10 YEARS OF DRUG POLICY IN ASIA: HOW FAR HAVE WE COME?

A CIVIL SOCIETY SHADOW REPORT

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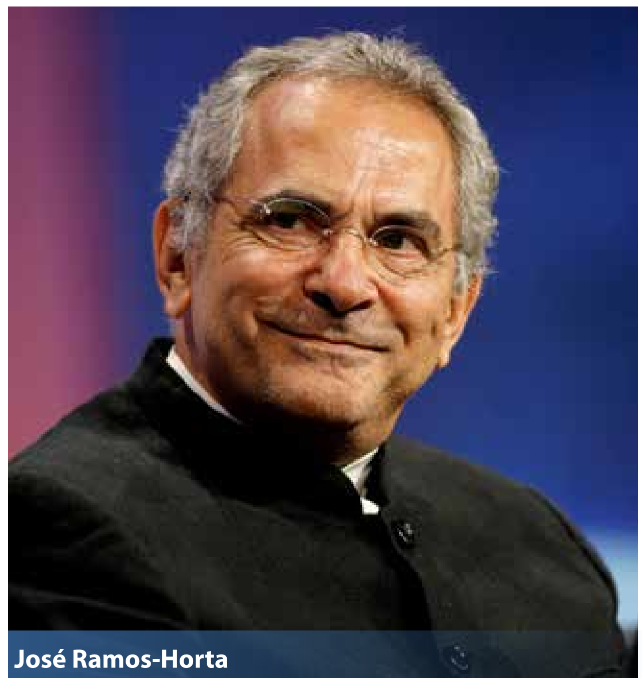
Foreword

The pursuit of a 'drug-free world' is the unfortunate mantra of many Asian governments. Yet as we find ourselves at the end of a 10-year UN global drug strategy, it has become glaringly apparent that many countries now face a crossroads. A decision needs to be made on whether it is time to change course. Staying the course with existing drug policies would be tantamount to accepting that the region's supply and demand for drugs will inevitably continue to expand. Staying the course would signal that governments accept that the numbers of people killed on the basis of mere suspicion, and with outright impunity (over 20,000 in the last two years), detained in the name of drug rehabilitation (over 300,000 people throughout Asia), and held in exceedingly overcrowded prisons (where typically at least 50% of a country's prison population are held for drug offences) will continue their inexorable rise.

In March 2019 at the UN Commission on Narcotic Drugs, governments that have adopted the UN drug control conventions[1] will report on their progress in implementing the 2009 UN Political Declaration and Plan of Action. A formal, independent evaluation of the achievements and setbacks in its implementation over the past decade has not been carried out by governments or the relevant UN bodies. However civil society has stepped up and the International Drug Policy Consortium (IDPC) offered a compelling assessment in their global civil society shadow report, *Taking Stock: A Decade of Drug Policy*. IDPC outlines the overwhelming failure of drug policies worldwide to meet the objective of eliminating or significantly reducing the supply and demand of drugs, as well as outlining how punitive policies undermine the achievement of the broader UN priorities of protecting human rights, promoting peace and security and advancing development. This report supplements that assessment by taking a closer look at the region of Asia, where harsh and draconian policies have failed to reduce the scale of the drug market and in parallel have had devastating impacts on people and communities.

It is time for governments in the region to acknowledge the limitations of, and harms caused, by zero-tolerance drug policies, and the futility of clinging onto visions of a drug-free region. Asia has a history of drug use stretching back over a thousand years, featuring the use of cannabis and opium for religious, cultural, medical and culinary purposes. It is due to political and economic factors in the past two centuries that we are today entrenched in a paradigm of demonising drugs and anyone involved with them. In recent years some countries, notably Thailand, have taken steps to shift away from that paradigm and reform their drug policies in pursuit of measures that are oriented towards health, human rights and sustainable development. It is our hope at the Global Commission on Drug Policy that these initial steps will anchor and continue to grow into further reforms throughout the region so that communities will no longer spiral into worsening violence and insecurity with little to no investment in health, harm reduction and development measures that have been proven effective.



