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Health and Disabilities Committee
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Submission to the Inquiry into severe substance dependence and involuntary detoxification and rehabilitation

To the Health and Disabilities Committee

I am writing on behalf of the International Drug Policy Consortium (IDPC)—a global network of 83 non-governmental organisations and professional networks with expertise in drug policy at the national and international levels. IDPC aims to promote objective and open debate on the effectiveness, direction and content of drug policies at the national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It is on this basis that we wish to make a submission to the Queensland Parliament Health and Disabilities Committee's *Inquiry into severe substance dependence and involuntary detoxification and rehabilitation* (the Inquiry). While acknowledging that the Committee is not able to consider submissions or complete its inquiry, it is nevertheless important for future inquiries, if any, to note the global evidence and international standards on involuntary treatment practises.

This Submission advances two key bases for recommending against the adoption of involuntary detoxification and rehabilitation in response to cases of severe substance dependence.

There is no evidence that compulsory treatment is effective

Firstly, there is virtually no evidence demonstrating the effectiveness of involuntary detoxification and rehabilitation. Australian and international experience has shown no evidence supporting the effectiveness of voluntary detoxification and rehabilitation, in terms of both cost and addressing severe dependence.

Several United Nations agencies, including the World Health Organisation, UNAIDS and UNICEF, have also called for the closure of compulsory drug rehabilitation centres. In their place, UN agencies recommend the establishment of community and evidence-based, voluntary drug treatment that respects international health and human rights standards.ⁱ Recommendations for voluntary instead of involuntary drug treatment are developed on the basis of evidence showing that compulsory drug treatment is ineffective in achieving rehabilitation or long term positive change for most drug dependent individuals. All studies show that long-term behaviour change is achieved when individuals decide to change upon their own free will. Therefore effective treatment systems are those that respect the principles of individual self-determination and motivation. Treatment systems need to be organised to encourage individuals to accept treatment, while establishing non-coercive rules and expectations for programme compliance, for example, arranging for scheduled and regular attendance in a drug treatment programme.ⁱⁱ Upon the Committee's request, IDPC would be pleased to advise on a range of other treatment mechanisms that have been proven effective for managing severe substance dependence.

It is acknowledged by expert agencies such as the UN Office on Drugs and Crime (UNODC) that acute short term compulsory treatment may be appropriate for the protection of an acutely intoxicated or otherwise seriously impaired individual, where he or she poses an imminent risk to their own safety or that of others and are unable to express their wishes in any coherent way. However it is critical to note that the aim of short term compulsory treatment in these situations is to treat an acute medical or security emergency, and not cases of drug dependence.ⁱⁱⁱ Also, the UNODC advises that there should be stringent and transparent judicial procedures should apply in assessing the need for involuntary treatment, and mechanisms established to evaluate the effectiveness of that type of treatment.^{iv}

Human rights must be upheld


People who use drugs are entitled to the right to enjoy the highest attainable standard of physical and mental health, including the right to informed consent to medical procedures.^v The right to freedom from medical intervention without informed consent derives from the right to security of the person – that is, to have control over what happens to one's body.^{vi} The right also derives from the right to full information about the individual's health and health procedures.^{vii} The UNODC also states that "in line with the right to informed consent to medical treatment (and its logical corollary, the right to refuse treatment) drug dependence treatment should not be forced on patients."^{viii} Treatment approaches must respect human rights and the fundamental principle that the individual must be given the choice to enter a treatment programme, and whether to continue with treatment. The voluntary nature of treatment for severe substance dependence not only fulfils human rights obligations but also ensures treatment effectiveness.^{ix}

The inquiry is inconsistent with Australia's approach internationally

The Australian Government's development assistance agency, AusAID, has responded to compulsory drug treatment systems in certain Asian countries by saying that they should be closed. AusAID, on behalf of the Australian Government, instead recommends the implementation of community- and evidence-based, treatment approaches.^x Such a position is shared amongst civil society actors; justified on the basis that the compulsory treatment systems in those countries violate medical, scientific and human rights principles, and are both costly and ineffective, as illustrated by high relapse rates.^{xi}

In the event the Queensland Parliament establishes another inquiry into involuntary treatment for severe substance abuse, IDPC welcomes the opportunity to submit a more comprehensive submission on the case against involuntary treatment, including detailed recommendations for effective treatment options. We also welcome any feedback on this submission, and any queries, which can be made to us via the contact details listed on our letterhead.

