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TORTURE IN THE NAME OF TREATMENT

HUMAN RIGHTS ABUSES IN VIETNAM, CHINA, CAMBODIA, AND LAO PDR



Cover photo:

A detainee peers out from behind a gate in the Social Affairs “Youth Rehabilitation Center” in Choam Chao, near Phnom Penh, 2001.

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Inside a drug detoxification center in China
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INTRODUCTION

An estimated 16 million people inject drugs worldwide.¹ An equal number are estimated to use methamphetamine.² Some of these individuals are dependent upon drugs, while many are not. Many live desperate lives seeking money to buy the drugs their bodies need to avoid becoming physically sick. Often they have sought to stop using drugs, sometimes on many occasions. However, drug dependency is a chronic and relapsing condition. Simply abstaining from drugs is rarely successful, and the process of detoxification and recovery often requires medical supervision and long-term psychosocial support.

Human Rights Watch has been investigating compulsory drug “treatment” centers in China and Southeast Asia since 2007, resulting in the publication of five reports focusing on what are more properly understood as “drug detention centers” in China, Cambodia, Vietnam, and

Lao PDR.³ More than 350,000 people identified as drug users in these countries are estimated to be currently detained for periods of months or years in the name of drug “treatment” and “rehabilitation.”⁴ In addition to people who use drugs, homeless people including street children, people with psychosocial disabilities, and sex workers are also held in such centers.

Detention in government centers in the name of “treatment” and “rehabilitation” also takes place in other countries. According to the Thai Ministry of Foreign Affairs, from October 2008 to June 2009, there were an estimated 39,287 people in compulsory drug detention centers in Thailand.⁵ As of 2007, the Malaysian government reportedly operated 28 compulsory drug centers across the country with an average occupancy of between 600 and 1,500 residents.⁶ In Indonesia injecting drug users can be legally detained for up to nine months before sentencing,⁷ and in Singapore people who use

drugs can be arbitrarily detained for extended periods and caned if they relapse.⁸ According to the World Health Organization (WHO), the government of Myanmar also operates drug detention centers.⁹

Exposure of the abuses involved in drug detention, such as those Que Phong endured, has led to international calls for the closure of compulsory drug detention centers, including by the executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.¹⁰ The United Nations special rapporteurs on torture¹¹ and health¹² have also spoken out against abuses in drug detention centers. The director of the Drug Policy Coordination Unit of the European Commission, said, “I believe that [these types of centers] are an abomination.”¹³

In March 2012, 12 UN agencies issued a joint statement unequivocally calling for the closure of drug detention centers and the release of detained individuals “without delay.”¹⁴ Among the agencies that issued the statement were the World Health Organization (WHO), the United Nations Program on HIV/AIDS (UNAIDS), the UN Children’s Fund (UNICEF), the International Labour Organization (ILO), and the United Nations Office on Drugs and Crime (UNODC). The statement was an important step that should be followed by concrete measures on the part of the United Nations, international donors, and the governments operating these centers.

