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## COMPULSORY DRUG DETENTION CENTERS IN CHINA, CAMBODIA, VIETNAM, AND LAOS: HEALTH AND HUMAN RIGHTS ABUSES

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### ABSTRACT

*Background:* According to official accounts, in 2012 more than 235,000 people were detained in over 1,000 compulsory drug detention centers in East and Southeast Asia.

*Methods:* Between July 2007 and May 2013, in-depth interviews were conducted with 195 individuals recently released from drug detention centers in China, Cambodia, Vietnam, and Laos.

*Results:* Individuals reported being held for up to five years in drug detention centers without clinical determination of drug dependency or due process, and being denied evidence-based drug treatment as well as other basic health services. Many individuals reported being forced to perform arduous physical exercise or military-style drills. Forced labor was reported by all individuals having been detained in Vietnam, and some held in Cambodia and China. Physical—and less often, sexual—abuse was reported among those held in each country.

*Conclusions:* Long-term, compulsory detention for treatment of drug dependency is counter to established principles of medical care and violates a wide range of human rights, including the right to health. Individuals held in drug detention centers in China, Cambodia, Vietnam, and Laos are subject to torture and cruel, inhuman, and degrading treatment.

### INTRODUCTION

In China, Cambodia, Vietnam, and Laos, over 2.5 million adults currently use opiates and over 3.5 million use amphetamines.<sup>1</sup> In all four countries, drug use is primarily treated as an administrative infraction and not a criminal offense. In Vietnam and Cambodia, government officials often state that people dependent on drugs are “patients,” rather than “criminals.”<sup>2</sup> In Laos, the national drug law states that “[d]rug addicts are to be considered as victims.”<sup>3</sup> In China, the law requires that drug users be rehabilitated.<sup>4</sup>

However, the use of administrative law, along with the rhetoric of “patients” and “victims,” masks an approach to drug use that sees dependency as a moral failing, rather than a medical condition.<sup>5</sup> In all four countries, drug “detoxification,” “treatment,” or “rehabilitation” centers hold individuals suspected of drug use (regardless of dependency) for extended periods. These centers are neither prisons nor hospitals: individuals are held without due process protections or judicial oversight of detention. At the same time, the centers lack evidence-based drug dependency treatment and, often, any trained health care personnel. While drug rehabilitation in China and Vietnam is historically grounded

in the long-established, political system of “re-education through labor,” compulsory drug “treatment” centers are a more recent phenomenon in Cambodia and Laos.

Estimates of the numbers of individuals detained, and trends over time, vary and are difficult to determine with precision. In China, estimates have ranged from 350,000 detained in 2005 to 171,000 in 2011.<sup>6</sup> In Vietnam, there have been 169,000 admissions to detention centers between 2006 and 2010, with 40,000 people detained in 2010.<sup>7</sup> Cambodia and Laos are each estimated to detain between 2,000 and 3,000 people per year.<sup>8</sup> Compulsory drug treatment centers also exist in Burma, Malaysia, and Thailand, holding an estimated 10,000 to 20,000 more individuals.<sup>9</sup> In October 2012, the United Nations Office on Drugs and Crime (UNODC) stated that, according to official reports, there were over 235,000 people detained in over 1,000 drug detention centers in East and Southeast Asia.<sup>10</sup>

While research on HIV virology, prevalence, and prevention has been conducted inside detention centers in the region, little research has focused upon conditions inside detention centers or the availability of evidence-based drug dependency treatment.<sup>11</sup> Through interviews with individuals recently detained in drug detention centers, we sought to document experiences of arrest and conditions in detention in China, Cambodia, Vietnam, and Laos.

