

South East Asia

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This report based on two consultations with Civil Society in South East Asia:

1. The International Drug Policy Consortium held a workshop in Kuala Lumpur – Malaysia on 16-17th October 2015 on Drug Policy Advocacy in Asia: Aiming for UNGASS 2016. The meeting was attended by 33 Civil Society delegates from 11 countries (Malaysia, Cambodia, Myanmar, Viet Nam, China, Japan, Indonesia, India, Afghanistan, Philippines and Thailand. Participants were informed about the UNGASS and discussed the 5 key thematic areas.

2. Subsequently an online consultation took place. Organisations working in drug prevention, treatment and care were initially identified through the UNODC lists. Other organization working on human rights, development and education were also contacted as well as networks of drug users. Altogether some 80 organizations were contacted in Malaysia, Singapore, Laos, Myanmar, Thailand, Indonesia, Philippines, Viet Nam, Japan, China and Cambodia. Agencies were sent an explanatory letter and requested to comment on each of the key thematic areas.

Best practices

- ✓ Implementation of harm reduction programs, including oral substitution therapy and needles and syringe distribution, leading to the significant decrease of HIV transmission in most countries in the region.
- ✓ Development of community based organisations and networks of people who use drugs – empowered to advocate for their rights and for appropriate drug services.

- ✓ Developing effective peer approaches to inform and educated drug users about the risks of HIV/AIDS. Providing them with the wherewithal to prevent infections (i.e. condoms and clean needle and syringes)
- ✓ Strong linkages built between drug services and HIV and Hepatitis prevention and treatment.

Main challenges

- ASEAN, which represents all S.E Asian States has taken a prohibitionist stance towards drug use, aiming for a drug free Asia by the year 20120.
- All states have developed their own drug policies within the ASEAN framework introducing some harm reduction services. But, nowhere are these services to scale and the majority of injecting drug users do not have access to opioid substitution treatment. Drug users are prevented from accessing services because of issues of eligibility to national health services
- Although reduced in scale, compulsory centres where drug users are detained still exist in some countries (Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam)– Governments in the region have expressed the intention to close them and open voluntary drug treatment centres.
- The death penalty for drug trafficking is still on the statute books in several countries (e.g. Viet Nam, Singapore, Indonesia).
- Despite a serious problem with the use of amphetamine type stimulants (ATS) in the region, there are few if any services dedicated to this issue

- There are only a few services for drug users in prisons (e.g. some in Malaysia)

Action-orientated recommendations for the UNGASS roundtables:

Drugs and Health

- ✓ End compulsory detention for drug users
- ✓ Scale-up/sustain harm reduction intervention including oral substitution therapy and needle and syringe distribution.
- ✓ Ensuring that drug users have equal access to national health and welfare services as any other citizen, including for drug users in prisons and are available 'to scale'.
- ✓ Ensuring that drug services provide a minimum standard of care and that user friendly services are established for people who use ATS
- ✓ Providing drug users with comprehensive, voluntary and non-discriminatory, gender sensitive services as recommended by UNODC, WHO and UNAIDS. Services to be linked to other health services especially for HIV/AIDS, TB and Hepatitis.

Drugs and Crime

- ✓ Abolish the death penalty for drug related offences
- ✓ Reform the law to ensure proportionate penalties for drug offenses. Differentiate between drug users and drug traffickers. Drug use to be treated as 'administrative violation'.
- ✓ Decriminalisation of Cannabis use. Legalize traditional use of narcotics among traditional /tribal populations.
- ✓ More and better training for drug law enforcement personnel.

Cross-cutting issues: drugs and human rights, youth, women, children and communities

- ✓ Reform the drug laws to conform to human rights and avoid disproportionate sentences for drug offences
- ✓ Respect drug users' access to health, education and employment and work avoiding stigma and discrimination

Cross-cutting issues: new challenges

- ✓ Allocation of resources for the study of new psychotropic drugs as they reach the market, to inform the public about dangers and toxicity.
- ✓ Ensure 'harm reduction' information for all drugs.

Alternative development

- ✓ Increase long-term flexible funding for alternative development projects but discontinue unilateral opium crop eradication without offering farmers realistic alternatives.
- ✓ Ensure that marginalized farmers have access to health and social welfare and are involved in every part of the alternative development process- from planning, implementation, monitoring and evaluation.
- ✓ Promote access to informal and formal land tenure as an important measure for the success of alternative development projects.
- ✓ Encourage the linkage between alternative development and the promotion of peace, governance, and culture of lawfulness.
- ✓ Improve impact measurement methods to ensure that alternative development programmes are measured using human development indicators linked to the Sustainable Development Goals, instead of illicit crop reduction statistics.