

IDPC Advocacy Note

Recommendations for the mid-term review of the ASEAN Drug Strategy

Introduction

In 1998, the United Nations Commission on Narcotic Drugs adopted the slogan “A drug-free world, we can do it!” for its ten-year drug strategy. By 2008, the strategy had ended, along with any possibility that the world could be deemed drug-free. The best claim that can be made for the achievements of the past decade was that for certain types of drugs, and in some areas of the world, the market had stabilised or been ‘contained’.¹ This belief that eradication or significant reduction of drug markets was possible, has justified severely punitive policies and law enforcement measures against people who use drugs – leading to many negative consequences for public health and communities, including escalated HIV transmission risks and criminalisation of a large number of already vulnerable individuals.² As the Association of Southeast Asian Nations (ASEAN) undertakes a mid-term review of its current drug strategy, regional leaders need to acknowledge these realities. In envisaging the successful implementation of the existing drug strategy, ASEAN leaders need to refocus their efforts away from eradicating drug markets, and towards tackling the health and social problems associated with drug markets and drug use. This note makes recommendations for ASEAN to shift towards drug policies that can more effectively tackle drug-related crime, while ensuring the health and social integration of people who use drugs.

Background to the ASEAN drug strategy

In April 2012, member state governments of ASEAN reiterated their commitment to achieving the vision of a drug-free ASEAN by 2015. The commitment was first made in 1998 with the *Joint Declaration for a Drug-Free ASEAN*, which outlined a broad strategy for eradicating the production, processing, trafficking and use of controlled drugs in the region by the year 2020.³ In 2000, the target year was moved to 2015 to demonstrate the scale of member states’ concerns about the threat posed by drug markets to the security and stability of the region.⁴

The ASEAN declarations on becoming drug-free by 2015 portray drug markets as a key security concern for ASEAN member states, and as a cause of individual suffering, the weakening of ‘the social fabric of nations’, direct and indirect economic costs to governments, and criminal activities

¹ United Nations Office on Drugs and Crime (2008), *World Drug Report 2008*, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf

² Rolles, S. et al. (2012), *The Alternative World Drug Report: Counting the Costs of the War on Drugs*, Count the Costs. <http://www.counthecosts.org/alternative-world-drug-report>

³ *Joint Declaration for a Drug-Free ASEAN*, Manila, Philippines, 25 July 1998, <http://www.aseansec.org/1638.htm>

⁴ *Bangkok Political Declaration in Pursuit of a Drug-Free ASEAN 2015*, Bangkok, Thailand, 11-13 October, 2000, <http://www.aseansec.org/644.htm>

that could threaten the stability of states.⁵ The specific ASEAN policy measures intended to realise the drug-free vision are outlined in Action Plans.⁶ The most recent of them, the *ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015)*,⁷ aims to eliminate syndicates involved in the production and trafficking of drugs by strengthening law enforcement measures, and to reduce the prevalence of drug use, mainly by providing preventative education programmes.

It is clear that drug markets result in multiple challenges for governments: drug use can lead to a range of health problems, illegal commodity markets can disrupt the standard functions of government, economies and societies, and organised crime groups that control large segments of a drug market can pose a real threat to security. However, it has become clear that we need to review the effectiveness of current policies and programmes that aim to reduce these health, social, economic and security risks.

Impact of the existing strategy on the scale of the drug market

Since 2000, the ASEAN region has experienced no significant reduction in the overall use and supply of drugs controlled under the international drug conventions. Trends in the use and supply of drugs, namely opium, heroin, cannabis and amphetamine-type stimulants (ATS), have generally fluctuated until 2006 – after which the production and use of ATS, particularly methamphetamine, sharply rose.⁸ For example in Thailand and the Lao PDR, seizures of methamphetamine pills have more than tripled since 2006.⁹ Myanmar also continues to produce the highest amount of opium in the world, after Afghanistan.¹⁰ It is reasonable therefore, to conclude that given the already high levels of drug market activity, and the proven ability of drug markets to adapt swiftly to law enforcement tactics, the task of achieving a *Drug-Free ASEAN by 2015* is an impossible one.

