

Submission to the Civil Society Task force from Civil Society Organizations in SE and E Asia

This submission to the Civil Society Task Force, in preparation for UNGASS 2016, is based on widespread consultations with civil society organizations in the region. A 2-day meeting with representatives from China, Indonesia, Japan, Malaysia, Myanmar, Philippines, Thailand and Viet Nam took place in Malaysia 16-17 October 2015. The meeting was followed by extensive on-line consultations.

The submission below is based on a synthesis of these recommendations:

Preamble

We, civil society organizations in South East and East Asia representing people who use drugs, their families and friends, health and social service providers, and public health researchers, are **very concerned** about ASEAN's policy that aims at 'A drug free ASEAN by 2020'. We note with concern that this goal has led to a 'War on drugs' in some countries in our region and widespread violations of our human rights. **We urge** UNGASS to request our governments to repeal repressive and discriminatory policies directed at people who use drugs.

We urge UNGASS and our governments to have an informed discourse on drug policies, one that is free from bigotry and misinformation. The process to be inclusive and ensure the participation of affected communities, community-based-organizations, academics/experts, and relevant government agencies including health and law enforcement departments

Following upon the above, we urge the International Drug Control agencies to facilitate a **review** of international and national drug laws and policies, to end wars on drugs, to reconsider the classification of drugs (based on emerging scientific evidence), and to revise outdated concepts (e.g. on the aetiology of drug use, on what is meant by a good /or bad outcome, and on which key indicators we should evaluate the success /or failure of drug policy).

We request UNGASS to ask our governments to ensure that a correct, evidence-based understanding of the drug situation and of national drug policies is communicated to the general public by health education and the media.

We request UNGASS to endorse the call by 'Harm Reduction International' to increase national spending on evidence-based interventions and to redirect 10% of the resources currently spent on ineffective punitive responses to drugs to harm reduction by 2020. We acknowledge that in our region some harm reduction services are available. However, we note that **nowhere** are the services 'to scale' and that there are few (if any) services for people who use stimulants (ATS).

We request UNGASS to request our governments to promote and confirm the full and meaningful participation of civil society in the development of drug policy and drug services. Our aim is 'Nothing about us without us'.

Drugs and Health

We request official assurance from our governments that people who use drugs should have *access* to all national health and welfare services in equal measure to other citizens as well as equal *eligibility* to national health insurance thus ensuring non-discriminatory comprehensive health care.

We request UNGASS to request our governments to ensure that people who use drugs are provided with the comprehensive, voluntary and non-discriminatory package of drug services as recommended by UNAIDS, WHO and UNODC (revised by WHO in 2012)¹ We recommend that these services be fully integrated into national health services and that drug services in health settings should have close links with all ancillary health services as required. (e.g. HIV/AIDS, Hepatitis B, C, TB etc).

All services should be gender sensitive and address the special needs of women children and adolescents.

We recommend that UNGASS requests our governments to ensure that health and welfare services are extended to address prisoners who are drug dependent (and who may also be HIV+) and that they are assisted when discharged from prison, thus facilitating their transition and integration into the community and preventing relapse and recidivism.

We note the uneven quality of many drug services. We therefore, recommend the development of international (and national) guidelines for 'minimum standard of care' that should be applied to all drug services.

We urge the UNGASS to request government to support and foster additional research on the potential use of cannabis in medical treatment. We also believe that medicines containing opioids, critical for pain control should be available in medical practice.

Drugs and crime

We urge UNGASS to request our government to differentiate between people who use drugs and drug producers or traffickers. We note that some countries in our region impose the death penalty for drug trafficking². **We request UNGASS** to urge all governments to abolish the death sentence for drug trafficking thus acknowledging that this is a cruel and disproportionate punishment and to ensure that no extra-judicial killing of people involved with drugs take place and are condoned.

We request the UNGASS to call upon our governments to *decriminalizing* the consumption and possession of drugs for personal use. . The decriminalization of cannabis would be a welcomed first step. Furthermore, the traditional use of narcotic plants should not be considered as a crime and should be safely **legalized**.

We believe that scientific evidence shows that people who use drugs, who cannot control their drug consumption, suffer from a treatable disease and as such a public

¹ UNAIDS, WHO, UNODC (2012) Technical guide for countries to set targets for Universal Access to HIV prevention, treatment and care for Injecting people who use drugs.

² In 2014 Viet Nam upheld the death sentence for 29 drug traffickers. Two Singaporean were executed the same year. This year Indonesia executed 6 drug traffickers.

health approach to drug dependence rather than a punitive model is more appropriate. **We urge UNGASS** to request governments to re-formulate their drug laws ensuring that infringements of drug laws are treated as *administrative violation* and not a crime.

