KUALA LUMPUR DECLARATION ON THE ASEAN DRUG-FREE TARGET

A Southeast Asian Civil Society Joint Declaration
Launched at the International Harm Reduction Conference
Kuala Lumpur, Malaysia
21st October 2015

The ASEAN Drug-Free Target, while well-intentioned, drives disproportionate and ineffective drug policy all across Southeast Asia. These policies not only do not address the underlying causes of drug use, but instead exacerbate them, resulting in stigma and discrimination to people who use drugs, socioeconomic inequities, structural violence, reducing access to proven prevention, treatment and welfare services, and creating a barrier to access to essential pain medication. All across ASEAN people who use drugs avoid accessing health and social services for fear of legal repercussions, torture, and stigma.

Most recently, during the 36th ASEAN Senior Officials Meeting on Drugs (ASOD) on 24 August 2015, and stated that civil society organisations like ours were ‘threats to our vision of a Drug-Free ASEAN’. Statements like these by ASEAN officials highlight how the target has been used to justify incarceration, judicial corporal punishment, compulsory detention, and the death penalty, all of which result in more harmful outcomes and the outright violation of human rights. ASEAN has thus far failed to constructively engage civil society on replacing the failed ASEAN drug war with evidence-based policies.

---


2 Speech for Mr Masagos Zulkifli, Minister, Prime Minister's Office And Second Minister for Home Affairs and Second Minister for Foreign Affairs, at the 36th ASEAN Senior Officials Meeting On Drugs on 24 Aug 2015 <http://www.cnb.gov.sg/newsroom/current/news_details/15-08-24/Speech_for_Mr_Masagos_Zulkifli_Minister_Prime_Minister_s_Office_And_Second_Minister_for_Home_Affairs_and_Second_Minister_for_Foreign_Affairs_at_the_36th_ASEAN_Senior_Officials_Meeting_On_Drugs_on_24_Aug_2015.aspx> Accessed 1 October 2015
We call upon that ASEAN redraft its strategy and targets therein based on the following objectives:

Objective 1 Address drug use and dependence as a public health and social issue through national health systems and structures to provide high quality evidence-based prevention, treatment, care and support for people affected by drug use and dependence, in order to make treatment and help more accessible and appealing to affected populations, and to avoid driving them further away from the reach of services.

Objective 2 Facilitate diversion of people who use and are dependent on drugs out of the criminal justice system and into appropriate treatment facilities and support programs, including harm reduction.

Objective 3 Allocate and mobilise sufficient resources - human, technical and financial - to support health objectives by balancing allocations between public security and public health.

Objective 4 Immediately transition from compulsory drug dependence treatment centres to voluntary outpatient treatment, strengthen national human rights accountability mechanisms and develop mechanisms for participation of patient groups and civil society.

Objective 5 Decriminalise/depenalize use and possession of illicit drugs, beginning with reducing penalties for use and possession of small amounts of drugs and including the removal of judicial corporal punishment, in order to decrease the load of congested prison systems and redirect people who use or are dependent on drugs to more appropriate services (e.g. information, education, health, counselling, treatment, etc.)

Objective 6 Provide honest and reality-based education on licit and illicit drugs from a harm reduction and evidence-based perspective, and to allocate the necessary resources thereof.

Objective 7 Greater involvement of and collaboration in earnest with civil society in order to extend the reach of services to vulnerable populations that have been driven away by punitive and stigmatizing measures, and to provide more reliable information on how best to help people and communities.

We call upon governments in all ASEAN jurisdictions, to immediately reevaluate their support for a target based on the unrealistic and arbitrary drug-free target and insist on a strategy based on the most recent scientific evidence on drug use and drug dependence, including statistics contained in the Annex to this Declaration.

With this Declaration, it is also established that the signatories will form the Southeast Asian CSO Coalition on ASEAN Drugs Strategy to provide technical input and support to ASEAN as a body and ASEAN governments on evidence-based drug policy.
Cambodia

In Cambodia, the estimated number of people who use drugs (PWUDs) and persons who inject drugs (PWIDs) are 13,000 and 1,300, respectively. 84% (1,086) of PWID are residing in the capital, Phnom Penh. HIV prevalence among PWIDs is high at 24.8%. 3 People arrested for drug use are incarcerated or placed in compulsory drug treatment for two years. 4 A 2012 report estimating HIV prevalence in Cambodia among PWUD recognised that innovative approaches were needed to address HIV risk. The 1997 Law on the Control of Drugs groups cannabis together with heroin and methamphetamine in the ‘most harmful drugs’ category, which is inconsistent with scientific evidence. The National Authority for Combating Drugs (NACD) continues to commit to the ‘full eradication’ of drugs in ASEAN fora. 5 Advocacy on harm reduction is still limited due to the discrepancies in understanding of sociobiological factors for drug use and dependence and also understanding harm reduction among different stakeholders.