José Ramos-Horta

Indeed, governments are also expected to look forward and plan for the future in March 2019, where it is expected that the global drug policy objectives, priorities and actions for the next decade will be outlined. The findings of this report makes it incumbent upon governments to have an open, honest and inclusive dialogue about the realistic goals and targets that are needed to result in better outcomes for vulnerable groups and communities, as well as meaningful indicators to measure progress, in order to make positive steps towards achieving the 2030 Agenda for Sustainable Development. A change in course is desperately needed for drug policies in Asia, and it is our hope that the region's policymakers will learn the lessons of the past and show leadership in reforming damaging laws and policies at this critical juncture.

José Ramos-Horta

Former President of Timor-Leste
Member of the Global Commission on Drug Policy

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10 years of drug policy in Asia
How far have we come?

Death penalty

16 countries in Asia

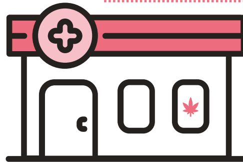
retain the death penalty for drug-related activities.

= ½ the total number of retentionist countries worldwide.

Killing with impunity

Medical cannabis

48 countries worldwide have allowed access to medicinal cannabis

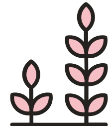


In Asia, two countries so far have pioneered legislation in this regard:

Alternative development

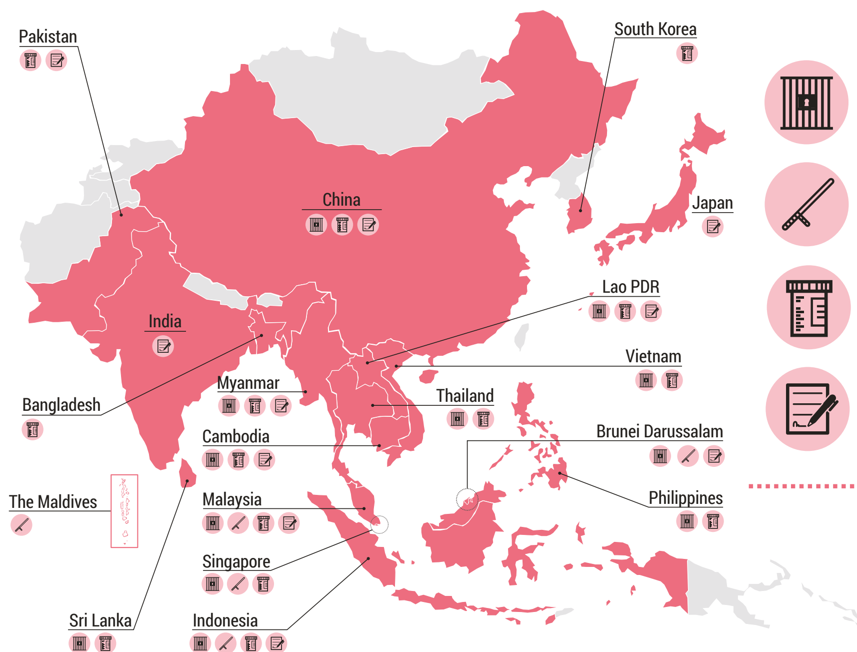
In the 1960s **Thailand** initiated efforts to address the underlying causes of opium cultivation, leading to:

- Alternative sources of income (before eradication)
- Access to healthcare and public services (education, electricity, clean water)
- Environmental protection
- Small-scale businesses



Alternative development requires addressing the socio-economic vulnerabilities that push people into the illicit market

Torture and cruel punishment



Compulsory *rehabilitation* in detention
Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Vietnam

Corporal punishment
Brunei Darussalam, Indonesia, Malaysia, the Maldives and Singapore

Forced urine testing
Bangladesh, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Thailand and Vietnam

Mandatory registration
Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, Lao PDR, Malaysia, and Pakistan