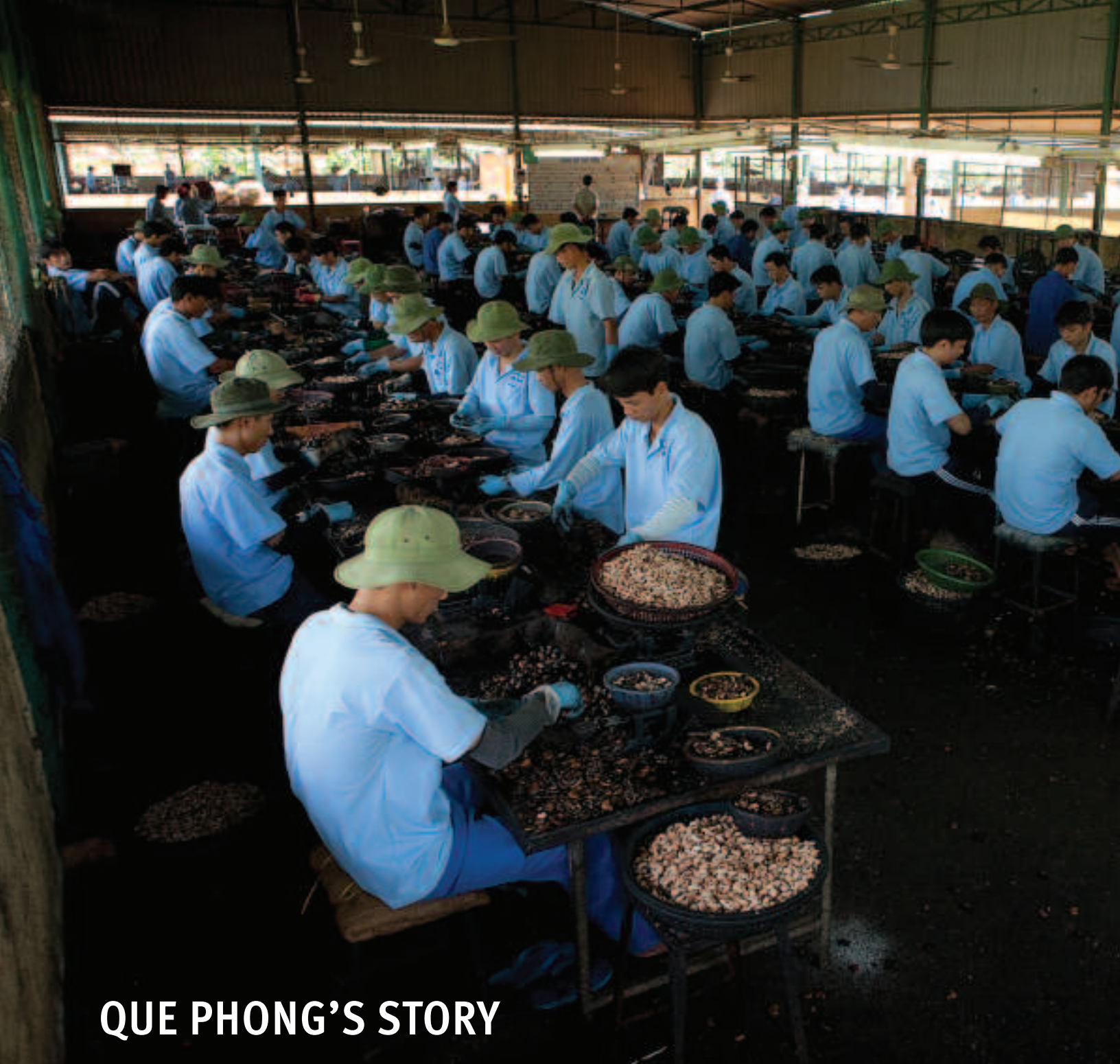
In spite of such calls for closure, little practical progress has been made towards ending the arbitrary detention of drug users and expanding effective, community-based, voluntary drug dependency treatment. Many international donors continue to fund activities inside drug detention centers, effectively helping to build the capacity of the centers, reducing operating costs, and maximizing centers’ profits.

In the following pages, we present a summary of our findings over years of research, including: the process of detention; physical abuse, sexual abuse, and torture in drug detention settings; access to drug dependency treatment; access to general health care; forced labor; and the detention of non-drug users and children. We then discuss the involvement of international donors, international human rights standards, responses from international agencies to date, and our recommendations for next steps.

Note on terminology and references:

Drug detention centers are referred to by multiple names. Certain governments call the centers “reform,” “reeducation,” “rehabilitation,” or “treatment” centers. International researchers often refer to the centers as “treatment” or “in-patient” facilities. Human Rights Watch has chosen to use the term “detention centers” to emphasize the non-voluntary nature of the centers and the lack of evidence-based medicine or therapy offered.

All quotes from individuals detained in drug detention centers come from previously published reports.¹⁵



QUE PHONG'S STORY

For a month they put me in the punishment room with five or six others. It was a small room. We had no beds and showered only once a week. We still worked, but were assigned the hardest jobs on the coffee farm.

In 2004, Que Phong, a Vietnamese man then in his late 20s, decided to get help for his heroin addiction. He traveled to Binh Phuoc, a remote border province in southern Vietnam that holds a number of government institutions, called “Centers for Social Education and

Labor” or “Centers for Post Rehabilitation Management,” which advertise themselves as providing drug dependency treatment. Que Phong signed up for what he thought would be 12 months of therapy. Instead, he endured five years of forced labor, torture, and abuse.

Que Phong’s “treatment” consisted of performing agricultural work for the center, which he estimated held 800 other detainees. He was given a quota of cashews to husk and peel. Although the caustic resin from the



Detainees in Duc Hanh have to perform several hours of labor therapy each day, six days a week. Detainees can spend up to four years in such centers.

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cashews burnt his hands, he was forced to work for six or seven hours a day. Asked why he, and others, agreed to perform the work for little to no pay, Que Phong explained, “If you refused to work they slapped you. If you still refused to work then they sent you to the punishment room. Everyone worked.”

Over the past five years, Human Rights Watch has spoken to hundreds of formerly detained drug users in Vietnam, China, Cambodia, and Lao PDR. Very few sought

treatment voluntarily like Que Phong. Rather, in each country, we heard from children, men and women, some young and some hardened by years of detention, who were picked up by the police or local authorities and sent to drug detention centers without ever having had access to legal representation, without having seen a judge, and without being able to appeal compulsory “treatment” ranging from six months to five years in length.

