

## IDPC Advocacy Note

# A Drug-free ASEAN by 2015: Comments on the final assessment from a civil society perspective

June 2014

## Context

As the deadline for the Association of Southeast Asian Nations (ASEAN)'s goal of achieving a drug-free region by 2015 nears, ASEAN ministers have continued to make high-level statements reiterating their commitment to eliminating the use, trafficking and production of drugs.<sup>1</sup> A final assessment of their efforts in realising that commitment, through implementing the *ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015)* (the Work Plan),<sup>2</sup> is due to be conducted by the ASEAN senior officials on drug matters (ASOD) group mandated with designing, implementing and evaluating ASEAN drug-related programmes.<sup>3</sup> ASOD expects that the final assessment will clearly outline the achievements and gaps in implementation of the Work Plan, and to then develop an updated work plan to take effect after 2015.<sup>4</sup>

While evaluating the implementation of ASEAN's drug strategy is an essential component of evidence-based policy making, it is also necessary for such an evaluation to consider the effectiveness of the strategy itself in addressing the full range of drug-related problems encountered in the region. In 2012 and 2013, the International Drug Policy Consortium published advocacy notes discussing the ineffectiveness and negative consequences of pursuing a drug policy focused solely on eradicating drug markets, and recommending policies which aim to reduce the most serious harms associated with drug markets, with new indicators for measuring drug policy successes.<sup>5</sup> As ASEAN's Senior Officials on Drug Matters (ASOD) prepare to conduct the final assessment of its achievements and remaining challenges in implementing the Work Plan, the intention of this paper is to provide comments on that process from a civil society perspective. In doing so, it is hoped that alternative viewpoints on the effectiveness and outcomes in implementing the Work Plan,

<sup>1</sup> *Joint Declaration for a Drug-Free ASEAN*, Manila, Philippines, 25 July 1998, <http://www.aseansec.org/1638.htm>; *Bangkok Political Declaration in Pursuit of a Drug-Free ASEAN 2015*, Bangkok, Thailand, 11-13 October, 2000, <http://www.aseansec.org/644.htm>; *Borneo Bulletin, Achieving a drug-free ASEAN by 2015*, 4 September 2013, <http://borneobulletin.brunei-online.com.bn/index.php/2013/09/04/achieving-a-drug-free-asean-by-2015/>

<sup>2</sup> Siem Reap, Cambodia, 17 November 2009, <http://www.aseansec.org/24036.htm>

<sup>3</sup> See the ASEAN webpage on drug matters: <http://www.asean.org/communities/asean-political-security-community/item/cooperation-on-drugs-and-narcotics-overview>

<sup>4</sup> Intervention of Mr. Ounseng Vixay, Permanent Secretary, Lao National Commission for Drug Control and Supervision, Representative of the Chairman of the 34<sup>th</sup> ASEAN Senior Officials on Drugs Matters at the *11th ASEAN Inter-Parliamentary Assembly Fact Finding Committee to combat the Drug Menace*, Vientiane, Laos, 13-16 May 2014, [http://www.na.gov.la/docs/AIPA/aifocom11/Doc\\_for\\_AIFOCOM/PRESENTATION/\(10\)%20Annex%20H-Presentation%20by%20Representative%20of%20the%20ASOD.pdf](http://www.na.gov.la/docs/AIPA/aifocom11/Doc_for_AIFOCOM/PRESENTATION/(10)%20Annex%20H-Presentation%20by%20Representative%20of%20the%20ASOD.pdf)

<sup>5</sup> International Drug Policy Consortium (IDPC) (2012), *IDPC Advocacy Note: Recommendations for the mid-term review of the ASEAN Drug Strategy*, <http://idpc.net/publications/2012/09/idpc-advocacy-note-recommendations-for-the-mid-term-review-of-the-asean-drug-strategy>; IDPC (2013), *IDPC Advocacy Note: A drug-free ASEAN by 2015: harmless rhetoric or a dangerous mantra?*, <http://idpc.net/publications/2013/09/idpc-advocacy-note-a-drug-free-asean-by-2015-harmless-rhetoric-or-a-dangerous-mantra>

based on evidence and international best practice, could be incorporated in ASEAN's final assessment of its drug strategy.