Administrative punishment can also amount to acts of torture or cruel treatment

Executive summary

Objective of the Shadow Report on Asia

Countries in Asia implement some of the harshest drug policies in the world.[2] As United Nations (UN) member states are set to meet in March 2019 to take stock of progress made since 2009 and delineate the next phase for global drug policy, '10 Years of Drug Policy in Asia: How Far Have We Come?' evaluates the impacts of drug policies in Asia over the past decade from a civil society perspective. The critical role of civil society in the design, implementation, monitoring and evaluation of drug policies is acknowledged in the 2009 Political Declaration and Plan of Action, as well as in the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. Using data from the UN, academic literature and contributions from civil society, this report aims to provide a critical assessment of drug policy failures and successes across the region, with the aim of informing high-level discussions on the next decade of drug policy.

Background

In March 2019, UN member states will convene in Vienna for a Ministerial Segment at the 62nd Session of the Commission on Narcotic Drugs (CND) to take stock of commitments made a decade earlier in the 2009 Political Declaration and Plan of Action on 'International cooperation towards an integrated and balanced strategy to counter the world drug problem'. Namely, the 2009 Political Declaration and Plan of Action that set 2019 'as a target date for states to eliminate or reduce significantly and measurably the illicit cultivation, production, trafficking and use of internationally controlled substances, the diversion of precursors, and money-laundering.' The Ministerial Segment therefore represents an important opportunity to conduct a critical and objective review of progress to date and set meaningful, people-centred goals for future global and regional drug policy.

With the Ministerial Segment fast approaching, no comprehensive review has yet been undertaken. A global civil society shadow report, 'Taking stock: a decade of drug policy', was produced by the International Drug Policy Consortium (IDPC) and launched at the CND intersessional meeting held in October 2018.[3] This report is a regional supplement to the global version which seeks to further address this gap for Asia by 1) evaluating progress made against global and regional commitments in the region, and 2) assessing the extent to which regional drug policies have fulfilled or contravened the broader priorities of the UN of protecting human rights, advancing peace and security and promoting development.

Assessing progress made in Asia since 2009 against Article 36 of the Political Declaration and the vision of a 'Drug-Free ASEAN'

Target 1: Eliminate or reduce significantly and measurably 'the illicit cultivation of opium poppy, coca bush and cannabis plant'

