Round table discussion

Advocates need to show compulsory treatment of opioid dependence is effective, safe and ethical

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Zunyou Wu, the author of this round table,[1] attempts to rebut the United Nation's recent criticism of compulsory treatment centres for opioid dependence by arguing that: (i) illicit opioid dependence is not simply a health problem, since the dependent person's behaviour can adversely affect other community members through drug-related crime, use of illicit opioids in public, and transmission of blood-borne viral infection when the opioids are injected; (ii) the rights of people who are dependent on illicit opioids need to be balanced against the rights of the community that is adversely affected by their use of these drugs; (iii) compulsory treatment for opioid dependence is justifiable because it reduces the harms caused to both the dependent person and the community; and (iv) since voluntary treatment is not completely effective in reducing the harms associated with illicit opioid dependence, compulsory treatment must also be provided.

We accept the first and second premises but do not believe that they suffice to justify compulsory treatment for dependence on illicit opioids. Such treatment requires evidence that opioid-dependent individuals are unable to control their habit unless compelled to undergo treatment. As for the third and fourth claims, the evidence is either insufficient or misinterpreted. The author seems to place the burden of proving that such treatment is ineffective and unsafe on the critics of compulsory treatment, rather than assuming the responsibility of demonstrating that it is ethically acceptable, safe and effective. He can do so safe in the knowledge that critics cannot present evidence to the contrary because the governments that operate compulsory treatment centres do not allow their independent and rigorous evaluation.

The author puts forth only one argument in defence of the effectiveness of compulsory treatment for dependence on illicit opioids: that the use of these drugs is likely to be much lower in compulsory treatment centres than in the community. By the same logic, it could be argued that imprisonment qualifies as treatment because the use of injected opioids is less common in prisons, although much riskier when it does occur than it is in the community.[2]

The author's support of compulsory treatment for dependence on illicit opioids is at odds with the consistent failure of this type of treatment over the past century in Australia,[3] China[4] and the United States of America.[4] He also ignores the fact that no evidence of the efficacy and safety of contemporary programmes for compulsory treatment has been generated in the Russian Federation, Sweden or the Australian treatment programme that he cites in support.[3,5,6]

We applaud the fact that China is offering more effective forms of treatment for opioid dependence, including methadone maintenance treatment. It would be better still if compulsory treatment centres no longer formed a part of China's response to the real public health and social problems caused by opioid dependence in its population. ■

Competing interests: None declared.

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Voluntary treatment, not detention, in the management of opioid dependence

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The compulsory treatment of opioid dependence is an approach to the management of opioid use based on detention in locked facilities resembling low security prisons where the main activities are drug education, military style drills and manual labour.[1–7] These centres are not part of the criminal justice system or subject to judicial oversight and their detainees have not necessarily been convicted of any crime. Staffed by security personnel, they do not provide the kind of evidence-based treatment that is described elsewhere in this theme issue and are probably more aptly named "extrajudicial drug detention centres" than "compulsory treatment centres".

In his defence of the use of drug detention facilities in China,[8] Wu argues that the concerns indicated in a recent United Nations statement[9] are based on a "western" sense of ethics and that in more communitarian societies drug detention centres play a role in a spectrum of responses. He also argues that such centres pose little risk of maltreatment and poor health to detainees and that detention in them is practically as effective as voluntary, community-based treatment.

Societies undoubtedly vary in their perspectives on the appropriate balance between the rights of the individual and those of the community. More communitarian societies might be expected to justify the practice of social exclusion through confinement in compulsory drug detention facilities on the grounds that it is for the common good. On the other hand, there are some "western" countries without drug detention facilities but with high rates of imprisonment of people who use drugs. In a third group of countries there are neither drug detention centres nor high rates of imprisonment for people who use drugs. The difference between these three groups of countries lies not so much in their preference for individual versus community rights, but rather in their preference for