## ASEAN member state commitments under the Work Plan on drugs

The "ASEAN Drug-Free 2015" goal is even acknowledged by ASEAN member states themselves as an unachievable one. In 2007, they agreed that the goal should actually be interpreted as aiming "to significantly reduce the production, trafficking and abuse" of narcotic drugs, rather than trying to achieve total eradication, and on that basis committed to a set of objectives and actions under the Work Plan in November 2009.<sup>6</sup>

To help facilitate the formation of the ASEAN Economic Community in 2015, which foresees greater freedom of movement of people and commodities within the region, member states agreed to a wide range of actions in the *Roadmap for an ASEAN Community (2009-2015)* (the Roadmap). The *ASEAN Political Security Community Blueprint* and the *ASEAN Socio-Cultural Community Blueprint* contained in the Roadmap outlines commitments to working towards a "drug-free" ASEAN by 2015, in accordance with the Work Plan and by strengthening law enforcement, criminal justice, prevention, treatment and alternative development measures. Under the framework of the Roadmap, the ASEAN Work Plan aims to achieve the goal of a drug-free region by 2015 by working towards three key outcomes, under which objectives and actions have been further specified:

- I. Actions would be taken to achieve significant and sustainable reduction in illicit crop cultivation
  1. Insignificant cultivation of opium poppy, cannabis and other illicit crops by 2015
  2. Provision of sustainable alternative livelihood development to former illicit crops producing farmers
- II. Actions would be taken to achieve significant and sustainable reduction in illicit manufacturing and trafficking of drugs and drug-related crime
  1. Elimination of diversion and smuggling of precursor chemicals and syndicates involved in the clandestine production of illicit drugs
  2. Elimination of syndicates involved in trafficking of illicit drugs
  3. Enhance cross-border law enforcement collaboration and cooperation
- III. Significant and sustainable reduction of the prevalence of illicit drug use
  1. Reduce the prevalence of illicit drug use
  2. Increase access to treatment, rehabilitation and aftercare services to drug abusers with the purpose of ensuring full re-integration into society

## Key outcomes of implementing the ASEAN Work Plan

This section presents available data, sourced primarily from reports by the United Nations Office on Drugs and Crime (UNODC), on the extent of progress by ASEAN member states in achieving each of the three key outcomes outlined in the ASEAN Work Plan.

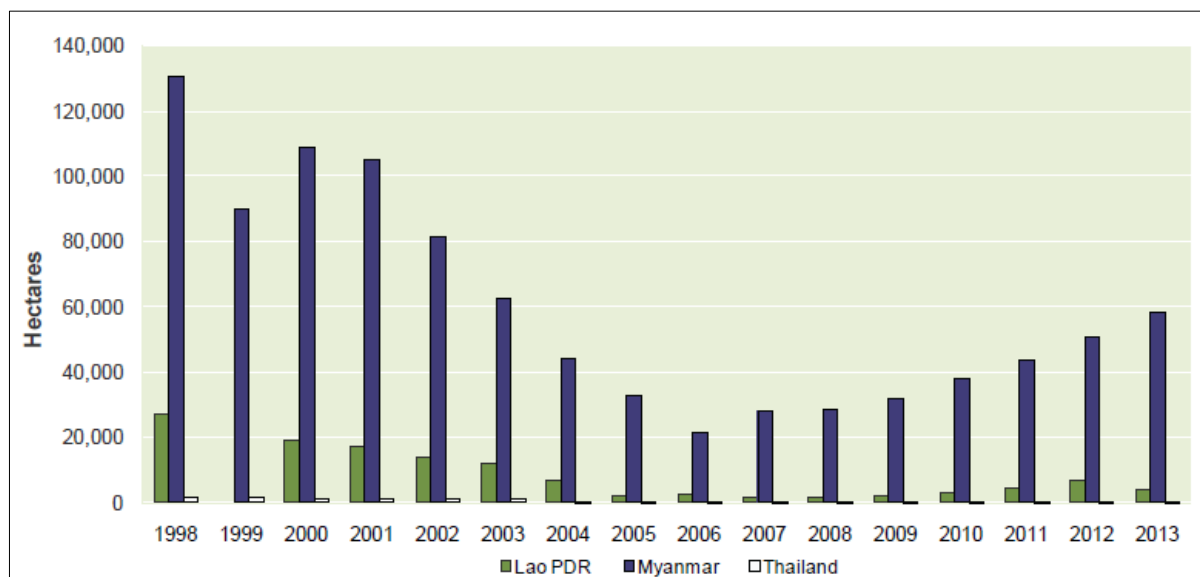
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<sup>6</sup> United Nations Office on Drugs and Crime (2007), *Drug-free ASEAN by 2015: Status and recommendations*, [https://www.unodc.org/documents/southeastasiaandpacific/Publications/ASEAN\\_2015.pdf](https://www.unodc.org/documents/southeastasiaandpacific/Publications/ASEAN_2015.pdf)