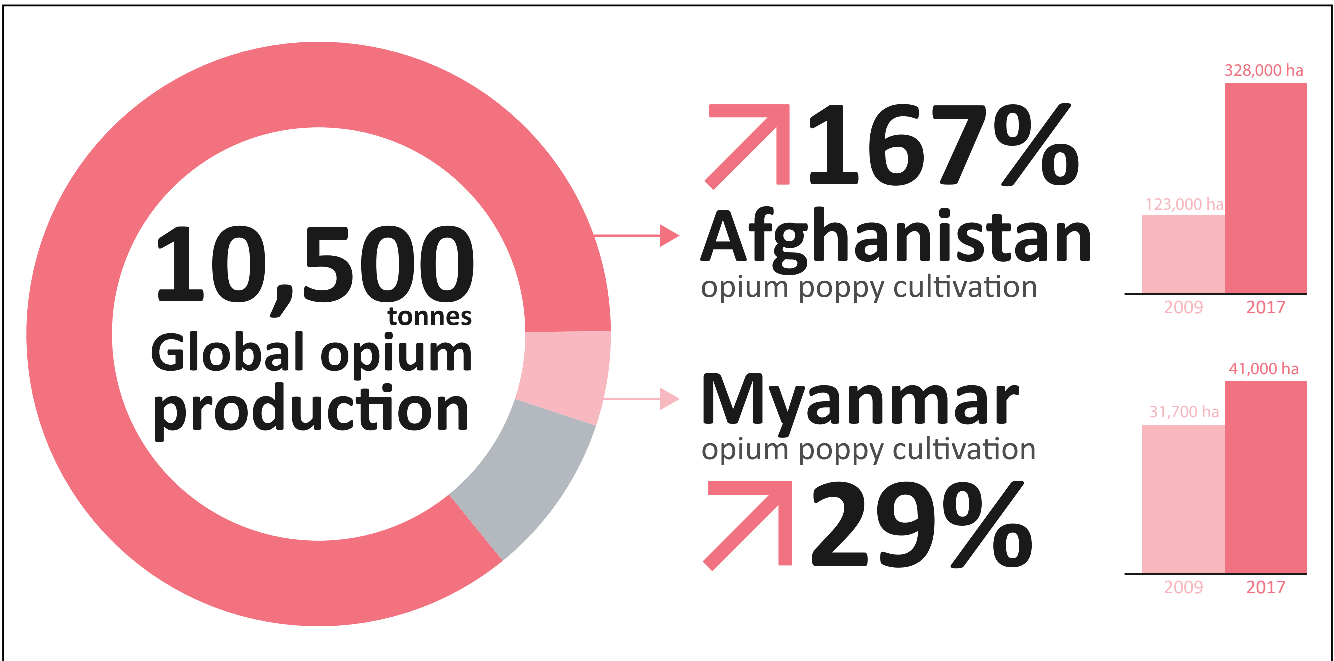
Contrary to target 1, data from the United Nations Office on Drugs and Crime (UNODC) shows a substantial increase in the regional scale of cultivation of illicit plants between 2009 and 2018. During this period, the opium poppy cultivation area in Afghanistan, which accounts for more than three quarters of the estimated 10,500 tons of opium produced globally, increased by 167%, from 123,000 hectares in 2009 to 328,000 hectares in 2017. Similarly, opium poppy cultivation areas in Myanmar expanded by 29% to 41,000 hectares since 2009. Meanwhile, a nearly threefold increase in cannabis herb seizures in Asia, from approximately 200 ton equivalents in 2006 to 600 in 2016, points to a potential increase in cannabis plant cultivation.

Target 2: Eliminate or reduce significantly and measurably 'the illicit demand for narcotic drugs and psychotropic substances; and drug-related health and social risks'

Over the past decade, drug use and related morbidity and mortality in Asia have surged. UNODC data on most drugs indicate upward trends, with the greatest increases observed for amphetamine-type stimulants (ATS), used by 17.45 million people in the region in 2016, up 99.7% from 8.74 million in 2011. The burden of disease associated with unsafe drug use practices in Asia remains disproportionately high, with prevalence of HIV, viral hepatitis and tuberculosis among people who inject drugs either stabilising or increasing since 2009. Hepatitis C virus (HCV) infection is a key concern in Asia, affecting more than two thirds of people who inject drugs in some countries in the region. In 2018, UNODC reported 66,100 drug-related deaths attributed largely to overdose, with a mortality rate of 22.5% across the region.

Target 3: Eliminate or reduce significantly and measurably 'the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs'

Available UN data points to a dynamic, diverse and expanding market for psychotropic substances in Asia. East and Southeast Asia's methamphetamine market in particular has experienced rapid escalation, including the growth of manufacture facilities and intra- and inter-regional trafficking, evidenced by a ninefold increase in methamphetamine tablets seized between 2008 and 2015. The region also faces an upsurge of new psychotropic substances (NPS), with 168 different NPS identified between 2008 and 2016.



Target 4: Eliminate or reduce significantly and measurably 'the diversion of and illicit trafficking in precursors'

Despite efforts made by states to control and monitor precursor chemicals, UNODC reported significant diversification of precursors and methods used for illicit drug manufacturing processes in recent years. Contrary to the intentions of interdiction operations, supply reduction tactics in Asia have not led to a shrinking of drug markets. Instead, such efforts have encouraged expanded production and substance diversification elsewhere in the region.

