up the *padrinos* as persons of interest. They were held for 24 hours, then they were freed—Adriana's family presumes they gave kickbacks to the police. Three people are in prison for first-degree murder. The *anexo's* doctor and president were acquitted: "I am pretty sure they bribed the judge," claims Adriana. Ramón, the *padrino* who gave the *ramonazos*, was also released.

When the family's neighbors found out how Francisco died, they were outraged.

"They called Azteca TV, the newspapers, radio stations," says Adriana. "Some guy from around the neighborhood even went out and took a few shots at the *anexo*, he shot the door, but I didn't see that. The *anexo* shut down for some time, but now it's operating under a different name. On their website, they say 'it's not the same adminis-

tration,' trying to make people believe that they don't beat inmates anymore."

Seven years after Francisco's death, guilt and regret still haunt Adriana's family.

"My mother can't overcome it. Even after all these years, I can see she is still in a lot of pain, she feels very guilty, she cries and she says that she never hoped for my brother's death, that she wanted to see him well, rehabilitated and away from drugs.

"It was a very painful situation, stressful, it was really difficult. We were his family, and we didn't want to see him like that. If we took him to that *anexo*, it was just because we wanted him to rehabilitate. We took him there with the hope of rehabilitation, and that he would stop using drugs. We didn't send him to get beaten up, that was never our aim."

Interview by Dr. Gady Zabicky



Photo: (Vincent Du/Reuters)

RUSSIA: WHEN VIGILANTES STEP IN

In Soviet times, Russians who used drugs were detained in state-run facilities against their will. Today the laws mandating compulsory drug rehabilitation have been overturned. That, however, has not meant the end of drug users being detained involuntarily in modern Russia. Instead, private groups have now stepped in to perpetuate this punitive regime—while the government looks the other way.

In the mid 1990s, a wave of drug use swept across Yekaterinburg, a mid-sized city in the Ural Mountains. Outraged by the inaction of the police and government to act, local businessman Eugeny Roisman and his associates launched their own uncompromising war on drugs, drug dealers and drug users. This effort included marching alleged drug dealers down the streets with signs around their necks, burning down the homes of those believed to be dealing drugs, beating up alleged drug dealers and users, and opening a rehabilitation center, which quickly became known for its brutal treatment methods. A few citizens condemned the practice of beating or handcuffing drug users as well as the arson of the homes of ethnic minorities implicated in drug trafficking. Most Russians approved, saying that tough measures were the only way to stop drug use and dealing. In 2003, Roisman was elected to the Parliament.

The “City Without Drugs Foundation”, known locally by its Russian initials GBN or simply as “The Foundation,” has become a nationwide symbol of a popular war on

drugs. While the Yekaterinburg branch remains the largest and most famous, branches of the Foundation operate in many other cities.

Virtually every drug user in Yekaterinburg today has dealt with the Foundation, either as a victim of street beatings or as a patient of their rehabilitation programs. Anya Sarang, the author of the following interview, says that “despite the atmosphere of hatred and fear that permeated every discussion of the Foundation’s practices, nearly all of the people I met in Yekaterinburg continue to believe that at least to some extent the Foundation’s ‘ends justified the means.’ The Foundation’s propaganda has driven home the idea that, in the absence of an effective response from the government, it—through violence, humiliation, torture and starvation—offers the only solution to the drug problem.”

In reality, many of the people who have been “in treatment” at GBN’s facilities in Yekaterinburg continue to use drugs. One first-person account follows.

HUMAN RIGHTS COMMENTARY



Well, just imagine, there were 21 of us, all in withdrawal. There was a bottle to pee in—it was the toilet. We were given only water and bread to eat. Stuff literally oozed down the walls, and the stench was horrible.

Photo: A female drug user reads at the women's branch of the City Without Drugs. While in quarantine, detainees are forced through a painful withdrawal process. (Stringer Russia / Reuters)

Under the UN Convention against Torture (CAT), Article 1, one element of torture is that it must be “inflicted by, at the instigation of, or with the consent or acquiescence of a public official or other person acting in an official capacity.” Though this story describes treatment by an independent institution, rather than human rights violations at the hands of the State, this does not mean that the human rights obligations of the government are not engaged. The State is required not only to ensure that rights are not actively infringed by its agents, but also to take appropriate measures to provide protection against any interference with those rights, either by State agents or by private parties.