## Outcome I: Significant and sustainable reduction in illicit crop cultivation

According to data from the UNODC in the period 2008 to 2013, net illicit opium cultivation in the ASEAN region (predominantly Myanmar, Laos and Thailand) doubled from 30,100 to 61,965 hectares:

**Table 1: Opium poppy cultivation in South-East Asia, 1998-2013 (Hectares)<sup>7</sup>**



These data show that despite law enforcement efforts to eradicate illicit opium poppy cultivation (with reported eradication of opium increasing four fold during 2008 to 2012, primarily in Myanmar), illicit cultivation in ASEAN is far from reaching the stated objective of insignificant levels as opium cultivation has doubled in volume during the same period.<sup>8</sup> There did not seem to be available data on the effectiveness of alternative development programmes, however the steadily increasing levels of illicit opium cultivation in the past six years strongly suggest that any such programmes have not been effective or sustainable.

## Outcome II: significant and sustainable reduction in illicit manufacturing and trafficking of drugs and drug-related crime

UNODC data show that the number of illicit drug manufacturing (including methamphetamine, ecstasy and other synthetic drugs) facilities dismantled increased slightly from 44 in 2008 to 58 in 2012, and drug-related arrests almost doubled in the same period, increasing by 75 per cent from 233,384 in 2008 to 409,492 in 2012 (see **Table 2**).<sup>9</sup>

While the number of drug-related arrests increased for all ASEAN countries except Brunei and the Philippines, noticeably significant increases in drug-related arrests are seen in Cambodia, Lao PDR, Malaysia and Thailand.

<sup>7</sup> United Nations Office on Drugs and Crime (2013), *Southeast Asia Opium Survey*, [http://www.unodc.org/documents/southeastasiaandpacific/Publications/2013/SEA\\_Opium\\_Survey\\_2013\\_web.pdf](http://www.unodc.org/documents/southeastasiaandpacific/Publications/2013/SEA_Opium_Survey_2013_web.pdf)

<sup>8</sup> United Nations Office on Drugs and Crime (2013), *World Drug Report 2013*, <http://www.unodc.org/wdr/>. Reported eradication rose from 4,820 hectares in 2008 to 23,718 hectares in 2012 for Myanmar, and 575 hectares in 2008 to 707 hectares in 2012 in Lao PDR, and fell from 285 hectares in 2008 to 205 hectares in 2012 in Thailand

<sup>9</sup> United Nations Office on Drugs and Crime, *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific*, 2009 and 2013

**Table 2: Drug related arrests in ASEAN countries**

Source: UNODC, *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific*, 2009 and 2013.

	2008	2012
Brunei	591	459
Cambodia	394	1,788
Indonesia	25,558	25,670
Lao PDR	395	1,943
Malaysia	11,140	117,442
Myanmar	3,368	5,740
Philippines	10,530	10,159
Singapore	2,537	3,507
Thailand	157,871	211,372
Vietnam	21,000	31,412
<b>Total</b>	<b>233,384</b>	<b>409,492</b>

UNODC data further show that seizures of drugs across ASEAN countries for most types of drugs increased drastically from 2008 to 2012, particularly crystalline methamphetamine, methamphetamine pills, ecstasy, heroin and cocaine (see **Table 3**).