Despite punitive incarceration based approaches, drug use and availability of drugs continue to rise. A 2015 United Nations report 6 details the increase in crystal methamphetamine use in Cambodia. From January-September 2015, 3,402 people were arrested for drug offences, an increase of 300% from 2014. 7 These punitive approaches drive PWUD underground and make them less likely to access treatment, legal, social, and healthcare resources, and lead to greater discrimination and human rights violation of PWUD. Many PWUD are wrongfully associated with and accused of crimes like theft and drug dealing, which destabilizes communities and disrupts treatment programs.

The Government has recently begun efforts to improve its harm reduction response by reviving its Needle and Syringe exchange programmes (NSEP) under the national health system and developing a Strategic Plan on harm reduction, including Standard Operating Procedures (SOPs) for implementing harm reduction programs. These would include NSEP, MMT, community based treatment and a continuum from prevention to care and treatment for most-at-risk populations.

Indonesia

The ASEAN drug-free target was mirrored in national policy in the Indonesia Drug Free Target of 2015, driving arrests, torture, and compulsory detention of PWUD. Today, as predicted, the drug-free target was not achieved, and because of punitive measures, PWUD are afraid to access harm reduction services, and face forced urine tests 8, widespread and frequent extortion, and discrimination and human rights violation of PWUD. Many PWUD are wrongfully associated with and accused of crimes like theft and drug dealing, which destabilizes communities and disrupts treatment programs.

---

4 IDPC. 2014. Drug policy issues in Cambodia.
5 ASEAN Inter-Parliamentary Assembly (AIPA), Cambodia’s Country Report, the 12th Meeting of the AIPA Fact Finding Committee to Combat the Drug Menace (AIFOCOM) 7-11 June 2015, Kuala Lumpur, Malaysia
6 United Nations Office on Drugs and Crime (UNODC), The Challenge of Synthetic Drugs in East and South-East Asia and Oceania: Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances (2015)
7 Crime on drug rises 300% in 2015, VOD Hot News, (Link: http://vodhotnews.com/32484)
8 Akbar Dongoran, 16 Penghuni Kos di Medan Terjaring Razia BNN. OkeZone.com (21 August 2015)
Accessed 3 October 2015
torture. In addition to this, the number of drug-related offences occurring in prison has increased. New rules have also dictated that in order to access education, school students must test negative for drugs, and this is tested via compulsory urine tests.9

Statistics used to bolster and justify punitive measures in Indonesia have been proven to be faulty. The government states that 4.5 million Indonesians require rehabilitation and/or treatment for drug addiction, however, arriving at this figure included, among other faulty measures, the categorization of people who had ever injected a drug, even if only once, as an ‘addict’.10

Malaysia

Malaysia has some of the fastest growing needle-and-syringe programs in the world.11 Methadone maintenance therapy (MMT) is widely available in Ministry of Health community clinics. Harm reduction is officially endorsed and funded by government, but these operate alongside harsh laws based on incarceration, compulsory detention, judicial corporal punishment, and capital punishment. While voluntary outpatient centres (Cure & Care Service Centres) providing MMT and welfare services exist and have shown positive results, the overall policy approach remains overwhelmingly based on criminalisation.

From 2007-2013, arrests for drug consumption under s15(1)(a) of the Dangerous Drugs Act 1952 has seen an increase of 218%.12 In the Malaysia Country Report of the ASEAN Inter-parliamentary Assembly Fact Finding Committee Meeting on Combating Drugs, however, state in the same document that there was a decrease in the number of drug abusers arrested but an increase in the number of drug users arrested.13 [Emphasis added.]

There is zero evidence that criminalisation and the drug-free rhetoric has reduced drug harms.

Myanmar

Despite repressive policy responses to drug related problems, opium cultivation in Myanmar has doubled since 2006, after a decade of steady decline. UNODC estimates that Myanmar is the world’s second-largest opium growing country after Afghanistan, accounting for 25% of global cultivation in 2012. The production and consumption of Amphetamine-Type Stimulants (ATS) – methamphetamine in particular – have also increased rapidly. This raises serious questions about the effectiveness of current drug control policies and the likelihood of achieving the regional goal of Association of Southeast Asian Nations (ASEAN) member states being drug-free by 201514.