Individuals were sometimes identified by the police as they sought access to HIV prevention or testing programs. Other times family members notified, or paid, police to take them away, hoping that they might get help with real, or sometimes imagined, drug dependency problems. In each country we heard of individuals denied access to health care and physically, and sometimes sexually, abused. No one described receiving effective, evidence-based drug dependency treatment, and after spending years being forced to work or to perform vigorous exercise to “sweat out toxins” or simply languishing purposelessly in crowded cells or courtyards, few spoke of being better able to address addiction upon their release than upon their entry. In fact, upon their release, traumatized and marginalized by their families and society, those we spoke with talked about broken lives and greater vulnerability to HIV infection or overdose.

Although he had signed up voluntarily, Que Phong was not free to leave the “treatment center” he had entered. And each time it seemed his period of “treatment” was over, the center’s management told him that it was extended, first by an extra year, then by an extra three years. Throughout this period, he continued to work. He was beaten on numerous occasions. Once, when he was caught playing cards with other detainees, the rehabilitation center staff tied his hands behind his back and beat him with a truncheon for an hour. Throughout the five years he spent in “treatment,” he received no therapy or counseling for his drug use. After his release and return to Vietnam’s largest city, Ho Chi Minh City, Que Phong returned to smoking and injecting heroin. When Human Rights Watch spoke to him in 2010, he said that he had not used heroin for several months. After describing his experiences being forced to work, tortured, and denied drug dependency treatment, Que Phong said simply, “The time and work in the center didn’t help me.”



KEY FINDINGS

Arbitrary Detention

I was caught by police in a roundup of drug users. They saw me with other users. They took me to the police station in the morning and by that evening I was in the drug center.... I saw no lawyer, no judge.

QUY HOP, A MAN IN HIS EARLY THIRTIES WHO SPENT FOUR YEARS IN DETENTION, HO CHI MINH CITY 2010

Individuals who had been detained in drug detention centers in all four countries described to Human Rights Watch being picked up by police and detained without due process: none had access to a lawyer, a formal hearing in front of a judge, or a process by which they could appeal their detention. In Lao PDR individuals were tar-

geted for detention by municipal officials, including village militia. In some cases individuals said that their families had contacted the police and arranged, or paid, for them to be detained.

Individuals who had been detained often did not know how long they would be detained, or, like Que Phong, reported that the length of their detention was extended, either because of changes in government policies, as punishment for violating center rules, or for no stated reason. Individuals described being detained for up to a year at a time in Cambodia, up to fifteen months in Lao PDR, and up to five years in Vietnam and China. Individuals, especially in China, often reported multiple periods in detention resulting in decades spent confined, often with longer periods in detention than outside of the centers.



A detainee peers out from a dormitory in Duc Hanh center, southern Vietnam, where detainees are locked in during the night.

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One consequence of the fear of being detained was the isolation of drug users from social services, and, in particular, HIV prevention and drug dependency treatment such as methadone programs. This fear was particularly acute in China where drug users said that their history of drug use was noted on their national identity card. One former detainee told Human Rights Watch,

When we are on the street, in a restaurant, anywhere, the police can just grab us and make us do a urine test. Whenever we use the national identity card they can make us do a urine test.

Physical and Sexual Abuse and Torture

If people weren't working hard enough we would beat them with a one-meter board, or we would just kick them or beat them with our hands. Sometimes people got beaten to death. About 10 percent of people who come into reeducation through labor centers die inside.

FORMER REEDUCATION THROUGH LABOR GUARD, GUANGXI, 2007

Former detainees described physical violence as a routine part of life inside drug detention centers. They told Human Rights Watch they were beaten, whipped, and received electric shocks from center staff and from fellow detainees who were assigned supervisory and disciplinary roles by center staff. A former detainee from a center in Vietnam recalled how brutal beatings were an ordinary part of the center:

If we opposed the staff they beat us with a one-meter, six-sided wooden truncheon. Detainees had the bones in their arms and legs broken. This was normal life inside.

Formerly detained individuals often reported being beaten for violations of center rules, including failing to work quickly enough or to keep pace with forced exercises, for smoking cigarettes, or for gambling and playing cards. Especially harsh punishments were given for trying to escape. A former detainee from Lao PDR described the punishment of detainees who had attempted escape:

The room captains beat them until they were unconscious. Some were kicked, some [beaten] with a stick of wood. The police were standing nearby and saw this. The police told the room captains to punish them because the police would be held responsible for any successful escapes.