Of particular note, seizures of methamphetamine pills increased five-fold in the ASEAN region, with increased seizures seen in all countries except Singapore and Cambodia. Crystalline methamphetamine seizures more than doubled, with increased seizures in all countries except the Philippines. Although the total volume of cocaine seizures is low

compared with other drugs, it increased four-fold throughout the region, indicating increased efforts from organised criminal groups to expand the cocaine market.<sup>10</sup> Meanwhile, seizures of cannabis and ketamine decreased respectively by 69 per cent and 55 per cent.<sup>11</sup>

**Table 3: Total seizures in ASEAN countries by drug type in 2008 and 2012**

Source: UNODC, *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific*, 2009 and 2013

	Methamphetamine (pills)	Crystalline Methamphetamine (kg)	Ecstasy (kg)	Cannabis Herb (kg)	Heroin (kg)	Ketamine (kg)	Cocaine (kg)
<b>2012</b>	<b>124,471,540</b>	<b>5,120.3</b>	<b>5,054,944</b>	<b>51,072.2</b>	<b>1,663.2</b>	<b>277.2</b>	<b>88</b>
<b>2008</b>	<b>22,822,359</b>	<b>1,994.58</b>	<b>1,229,899</b>	<b>167,313.6</b>	<b>837.7</b>	<b>615.6</b>	<b>21.5</b>

The data on seizures, arrests, and dismantling of illicit manufacturing facilities are indicators of expanding drug markets and/or increased levels of law enforcement intervention. What the data cannot show is the extent to which law enforcement measures have succeeded in reducing drug markets. However, the continually increasing trends in the use of key drugs of concern (although data are largely based on estimates and the perception of experts, see below for more information), namely methamphetamine and crystalline methamphetamine, suggest an expanding, rather than a shrinking drug market in the region. Consequently, the available data suggest that implementing the Work Plan has not been able to achieve significant and sustainable reductions in illicit manufacturing and trafficking of drugs and drug-related crime. The data also suggest an increasingly diversified market in the availability of drugs and types of organised criminal groups active in the region.<sup>12</sup>

<sup>10</sup> United Nations Office on Drugs and Crime (2013), *Patterns and trends of amphetamine-type stimulants and other drugs: Challenges for Asia and the Pacific*, p. 28, [https://www.unodc.org/documents/scientific/2013\\_Regional\\_ATS\\_Report\\_web.pdf](https://www.unodc.org/documents/scientific/2013_Regional_ATS_Report_web.pdf)

<sup>11</sup> Ibid.

<sup>12</sup> Ibid., pp. 1-2, 11

### Outcome III: Significant and sustainable reduction in the prevalence of illicit drug use

Consistent, comprehensive data on the prevalence of drug use do not appear to be available.<sup>13</sup> The UNODC reports prevalence data disaggregated by drug type; however, the data only represents best estimates and the perception of experts. In addition, there is no consistency in the availability of data by year or nature of drug use. For example in a 2013 UNODC report, Cambodia, Myanmar, Thailand and Vietnam provide estimates of registered drug users, Indonesia submits data on “problematic drug users”, while Malaysia presents data on people who inject drugs.<sup>14</sup>

Given the limited and inconsistent data currently available, it is difficult to accurately evaluate the overall trends in drug use prevalence in ASEAN. However, in 2013 the UNODC reported that methamphetamine use had continued to increase in most countries in East and South East Asia, and “crystalline methamphetamine use has rapidly become more prevalent throughout the region”.<sup>15</sup>

In an indication of the most commonly used drugs in the ASEAN region, the UNODC reported that the demand for drug treatment in ASEAN countries in 2012 related primarily to the use of methamphetamine (Singapore, Cambodia, Thailand, Lao PDR), crystalline methamphetamine (Philippines, Brunei Darussalam, Cambodia) and heroin (Myanmar, Vietnam, Malaysia). Indonesia had similar numbers of people in treatment for heroin and methamphetamine use.<sup>16</sup>

The drug treatment data suggests that the high levels of methamphetamine and crystalline methamphetamine use give rise to the need for drug treatment services to shift from their focus on heroin, opium and cannabis use.<sup>17</sup> However they do not provide any indication about the effectiveness of available drug treatment services, nor the continued reliance on compulsory detention of people who use drugs, which has been widely condemned by United Nations agencies as an ineffective mode of drug treatment with no basis in scientific evidence nor in the protection of the health and rights of people who use drugs.<sup>18</sup>

**“Despite the lack of reliable data on the ATS market in East and Southeast Asia, there are strong indications that the situation is deteriorating as substances become stronger, methods of use more harmful and the number of users steadily increases. There is a worrying trend of growing numbers of injecting methamphetamine users in the region.”**