12 Rushidi Ramly, Harm Reduction against Drug Use and
In Myanmar, opium is often grown in remote and conflict areas where access is particularly difficult. The rise in the use of heroin and other drugs has been associated with an increase in health and social issues including HIV and hepatitis C. New infections among PWID are still rising. The use of contaminated injecting equipment is the largest source of new HIV infection in Myanmar. In 2014, injecting drug use accounted for ~39% of new infections. HIV prevalence among people who inject drugs (PWID) remains considerably high at 23% nationwide. Data from the 2014 PWID Integrated Bio-Behavioural Surveillance (IBBS) found even higher HIV prevalence at 28.3% among the estimated 83,000 PWID.

Although the National AIDS Programme (NAP) under the Ministry of Health has ensured that harm reduction interventions are included in the National Strategic Plan for HIV/AIDS, the service coverage of PWID remains among the lowest compared to other key populations at less than 25%.

Punitive laws policies and practices (including police crackdowns) fuel the HIV epidemic through reinforcing stigma and discrimination against drug users and impeding their access to HIV and health services. Harm reduction is rarely understood at local level and programmes face resistance from local communities such as faith-based groups in Kachin state. Drug users are commonly viewed as criminals and sentences for drug related crimes can be very harsh. In 2012, UNODC reported 5,740 drug related arrests in Myanmar. Most were drug users and very few dealers were arrested. Once convicted of drug related crimes people are sent to one of the country’s 42 prisons or 100 labour camps. Myanmar’s total prison population is estimated at some 60,000 people. As in Thailand, Myanmar’s prisons are overcrowded, and a high percentage of people are jailed for small drug related offences.

However, progress is being made to address legal barriers. In early 2015, a wide-ranging consultation was held by the Central Committee for Drug Abuse Control with the support of UNAIDS and UNODC to review the Narcotic Drugs and Psychotropic Substances Law (1993). It resulted in a more progressive drug law which is expected to be submitted to Parliament post- elections. In addition, the Burma Excise Act of 1917 (which relates to the illegal possession of hypodermic needles) will be amended to repeal sections limiting the use of needles, which will facilitate needle and syringe distribution for harm reduction.

Philippines

As its government’s response to the perceived drug epidemic, the Philippines’ policies on illegal

17 In Myanmar, ~14 million syringes were distributed by harm reduction implementing partners in 2014. The MMT programme was first introduced in 2006 under the responsibility of the National Drug Abuse Control Programme (MOH). As of May 2015, ~ 8,700 patients received MMT from 41 sites. The target for 2016 is 12,000 patients
18 NAP Myanmar. Progress Report 2013
20 Ibid
22 More specifically key outcomes from this national consultation included: (1) Removal of compulsory registration for drug users; (2) Switching from punitive to drug treatment approach, (3) Reduction of penalties for small offenders (4) Inclusion of the harm reduction approach in the law.
drugs have been described as some of the harshest in Southeast Asia, if not the world. Much of the interventions and instruments borne from these policies are driven by the ideology of a drug-free world and a drug-free ASEAN. Despite these policies and the constant portrayal of drugs as a scourge or menace in the media, there remains a lack of consistently recent, reliable, accessible data reported on the outcomes of this crusade that extend beyond the law enforcement aspect.

As of August 2015, 45,154 individuals or 60% of people in jail are for drug-related crimes, with more than 50% of them jailed for non-violent offences, i.e. drug use and possession. 99% of these detained individuals are still awaiting sentencing. There is no evidence that these laws have improved public health or reduced drug harms. Statistics based the Bureau of Jail Management and Penology show that as of September 2015, prisons are congested with occupancy at almost 500%.

Despite laws that have grown increasingly punitive in response to the perceived ‘drug menace’, drug harms have proliferated.

According to Department of Health statistics, within a period of six years (2007-2013), the HIV prevalence among people who inject drugs in Metro Cebu increased from 1% to 48%. The same sample reported very high HCV prevalence rates, with 84.8% among males and 60.0% among females.

Over the past decade, figures have shown a trend of lower ages of initiation into drug use. Recent data indicates that initiation to drug use today begins at the ages of 8-9 years old, as compared to data in the 80s which show the average age of initiation to be 25 years old. Transnational crime syndicates have exploited migration patterns of Filipinos to traffic drugs which has resulted in unsuspecting innocent “drug mules” receiving unfortunate prison and even death sentences in countries around the world. 41 Filipinos are on death row abroad for drug offences and as of August 6, 2015, 1,279 Filipinos are detained abroad for drug-related offenses.