While the government did conduct an investigation into GBN, stemming from accusations of illegal detention, it is not clear that sufficient changes have since been made. If State actors know about and allow torturous practices to continue, then the State is in violation of its CAT obligation to prevent such practices in private institutions. In addition, the International Convention on Civil and Political Rights (ICCPR), which is broader than CAT, does not require that ill-treatment involve the acquiescence of public authorities to constitute torture.

As described by Dima, the violations experienced are multiple, including deprivation of liberty; torture and other cruel, inhuman, or degrading treatment or punishment; forced labor; and violations of the right to health. Despite the fact that Dima signed a paper to “consent” to his detention by the Foundation, individuals cannot consent to cruel, inhuman, or degrading treatment or punishment.

INSIDE A DETOX GULAG

My name is Dima. I turned 31 recently. I live in Yekaterinburg, the capital of Urals; its name used to be Sverdlovsk. They executed the last Russian tsar here. Now there is a church “on the blood,” where the execution took place. Anyway, it’s an industrial city, a workers’ city, with a population of around a million and a half.

There is a sort of a cadre of young people born between 1976 and 1985—I would say around 90 percent of who have used drugs. They either continue to use now, or have experimented with drugs, or injected for a while and then stopped.

In the early 1990s, *khanka* [a homemade opiate] came around, but I somehow avoided it. I was uninterested in injecting. I was an athlete then. But half of my acquaintances injected themselves to death; they died from that drug, *khanka*. And in 1995 to 1996 drugs such as ecstasy, amphetamine and heroin came on the scene. Well, it was a fashion of sorts, it was cool then. You sniff, and then you go to a disco. So I started off, I sniffed for a year and a half, and then I started to inject heroin.

I was in treatment, spent time in the hospital twice. And I spent time in prison, also twice. Short terms—two years, one-and-a-half years. I was charged with petty theft... I needed money for a dose, to shoot up.

I was taken into the Foundation’s care when they first opened in 2000. There is a gypsy settlement



in the southwestern district... downtown, so to speak, on private property. There was a store there where they sold drugs from a window. You’d wait in a queue there to buy drugs. They sold half a gram for 40 rubles, and one gram for 80 rubles. Like that, in a queue. And police vans went back and forth, always the same vans. I discovered later that gypsies paid the police by the hour so they didn’t bother anyone.

And then the Foundation’s employees began to come around in groups—Roisman, Uvarov, and Kabanov. Kabanov was a former drug user. I had come across him before, when he used to shoot up—I remembered him. They would disturb the gypsies, they would come around and make a test purchase. And they effectively

Photo Young drug users are often handcuffed to bunk beds. During their yearlong stay at the City Without Drugs, inmates also face frequent physical abuse in the place of evidence-based addiction treatment. (Oleg Nikishin/Epsilon/Getty Images)

Their system is based on the whip; they condition you through pain, isolation and continuous humiliation.



Photo: After patients have spent several weeks at Russian rehabilitation centers, they are often forced to perform manual labor, including housekeeping and felling trees. (Zaremba Igor/ITAR-TASS/Corbis)

Opposite page photo: (Stringer Russia / Reuters)

suppressed the drug trade. It was more difficult now to buy drugs, everyone was scared of them. Then they opened a rehabilitation center. And I ended up there very early, when they hardly had anything in place yet.

My friends tricked me into going there—they came to my home and said, “Let’s go and talk to a counselor, otherwise you will be committed to a hospital.” They lied so they could take me there to the GBN office. Once you drive into the courtyard, the gates close behind you. They dragged me out of the car. I said, “Okay, now I see.” They had what they called a “cold room”—a tiny room under the staircase in their office. And they crammed drug users into that room. Some [users] were brought by their parents, who had also lied to them about where they were taking them.

Everyone in the “cold room” was going through withdrawal. Well,

just imagine, there were 21 of us, all in withdrawal. There was a bottle to pee in—it was the toilet. We were given only water and bread to eat. Stuff literally oozed down the walls, and the stench was horrible. Everyone was sweating, all that odor and ooze. [We also had] work therapy. They would take five people outside every hour. We shoveled snow from one place to another and stuff like that. In fact, I looked forward to going out of the room to work for an hour.