**Transnational Institute, *Bouncing Back: Relapse in the Golden Triangle*, 2014, p. 52**

<sup>13</sup> The availability of consistent data on the numbers of people who inject drugs has slightly improved, through compilation work conducted by sources such as UNAIDS (<http://www.unaids.org/en/dataanalysis/>), as well as Harm Reduction International which raises concerns with estimates on the number of people who inject drugs and live with HIV published by the UNODC (*Concerns regarding new estimates on HIV, hepatitis C and injecting drug use*, Harm Reduction Advisory No. 1 (2013), [http://www.ihra.net/files/2014/01/10/Advisory\\_v4.pdf](http://www.ihra.net/files/2014/01/10/Advisory_v4.pdf); *Global State of Harm Reduction*, (2012), Chapter 2.1 Regional Update: Asia, <http://www.ihra.net/files/2012/09/04/Asia.pdf>

<sup>14</sup> United Nations Office on Drugs and Crime, *Patterns and trends of amphetamine-type stimulants and other drugs: Challenges for Asia and the Pacific*, (2009) and (2013); United Nations Office on Drugs and Crime, *World Drug Report*, (2009) and (2013).

<sup>15</sup> United Nations Office on Drugs and Crime (2013), *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific*, pp. 1-2, [https://www.unodc.org/documents/scientific/2013\\_Regional\\_ATS\\_Report\\_web.pdf](https://www.unodc.org/documents/scientific/2013_Regional_ATS_Report_web.pdf)

<sup>16</sup> United Nations Office on Drugs and Crime, *Patterns and trends of amphetamine-type stimulants and other drugs: Challenges for Asia and the Pacific*, (2009) and (2013); United Nations Office on Drugs and Crime, *World Drug Report*, (2009) and (2013).

<sup>17</sup> Ibid.

<sup>18</sup> United Nations, *United Nations Joint Statement on compulsory drug detention and rehabilitation centres*, (March 2012), [http://www.unodc.org/documents/southeastasiaandpacific/2012/03/drug-detention-centre/JC2310\\_Joint\\_Statement6March12FINAL\\_En.pdf](http://www.unodc.org/documents/southeastasiaandpacific/2012/03/drug-detention-centre/JC2310_Joint_Statement6March12FINAL_En.pdf); World Health Organisation (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](http://www.who.int/hiv/pub/idu/assess_treatment_users_asia/en/index.html)

## Limitations of the ASEAN drug strategy and Work Plan

The reported trends in supply and demand call into question the effectiveness both of interventions implemented by ASEAN member states and the effectiveness of the Work Plan itself. While the Work Plan outlines many actions covering a wide range of drug issues, it does not establish objectives for addressing serious problems caused by drug policies and interventions which are currently only focused on reducing the size, rather than the harms, of drug markets:

- 1. Challenges to livelihoods and human development of communities engaged in illicit opium cultivation** – research shows that many opium growers are impoverished subsistence farmers from various ethnic minorities in the remote mountains of northern Myanmar, Laos and Northeast India, and that cultivation is often for the purposes of meeting basic livelihood, medical and cultural requirements. The use of forced eradication, and the availability of alternative development options only after communities have abandoned cultivation, can have severely negative consequences for local communities and even lead to increased cultivation or its displacement to other areas.<sup>19</sup>
- 2. Disproportionate penalties and levels of incarceration for drug offences** – there is limited availability of data on the issue. However, the increasing numbers of arrests, data from Thailand (in 2013, 50 per cent of the prison population were charged, convicted or detained for drug offences)<sup>20</sup> and Indonesia (in 2009, 26 per cent of prisoners were charged with drug offences),<sup>21</sup> combined with the institution of severe criminal penalties for low-level, non-violent drug offences and compulsory detention requirements for people who use drugs, suggest that high numbers of people are incarcerated for minor drug offences.
- 3. HIV prevalence and other health risks for people who use drugs** – despite a reported decline in HIV prevalence among people who inject drugs since 2007 in Indonesia, Thailand, Myanmar and Vietnam, HIV prevalence levels remain high among this population, for example in Indonesia (36.4 per cent in 2011), Thailand (25.2 per cent in 2012), Cambodia (24.1 per cent in 2011), Malaysia (18.9 per cent in 2012) and Myanmar (18 per cent in 2012). In the Philippines, new epidemic outbreaks have been reported in Cebu city, accounting for the huge increase in prevalence of HIV among people who inject drugs from 0.2 per cent in 2007 to 13.6 per cent in 2011. People who inject drugs also face serious health risks associated with tuberculosis, hepatitis and overdose which are preventable and/or easily treated.<sup>22</sup> However the ongoing criminalisation, punishment (including compulsory detention as a form of “treatment”), stigmatisation and discrimination against people who use drugs are major barriers to reducing these health risks.<sup>23</sup>