Former detainees also reported being beaten as a part of a hazing ritual upon arrival at the detention center, or for no discernible reason. Former detainees in Vietnam, Lao PDR and Cambodia also reported that detainees were tied up in the sun for hours without food or water. Punishment or isolation cells were reported in all four countries.

Sexual abuse was reported against both women and children in detention. In Cambodia, an individual who had been detained reported witnessing center staff take women out of the detention room and could hear as they were sexually assaulted:

The guards use a pretext to get the women out of the room, like they made a mistake. Sometimes they raped the same women five days consecutively because there were no new arrivals... They raped a mute woman about five or six times. I saw this with my own eyes. Other times I heard her scream.... I just heard the way [she] tried to make a sound.

Access to Drug Dependency Treatment

No treatment for the disease of addiction was available there. Once a month or so we marched around for a couple of hours chanting slogans.

HUONG SON, DETAINED FOR FOUR YEARS, HO CHI MINH CITY, 2010

According to formerly detained individuals, evidence-based drug dependency treatment is absent from drug detention centers in Vietnam and Cambodia. In China and Vietnam, drug dependency treatment involves a forced work regimen set within an abusive environment.

Individuals who had been detained in all four countries also described grueling physical exercises and military drills as a routine part of “treatment” within detention centers. Exercise was frequently accompanied by slogans. “The commander of the military police told us, ‘When you exercise you sweat, and when you sweat the drug substance will be removed,’” one former detainee from Cambodia said.

In Lao PDR, Human Rights Watch’s investigation focused on the Somsanga detention center, the largest and oldest of at least eight centers in the country. Former detainees from Somsanga reported that they could access some form of evidence-based treatment if their families paid for it, but reports suggested that only a minority of detainees were able to access treatment in this way. Most detainees had only the physical exercises and classes that teach abstinence from drug use:

They try to teach not to use drugs, that it isn’t good to use [drugs], while showing that normal people have a good future. I don’t think the classes helped me stop using drugs... Some people use more drugs when they come out of Somsanga.

The lack of access to methadone substitution therapy was particularly noted by individuals detained in China, some of whom had been on methadone prior to being detained. As one former detainee from China told Human Rights Watch, “There is nothing to help with quitting drugs, not even methadone which we can take on the outside.”¹⁶



Without effective treatment, the actual rationale of detention in drug detention centers is a mixture of punishment, social control of “undesirable” populations, and profit from forced labor. In some countries such as Lao PDR and Cambodia, people are often detained in drug detention centers in “street sweeps” of beggars and homeless people prior to holidays or international meetings.¹⁷



Exercise drills involving pushups and calisthenics take place early every morning in Somsanga center.

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General Health Conditions in Detention

Once or twice a week they would make porridge. Then there was rice and soup... We had this for lunch and dinner. It was tasteless, more liquid than vegetables. I could never get full. You were full for a short period of time then you start starving again.

SROKANEAK, A FORMER DETAINEE, PHNOM PENH, 2009

Lack of food, poor quality of food, and overcrowding were commonly reported in drug detention centers. In Cambodia, individuals who had been detained described numbness and swelling in their extremities.

These symptoms, which they associated with the poor diet, are consistent with beriberi, a disease caused by a lack of vitamin B1.

In Lao PDR, former detainees described severe overcrowding in the buildings where detainees whose families did not pay for them to receive treatment were held:

There are lots of people and not enough food. It was hard to sleep there because in my room there were 60 people. There was not enough water for the showers, only a few minutes to shower every day.

Individuals reported almost no access to general health care. Detainees who sustained injuries for trying to es-



Detainees attend a class about AIDS during psychological treatment at a compulsory drug rehabilitation center in Yunnan Province, China on November 28, 2011.

© 2011 Reuters

cape received further punishment rather than medical treatment, potentially leading to long-term disabilities. As one former detainee from China told Human Rights Watch,

I tried to run away, and in the process, I broke both feet. When I went to the hospital for treatment, I was arrested and sent back to the drug addiction center... Inside I was given very little food, and they never gave me any medicine at all to treat my feet. I was locked up for about half a year and my feet became crippled.

Conditions in punishment cells were even worse than in general housing. A former detainee from Vietnam who attempted escape explained,

When I was caught I was beaten with a truncheon and then locked alone in the solitary confinement cell for one month. It was bad. There was no water in the toilet or for showering or feminine hygiene. I was given only rice and soy sauce for food.

Access to HIV Prevention and Treatment

In China, individuals who had been in detention centers told Human Rights Watch that mandatory HIV testing was common. Yet few people were able to get the results of their tests until they were released and re-tested in the community. One person told us,

I was tested in detox twice for HIV but was never told the result. Then when I got out I was so sick that I went to the clinic. I was scared of getting arrested, but I have a son and I didn't want to die. They tested me and told me I have AIDS.

