Summary and Recommendations
Once inside Somsanga, people cannot come and go. Most detainees are held in locked cells inside a compound with high walls topped with barbed wire.
SOMSANGA’S SECRETS

Photographs by Arantxa Cedillo
“Do drugs control your life?” For those ready to answer “yes,” the glossy pamphlet describing the Somsanga Treatment and Rehabilitation Center in Vientiane, the capital of Laos, is reassuring. Bearing the logos of the government of the Lao People’s Democratic Republic (PDR), the United States Embassy, and the United Nations Office on Drugs and Crime (UNODC), the tri-folded brochure provides an overview of the Somsanga center as well as its contact information. The brochure also touts the center’s evolution from draconian detention facility to a more enlightened establishment—what it calls a “significant shift away from its role as a law enforcement tool towards becoming a health-oriented facility.” Lao media and the UNODC’s website echo the suggestion that Somsanga is a “reformed” detention center.

This description fundamentally misrepresents the real situation inside Somsanga.
Exercise drills involving pushups and calisthenics take place early every morning in Somsanga center.
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.
Far from being “health-oriented,” as government officials and the center’s international supporters claim, Somsanga offers little effective, evidence-based treatment for those who need it. Confinement is still Somsanga’s central operating principle: most detainees remain in locked cells inside compounds with high walls topped with barbed wire. Somsanga still functions as a detention center, although it lacks the basic protections prisons provide: due process, judicial oversight, and mechanisms for appeals and accountability.

This report examines how people get to Somsanga and what happens to them inside. Based on interviews with 12 former detainees and 8 current or former staff members of international organizations, it details how Somsanga holds most of its detainees against their will. Police or village militia (tammaut baan) detain and bring people to Somsanga. Other detainees enter because their family members “volunteer” them out of a mistaken belief that the center offers therapeutic treatment, or because they feel social pressure to help make their village “drug free.”

Regardless of how they enter, people held in Somsanga never benefit from any judicial process to authorize their detention. Once inside, people cannot come and go. Police, who guard the facility’s main gate, are responsible for security and are a constant presence among detainees. As one member of an international organization familiar with the center observed, “A truly voluntary center does not need to be guarded by police, nor do the doors need to be locked.”

This report finds that detainees live in a punitive and heavily controlled environment. Those who try to escape may be brutally beaten by “room captains”—trusted detainees whom staff designate to play a central role in the daily control of other detainees, including serving the center’s police as guards and punishing detainees who infringe center rules. Sahm, who was released in mid-2010, reported witnessing a beating of five detainees who were unsuccessful in their escape attempt.

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

In Lao PDR, village officials are under pressure from government administrators to declare their village “drug-free.” However only a minority of people who use amphetamine type stimulants—the most common type of drug in Lao PDR—actually become dependent. Despite this, village officials and family members—anxious to be seen to comply with official policy—sometimes request and pay Somsanga to detain individuals who use drugs infrequently or irregularly.
Detainees live in a punitive and heavily controlled environment. Detainees who try to escape may be brutally beaten by “room captains”—trusted detainees whom staff designate to play a central role in the daily control of other detainees.
The Lao government uses the Somsanga center as a convenient dumping ground for populations that are deemed “undesirable” by police or the village militia. In addition to the mentally ill, homeless people and street children may be detained in Somsanga.
Human Rights Watch is concerned that infrequent drug users may be subject to Somsanga’s “treatment” without having an underlying condition that actually requires treatment.

Somsanga not only detains those dependent on drugs. For Lao authorities, Somsanga functions as a convenient dumping ground for those considered socially “undesirable.” People who might have a genuine need for drug dependency treatment are locked in alongside beggars, the homeless, street children, and people with mental disabilities. In the lead up to the 25th Southeast Asia (SEA) games, held in Vientiane in December 2009, city authorities published call-in numbers for the public to report beggars to ensure “orderliness” during the games. Authorities explained they would hold people rounded up in this way in Somsanga. Former detainees held in Somsanga at the time of the games told Human Rights Watch the center did indeed detain homeless people and street children. Media reports indicate that such detentions continued during 2010.

International donors have lent more than their logos to promoting Somsanga. Indeed, over the last decade, they have constructed many of Somsanga’s buildings and fences. Donors have also paid for center staff to be trained in drug treatment. Foreign embassies in Vientiane and UNODC have funded services in the center, such as vocational training, and have donated books and sports equipment. This approach is not working. “People are angrier and more aggressive after they are there,” Ungkhan, a former detainee, said.

