



UN Common View Point

Support to the Royal Government of Cambodia
to deliver evidence-based Drug Dependence Detoxification,
Treatment and Aftercare for people who use drugs

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The position of the UN Country Team (UNCT) in Cambodia on drug dependence treatment is grounded in human rights and guided by the nine 'Principles of Drug Dependence Treatment' jointly published by UNODC and WHO in March 2008 (as outlined in the attached Annex).

Drug dependence is a preventable and treatable condition, and effective prevention, harm reduction and treatment interventions are available. The most cost-effective results are achieved when a comprehensive and multidisciplinary approach is made available on a voluntary basis to respond to the specific needs of the individual person who uses drugs, including diversified pharmacological and psychosocial interventions. This response is most effectively delivered in a community setting where people live: family, friends, and other support groups play a crucial role in the recovery process.

The UNCT in Cambodia is of the view that:

1. Drug dependence treatment services must comply with Cambodia's human rights obligations and recognize the inherent dignity of all individuals. This includes respecting, protecting and fulfilling the right to the highest attainable standard of mental and physical health set out in the International Covenant on Economic, Social and Cultural Rights to which Cambodia is a party and other binding commitments under Article 31 of the Constitution of the Kingdom of Cambodia. In particular:
 - 1.1 People suffering from drug dependence, as all people in Cambodia, have a right to evidence based treatment and care on a voluntary and non-discriminatory basis;
 - 1.2 As is the case with any other medical procedure, drug dependence treatments - be it psychosocial or pharmacological - must not be forced on patients. Only in exceptional crisis situations of high risk to self or others should compulsory treatment be mandated for specific conditions and periods of time as specified by relevant laws and/or medical decisions; furthermore, people with drug dependence have the right to voluntary and evidence-based treatment services at government facilities free of charge as established by the Drug Control Law, as amended;
 - 1.3 If the use and possession of drugs strictly for personal use is punished under domestic law, it is recommended that the option of treatment as described in this document be proposed to drug dependent offenders as an alternative to punishment; it is the right of the person to make this choice; when the person is a child, informed and voluntary consent must be given by the parent/legal guardian of the child;
 - 1.4 There shall be no illegal or arbitrary detention;
 - 1.3 The confinement of people is voluntary or, if coerced, be the result of due process and be judicially supervised, including affording the detainee the right to appeal the detention order;
 - 1.4 Places of detention are subject to independent monitoring and reporting;

- 1.5 There is no torture or other cruel, inhuman or degrading treatment or punishment;
 - 1.6 Allegations of torture and ill-treatment are promptly investigated and, if substantiated, those responsible be held to account;
 - 1.7 The high quality standards required for approval of pharmacological or psychosocial interventions in all the other medical disciplines should be applied to the field of drug dependence;
 - 1.8 Arrest and detention of children be only a measure of last resort and for the shortest appropriate period of time; children be always detained separately from adults; family-based approaches be the first option; and
 - 1.9 No one is subjected without their free and informed consent to medical or scientific experimentation.
2. Evidence-based good practice and accumulated scientific knowledge on the nature and effects of drug dependence guides interventions in drug dependence treatment. There is no indication that Centres operated by the Royal Government of Cambodia to respond to drug dependence issues operate in accordance with such evidence and good practice; on this basis there is no reason for the Centres to remain open.
 3. A targeted and differentiated approach should be used when addressing the specific needs of children, youth and women; this principle requires the strengthening of specialised protection and rehabilitation services which are community-based, family-centred and time-bound. Children and their caregivers should be referred to community-based alternatives on a voluntary basis with prior informed consent using an integrated approach to deliver relevant health and social services.
 4. The UNCT continues to promote the utilization of international normative guidance and good practice in the development and monitoring of the Royal Government of Cambodia's drug control legislation and associated sub-decrees, commentaries and policy positions and in particular:
 - 4.1 Supports the Royal Government of Cambodia to establish and regularly review the legal and policy framework to facilitate delivery of voluntary, cost-effective and evidence-based harm reduction, drug detoxification, treatment, rehabilitation, and aftercare services for people who use drugs in the community;
 - 4.2 Supports the Ministry of Health and its non-governmental partners to expand access to targeted and user-friendly health services through programmes such as the Community Based Drug Treatment initiative, advocating for comprehensive linkages between such services and existing national programmes for HIV/AIDS, Sexually Transmitted Infections, Tuberculosis, Mental Health, Sexual and Reproductive Health, Maternal and Child Health and Nutrition; and
 - 4.3 Supports the efforts of the Royal Government of Cambodia to build and sustain a safe and enabling environment for the delivery of these services, in line with the Police-Community Partnership Initiative of the National AIDS Authority and Ministry of Interior.