Impact on health and society

The dominant focus in the region on attempts to reduce the scale of drug production and use has led to insufficient attention to some of the negative consequences of drug markets. For example, in countries within the ASEAN region, rates of HIV amongst people who use drugs rank amongst the highest in the world.¹¹ 2010 data from UNAIDS show that in Indonesia, Myanmar and Thailand, more than one in three people who inject drugs surveyed are HIV-positive. In Cambodia, it is one in four, and in Vietnam, one in five.¹² Yet there is only one mention of HIV/AIDS in the entire *ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015)*, and even then

⁵ *ASEAN Leaders' Declaration on Drug-Free ASEAN 2015*, 3 April 2012, http://www.aseansec.org/documents/Declaratin%20on%20Drug%20Free%20ASEAN_Endorsed%20by%20Summit_FINA_L.pdf

⁶ *ACCORD Plan of Action 2005-2010*, Beijing, China, 20 October 2005

⁷ Siem Reap, Cambodia, 17 November 2009, <http://www.aseansec.org/24036.htm>

⁸ United Nations Office on Drugs and Crime (2012), *World Drug Report 2012*, <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>; United Nations Office on Drugs and Crime (2011), *Patterns and Trends of Amphetamine-Type Stimulants—Asia and the Pacific 2011*,

http://www.unodc.org/documents/scientific/Asia_and_the_Pacific_2011_Regional_ATS_Report.pdf; UNODC Regional Centre for East Asia and the Pacific (2008), *Drug-free ASEAN 2015: Status and Recommendations*, http://www.unodc.org/documents/eastasiaandpacific/Publications/ASEAN_2015.pdf

⁹ United Nations Office on Drugs and Crime (2011), *Patterns and Trends of Amphetamine-Type Stimulants—Asia and the Pacific 2011*, http://www.unodc.org/documents/scientific/Asia_and_the_Pacific_2011_Regional_ATS_Report.pdf

¹⁰ United Nations Office on Drugs and Crime (2012), *World Drug Report 2012*, <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>

¹¹ Mathers, B. et al. (2008), 'Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review', *The Lancet*, **372**(9651): 1733 – 1745, <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2808%2961311-2/abstract>

¹² Joint UN Programme on HIV/AIDS (2011), *HIV in Asia and the Pacific: Getting to Zero*, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110826_APGettingToZero_en.pdf

only as a component of preventative education programmes for the general population and people who use drugs.

As identified by both the Global Commission on HIV and the Law (established by the United Nations Development Programme) and the Global Commission on Drug Policy, one of the key underlying reasons for high rates of HIV are policy and legal barriers that restrict the availability of and access to HIV prevention, treatment and care services for people who use drugs.¹³ These barriers primarily consist of punitive laws and practises towards the personal use and possession of drugs, limited availability of evidence-based, voluntary treatment and services, and restrictions on the provision of health protection measures such as needle and syringe programmes (NSP).

Disproportionately severe penalties for drug-related activities has resulted in a high number of the most vulnerable people involved in drug markets, particularly people who inject drugs, opium farmers and low-level dealers, being incarcerated in overcrowded prison settings. Across Asia, 68% of countries in the region have exceeded the maximum capacity of their prison systems, while 28% of countries have exceeded the maximum prison capacity by 150% or more.¹⁴ Prisons are a high-risk setting for HIV transmission. HIV infection rates tend to be higher in prisons than national averages as there is very poor coverage of HIV prevention services such as NSP and opioid substitution therapy (OST).¹⁵ Also, in many cases in the region, incarcerating opium farmers and low-level dealers merely exacerbates the poverty and insecurity that are the root cause of their involvement in drug markets.¹⁶ Another problem associated with the criminalisation of drug use is that it places a heavy burden on judicial and penitentiary systems, and diverts valuable resources away from addressing drug-related health problems.