Things changed all the time. Sometimes there were 12 rather than 20 people in the room. Some were taken away, some were released. I mean, the crowd changed all the time. While five people are out working, you can take a nap. But in general the conditions were horrible.

They also had a system like this: When you are new, just brought in, they take you to a separate room; there is a couch there, you lie



down, take off your pants, so you are in your underpants, and two or three members of the Foundation's staff stand beside you. I was whipped by three people at a time. And they would whip you until your butt is completely black. You are not allowed to cover yourself with your hands, with anything. It would be worse if you covered yourself with your hands or something. They'd hit your hands with shovels and sticks. You don't want that.

They do it to teach drug users a lesson—"Will you shoot up again, will you?" Everybody was crying—"Ouch, I won't, stop it, I swear, I promise, but please, please, don't whip me."

So they would lock everyone up for three days. After three days, the drug users' parents would come to the office, and Kabanov and Roisman would tell them that their child should be in rehab. And in

rehab they keep you in quarantine for a month, in handcuffs. They keep both your hands handcuffed to an iron bedpost for two weeks, and only let you go to the toilet. Then they keep you handcuffed by one hand for two weeks. And finally after a month they take off the handcuffs. They only give you bread and water there.

What they said to the parents was like, "He is a drug user. He has stolen everything from you. He has sold everything from your home. Let us reform him for you, you have suffered enough." This is what they said. And the parents would sign a paper. Technically, on what grounds can they hold me there? I am of legal age, why am I deprived of my freedom? So the parents would sign a paper stating that they, the parents, commit their child to rehabilitation at such and such. And then the GBN staff would come and tell you to write that you are staying

there voluntarily. How could you say otherwise? They would force you to comply anyway. And then they take you to the rehab center for a year.

And for those who were not taken to the rehab center they had an outpatient system—you had to check in twice a day. You check in so the staff can see you. "Your name?" —You tell him your name. He looks at you—"Okay, you are normal." You are told to go and to come back at a certain time in the afternoon. If they don't like something about you, you are immediately sent to the next room for a urine test. You take a urine test, they check it at once, and if the test shows drugs in the urine you are sent back to the "cold room" immediately.

If you fail to show up, they would come to your home. Or it might happen this way: Let's say they take someone to the rehab center,

Technically, on what grounds can they hold me there? I am of legal age, why am I deprived of my freedom? So the parents would sign a paper stating that they, the parents, commit their child to rehabilitation at such and such. And then the GBN staff would come and tell you to write that you are staying there voluntarily. How could you say otherwise? They would force you to comply anyway.

he has been through quarantine for the entire period, and once that is over, he runs away. Then they would come to his home and take him back. They would start it all over again—the whipping, the “cold room,” and the quarantine.

I spent ten days in the “cold room.” Then it happened. One morning they expected a visit of some big-wig. It was winter, and a tractor moving snow off the road had left a pile of snow in front of their gates. A security guy came into the room and said, “I need two people to clear snow from the driveway.” I volunteered. So we went outside for the first time. You cannot escape while you are in the courtyard. They have cameras everywhere and a tall fence all around. It so happened that I was outside the gates for the first time in nine days. There was one small security guy, and I had a shovel. So I hit him really hard with that shovel and ran away.

Later they came searching for me at my mother’s place. I went into hiding; I did not stay at home. Eventually they stopped searching.

A drug user was not considered a human being there. That’s how they treat you: they beat you all the time, humiliate you. They force you to work. You are sitting in that “cold room”... standing up, rather

than sitting. It was totally horrible. Their system is based on the whip; they condition you through pain, isolation and continuous humiliation. And the guards who beat you are ex-users themselves. If you are just like me, why are you whipping me? You have been whipped in exactly the same way. This kind of treatment eventually makes people so mad they are ready to rip you apart. And he is just like me. I used to tell them “You have been whipped, you have been beaten in just the same way.”

The center eventually had problems with the police. The reason was that they illegally deprived people of their freedom. A rehab center for girls was set up, and the problems started because of the girls. One of the girls somehow managed to file a complaint with the Prosecutor’s office. She wrote, “I am being detained here illegally. They hold me prisoner; it is illegal” —and her complaint ended up in the Prosecutor’s office. Then the OMON [special police force] came in and asked a lot of questions about money and taxes. Apparently, they slowed down a bit after that. Roisman went up to Moscow to sit as a representative in the State Duma.