## METHODS

Between July 2007 and May 2013, we conducted in-depth interviews with individuals recently detained in drug rehabilitation centers in China, Cambodia, Vietnam, and Laos. In China, research was undertaken in Beijing, Guangxi Autonomous Region, and Yunnan Province during three periods: July through August 2007, June through August 2009, and May 2011 through June 2012. In Cambodia, research was conducted in the provinces of Banteay Meanchey, Battambang, Kampong Cham, Siem Reap, and in the capital of Phnom Penh between February and July 2009 and between May and July 2013. Research in Vietnam and Laos was conducted in late 2010 in Ho Chi Minh City and Vientiane.

Interviews were semi-structured and covered a number of topics related to illicit drug use, contact with the police, and conditions in detention. Interviews

lasted between one to three hours and were conducted in English or Mandarin in China or in local languages with the assistance of a translator in Cambodia, Vietnam, and Laos. Some interviews were tape recorded and transcribed when it was felt that security was sufficient; otherwise notes were taken. The authors coded information from the interviews and conducted a content analysis to identify key themes corresponding to the interview guide, as well as emerging topics. In the first analysis of the data, an initial set of codes was generated to capture key constructs. Subsequent analyses examined the consistency of reports across themes and negative evidence.<sup>12</sup>

All participants provided oral informed consent to participate and were assured anonymity. Interviews were conducted in private and individuals were assured that they could end the interview at any time or decline to answer any questions without any negative consequence. All names of people interviewed and quoted have been changed to protect their identity and for their security. More detailed methods are reported elsewhere.<sup>13</sup>

Independent human rights monitoring of conditions in drug detention centers is not permitted in any of the four countries where this research took place, nor is it allowed outside of detention centers (that is, in the community generally) in three of the four countries (China, Vietnam, and Laos). In addition, formerly detained drug users often face considerable stigma and a high risk of re-incarceration. Therefore, individuals who had been detained in drug detention centers were primarily identified by networking through local organizations providing outreach services to drug users or through referral by study participants. Additional research including key informant interviews with nongovernmental organizations (NGOs), donors, and government officials and review of international donor policies and programs in drug detention centers are reported elsewhere.<sup>14</sup>

Human rights investigations often do not fit biomedical or epidemiological definitions of research, defined as seeking to develop “generalizable knowledge.”<sup>15</sup> This investigation aimed to document and respond to specific human rights issues, monitor human rights conditions, and assess human rights protections.<sup>16</sup> Each of these purposes is consistent with what has been defined as “public health non-research” or practice.<sup>17</sup> However, because public health non-research and practice also raise ethical

and human participant protection issues, the present study's methods, and human participant protections associated with the research, were reviewed and approved by Human Rights Watch prior to undertaking this study. All interviewers were trained in human participant protection and information security. Following the interviews, and after initial reports of the study had been released, Human Rights Watch continued monitoring to assess adverse consequences to subjects from participation, and found none.

#### EXPERIENCES IN DRUG DETENTION CENTERS

Of the 195 recently detained individuals interviewed, 41 were women, 131 men, and 23 children (defined, according to international law, as less than 18 years old).

In China, 19 individuals (15 male, four female) were interviewed in 2007 and 33 individuals (20 male, 13 female) were interviewed in 2009. Between July 2011 and May 2012, seven individuals who had been forced to provide a urine drug test, including two individuals who had been subsequently detained, were interviewed among 114 Kachin refugees interviewed for research on conditions facing Burmese refugees in Yunnan Province.

In Cambodia, 56 people were interviewed in 2009 and 33 people were interviewed in 2013. Overall, 66 people who currently or formerly used drugs were interviewed as well as 23 people who did not identify themselves as drug users. Sixteen of those interviewed were children.

In Vietnam, in-depth interviews were conducted with 34 people (21 men, 10 women, and three children), all of whom had been held in detention centers under the administration of Ho Chi Minh City authorities.

In Laos, interviews were conducted with 12 people (seven men, one woman, and four children), who had been detained in the Somsanga drug detention center in Vientiane.

#### *Detention*

In all four countries, individuals who had been detained in drug detention centers described 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.