The adoption of compulsory centres for drug users (CCDU) by many ASEAN governments is another drug control measure that has led to severe health and social consequences. Such methods are more akin to detention and involve very little in the way of evidence-based treatment. In many cases compulsory treatment centres are run by security or military forces, without any appropriately trained medical staff. Detainees are subject to forced detoxification, forced labour, military style exercises and other types of 'punishment' in the name of rehabilitation.¹⁸ Detainees also face extremely high levels of HIV-related risks in these centres due to the lack of harm reduction services, or in most cases, any type of health care provision.

"No one should be stigmatized or discriminated against because of their dependence on drugs. I look to Asian Governments to amend outdated criminal laws that criminalize the most vulnerable sections of society, and take all the measures needed to ensure they live in dignity."

Mr. Ban Ki-moon, UN Secretary General, 2008¹⁷

¹³ Global Commission on HIV and the Law (2012), *Risks, rights and health*, <http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>; Global Commission on Drug Policy (2012), *The war on drugs and HIV/AIDS: How the criminalization of drug use fuels the global epidemic*, http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf

¹⁴ International Centre for Prison Studies (2010), *Current situation of prison overcrowding*

¹⁵ United Nations Office on Drugs and Crime (2006), *HIV/AIDS and custodial settings in South East Asia*

¹⁶ Jelsma, T. and Kramer, T. (2012), 'Tackle Burma's drugs problem', *Foreign Policy*, http://www.foreignpolicy.com/articles/2012/03/30/16_ways_to_fix_burma_a_democracy_lab_special_report?page=0,2

¹⁷ Ki-moon, B. (2008), 'Remarks on the handover of the report of the Commission on AIDS in Asia, 26 March 2008'. http://data.unaids.org/pub/Speech/2008/20080325_sg_asia_comission_report_speech_en.pdf

¹⁸ Human Rights Watch (2007), *Deadly denial: Barriers to HIV/AIDS treatment for people who use drugs in Thailand*, <http://www.hrw.org/sites/default/files/reports/thailand1107.pdf>; International Harm Reduction Development Program (2009), *Human rights abuses in the name of drug treatment: Reports from the field*, <http://www.soros.org/publications/human-rights-abuses-name-drug-treatment-reports-field>; World Health Organisation

These barriers to the implementation of effective measures for addressing drug use and HIV-related risks arise directly from efforts to create a drug-free ASEAN, that is, efforts focused on reducing the scale of drug markets instead of its negative consequences.

Shifts towards health-oriented drug strategies in ASEAN and around the world

In recent years, there appears to have been a growing awareness amongst countries in the ASEAN region that the existing strategies for dealing with problematic drug use are not only ineffective, but have resulted in damaging consequences. There have been signs of a pragmatic shift in several countries towards health-oriented strategies for addressing dependent drug use and related health problems. For example, since 2010, Malaysia has been gradually replacing mandatory rehabilitation centres with voluntary *Cure and Care Clinics* that aim to deliver evidence-based measures, such as offering a range of treatment options to meet the individual needs of a person dependent on drugs.¹⁹ Indonesia is exploring effective policies and practises for implementing laws passed in 2009 to divert people who use drugs away from prison and into drug treatment.²⁰ Cambodia, Laos and Vietnam have also undertaken measures to reorient their health and law enforcement strategies to better address HIV-related risks amongst people who use drugs.²¹

The shift towards an approach to drug use which prioritises health and social support over punishment has also occurred in other parts of the world, with notable reforms in countries such as Portugal and Australia. More recently, the United States announced its *21st century drug policy strategy* which steers away from a strategy premised on “mass incarceration of nonviolent drug offenders” towards a “balanced public health and safety approach”.²²

The latest UN World Drug Report predicts that by the year 2050, the number of people who use drugs will have increased by 25%, and that most of the increase will occur amongst the populations of developing countries. ASEAN needs to be prepared to respond to the increasing supply and use of drugs, particularly the associated social and health problems. In considering alternative strategies on drug control, ASEAN countries will not be alone. Many countries in Latin America have already begun exploring a range of options for reforming drug policies and strategies.²³ In the Asian region, ASEAN now has an opportunity to provide leadership on reframing strategies on drug use and supply.