It’s not difficult to see why: the essence of Somsanga’s purported “treatment” remains being locked up, at risk of physical abuse for infringing rules or trying to escape. While classes or courses may be useful for some people undergoing rehabilitation when they are offered in community settings, the utility of such classes or courses for Somsanga’s detainees is obscured by the bleakness and cruelty of detention in its crowded cells.

One startling finding of Human Rights Watch’s research into the conditions inside Somsanga was the number of former detainees who reported seeing other detainees attempt or commit suicide. Of the 12 former detainees interviewed for this report, five said they had directly witnessed suicides or suicide attempts by fellow detainees during their detention. As Maesa, a child (i.e. under 18-years-old) who spent six months in Somsanga, explained to Human Rights Watch: “Some people think that to die is better than staying there.” Despondent at being locked up or demoralized by being abandoned by their families, some detainees protest their detention by the only means left to them. Former detainees spoke of suicides—both attempted and actualized—involving ingesting glass, swallowing fabric soap, or hanging.

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Human Rights Watch believes Somsanga should be shut down for three main reasons.

First, the underlying operational principle of Somsanga—long-term compulsory detention in the name of “treatment” and “rehabilitation”—violates the right to health. Compulsory drug treatment should not be routine, en masse detention that lasts for months or years. It is only justifiable in exceptional circumstances of high risk to self or others, when accompanied by a series of due process protections to prevent the abuse of such a system, and when limited to the time strictly necessary to return a patient to a degree of autonomy over their own decision making. Where compulsory treatment consists of being locked up in a detention center without due process, it violates the prohibition on arbitrary detention and the right to health of drug users.

UN agencies and international organizations have criticized centers that routinely and en masse detain people for purported “treatment” and “rehabilitation” and called for them to be closed down. In December 2010, UN agencies convened a meeting in Bangkok, Thailand, to discuss alternatives to compulsory drug detention centers. Officials from eight Asian governments that operate compulsory drug detention centers in their countries attended the meeting. However, Lao PDR chose not to attend. According to staff members of international organizations familiar with the meeting, Lao PDR took this position because it does not consider its centers compulsory.

Somsanga operates in clear disregard for the principles articulated by one of its principal supporters, UNODC, which has elsewhere clearly criticized the approach of routine, en masse detention in the name of “treatment”:

Many countries provide long term residential treatment for drug dependence without the consent of the patient that is in reality a type of low security imprisonment. Evidence of the therapeutic effect of this approach is lacking... It does not constitute an alternative to incarceration because it is a form of incarceration.

Second, Human Rights Watch believes Somsanga should close because the center entails an unacceptably high risk of other human rights abuses, such as ill-treatment of detainees by staff or detainee guards and the arbitrary detention of populations considered socially “undesirable.” Human Rights Watch is concerned that international donors supporting Somsanga are not monitoring and reporting such issues.

In the course of researching this report, Human Rights Watch wrote to 10 international donors and implementing partners who reportedly have supported Somsanga, outlining the findings of this research and asking whether those organizations were aware of any reports of human rights abuses in Somsanga. At time of writing, Human Rights Watch had not received a response from four of these donors. One donor responded to clarify that it had not provided support to Somsanga. While the responses of the remaining five organizations varied in their content and detail, all responded that they were not aware of any reports of arbitrary detention, ill-treatment, or other human rights abuses in Somsanga.

Third, international donor support for services such as drug classes and vocational training in closed centers has retarded the development of voluntary services in community settings. Despite a decade of external donor funding for the Somsanga center, the overall state of drug dependency treatment in Lao PDR is poor; there are virtually no voluntary, community-based options for those who need drug dependency treatment. The sad truth is that a person dependent on drugs in Vientiane, and who wants help in grappling with their addiction, has few realistic options. Individuals dependent upon drugs in Vientiane face a choice between trying to stop on their own and admitting themselves into a locked detention facility for months or years, where they may face physical and psychological abuse amounting to cruel, inhuman, and degrading treatment.