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, Ho Chi Minh City, Vietnam, 2010)

In Laos, individuals were targeted for detention by municipal officials, including village militia.

The village militia detained me. They had been observing me for a long time. They said nothing but handcuffed me when I was inside my house. They caught me at 9:00 p.m., then I arrived at Somsanga around 9:30 p.m. (Pahat, Vientiane, Laos, 2010)

In other cases, individuals (both children and adults) who had been detained said that their families had contacted the police and arranged, or paid, for them to be detained.

[The police] came to get me one morning when I was still in bed. The police arrested me and took me to the local police station where a urine drug test was positive. Two hours later they took me to the drug center. (Tien Du, Ho Chi Minh City, Vietnam, 2010)

My parents called the police to arrest me. [My parents] said I am a drug user and I caused trouble to them. The military police arrested me inside the house while I was sleeping, [at] about 10:00 p.m. at night. My mother told me she paid more than US\$200 for the arrest. (Sokram, Sisophon, Cambodia, 2009)

An admission form (entitled "Request for Admission of Siblings, Children, Niece, Nephew, Grandchildren Into the Center") from a drug detention center in Koh Kong, Cambodia, contained the following justification for detention given by the child's mother:

My son ... behaves strangely and abnormally; he walks with a group of kids who use drugs. Consequently, my son's behavior has become stubborn

and disobedient. He argued verbally with his siblings and his mother. He went out for a walk and didn't return home. Seeing this situation, I would like to send him to the rehabilitation center. (Military Rehabilitation Center, Koh Kong, Cambodia, 2009)

The length of time individuals were assigned to detention varied in each country: in Cambodia, individuals reported being detained for between three months to one year; in Vietnam and China, for up to five years; and in Laos, for up to 15 months. Individuals, especially in China, often reported multiple periods in detention. Repeat detentions were usually for longer periods than initial detention.

In all four countries, individuals frequently reported that at the start of their detention they did not know for how long they would be detained, or 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.

When I had served my two years they told me that a new decision had been made that made five years compulsory. That's all I was told. (Kinh Mon, Ho Chi Minh City, Vietnam, 2010)

Some individuals reported that they were able to bribe the police to avoid detention.

They sent me to the provincial police station. They said we were using drugs: this was true. ... They called [our] parents. My mother and my friend's mother shared [the amount]: all together it was US\$200 for five [people's release]. (Toh, Phnom Penh, Cambodia, 2009)

If you can give money right away, they let you go free. (AJJ, Yunnan, China, 2011)

However, according to former detainees, bribes did not always work.

One time when I got picked up by the police I just gave them money and they didn't bring me to detox. When I got

arrested after I knew I had AIDS, my family tried to give them money to keep me from detox because they were scared, but the police have quotas and so refused the money and I had to go to detox even though I was sick. (Zhang, Guangxi, China, 2007)

In Cambodia, some women who were threatened with detention reported that the police demanded sex to avoid being sent to detention centers:

[After arrest] the police say, "If you don't have money, why don't you go for a walk with me? Then I'll set you free. ..." They [the police] drove me to a guest house. ... How can you refuse to give him sex? You must do it. There were two officers, [I had sex with] each one time. After that they let me go home. (Minea, Phnom Penh, Cambodia, 2009)

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 community-based methadone programs). This fear was particularly acute in China, where drug users said that their history of drug use was electronically linked to their national identity card. Former detainees interviewed in 2007, 2009, and 2011 all expressed similar experiences:

I really can't go out in public anymore because if police are trying to fill their quota they will arrest me when they see me. (Xiao, Guangxi, China, 2007)

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. (Ting, Yunnan, China, 2009)

If it looks like a person is a drug user, they make you pee and they test it right then and there. If you test positive, they ask for money, and if you don't pay or cannot pay, they put you in jail. (HH, Yunnan, China, 2011)

*Access to drug dependency treatment*

According to formerly detained individuals, evidence-based drug dependency treatment is wholly absent from drug detention centers in all four countries.