(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.who.int/hiv/pub/idu/assess_treatment_users_asia/en/index.html

¹⁹ Tanguay, P. (2011), *IDPC Briefing Paper – Policy responses to drug issues in Malaysia* (London: International Drug Policy Consortium), <http://idpc.net/publications/2011/06/policy-responses-to-drug-issues-in-malaysia>

²⁰ Forthcoming IDPC Briefing Paper on Indonesia’s drug policies.

²¹ See series of articles on Cambodia, Laos and Vietnam in the Harm Reduction Journal, *Special Issue: Law enforcement and harm reduction in Southeast Asia*, 8 July 2012, <http://www.harmreductionjournal.com/series/policing>

²² Office of National Drug Control Policy, *Obama administration releases 21st century drug policy strategy*, Media Release, 17 April 2012, <http://www.whitehouse.gov/ondcp/news-releases-remarks/obama-administration-releases-21st-century-drug-policy-strategy>

²³ Armenta, A. et al. (2012), *TNI Series on Legislative Reform of Drug Policies, Nr. 21 – A break-through in the making? Shifts in the Latin American drug policy debate* (Amsterdam: Transnational Institute), <http://www.tni.org/sites/www.tni.org/files/download/dlr21.pdf>

Recommendations for developing a new ASEAN drug strategy after 2015

As ASEAN nears the end of its current drug strategy and starts to consider a post-2015 drug strategy, the challenge is to develop a strategy capable of managing the complexity of causes and consequences relating to drug markets, rather than only focus on trying to eradicate them. To achieve the desired security and stability of the region, a modern ASEAN drug strategy should focus on the health and social problems that stem from drug markets.

ASEAN member states are respectfully asked to consider the following recommendations in developing the post-2015 ASEAN drug strategy:

1. Adopt a new vision to replace 'a drug-free ASEAN', which incorporates the reduction of health and social problems associated with drug use as a priority.
2. Integrate the new ASEAN drug strategy more closely with the *ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths*, which includes a commitment to reduce transmission of HIV among people who inject drugs by 50% by 2015.²⁴
3. Develop a work plan in support of the new drug strategy, which promotes specific actions addressing the health and social problems related to drug use and markets, such as:
 - increasing the scale and coverage of HIV/AIDS prevention, treatment and care services
 - removal of punitive measures against drug use and possession
 - phasing out compulsory detention of people who use drugs
 - increasing the availability of evidence-based, voluntary drug dependence treatment services
 - developing evidence-based prevention, treatment and harm reduction programmes for people who use ATS
 - adopting well-sequenced, integrated alternative development programmes for opium farmers.
4. Establish new indicators for the achievement of progress in addressing drug-related problems by ASEAN member states, including:
 - Reduction in the rates of HIV prevalence amongst people who use drugs
 - Increase in the age of initiation of drug use
 - Reduction in the number of drug overdose deaths
 - Increased scale and coverage of evidence-based, voluntary drug dependence treatment services
 - Reduction in the number of people imprisoned for personal use or possession of drugs, and
 - Reduction in the violence committed by members of organised crime networks, associated with drug markets.

²⁴ Para 17.d) of the Declaration states that ASEAN countries commit to: 'Implement and expand risk and harm reduction programmes, where appropriate and applicable, for people who use drugs, taking into account the World Health Organization, United Nations Office on Drugs and Crime and UNAIDS Technical Guide for countries to set targets for universal access to HIV Prevention, treatment and care for injecting drug users in accordance with national legislations'.

5. Develop robust monitoring and evaluation mechanisms to assess member states' achievement of progress against the above indicators.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert consultancy services to policy makers and officials around the world.

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