Despite this concern for HIV rates, effective means of HIV prevention, including condoms and clean injecting equipment, are virtually unavailable in drug treatment centers in all four countries. Nonetheless, HIV-related risk behaviors, including unprotected sex and unsafe drug use, occur. A man detained in Yunnan Province, China said,

I'm sure I was infected while I was in drug detention. We would all use one needle; this needle would go around the whole place.

HIV testing information was used, according to a former guard at a drug detention center in China, to identify “which female inmates we could sleep with without using a condom.” The guard went on to explain, “Women [in detention] need comforting, especially the younger ones. I would sleep with them to comfort them and then give them some heroin to make them feel better.”

In 2010, Giovanni Nicotera, the head of the UN Office on Drugs and Crime’s China office, said that the Chinese government knew that the centers are ineffective and that being detained in them increases risk of HIV infection:

Being detained in these centers not only does not help drug users to recover, as evidenced by the high rates of relapse, but also increases the likelihood that an individual will become infected with HIV.¹⁸

Access to HIV treatment is also a concern. One former detainee in China’s Yunnan Province told Human Rights Watch,

We are really worried about our friends who are put into drug detention, especially now that drug detention is at least two years long, because they are not getting good AIDS treatment inside, if they are getting treatment at all. They are HIV-positive, they don’t have good nutrition, they get beaten, and they die.

Another individual from China said,

I started taking antiretroviral drugs (ARVs) before I was put into detox. Then when I was in [detox] I had to stop. I was really worried about my health but there was nothing I could do.

As of 2010, 12 percent of nearly 2.5 million people who injected drugs in China were estimated to have HIV.¹⁹ A high percentage of detainees in drug detention centers are believed to be HIV-positive or have tuberculosis (TB). Even when detainees are able to continue taking ARVs, there is often no medical supervision, such as regular doctor visits or lab monitoring tests.

In Vietnam, estimates of HIV prevalence among drug detention center detainees range from 30 to 60 percent, and some research has found higher rates of HIV infection among individuals who have been in detention centers compared to those who have not.²⁰ Vietnam’s 2012 “Progress Report” on AIDS identified as a barrier to effective HIV services the conflict between “security meas-

ures to control drug use and sex work” and “public health messages trying to reach the populations engaged in these activities.”²¹

According to the government, by 2011 ART had been provided in detention centers, for drug users or sex workers, in 35 provinces through Global Fund support, and voluntary counseling and testing (VCT) and information, education and communication (IEC) services were available in 31 provinces. Many international organizations base their involvement in drug detention centers on humanitarian grounds, with the stated position that external donors and their implementing partners have an obligation to relieve the suffering of detainees and provide them with access to life-saving treatment. However, such a position ignores the fact that under Vietnamese law, ill detainees may be released to receive treatment when the center is unable to provide adequate healthcare services.²²



Detainees sew at a compulsory drug detention center in Yunnan province.
© 2008 Reuters

Forced Labor

The detox center is a factory. We work every day, until late in the night, even if we are sick, even if we have AIDS.

DU, A FORMER DETAINEE, GUANGXI, 2007

The nature of forced labor within detention centers varied from country to country, and within countries from one detention center to another. The use of forced labor was reported by formerly detained individuals in some, but not all, detoxification centers in China, all drug detention centers investigated in Vietnam, and some centers in Cambodia. It was not reported by individuals who had been held in the Somsanga detention center in Lao PDR.

Former detainees reported that they spent their days making shoes; sewing clothing, handicrafts, or bags; or

doing construction and agricultural work. The consequence of refusing to work was often severe, as a former detainee from Vietnam reported:

Those who refused to work were beaten by the guards and then put into the disciplinary room. In the end they agreed to work.

Some forced labor was overseen directly by guards, while in other cases forced labor was supervised by detainees who were assigned to this role and given the authority to punish other detainees. As a former detainee from Cambodia explained, the work typically was for the direct benefit of center staff:

There was construction work, to build a house for the staff [member]. Each time they brought two or three people [from the center] to work. We were porters, we carried cement bags. We worked until the house was completed. I worked every day for three months.

Despite poor living conditions, inadequate food, and lack of access to health care, detainees spent long hours laboring in factory or agricultural settings. According to one former detainee from a center in Yunnan, China,

All drug detention is, is work. We get up at five in the morning to make shoes. We work all day and into the night. That's all it is.

Forced labor is central to the operation of Vietnamese detention centers and “labor therapy” is a stipulated component of drug dependency treatment according to Vietnamese law.²³ Detainees produce goods for local Vietnamese companies, some of which supply multinational companies. Vietnam is the world’s leading exporter of cashew nuts, and many of Vietnam’s drug detention centers are involved in cashew production. Former detainees described husking cashew nuts for six or seven hours a day to fill daily quotas, working without adequate protective equipment and suffering burns on their hands from the caustic cashew resins.