Target 5: Eliminate or reduce significantly and measurably 'money-laundering related to illicit drugs'

Although the majority of countries in the region are signatories to the Financial Action Task Force and are part of the Asia-Pacific Group on Money Laundering, criminal organisations have continued to operate with relative impunity. Considering that money-laundering accounts for an estimated 2 - 5% of the global gross domestic product (GDP) or US$ 800 billion – US$ 2 trillion annually, and the Asia-Pacific region comprises 42% of global GDP, the magnitude of this problem cannot be understated. The rise of crypto-drug markets has further complicated efforts to counter money-laundering even in the face of improved regional cooperation.

Assessing progress made in Asia since 2009 against the broader priorities of the United Nations

Protecting human rights

Since 2009, an escalation in draconian measures focused on eradicating drug markets in Asia has led to widespread human rights violations. Abuses associated with punitive drug policies have negatively impacted the lives of millions of communities and remain a threat to public health and security.

The right to life

In the past decade, more than 3,940 people globally were executed for drug offences. Asia is home to nearly half (16 out of 33, equating to 49%) of all states worldwide that retain the death penalty for drug crimes. Increasingly punitive drug measures in the region in recent years have resulted in the killing of over 27,000 people accused or suspected of using or selling drugs in the Philippines since 2016. Other countries in South and Southeast Asia have adopted similar approaches, including Indonesia and Bangladesh, or have scaled up law enforcement operations targeting drug-related activities such as in Cambodia.

The right to health

There has been little improvement since 2009 in the coverage of core harm reduction interventions in Asia, which remains too low to effectively prevent blood-borne virus transmission. Needle-syringe programmes (NSPs) are implemented in 15 countries in the region (up from 13 in 2008), while opioid substitution therapy (OST) is offered in only 4 more countries since 2008 (from 8 in 2008 to 12 in 2018). Access to harm reduction is even more limited in prisons: only six countries offer OST and none offer NSP in prisons. Women who inject drugs face compounded barriers to service access, often as a result of high levels of stigma and discrimination. Despite disproportionately high burdens of Human Immunodeficiency Virus (HIV) and HCV among people who inject drugs in Asia, access to antiretroviral treatment (ART) and treatment for HCV remains inadequate. A key challenge for the future of harm reduction in Asia is the lack of national political and financial support

for harm reduction, with most existing initiatives relying disproportionately on international donor sources. Another challenge is ensuring the availability of harm reduction approaches to the use of non-opiate drugs, particularly amphetamine-type stimulants including methamphetamine and crystalline methamphetamine, which continue to become more widespread in their use and supply.

The region still has a long way to go toward achieving widespread access to voluntary, evidence-informed and community-based drug dependence treatment. The quality of drug treatment varies widely across Asia, and existing approaches are rarely based on the latest scientific evidence and international standards. Problems with abuse against patients in treatment and rehabilitation centres, alongside the ongoing use of compulsory detention as rehabilitation, continue to present worrying portrayals of the state of responses to drug use and dependence throughout the region.

Meanwhile, an estimated 15 million people in South and Southeast Asia experience severe, chronic pain and suffering, yet the majority of countries in the region lack access to controlled medicines for pain relief and palliative care needs. Between 2009 and 2018, India has taken steps to improve access to morphine for palliative care and pain relief, while in three countries – South Korea, Thailand and the Philippines – legislation has been adopted or proposed to allow or expand access to medicinal cannabis.

Criminal justice rights and right to be free from torture

Over the past decade, drug-related incarceration and other disproportionate punishments have led to numerous human rights abuses. People incarcerated for drug offences, many for non-violent behaviour such as possession and consumption, in overcrowded prison conditions comprise the majority of prison populations in many Asian countries, including in Indonesia (58%), Thailand (72%) and the Philippines (58%). This proportion is often greater for women, including for example in Thailand, where over 80% of the 47,000 women in prison are incarcerated for a drug offence. Although some Asian countries have removed criminal penalties against people who use drugs over the past decade, many uphold severe administrative sanctions for drug use, including detention in compulsory centres for drug users (CCDU), corporal punishment (including on children), mandatory urine testing and compulsory registration of people who use drugs. Despite multiple international calls for the closure of CCDU and mounting documentation of systemic human rights violations within such facilities, available data suggests that in many countries, the number of CCDU and people detained in them has either increased or decreased only slightly between 2012 and 2018. Over 450,000 people in Asia remain detained in CCDU, including Cambodia, China, Lao People's Democratic Republic (PDR), Malaysia, Thailand and the Philippines.