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, Ho Chi Minh City Vietnam, 2010)

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.

There is nothing to help with quitting drugs, not even methadone which we can take on the outside. (Tang, Yunnan, China, 2009)

Without effective treatment, the purpose of detention was explained (or understood) in various ways. In China and Vietnam, formerly detained individuals often saw detention as economically motivated:

This is a business deal. No one ever came and talked to me about using drugs. (Brang Maw, Yunnan, China, 2011)

There was no help for addiction. I worked until the time expired and then I went home. (Khoai Chau, Ho Chi Minh City, Vietnam, 2010)

In Cambodia and Laos, detention was frequently seen as part of a “treatment” approach centered upon exercise and sweating out the toxins believed to be associated with drug use, or as part of a strategy to “sweep” the streets prior to holidays or international meetings.<sup>18</sup>

The commander of the military police told us: “When you exercise you sweat, and when you sweat the drug substance will be removed.” (Russey, Battambang, Cambodia, 2009)

During the Southeast Asian 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. (Pahat, Vientiane, Laos, 2010)

*Access to HIV and general health care*

Beyond the lack of availability of drug dependency treatment in detention centers, individuals reported almost no access to HIV prevention, treatment, or general health care.

I started taking antiretroviral drugs 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. (Deng, Guangxi, China, 2007)

Lots of people inside drug detention centers have TB, and lots of people get TB while in detention. There is no treatment and everyone is all together all the time. (Xiao, Yunnan China, 2009)

Lack of food, poor quality of food, overcrowding, and inadequate hygiene were commonly reported.

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. (Pueksapa, Vientiane, Laos, 2010)

Once or twice a week they would make porridge [for breakfast]. 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, Phnom Penh, Cambodia, 2009)

In some cases, former detainees spoke of rarely being permitted outside.

We had four minutes of fresh air every day. That was for toilet time. (Brang Maw, Yunnan, China, 2011)

Individuals from all four countries said that people who tried to escape the centers, and those in punish-

ment cells, faced even worse conditions and little or no access to health care.

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. (Wang, Yunnan, China, 2009)

Among the 12 individuals interviewed who were held in the Somsanga center in Laos, five said they had directly witnessed suicides or suicide attempts by fellow detainees during their detention. One detainee—who witnessed the suicide of a fellow detainee by ingesting glass—said:

There are many reasons people try and kill themselves. People who are there unwillingly after their families send them are depressed. Sometimes the family lies to them about the length of time in Somsanga. Others are without families so they have no one to come and visit. (Sahm, Vientiane, Laos, 2010)

### *Forced labor*

The presence and form of forced labor within what are supposed to be “treatment” facilities varied from country to country, and within countries from one center to another. The use of forced labor or “labor therapy” was reported by all former detainees in Vietnam and is required by law as a part of drug dependency treatment. Relevant regulations give center management the authority to punish those who fail to perform it.<sup>19</sup> The use of forced labor was also reported by formerly detained individuals in all “re-education through labor” centers, and some, but not all, detoxification centers in China. Forced labor was reported on an irregular, but frequent, basis in Cambodia. It was not reported by individuals who had been held in the Somsanga detention center in Laos.

Former detainees who reported forced labor mentioned a wide range of activities, including manufacturing shoes, clothing, handicrafts, and bags; processing cashews; and performing construction and

agricultural work. In China, former detainees interviewed in 2007, 2009, and 2011 all described being forced to work:

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, Guangxi, China, 2007)

We get up at 5:00 in the morning to make shoes. We work all day and into the night. (Jian, Yunnan, China, 2009)

I had to cut jade into the shape they wanted. They were very small pieces, like pieces of rice. The first day we had to do 50 pieces, and the next day we had to increase, and so on, and when we couldn't increase anymore we were punished. (Sumlut Nan, Yunnan, China, 2011)