In October 2011, China’s Ministry of Public Security issued a new regulation that outlawed involuntary forced labor and mandated around-the-clock monitoring systems “to prevent patients from physical abuse and to prevent them from escaping.”²⁴ The regulation allows individuals to voluntarily work up to six hours per day, but permits wages to be used by center staff on detention conditions.

Detention of Non-Drug Users and Children

There are drug users, [but also] beggars, petty thieves, alcoholics, homeless people, Hmong. Some are in because they are fighting in the street and the police pick them up and put them in there. Others are homeless and walking in the street at night.

MAESA, DETAINED AS A CHILD (UNDER AGE 18) FOR SIX MONTHS, VIENTIANE, 2010

In addition to people who use drugs, a wide range of other marginalized groups were in detention centers, including street children, persons with psychosocial disabilities, and homeless individuals. As one former detainee from Lao PDR recalled,

During the Southeast Asia games they tried to keep beggars from walking on the streets. There were maybe about 20 people [picked off the streets] and they were [in Somsanga] about three months... It's crazy to think they were arrested! The government tried to show that Laos has no beggars.

Human Rights Watch found evidence that children were detained in drug detention centers in Cambodia, Vietnam, and Lao PDR. In some cases children interviewed acknowledged using drugs frequently, in other cases they said that they had rarely used drugs (and were unlikely to meet the clinical criteria for drug dependence). As a former detainee in his 30s from Somsanga center in Lao PDR reported,

There were about seven children in my room but maybe about 100 children altogether. The youngest was about seven years old. The children are not drug users but homeless, like beggars on the street.

Children are often detained together with adults, in violation of international law, and are additionally subjected to the same “treatments,” including forced labor and military exercises. As a former detainee from Vietnam recalled,

There were about eight or nine hundred of us there, all drug users, and the ages were from 12 years to 26 years.... Work was compulsory. We produced bamboo furniture, bamboo products, and plastic drinking straws.

Children are also subjected to the same abuses, including physical and sexual abuse. Child detainees told Human Rights Watch of being beaten and shocked with electric batons. A former child detainee from Cambodia reported repeated sexual abuse by the military police commander of the center where he was detained

Some massages I had to give were sexual... If I did not do this, he would beat me. The commander asked me to ‘eat ice cream’ [perform oral sex]. I refused and he slapped me... Performing oral sex happened many times... how could I refuse?



EXTERNAL INVOLVEMENT, INTERNATIONAL STANDARDS, AND NEXT STEPS

International Donor Involvement

The foreigners [that visit Somsanga] don't know about the beatings or the suicides.

PAET, DETAINED AS A CHILD, VIENTIANE, 2010

Although the governments of China, Cambodia, Vietnam, and Lao PDR bear responsibility for the human rights abuses described in Human Rights Watch's reports, the involvement of external organizations raises serious ethical concerns and, in some cases, may indirectly facilitate human rights abuses.

Many international donors fund activities inside the centers. In Vietnam, for instance, AusAID, CARE International, Danish International Development Agency, The Global Fund, Netherlands Embassy, UNODC, USAID/PEPFAR, and the World Bank have all funded activities in de-

tention centers. As Vietnamese drug detention centers require detainees to undertake forced labor by law, donor funds can have the impact of subsidizing the costs of detention in such centers, with the effect that the centers can be more profitable, while detainees continue to labor for little or no compensation under dangerous conditions.

Not all donor involvement in drug detention centers has been focused on the provision of health services to ill detainees. In Vietnam, the United Nations Office on Drugs and Crime (UNODC) and USAID/PEPFAR funded (separate) projects that trained drug detention center staff in the principle that drug treatment does not need to be voluntary to be effective. The training manuals for these projects do not mention UNODC and WHO statements that "only in exceptional crisis situations of high risk to self or others, compulsory treatment should be



A guard lectures detainees in Somsanga center. Classes in drug use and courses such as vocational training may be beneficial for some people trying to overcome drug dependency, but there is no rationale for premising such services on months or years of involuntary detention.