From these and other available data, it is clear and apparent that the Philippine drug policy is inherently flawed, and importantly, that the initial objectives of the drug strategy, i.e. the protection of individuals from drug harms, not only have not been achieved, but also that drug harms have been exacerbated.

**Thailand**

---

Despite the emphasis of a drug-free Thailand for decades, and driven by the ASEAN drug-free target, drug use continues to rise, prisons are overcrowded, and the drug market continues to grow. Between 1 October 2011 and 30 September 2012, the Thai government recorded over 500,000 people entering so-called drug treatment centers, more than three times the number sent to such centers during the 2003-2004 war on drugs. Over 1,200 such centers have been built in less than 15 years, with the vast majority being operated by public security sector personnel who have little or no medical training or certification.

In a 2015 report compiling lessons learned and innovations done in the implementation of the HIV national response in Thailand, it was evident that harm reduction services was feasible and beneficial to PWUD, however also that criminalization results in fear among PWUD to access these services. A 2014 study among Thai PWUD corroborates these findings, and demonstrated that exposure to compulsory drug detention is associated with avoidance of healthcare. Positive results from these programs are significantly undermined and may be lost without formal commitment to move away from criminalization and the illusion of a drug-free Thailand.

At present, there is recent evidence that despite intensified drug control efforts in Thailand, the availability of illicit drugs (including heroin and crystal methamphetamine) in Bangkok increased significantly between 2009 and 2011.

**Vietnam**

The government of Vietnam reported that that there were around 204,000 registered drug users in the country, a nearly four-fold increase from around 55,000 registered drug users in 1995. Compulsory rehabilitation centers had been Vietnam’s main approach towards people who use drugs. However, in December 2013, Vietnam’s Prime Minister approved a Drug Treatment Renovation Plan. The Plan is the first government document that acknowledges drug addiction is a chronic health problem, which requires comprehensive long-term treatment. The Plan aims at reducing the proportion of people who use drugs subjected to compulsory treatment from 63% in 2013 to 20% in 2015 and 6% in 2020.

It also sets ambitious targets of treating 70% and 90% of registered people who use drugs by 2015 and 2020 respectively. Roadmaps to transform compulsory centers to open and voluntary centers are outlined in this Plan. Between the end of 2013 and July 2014, the number of compulsory centers had reduced from 105 to 83 and the number of people who use drugs in the centers had reduced from over 29,000 to over 21,000 – a reduction of 27%. The Renovation Plan charges provincial government with the development, resource mobilization and implementation of the Plan in provinces, and bi-annual reporting. Treatment systems in provinces – as outlined in the Renovation Plan - consists of provincial voluntary centers, community-based counseling, support and treatment satellites, and methadone maintenance therapy.

---


30 PSI Thailand, *Champion-IDU*, supra note 6


32 Kanna Hayashi et al. ‘Increasing availability of illicit drugs among people who inject drugs in Bangkok, Thailand’ (2013) 132(1-2) *Drug and Alcohol Dependence* 251-256
Methadone maintenance is to be prescribed at methadone stand-alone clinics or voluntary centers, and dispensed at community-based satellite sites. In addition to the Renovation Plan, in June 2014, a government’s directive gives methadone treatment quotas for each province for 2014 and 2015, in order to meet the target of having 80,000 people on methadone in 2015. At time of writing, the government tracks methadone targets by provinces on weekly basis. As of 30th September 2015, as many as 54 provinces have been providing methadone maintenance treatment, treating more than 37,000 patients.

Having recognised the importance of developing addiction treatment as a profession to support a long-term sustainable program, the government has also assigned relevant ministries to develop certificate programs on addiction treatment for medical professionals, drug counseling and social support for people who use drugs. These programs, in addition to a certificate program on methadone maintenance supported by PEPFAR, will create a technical foundation for an evidence-based effective program in Vietnam.

This Declaration has been jointly drafted and endorsed by:

1. Akei – Drug Policy Program, Philippines
2. AIDS Action Research Group, Malaysia
3. Asian Network of People Who Use Drugs (ANPUD)
4. KHANA, Cambodia
5. Malaysian AIDS Council, Malaysia
6. NoBox Transitions Foundation, Inc., Philippines
7. Persatuan Korban Napza Indonesia (PKNI), Indonesia
8. Rumah Cemara, Indonesia
10. Ozone Foundation, Thailand
11. Urban Poor Resource Center of the Philippines (UPRCP), Philippines
12. Welfare Association of Recovering Drug Users (WARDU)