In southern Vietnam, former detainees often reported shelling cashews:

My team was 30 to 40 who did cashews, forming part of the cashew work force of 400. I operated the machine that broke open the hard cashew shells. Others skinned them. I had a quota of 30 kilos a day and worked until they were done. (Vu Ban, Ho Chi Minh City, Vietnam, 2010)

In Cambodia, in both 2009 and 2013, some former detainees reported being forced to work on the private residences of detention 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. (Veary, Phnom Penh, Cambodia, 2009)

I worked at the house of the [Orgkas Khnom] center director. I laid tiles and curbing on his property. ... I did this for about two weeks. There were three guards at the house while we worked there. They were watching us

all the time, afraid we would run away.  
(Champey, Phnom Penh, Cambodia,  
2013)

Some former detainees said that working especially hard could help them be released, and not working could extend their stay.

I was released early because I worked hard and quickly while digging the ground. They told me: “If you don’t work you’ll be beaten up and sent back to the center and not allowed to go home.” (Takiev, Phnom Penh, Cambodia, 2013)

In Vietnam and China, former detainees reported that physical beatings as well as confinement in punishment or isolation cells could result from refusing to work or from not working fast enough.

Those who refused to work were beaten by the guards and then put into the disciplinary room. In the end they agreed to work. (Quy Hop, Ho Chi Minh City, Vietnam, 2010)

When we didn’t do the work perfectly or did something they didn’t like, we had to do push-ups on the ground or other punishments, like balancing on one leg. We would have to stand on one foot, sometimes for half an hour and sometimes for one hour. ... The leader from the prison would punch us and kick us and slap us. (Sumlut Nan, Yunnan, China, 2011)

Forced labor was often overseen by detainees assigned a supervisory role by center staff, with the authority to punish other detainees.

[Detention center] staff chose a detainee to be chief of the room. He was in charge of the workers, handed out tasks, and kept watch for security issues. If you worked too slowly he brought it up in the daily group meeting and then slapped you in front of the others. He then gave you the hard work of taking the entire team’s agricultural tools to [the] field for everyone. If you refused

to work, the chief of the room would beat you and might call in the staff to beat you with their truncheons and kick you. If the staff saw that you were opposing the room chief, then they will come to help him in the beating. Then you had to go back to work. (Cam Khe, Ho Chi Minh City, Vietnam, 2010)

Former detainees in China, and most in Cambodia, reported having received no pay when forced to work. By contrast, some former detainees in Cambodia, and all former detainees in Vietnam, reported having been paid—at least theoretically—for their forced labor. For example, a wage sheet from the Duc Hanh center in Vietnam indicated an average monthly wage of US\$7.30, before deductions (averaging 42%) for food. Several former detainees in Vietnam reported owing money to the detention center upon release because of additional fees (for water, electricity, accommodations, and “management fees”) as well as purchases of clothing and soap.<sup>20</sup>

### *Exercise*

In Laos and Cambodia, where the absence of forced labor provided more time, individuals described exercise as a routine part of daily life within detention centers.

From Monday to Friday, they ring the bell at 6:00 a.m. Then you have to exercise for about 45 minutes. It’s like running on the spot and calisthenics. We finish with push-ups. (Neung, Vientiane, Laos, 2010)

There were 12 kinds of exercises. [In a session] we had to do 50-100 push-ups. If you dared to rest on the ground, you had to do an additional 20. If you couldn’t do this, you were beaten. We also had to cross our legs, do arm exercises, sit-ups, raising your hand and touching the ground, stand on one foot with two hands straight in front. ... [The exercises] would last for one hour once a day, sometimes less. (M’noh, Phnom Penh, Cambodia, 2009)