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mandated for specific conditions and periods of time as specified by the law.”²⁵ Yet, at the same time, the Vietnamese government has cited the (US) National Institute on Drug Abuse (NIDA), UNODC, and WHO to legitimize its drug detention centers.²⁶ For example, in response to Human Rights Watch’s report, the government claimed that its system was “in line with the Principles of Effective Drug Addiction Treatment released by the (US) National Institute on Drug Abuse (NIDA) under the United States Department of Health and Human Services (USDHHS) and agreed by the United Nations Office on Drugs and Crime (UNODC)—World Health Organization (WHO).” While WHO and UNODC have stated elsewhere that, “neither detention nor forced labor have been recognized by science as treatment for drug use disorders,” that significant point is omitted from both training manuals.²⁷

In the Somsanga center in Lao PDR, where several donors and implementing agencies carry out projects, detainees were forced to participate in making the center presentable for foreign visitors. As former detainee explained,

On days when the foreigners came [to the center] the police warned us in the morning: “Today we are going to have some guests so make the rooms clean, clean all the rubbish, behave yourselves.” We had to wear nice clothes and make everything clean.

In reality, conditions are so poor in Somsanga that Human Rights Watch received reports of numerous suicides and attempted suicides involving ingesting glass, swallowing soap, or hanging. As Maesa, a child who spent six months in Somsanga, explained to Human Rights Watch, “Some people think that to die is better than staying there.”

The US Embassy in Vientiane has been one of the main international supporters of the Somsanga center in Lao PDR over the last decade, and among the uses of US funds has been the construction of detention blocks and fences.²⁸ Although the detention of homeless people and beggars in Somsanga has been widely and publicly reported in official government media,²⁹ following the release of Human Rights Watch’s report on conditions in Somsanga, the US Embassy claimed that it was unaware of any human rights abuses in the center. In the lead up to the 25th Southeast Asia games, held in Vientiane in December 2009, Vientiane authorities even published call-in numbers in newspapers for people to report beggars to be held in Somsanga, to ensure “orderliness” during the games.

In June 2012, the US Embassy announced in a press release further funding to “upgrade” facilities at Somsanga and other centers.³⁰ No mention was made of ensuring respect for due process or the human rights of those detained or monitoring to ensure that US funding did not further rights abuses. In Lao PDR and other countries where we conducted our research, most of the implementing agencies and donors that Human Rights Watch has corresponded with have said that they had no formal system to report any human rights abuses that project staff witness if present in the centers.

While several donor governments have joined in calling for the closure of drug detention centers, continued involvement in centers (whether direct or indirect) builds the capacity of such centers, thus undermining the need to close them and potentially facilitating ongoing abuses.

International Standards

The treatment of individuals in compulsory drug detention centers in Vietnam, Cambodia, Lao PDR, and China violates a wide range of human rights, including the right to freedom from torture and cruel, inhuman and degrading treatment; the right to freedom from arbitrary arrest and detention; the right to a fair trial; the right to privacy; the right to the highest attainable standard of health; and the right to be free from forced labor.

Arbitrary Detention and Ill-Treatment

Article 9(1) of the International Covenant on Civil and Political Rights (ICCPR) provides that, “No one shall be subjected to arbitrary arrest or detention [or] be deprived of his liberty except on such grounds and in accordance with such procedures as are established by law.”³¹ Detention is considered “arbitrary” if it is not in accordance with law, or when it is random, capricious, or not accompanied by fair procedures for legal review. International law grants a detainee the right to challenge the lawfulness of his or her detention by petitioning an appropriate judicial authority to review whether the grounds for detention are lawful, reasonable, and necessary.³³

The ICCPR in article 7 states that all individuals who are detained must be treated with dignity, and there is an absolute prohibition on subjecting an individual to torture or to cruel, inhuman or degrading treatment or punishment.³⁴ The special rapporteur on torture has considered administration of electric shocks and beatings (including blows with a bludgeon) a form of torture.³⁵ Particularly harsh conditions of detention, including deprivation of food, constitute inhuman conditions of detention in violation of the ICCPR.³⁶

Forced Labor

Forced labor is also prohibited under international law. The prohibition is contained in various treaties, but is also a fundamental right prohibited under customary law.³⁷ According to the International Labour Organization (ILO) Convention on Forced Labor (No. 29), forced or compulsory labor “shall mean 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.” The term forced labor in international law does not cover “any work or service exacted from any person as a consequence of a conviction in a court of law” if certain preconditions are met.³⁸ However, people held in drug detention centers in these four countries have not been detained due to a conviction in a court of law.

Compulsory Treatment

The right to health includes the principle of treatment following informed consent. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) addresses the right to health which the Committee on Economic, Social and Cultural Rights (CESCR) deems to include “the right to be free from ... non-consensual medical treatment and experimentation”³⁹ and to receive full information about health and health procedures that one may undergo.⁴⁰ The special rapporteur on the right to health has stated that,

*Informed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision, protecting the right of the patient to be involved in medical decision-making, and assigning associated duties and obligations to health-care providers. Its ethical and legal normative justifications stem from its promotion of patient autonomy, self-determination, bodily integrity and well-being.*⁴¹

As WHO and UNODC note, “only in exceptional crisis situations of high risk to self or others, compulsory treatment should be mandated for specific conditions and periods of time as specified by the law.”⁴² Compulsory treatment in such exceptional circumstances can only be legally justified if the treatment provided is scientifically and medically appropriate. Absent such conditions, there is no justification for compulsory treatment.