Interview by Anya Sarang

CALL TO ACTION



As these stories and pictures powerfully depict, people who use drugs or who are suspected of using drugs suffer serious human rights abuses in the name of rehabilitation.

Drug treatment should be voluntary, and no one deserves to suffer the violations described in this book. We should not delay in closing down such abusive institutions. How you can help:

Learn more. The suggested reading on the following page will prove to be invaluable resources. For the most up-to-date information on advocacy, visit the Campaign to Stop Torture in Health Care's website regularly at www.stoptortureinhealthcare.org.

We also invite you to read the companion volume to this one, which presents arguments for how abuses in drug detention centers can amount to torture or cruel, inhuman and degrading treatment and punishment. *Treatment or Torture? Applying*

International Human Rights Standards to Drug Detention Centers" is available at www.soros.org/health.

Speak out. Whether you work in human rights, HIV advocacy, harm reduction, or health care, drug detention is an issue that impacts you. Raise awareness of potential abuses in your own community and local publications, and organize demonstrations to alert decision makers to the issue. If you encounter such abuses, do not hesitate to submit a complaint to the United Nations Special Rapporteur on Health or the Special Rapporteur on Torture.

Offer alternatives. It is clear there are not enough effective, scientific-based drug treatment options in most countries. Methadone and buprenorphine are proven substitutes for opioid dependence. Find out more on these medications at www.methadoneman.org.

Photo: A man plays with his friend's child after lunch time at a drop-in center in Phnom Penh, which provides drug users with a safe place to sleep, shower, eat and seek basic medical services. (Pamela Chen/Open Society Foundations)

RECOMMENDED RESOURCES ON DRUG DETENTION

Canadian HIV/AIDS Legal Network. (2009). *Compulsory Drug Treatment in Thailand: Observations on the Narcotic Addict Rehabilitation Act B.E. 2545 (2002)*. Toronto: Canadian HIV/AIDS Legal Network. Available online at <http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=917>.

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Eka Iakobishvili is a human rights analyst at Harm Reduction International. She previously worked for Penal Reform International South Caucasus office as a regional program manager, and for the PRI International Headquarters in London. She has been involved in criminal justice reform in post-Soviet countries, and has conducted research on human rights and criminal justice cross-cutting issues. Eka holds a law degree from Tbilisi State University and LL.M. in International Human Rights Law from the University of Essex, UK.

Rick Lines is the Executive Director of Harm Reduction International in London. A Canadian citizen, he has been working in HIV/AIDS, human rights and drug policy research and advocacy since the early 1990s. Rick is known for his leading work in the areas of prisoners' rights, harm reduction and the death penalty for drug offenses, and regularly publishes and speaks internationally on these and other issues. Rick is a member of the Technical Advisory Group to the Global Commission on HIV and the Law and a Core Member of the Reference Group to the United Nations on HIV and Injecting Drug Use. In 2009, he co-founded the International Centre on Human Rights and Drug Policy.

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Anya Sarang is president of the Andrey Rylkov Foundation for Health and Social Justice in Moscow where she works on advocacy for access to health and protection of human rights, as well as dignity for people who use drugs and humane drug policies. For the past 12 years, her work has focused on developing and supporting the emerging harm reduction movement in Russia through various training and networking activities. Sarang has been closely involved with harm reduction development in Eastern Europe and Central Asia through her membership in the Eurasian Harm Reduction Network.

Gady Zabicky, M.D., is a certified psychiatrist and one of Mexico's leading medical authorities on addiction, drug treatment, and HIV/AIDS. Born and raised in Mexico City, Zabicky studied medicine at the Mexican National Autonomous University (UNAM) in the early 1990s, while working with the Zapatista community in the southern state of Chiapas amid revolt there. He later earned a degree in psychiatry in Mexico City, specializing in addiction treatment, which he taught as a head professor until 2006. Zabicky founded the city's first dual-diagnosis clinic for psychopathology and drug addiction, and he was a pioneer in harm reduction strategies in Latin America. Today he advises Mexico's federal and local policymakers on drug policy, harm reduction and drug treatment, and has published several books and papers on these topics.

ENDNOTES

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