In China and Vietnam, interviewees who described mandatory exercise said it was often accompanied

by the requirement to repeat anti-drug slogans. For example, formerly detained individuals in Vietnam reported that they were required to shout: “Try your best to quit drugs!” or “Healthy! Healthy! Healthy!” In China, detainees said that they were required to shout: “Drug use is bad, I am bad.”<sup>21</sup>

### *Physical, sexual abuse, and torture*

Every former detainee interviewed described physical violence as a common element of life inside drug detention centers. Beatings, whippings, and electric shocks were meted out by both center staff and by fellow detainees in supervisory and disciplinary roles. Individuals most often reported being beaten for violations of center rules, such as smoking cigarettes, gambling, playing cards, failing to work quickly enough, or failing to keep pace with forced exercises.

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. (Dong Van, Ho Chi Minh City, Vietnam, 2010)

One man who was caught smoking had to smoke a cigarette and run against a wall. But he stopped just before the wall. The room captain said, “What—you don’t know how to run against a wall?” and grabbed his head and smashed it against the wall until he lost consciousness. (Trabek, Phnom Penh, Cambodia, 2009)

Especially harsh punishment was given for trying to 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. (Sahm, Vientiane, Laos, 2010)

First the guards beat him. Then they made him kneel down and the center director whacked him with the branch

of a coconut palm over his back, many times, until the branch broke. The guy screamed in pain—it was pitiful to see. The director cursed him and said, “If you try to escape again, I will keep you longer than three months!” Then the detainee had to take off his shirt and crawl on his stomach along the ground; it was back and forth for 50 meters about 10 times. He was bleeding on his forearms, elbows, and knees. Then he had to kneel outside in the sun until lunch, until finally they locked him up in his room. (Romyol, Phnom Penh, Cambodia, 2013)

When I was caught [trying to escape] 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, no meat or fish. I saw only the guards and the detainee who delivered my food tray. At night I had no blanket and I was cold and hungry and afraid of ghosts. (Tra Linh, Ho Chi Minh City, Vietnam, 2010)

Former detainees also reported being beaten upon arrival at the detention center as a part of hazing—or for no discernible reason at all.

The guard beat me with a whip of eight twists of electrical wire. He asked me to kneel down and cover my genitals. ... Then he started to whip me on my back with twisted electrical wire. It was about my wrist’s size. He beat me many times. ... I did not commit any mistake: why did they beat me like this? (Kakada, Phnom Penh, Cambodia, 2009)

Former detainees in Vietnam, Laos, and Cambodia also reported that detainees were tied up in the sun as punishment. Punishment and/or isolation cells were reported by individuals from each country.

It was a 10-by-15 meter room. There were usually about 20 people, being held there for one- to six- month terms.

Rice was restricted. We worked longer hours with more strenuous work, had little water, and wore the clothes of those who lived there before us. There were no visitors allowed and the room was locked most of the time. I spent three months there: it was very hard. (Ly Nhan, Ho Chi Minh City, Vietnam, 2010)

Sexual abuse was reported against both women and children in detention. In 2009, a child detained in Cambodia reported:

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? (Kronhong, Phnom Penh, Cambodia, 2009)

In both 2009 and 2013, former detainees in Cambodia also reported witnessing rape or having been raped by guards.

I saw this with my eyes. ... The guards got the girl out from the room. She was a girl who could not speak. ... They brought her to the classroom: no one sleeps there. They brought the girl [to the room], unlocked the room, and locked her in. They raped her. ... I saw three men. ... it’s very difficult and shameful to describe. The girl screamed out all the time and there was a big struggle inside. (Trabek, Phnom Penh, Cambodia, 2009)

There were two of them who raped me. They were the staff in charge of me and other women. It was at night, around 9:00 p.m., and they called me to their room. There was a struggle but if I refused, then I got beaten. They told me not to tell anyone. (Thmat, Phnom Penh, Cambodia, 2013)

In China, a former re-education-through-labor [RTL] guard acknowledged sexual abuse of female detainees (although he did not use those terms):

Women in RTL 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. (RTL guard, Guangxi, China, 2007)

The former guard confirmed the forced labor and brutal violence occurring in the centers.