ANNEX: PRINCIPLES OF DRUG DEPENDENCE TREATMENTⁱ

PRINCIPLE 1: AVAILABILITY & ACCESSIBILITY OF DRUG TREATMENT

The identification and minimization of barriers to treatment and services, including:

- Geographical accessibility, e.g. outreach, transportation, mobile units, etc.;
- Timeliness and flexibility of opening hours of drug dependence treatment services;
- Legal Framework, e.g. potential barriers posed by registration of clients to official records;
- Affordability, e.g. low or no-cost for service user, cost depending on income, insurance coverage;
- Cultural relevance and user friendliness;
- Responsiveness;
- Criminal justice system;
- Gender-sensitivity of services.

PRINCIPLE 2: SCREENING, ASSESSMENT, DIAGNOSIS & TREATMENT PLANNING

Comprehensive assessment, diagnostic and treatment planning are the basis for individualized treatments that address the specific needs of clients and help to engage him/her in treatment.

PRINCIPLE 3: EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT

Evidence-based good practice and scientific knowledge on drug dependence should guide interventions. The high quality standards required for approval of pharmacological or psychological interventions in all the other medical disciplines should be applied to the field of drug dependence. Wide availability of a variety of individualized, comprehensive treatments should be available including pharmacological (e.g. supervised withdrawal, maintenance medications) and psychosocial treatments (e.g. Cognitive Behavioural Therapy, Relapse Prevention, Motivational Interviewing), self-help groups, socio-cultural relevance, sufficient duration, the use of multidisciplinary teams, brief interventions, outreach and low-threshold interventions and the provision of basic services.

PRINCIPLE 4: DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS & PATIENT DIGNITY

It is crucial to ensure non-discriminative services for drug dependent individuals. Treatment interventions should comply with human rights obligations, be voluntary and provide the highest attainable standards of health and well-being.

PRINCIPLE 5: TARGETING SPECIAL SUBGROUPS & CONDITIONS

Several groups within the larger population of those affected by drug dependence require special attention. These special groups include adolescents, women (including pregnant women), individuals with co-morbid disorders (either mental or physical), sex/entertainment workers, ethnic minorities and marginalized/homeless people.

PRINCIPLE 6: ADDICTION TREATMENT & THE CRIMINAL JUSTICE SYSTEM

Drug use should be seen as a health care condition and drug users should be treated in the health care system rather than the criminal justice system. Treatment should be offered as an alternative to incarceration when possible. If not possible, prisons and jails should provide drug dependence treatment, ensure human rights principles and provide a continuity of services from before incarceration (if applicable), during the time in prison, and upon release into the community.

PRINCIPLE 7: COMMUNITY INVOLVEMENT, PARTICIPATION & PATIENT ORIENTATION

Community-based responses to drug use/dependence can promote change. Changes may include obtaining community cooperation for service delivery, active involvement of local stakeholders, development of a network of health care services, etc.

PRINCIPLE 8: CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES

The centre policies, treatment protocols, programmes, procedures, definition of professional roles and responsibilities, supervision, financial resources, communication structures and monitoring systems (evaluation), updating services and coordination mechanisms should be clearly defined and re-evaluated to serve as a guide to the therapeutic team members, administration and target population.

PRINCIPLE 9: TREATMENT SYSTEMS-POLICY DEVELOPMENT, STRATEGIC PLANNING & COORDINATION OF SERVICES

On the level of treatment systems, a systematic approach to drug use disorders and individuals in need of treatment, as well as a logical, step-by-step sequence that links policy to needs assessment, treatment planning, implementation, and to monitoring and evaluation is most beneficial.

ⁱ Principle of Drug Dependence Treatment, jointly published by UNODC and WHO in March 2008