We note with concern disproportionately heavy prison sentences meted out to people who use drugs even as the evidence suggests that imprisonment does not deter drug use.³

We recommend that UNGASS request our governments to conduct a review of sentencing guidelines and review the sentences of currently incarcerated people who use drugs and adjust sentences as appropriate.

We request UNGASS to re-affirm the UN Joint statement calling for the closure of compulsory drug detention centres and the implementation of voluntary, evidence-informed and rights-based health and social services in the community. We note that some form of compulsory detention continues to exist in Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. **We urge** our governments to support the development of evidence-informed and innovative alternatives to incarceration.

We recommend that law enforcement officials should receive training and sensitisation on drug policies and become familiar with the concept of Harm Reduction and other non-punitive, health-focused and rights-based approaches to drug use.

We note with dismay that some law enforcement officers are complicit in the drug business and that drug laws are selectively enforced. Abuses of power are not uncommon, as is corporal punishment, torture and other inhumane punishments. **We request UNGASS** to ask our governments to ensure the implementation of the drug laws and subsequent reform through impartial and effective oversight and accountability mechanism

We request the establishment of legally binding Complaints Procedure to allow our voices to be heard and misdeeds rectified.

Drugs Human rights; youth, women and children and vulnerable populations

As indicated above there are numerous issues arising from current drug laws, policies and practice that infringe our human rights. We thereby re-iterate the following:

- The death penalty for drug trafficking
- The compulsory incarceration of people who use drugs without judicial oversight,
- The disproportionately severe sentences for drug related offences.
- The use corporal punishment, torture and other inhumane punishments.
- The criminalization of drug use

³ e.g. In Japan the recidivism rate of people who were incarcerated on charges of personal use and/or possession of methamphetamine is 64.5% in 2014. https://www.npa.go.jp/sosikihanzai/yakubutujyuki/yakujuuu/yakujuuu1/h26_yakujuuu_jousei.pdf It also showed 90.2% of the all arrestees of stimulants related crimes are for possession and use.

- Punitive rather than public health approaches to drug dependence
- Corruption and lack of oversight in implementing drug laws. People who use drugs do not have access to judicial reviews.
- The limited access to evidence-informed treatment services.

We urge UNGASS to request our governments to help tackle the stigma and discrimination directed at people who use drugs or ex-users both men and women. People who use drugs meet with discrimination in health services, in seeking education or employment. Stigma and discrimination de facto **limits our human rights**.

We request UNGASS to urge our governments to pay special attention to the human rights of drug using women (who risk losing their children), as well as to adolescents and other vulnerable populations such as gay men and women and the transgender population. We believe that harm reduction services should be available to all those in need regardless of age or gender. We welcome more funding for research into the special needs of women and young people.

We ask UNGASS to request our governments to ensure the meaningful participation of the affected communities; people who use drugs and ex-users and farmers who grow opium, in the design and implementation of drug policies. We request UNGASS and our government to respect the following request of civil society: “Nothing about us without us.”

Drugs and (alternative) development

We strongly recommend to UNGASS to request that governments cease unilateral opium crop eradication without offering realistic alternatives to subsistence farmers. The unilateral eradication of crops is a serious abuse against these farmers’ human rights (most especially as most are coerced to grow these crops by warlords or criminal organizations).

We recommend UNGASS to request our governments to reorient the drug laws in respect of supply reduction and make provision for health and social welfare services for the farmers and their families whose livelihood is threatened.

We recommend to UNGASS to request our governments to continue funding existing alternative developing projects.

Drugs and new Challenges

We have noticed that new and unfamiliar psychoactive drugs are offered and used. We note that these can be dangerous. **We recommend** therefore, that governments allocate resources for research into the toxicity of these compounds ensuring that information about these products be widely available.

We further recommend that UNGASS requests our governments to review and adjust drug policies, strategies for prevention and care in the light of new emerging substances as deemed necessary. These new synthetic drugs should only be prohibited in drug laws following research and scientific evidence indicating that they should be controlled.

We also recommend that those using the new synthetic drugs are provided with harm reduction services and information (as it becomes available) to mitigate the potential harms from these substances. A multidimensional approach involving different sectors (e.g. medical, legal, social, research, etc.) is needed.

We welcome the challenge of developing new and innovative approaches to drug control. **We suggest** that to be acceptable to our national policy makers, these should take into account the historical, traditional and cultural context of drug use in Asian countries. We note that some resistance to accepting approaches and solutions from the West. The Challenge in South East and East Asia is to undertake more research to enable us to have an acceptable rational drug policy.

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