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 RTL centers die inside. (RTL guard, Guangxi, China, 2007)

#### *Detention of non-drug users and children*

Twenty-three individuals were interviewed, from all countries except China, who were detained (alongside adults) when they were children. In some cases formerly detained children acknowledged using drugs frequently; in other cases they said that they had used drugs rarely or not at all.

I used glue twice. The first time I tried it with friends, then I tried it on my own and got high. My uncle saw me and reported me to my mother and father, then a day later the village militia came to arrest me. The village militia took me straight to Somsanga. (Pacheek, Vientiane, Laos, 2010)

In my room there were about four children between 13 and 15 years old. They were there for sniffing glue. They were arrested. They work like us. They do military drills like us. They sleep in rooms with adults. (Sao, Phnom Penh, Cambodia, 2009)

One child who had been detained in Vietnam described being put in a punishment room for breaking detention center rules.

The staff beat me on the arm and back with a truncheon. ... Then I went to the punishment room. It was about 6-by-12

meters and when I was in there 41 others were too. It was locked. There was no work and no school. We had no contact with other detainees or relatives. ... I was kept there for three months and seven days. (Can Loc, Ho Chi Minh City, Vietnam, 2010)

Alcoholics, the mentally ill, homeless people, and beggars were also detained in what are purportedly drug treatment centers in Cambodia and Laos. For example, in Cambodia, former detainees in both 2009 and 2013 reported that individuals with perceived mental disability were detained and abused.

They arrested even crazy people. ... They were just arrested and thrown in the truck. There were about four [mentally ill] people in the center. ... They do the work like cleaning the grass and carrying water and watering vegetables. They cannot communicate well, that's why they get beaten up. (Kakada, Phnom Penh, Cambodia, 2009)

There were two crazy people in the center with me. They were locked in the room day and night and only during the exercise period could they leave the room. The military police told them, "When you leave here, don't go wandering away from home! Don't go on the street!" But they just smiled without understanding. (Palkum, Battambang, Cambodia, 2013)

In Laos, former detainees also reported that the center detained Hmong people who did not seem to fall into any of the previous categories.

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, Vientiane, Laos, 2009)

## DISCUSSION

The arrest and detention for compulsory drug "treatment" of the individuals we interviewed in China, Cambodia, Vietnam, and Laos violate a wide range of human rights, including the right to freedom from torture and cruel, inhuman, and degrading treatment or punishment; freedom from arbitrary arrest and detention; a fair trial; privacy; the highest attainable standard of health; and freedom from forced labor.

While some aspects of detention differed between the four different countries, such as the length of detention, the use of forced labor, and the detention of non-drug users and children, former detainees in all centers reported remarkably similar experiences of being detained without due process and being subject to severe physical abuse. While in each country the purpose of detention was allegedly for the treatment of drug dependency, no former detainees reported having received any evidence-based drug dependency treatment, and detention centers had few, if any, trained health professionals on staff. Routine health care of any kind was often denied. In Cambodia and China, where we collected data over four- and five-year periods (respectively), we found little evidence of change in the types of abuses around detention and in conditions at detention centers.

The World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) have noted that, "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."<sup>22</sup> Even in such limited circumstances, compulsory treatment can only be legally and ethically justified if the treatment provided is scientifically and medically appropriate, a standard not met in the countries studied.<sup>23</sup> In March 2012, both organizations, in a joint statement with 10 other UN agencies, called on all countries operating drug detention centers to close them "without delay," to release all individuals detained, and to ensure appropriate health care services on a voluntary basis at the community level.<sup>24</sup>

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.”<sup>25</sup> Detention is considered arbitrary if it is not in accordance with law, or when it is random, capricious, disproportionate (not reasonable or necessary given the circumstances of the case), or not accompanied by fair procedures for legal review.<sup>26</sup> 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.<sup>27</sup> None of these protections were in place in any of the countries examined.