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<sup>19</sup> Transnational Institute, *Bouncing back: relapse in the Golden Triangle*, (2014), pp. 13, 98.

<sup>20</sup> IDPC, *IDPC Briefing Paper: Drug control and harm reduction in Thailand*, (2013), p. 9, <http://idpc.net/publications/2013/11/idpc-briefing-paper-drug-control-and-harm-reduction-in-thailand>

<sup>21</sup> IDPC, *IDPC Briefing Paper: Drug policy in Indonesia*, (2013), p. 3, <http://idpc.net/publications/2013/01/idpc-briefing-paper-drug-policy-in-indonesia>

<sup>22</sup> UNAIDS, *AIDSinfo*, <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/>

<sup>23</sup> 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](http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf)

## Recommendations

The data presented in this paper present the clear case that ASEAN countries have not been able to achieve the frequently reiterated goal of a drug-free region, even when it is interpreted as a goal “to significantly reduce the production, trafficking and abuse” of drugs. It is evident from available data that the overall trends in cultivation, trafficking, supply, and consumption are not reducing. In some cases, such as for methamphetamine supply, trends have increased to an alarming degree.

To help ensure a final assessment of the Work Plan that will adequately consider the full range and nature of the most serious challenges relating to these increasing trends, the following key recommendations are presented for the consideration of ASEAN member states:

- **Conduct a final assessment that is transparent and inclusive of civil society and multi-sectoral engagement**, as envisaged in the *ASEAN Socio-Cultural Community Blueprint* and similar to review processes conducted by other regional bodies such as the Organisation of American States, the African Union and the European Union which emphasise an evidence-based and scientific approach to drugs.<sup>24</sup>
- **Evaluate the most serious harms relating to drugs**, including the human development challenges faced by opium cultivating communities, high levels of arrests, punishment and incarceration caused by disproportionate penalties for drug offences, HIV and other health risks faced by people who use drugs.
- **Adopt indicators which measure progress in addressing a range of harms relating to drugs**, including:
  - Increase in the age of initiation of drug use
  - Reduction in the rates of HIV prevalence amongst people who inject drugs
  - 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
  - Reduction in the violence committed by members of organised crime networks, associated with drug markets.

As countries and regions around the world increasingly acknowledge the extensive weaknesses of drug strategies focused on reducing the size of drug markets and debate alternative approaches, particularly in Latin America, Africa and Europe,<sup>25</sup> it is hoped that ASEAN would similarly welcome such open, evidence-

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<sup>24</sup> Section B.6 *Ensuring a drug-free ASEAN* states that its Strategic Objectives are to: Reduce significantly, the overall prevalence of illicit drug abuse in the general population, in particular students, youth and those in high-risk and vulnerable groups through preventive measures and by increasing access to treatment, rehabilitation and aftercare services to ensure full re-integration into society as well as through enhanced partnership between the public and private sectors and civil society organizations, <http://www.asean.org/archive/5187-19.pdf> ; European Monitoring Centre for Drugs and Drug Addiction (2014), *Regional drug strategies across the world: a comparative analysis of intergovernmental policies and approaches*, EMCDDA Papers, Publications Office of the European Union, Luxembourg, <http://www.emcdda.europa.eu/publications/emcdda-papers/regional-drug-strategies>, pp. 8-9.

<sup>25</sup> For more details about regional drug policy processes in Latin America, see the drugs webpage of the Organisation of American States (<http://www.oas.org/en/topics/drugs.asp>), for Africa, see the Africa Union Plan of Action on Drug Control (2013-2017)

driven debate that is inclusive of civil society engagement. As ASEAN prepares for the final assessment of its achievements in drug control, there is no better time to pursue a genuine, honest dialogue about drugs and drug control policy approaches in the region.

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