

**Presidential Portfolio Review: Ending Drug Detention, 2008 – 2015**  
**September 10, 2015**  
**Outcomes Summary**

**Summary:** This review assessed \$1.9 million in grants, public and direct advocacy, and assistance to civil society provided from 2008-2015 to end detention in the name of drug rehabilitation. Focus of the work shifted with our understanding of the issue and our sense of those who might influence the outcomes, with our focus moving from HIV and human rights to the ethics of donor engagement to fair trade and labor advocacy, with different allies reinforcing calls for closure and an end to forced labor. With numbers of those detained in Asia decreased by more than 60,000 since the start of our work, and drug detention highlighted by multiple leading human rights actors and HIV advocates, the review highlighted significant progress in ending drug detention. It also raised questions about strategy in country choice and potential overreliance on legalistic, international (and arguably, imperialistic) rights norms at the expense of a framing and civil society partners more aligned with local political concerns.

*Work moving forward will include careful attention to criteria for country choice (including mix of partners able to use “carrots” and “sticks” and availability of government resources to devote to system reform), and support for civil society organizations adept at using the space opened by human rights and technical experts to advance community-based, voluntary alternatives in terms rooted in public health and compelling to local and national leadership.*

**Key questions raised and actions moving forward**

**Overreliance on international, legalistic frame?** Chris Stone (CS) made the point that all the levers for change we relied upon— the human rights mechanisms, donor accountability, and norms of labor/capitalism—are international and, arguably, imperialistic. He noted that we talked about provision of assistance to local civil society, but not necessarily about bolstering their capacity to frame arguments in ways resonant with their reality. Were we subverting human rights while trying to build it up? Did success in Vietnam (and not, e.g., in China) come from working in a weak country susceptible to international influence? We did not accept the premise fully—some grantees (e.g., in Vietnam) were able to adapt the message in a way that resonated with government and local realities—while others, such as in Cambodia, were less adept. *The limits of reliance on legalistic international norm—and the importance of national partners with a strong understanding of international norms but also able to tailor a more locally relevant message—were highly resonant, and we will consider them carefully moving forward.*

**Country and partner choice?** A related point concerns strategic country choice. Our impact was greatest when we had a mix of partners playing “carrot” and “stick” roles – SCDI and Human Rights Watch, for example, in Vietnam. In Cambodia, we lacked the partner able to work with the government (or, arguably, to transcend the imperialist frame). Finally, work was most successful when the government had sufficient resources to carry the work forward by investing in alternative community-based services. *We will prioritize work where our partners include this mix of confrontation and collaboration.* We also took to heart Chris’s recommendation to *prioritize a strong connection between this portfolio and harm*

*reduction/health concerns as we build out work in Latin America, where multiple drug policy issues are at play and where some are tied less directly to public health.*

**Support for services?** We were initially against supporting services and felt that discussing alternatives to detention was a delaying tactic. *In retrospect, strategic investment in services, particularly via a good NGO that can consult with government and offer technical assistance to advance a new approach, is a critical part of success and a worthy investment.*

**Work to consolidate support for our issues prior to general support?** We and Chris drew different lessons from PHP's experience of losing allies from the Human Rights Watch (HRW) Health and Human Rights unit following a 2010 general operating support grant to HRW. We hypothesized that in retrospect, we might have requested from Mr. Soros and Aryeh Neier an exemption/permission to continue project support to HRW. Chris pushed us to ask ourselves why the ED, Ken Roth, was uninterested in continuing the drug detention work under the general operating support grant, and underscored that general support was precisely to prioritize work that the organization (rather than OSF) wished to advance. Chris encouraged us to understand that leadership in a large organization does not rest only with the ED, and that outreach to the board might also have been useful to consolidate support for drug detention work. *This is a lesson of more general import for PHP, and we will be assessing key project grantees—particularly those that may become “field” grantees or receive general support—to see how we might achieve greater alignment.*

**When to advocate in OSF's name?** The question of when to engage in public advocacy in OSF's name, when to allow partners space to advance the issue, and the related question of grantee transition from concept to field, emerged through preparation for the portfolio review. Our impact was greatest when the field was new and we were helping to frame it. Once we were established as an authority on the issue of drug detention, though, it was tempting to keep publishing and presenting, even when grantees could effectively sustain the work. *Going forward, we will integrate the lesson learned that ideally the transition is somewhat similar to a relay race – we start off with the baton ourselves, run with our partners for a short time, and then hand off the baton.*

**Redefining treatment and recovery?** Finally, the review, and questions asked by those attending, highlighted the need to advance an idea of treatment and recovery that does not cede the terms to abstinence-only advocates. Rather than saying that treatment “does not work,” we should advance the idea that treatment outcomes do not turn only on rates of drug use, but instead include improved family function, employment, and sense of self-efficacy and social participation. Nor can we rely on a strictly individual approach to harm reduction. *Since harms are understood to impact communities, harm reduction approaches to treatment and recovery should also be conceptualized and framed this way. Future work will increasingly focus on a framing of treatment as including needle and syringe programs and “wet” housing and other harm reduction interventions.*

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