The ICCPR also notes, in Article 7, that all individuals who are detained must be treated with dignity—there is an absolute prohibition on subjecting an individual to torture or to cruel, inhuman, or degrading treatment or punishment.<sup>28</sup> Among other forms of ill treatment, the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment has considered unmedicated withdrawal and the administration of electric shocks and beatings (including blows with a bludgeon) to be potentially a form of torture.<sup>29</sup> Particularly harsh conditions of detention, including deprivation of food, constitute inhuman treatment in violation of the ICCPR.<sup>30</sup> Specific accounts of physical and sexual abuse reported by detainees in all four countries represent cruel, inhuman, or degrading treatment, and could, in some cases, constitute torture. In February 2013, the Special Rapporteur reiterated past criticisms of detention centers, stating that they violate international human rights law and are “illegitimate substitutes for evidence-based measures, such as substitution therapy, psychological interventions and other forms of treatment given with full, informed consent.”<sup>31</sup>

In China and Vietnam, officials have at times defended compulsory labor of detainees as vocational training. However, in both countries, the characteristics of the work conducted by detainees, including prolonged periods of menial labor; disregard for the education, needs and interests of the individual; the existence of production quotas; and threats and punishment for failing to achieve quotas, clearly establish the work as prohibited forced labor.<sup>32</sup> According to the International Labour Organization 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 ban on forced labor in international law does not cover “[a]ny work or service exacted from any person as a consequence of a conviction in a court of law” if certain preconditions are met.<sup>33</sup> However, people held in drug detention centers have not been detained due to a conviction in a court of law, and in China, Vietnam, and Cambodia, where forced labor was reported, it clearly was not voluntary and was performed under the menace of punishment.

Finally, drug detention centers in all four countries violate the right to health, including 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 deems to include “the right to be free from ... non-consensual medical treatment and experimentation” and to receive full information about health and health procedures that one may undergo.<sup>34</sup> Far from promoting the “highest attainable standard of health,” government-run detention centers undermined the physical and mental health of those detained. Recently released former detainees in each country spoke of shattered lives: of leaving detention centers having received no help for addictions they desperately wanted to address, of commencing drug use, or continuing it with a sense of profound loss. For them, compulsory drug “treatment” in China, Cambodia, Vietnam, and Laos represented years squandered, family and social ties ruptured, occupations lost, and their health and well-being destroyed.

## CONCLUSIONS

Government restrictions on access to drug detention centers specifically, and on human rights monitoring generally, have made it difficult to conduct systematic and unbiased research on access to drug dependency treatment and conditions in detention centers. Even basic information such as the number of individuals currently detained, the number of detention centers, and the average period of detention, is unavailable.

Our interviews with recently detained drug users between 2007 and 2013 found severe and consis-

tent patterns of human rights abuses, inflicted in the name of treatment for drug dependency. However, our research had several limitations. The individuals we interviewed were identified through a convenience sample and, with the exception of Cambodia, had been detained in a small subset of all drug detention centers in operation in each country. While the study was conducted over a period of six years, only in the case of China and Cambodia did we conduct more than one round of research. Even then, we did not seek to specifically evaluate temporal trends.

However, the testimony of human rights abuses experienced by those we interviewed was broadly consistent with statements by NGO and some government officials (in key informant interviews and to national and international media) describing such practices as routine.<sup>35</sup> Elements such as forced labor and corporal punishment experienced by our interviewees were consistent with the national laws and policies where they were reported. Further research on the detention of drug users could improve understanding of the system of compulsory drug “treatment” in these four countries, and the experience of those detained. Combined with greater transparency by government officials about the number of individuals in compulsory drug detention, this greater understanding could facilitate dialogue about the steps necessary to end abuses and ensure respect for human rights.

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