With best regards,



Mike Trace

ⁱ World Health Organisation Western Pacific Region (2009), 'Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: An application of selected human rights principles', http://www.wpro.who.int/NR/rdonlyres/4AF54559-9A3F-4168-A61F-3617412017AB/0/FINALforWeb_Mar17_Compulsory_Treatment.pdf; Michel Sidibé, Executive Director, UNAIDS, Letter to Rebecca Schleifer, Human Rights Watch, March 30, 2010; UNICEF East Asia & Pacific Regional Office, 'Statement on the care and protection of children in institutions in Cambodia', June 8, 2010, http://www.unicef.org/eapro/UNICEF_Statement_on_HRW.pdf; Mandeep Dhaliwal, United Nations Development Programme, 'Harm Reduction 2010 The Next Generation: Addressing the Development Dimensions,' presentation at the International Harm Reduction Association Annual Conference, April 29, 2010; Michel Kazatchkine, Executive Director, The Global Fund to Fight AIDS, TB and Malaria, 'From Evidence and Principle to Policy and Practice', Keynote address at the Canadian HIV/AIDS Legal Network 2nd Annual Symposium on HIV, Law and Human Rights, Toronto, 11 June 2010.

ⁱⁱ Broadstock M, Brinson D, and A. Weston (2008) 'A Systematic Review of the Literature: The Effectiveness of Compulsory, Residential Treatment of Chronic Alcohol or Drug Addiction in Non- Offenders', (Health Services Assessment Collaboration; International Drug Policy Consortium (2009) 'Drug Policy Guide', Section 2.3, http://idpc.net/sites/default/files/library/IDPC%20Drug%20Policy%20Guide_Version%201.pdf

ⁱⁱⁱ United Nations Office on Drugs and Crime (UNODC) (2009) 'From coercion to cohesion: Treating drug dependence through health care, not punishment', http://www.unodc.org/documents/hiv-aids/publications/Coercion_Ebook.pdf

^{iv} UNODC (2009) 'From coercion to cohesion: Treating drug dependence through health care, not punishment', http://www.unodc.org/documents/hiv-aids/publications/Coercion_Ebook.pdf

^v United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The right to the highest attainable standard of health', November 8, 2000, para 12.

^{vi} See Article 9 of the International Covenant on Civil and Political Rights and the interpretation of 'bodily security' as a foundation principle of informed consent at Canadian HIV/AIDS Legal Network HIV Testing, 'Info Sheet 5 – Consent', www.aidslaw.ca/testing.

^{vii} United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The right to the highest attainable standard of health', November 8, 2000, para. 34.

^{viii} UNODC, 'Drug Control, Crime Prevention, and Criminal Justice: A Human Rights Perspective', March 3, 2010, E/CN.7/2010/CRP.6*–E/CN.15/2010/CRP.1, http://www.unodc.org/documents/commissions/CND-Uploads/CND-53-RelatedFiles/ECN152010_CRP1-6eV1051605.pdf

^{ix} Stevens, A. (2011) 'The ethics and effectiveness of coerced treatment of drug users', paper presented at the EU-China Human Rights Dialogue, 6-7 September 2011,

http://kent.academia.edu/AlexStevens/Papers/909418/The_ethics_and_effectiveness_of_coerced_treatment_of_drug_users

^x Joint publication by AusAID HIV/AIDS Asia Regional Program and United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS for Asia and the Pacific (Joint Publication) (2009) 'Law and Policy Review', http://www.ausaid.gov.au/keyaid/hivaids/pdfs/haarp_lawandpolicy.pdf

^{xi} Human Rights Watch (2011) 'The Rehab Archipelago: Forced Labour and Other Abuses in Drug Detention Centres in Southern Vietnam', <http://www.hrw.org/sites/default/files/reports/vietnam0911ToPost.pdf>