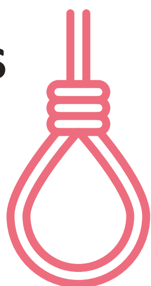
Promoting peace and security

Drug polices in the region have not led to the reduction of drug supply and demand, but to increasingly diversified and dynamic drug markets. Instead of promoting peace and security, drug policies have exacerbated violence and corruption in the region. The re-emergence of drugs as a political and populist issue has been particularly disconcerting as it has been accompanied by the use of excessively harsh, and even extrajudicial measures, that

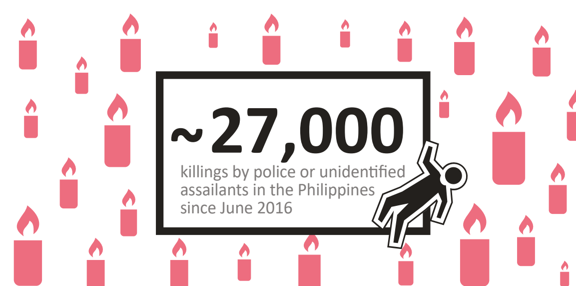
Death penalty

16 countries in Asia retain the death penalty for drug-related activities.

= ½ the total number of retentionist countries worldwide.

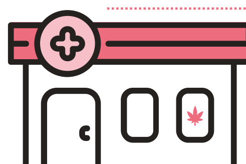


Killing with impunity

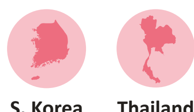


Medical cannabis

48 countries worldwide have allowed access to medicinal cannabis



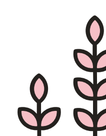
In Asia, two countries so far have pioneered legislation in this regard:



Alternative development

In the 1960s **Thailand** initiated efforts to address the underlying causes of opium cultivation, leading to:

- Alternative sources of income (before eradication)
- Small-scale businesses
- Access to healthcare and public services (education, electricity, clean water)
- Environmental protection



Alternative development requires addressing the socio-economic vulnerabilities that push people into the illicit market

Credit: Juan Fernández Ochoa, IDPC

have resulted in thousands of deaths and an incalculable human toll.

At the same time, transnational criminal organisations including drug trafficking syndicates have maintained their ability to operate in the region with relative impunity, moving not just drugs but finances derived from them and working around the loopholes in countries' banking regulations. Further complicating drug control efforts, crypto-drug markets have registered a presence in the region, accounting for a small but growing proportion of the drug trade.

Advancing development

With Afghanistan and the Mekong region being the leading producers of opium, much is at stake in promoting development in drug-growing areas in the region. Following the long-running model of Thailand, alternative development projects have been piloted in the region, particularly in Laos and Myanmar. Sustainability remains a key concern for such programmes, since most alternative development efforts are led by non-governmental organisations and civil society groups. Meanwhile, the environmental impacts of drug control continue to be in the margins of the drug policy discourse in the region.

A broader and more important concern relates to the sustainability of the entire alternative development paradigm. The identification of the social determinants of illicit drug cultivation (one of the goals of the 2009 Political Declaration) has not been accompanied by a commensurate action in addressing them and ensuring that communities are impacted positively by these programmes. Moreover, the success of regional drug policies remains pegged to metrics focused on eradicating or reducing drug cultivation, instead of measuring them against the attainment of the Sustainable Development Goals (SDGs).