The CESCR has stated that a state’s health facilities, goods, and services, among other things, should be acceptable and of good quality.⁴³ Forcing people to undergo supposed “treatment” that is not evidence-based violates this requirement.



The Lao government uses the Somsanga center as a convenient dumping ground for populations that are deemed “undesirable” by the police or the village militia. In addition to the mentally ill, homeless people and street children may be detained in Somsanga.

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Treatment of Children

The Convention on the Rights of the Child (CRC) obligates the government to protect children from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”⁴⁴

The CRC states that any arrest, detention, or imprisonment of a child must conform to the law and can be done only as a “measure of last resort.”⁴⁵ Moreover, children deprived of their liberty have the right to challenge the legality of their detention before a court or other competent, independent, and impartial authority, and are entitled to a prompt decision on any such action.⁴⁶ This means that in general a child should not be detained unless it is adjudicated that he or she has committed a violent act against someone or is persistent in committing other serious offenses and there is no other appropriate response.⁴⁷ Detention of children under age 18 in the same facilities as adults is prohibited.⁴⁸ The Committee

on the Rights of the Child has said that states should develop non-institutional forms of treatment for children.⁴⁹

Forced labor is among the worst forms of child labor and is prohibited for all children. The ILO Convention on the Worst Forms of Child Labor (No. 182) forbids forced or compulsory labor for children, defined as any person under the age of 18, and all ILO members are bound by the Declaration on Fundamental Principles, which requires all ILO members to realize the effective abolition of child labor.⁵⁰

Next Steps

Human Rights Watch continues to call on the governments of China, Cambodia, Vietnam, and Lao PDR to close down these centers permanently and to conduct an immediate, thorough, and independent investigation into torture, ill treatment, arbitrary detention, and other abuses in drug detention centers.

UN agencies and international donors should echo this call and support efforts to close drug detention centers and work with these national governments to expand access to community-based, voluntary drug dependency treatment. In March 2012, 12 UN agencies issued a joint statement unequivocally calling for the closure of drug detention centers and the release of detained individuals “without delay.”⁵¹

The statement is an important step that should be matched by concrete measures on the part of the United Nations, international donors, and the governments operating these centers. For international donors, the need to insist on tangible and time-bound steps towards closure is particularly pressing in those countries—such as Vietnam and Lao PDR—where international funds continue to support programs and activities in drug detention centers.

RECOMMENDATIONS

TO THE GOVERNMENTS OF CHINA, CAMBODIA, VIETNAM AND LAO PDR

- Release current detainees in drug detention centers, as their continued detention cannot be justified on legal or health grounds.
- Permanently close drug detention centers.
- Carry out prompt, independent, and thorough investigations into the use of torture, cruel, inhuman or degrading treatment or punishment, and other human rights abuses and criminal acts in drug detention centers. Follow up with appropriate legal actions (including criminal prosecution) of identified perpetrators of abuses.
- Expand access to voluntary, community-based drug dependency treatment and ensure that such treatment is medically appropriate and comports with international standards.

TO BILATERAL AND MULTILATERAL DONORS AND NONGOVERNMENTAL ORGANIZATIONS (NGOS) PROVIDING ASSISTANCE TO CHINA, CAMBODIA, VIETNAM, OR LAO PDR ON ISSUES RELATED TO DRUGS AND/OR HIV/AIDS

- Publicly call for:
 - detainees in drug detention centers to be released;
 - the closure of the centers;
 - an investigation into allegations of human rights violations inside such centers;
 - holding those responsible for such violations to account;
 - reasonable compensation for detainees and former detainees for harm to their physical and mental health suffered during detention.
- Review all funding, programming, and activities directed to assisting drug detention centers to ensure that no funding is supporting policies or programs that violate international human rights law, including prohibitions on arbitrary detention, forced labor, torture, and cruel, inhuman or degrading treatment or punishment.
- Support the expansion of voluntary, community-based drug dependency treatment, including appropriate services for women and children.

TO COMPANIES WITH COMMERCIAL RELATIONSHIPS WITH DRUG DETENTION CENTERS

- Cease all commercial relationships (including through sub-contractors and sub-sub-contractors) with drug detention centers.
- Establish an internal monitoring process within companies that can identify situations in which the company may be failing to respect relevant human rights (including forced labor, illegal child labor, unlawful payment of wages below the minimum wage, exploitative working conditions, etc.) and implement appropriate remedial measures. Monitors should be sufficiently independent of local suppliers.

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