Classes in drug use and courses such as vocational training may benefit some people trying to overcome drug dependency, but there is no rationale for premising such services on months or years of involuntary detention. One staff member of an international organization familiar with drug issues in Lao PDR said:
The overwhelming majority of young people in Somsangna would be much better off either at school or engaged in some higher educational or vocational training initiative—or indeed working—outside of Somsanga. Even if there is drug use and sexual risk reduction education in Somsanga, it should be going on in the community.

Donors should focus on ensuring the availability of, and limit their support to, humane drug treatment options that comport with international standards. Those standards include the requirement that drug dependency treatment be voluntary (except in very limited circumstances), based on sound scientific evidence as to what is effective, and adapted to the individual needs and interests of the patient.

Beatings and suicides and other abuses in Somsanga must be addressed. But they are symptoms of the more fundamental problem that underlies them and that is the focus of this report: the functioning of a center that purports to be a health facility, but operates in reality as a detention center. This report urges the Lao government and the center’s supporters to move away from an approach of routine, long-term, en masse detention of people in the name of drug treatment. Human Rights Watch urges donors and government authorities to begin to establish voluntary, community-based options available to anyone in the community who wants them.

In many countries, the range of health services required to provide drug dependence services to the community is offered by nongovernmental organizations (NGOs). Historically, Lao government authorities have suppressed these groups, although there are some indications this situation may be changing. Support for NGOs—from the Lao government but also from donors funding drug-related issues in Lao PDR—has the potential to provide necessary services for people who use drugs (as well as other socially marginalized groups).

Lao PDR has stated its intention to make the country “drug free” by 2015, in line with an Association of Southeast Asian Nations (ASEAN)-wide political commitment. But such a goal should not blind the government to respect the human rights of Lao people who use drugs and other marginalized populations, such as beggars, the homeless, street children, and people with mental disabilities. Nor should the fact that Lao PDR is a poor country with limited infrastructure to provide social services prevent donors and implementing partners from aligning their assistance to Lao PDR in a way that reflects international standards and best practice in providing drug treatment. Indeed, failure to respect human rights and comport with international standards will only further undermine the stated goal of the Lao government to create a “prosperous society governed by the rule of law for all Lao people.”
Inside Somsanga’s “lower buildings” hundreds and sometimes over a thousand detainees languish in overcrowded cells. People who might have a genuine need for drug dependency treatment are locked in alongside casual drug users, beggars, the homeless, the mentally ill, and street children.
KEY RECOMMENDATIONS

TO THE LAO GOVERNMENT

- Instruct the Lao Commission on Drug Control to release current detainees in Somsanga, as their continued detention cannot be justified on legal or health grounds.
- Instruct the Lao Commission on Drug Control to permanently close Somsanga.
- Carry out prompt, independent, thorough investigations into allegations of arbitrary detention and cruel, inhuman or degrading treatment or punishment in Somsanga.
- Stop the arbitrary arrest of people who use drugs and other “undesirables” such as homeless people, beggars, street children, and people with mental disabilities.
- Instruct the Ministry of Health and other relevant ministries and departments to expand access to voluntary, community-based drug dependency treatment and ensure that such treatment is medically appropriate and comports with international standards.

TO UNODC, BILATERAL DONORS, AND INTERNATIONAL ORGANIZATIONS PROVIDING ASSISTANCE TO SOMSANGA

- Publicly call for:
  - The closure of Somsanga
  - An investigation into the allegations of human rights violations occurring inside Somsanga
  - Holding those responsible for any violations to account
  - Appropriate remedy for detainees and former detainees for any harm to their physical and mental health sustained while in detention.
- Review any funding, programming, and activities that support the operation of Somsanga to ensure that no funding is being used to implement policies or programs that violate international human rights law, such as the prohibitions on arbitrary detention, and cruel, inhuman or degrading treatment or punishment.
- For those donors funding capacity building projects on drug dependence treatment for drug detention center staff, cease such projects immediately.
- Support the expansion of voluntary, community-based drug dependency treatment, including appropriate services for women and children.

For full recommendations, see p. 63
The Somsanga center is a large complex of concrete buildings, situated on land that slopes gently downhill from an entrance gate guarded by police. Most visitors to the center are shown the “upper buildings”: the Somsanga clinic and the dormitories nearby where patients can stay if their relatives are willing to pay. Further inside Somsanga center, downhill, is what former detainees refer to as the “lower buildings,” two distinct compounds that sit behind high walls topped with barbed wire. Inside, hundreds and sometimes over a thousand detainees languish in overcrowded cells.

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