Recommendations

Far from realising the goal of a 'drug-free' region, the data presented here indicate that commitments made by countries in Asia to 'eliminate or reduce significantly' the illicit cultivation, production, trafficking, sale and consumption of drugs have not been achieved and, in most cases, have caused added health, social, public security and economic harms. To support a critical review of existing regional strategies and shape a more humane and evidence-based way forward for drug strategy in Asia post-2019, the International Drug Policy Consortium (IDPC) recommends that governments:

1. **Move away from 'drug-free' targets towards adoption of more meaningful goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS 2016 Outcome Document, and international human rights commitments.**
2. **Meaningfully reflect upon the impacts of drug policies on the UN goals of promoting health, human rights, development, peace and security, especially for those most marginalised and vulnerable.**
3. **Acknowledge and discuss the realities of drug policies in the region, including reforms that have been implemented and their impacts, whether positive or negative in their achievement of the UN goals.**
4. **Put the well-being of people and communities at the centre of drug strategies in the region, by seeking to improve their living conditions, address their vulnerabilities and protect their human rights, in line with the 2030 Agenda for Sustainable Development.**

Part 1

Introduction

1 Background

1.1. Global drug control commitments: the 'elusive' pursuit of 'drug-free' targets

The year 2019 marks the target date for taking stock of goals and commitments made by UN member states in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.[4] The elimination or significant reduction of illicit drug markets has been an explicit central objective of international drug policy at the United Nations for the past 20 years since the 1998 UNGASS.

The global drug control regime as we know it is underpinned by the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[5] as well as subsequent UN General Assembly Special Sessions (UNGASS), which outline corresponding policies and activities for implementation.[6] At the very first UNGASS on drugs in 1990, member states adopted a Political Declaration aimed at strengthening international cooperation against 'the scourge of drug abuse and illicit trafficking'.[7] The second UNGASS in 1998 subscribed to the tagline 'A drug-free world, we can do it', which defined the resulting Political Declaration[8] and the subsequent decade of international drug control efforts.[9] Ten years on, with the illegal drug market growing at an unprecedented pace, then-Executive Director of the UNODC Antonio Maria Costa acknowledged that several ambitious 'targets set at UNGASS in 1998 remain elusive' and the prevailing approach to drug control had led to detrimental 'unintended consequences' ranging from a thriving criminal black market to the stigmatisation, marginalisation and discrimination of people who use drugs.[10]

Yet despite clear indications that existing drug policy approaches failed to yield the intended results and produced added harms, the 2009 Political Declaration and Plan of Action reiterated the themes of the 1998 Political Declaration by retaining an unbalanced focus on law enforcement-led drug control. A mid-term review of the 2009 Political Declaration conducted in 2014 upheld the objectives of the original document, without meaningfully engaging with the impacts of drug policies around the world nor their lack of progress in achieving the state objectives over the last two decades.[11] Fractures in the international narrative aspiring for a 'drug-free society' became increasingly evident two years later at the 2016 UNGASS on drugs and were reflected in its 2016 Outcome Document, which for the first time since 1990 included actions related to the human rights, public health and development dimensions of drug policy.[12] Further cracks in the global consensus on drug control have since been evidenced by dramatic transformations in drug policies at the local and national level, with a record number of countries embracing harm reduction, decriminalisation and regulated markets for certain substances, particularly cannabis.[13]

In March 2019, UN member states will reconvene in Vienna for a Ministerial Segment at the 62nd Session of the CND.[14] The main objective of this gathering is to evaluate progress made over the past decade since the adoption of the 2009 Political Declaration and Plan of Action, and to shape the next decade of global drug strategy.[15] The 2019 Ministerial Segment is an important opportunity to critically review previous targets and commitments and set meaningful goals for future international and regional drug policies. Given that no formal review has been undertaken to date, a global civil society shadow report has been produced by IDPC and launched at the CND intersessional meeting held in October 2018.[16] The present report, a regional supplement to the global document, assesses progress made against global and regional commitments in Asia.

1.2 Regional drug policy frameworks in Asia: the persistence of a drug-free vision

In contrast with significant drug policy changes occurring in other parts of the world, contemporary strategies in most Asian countries uphold restrictive interpretations of the international drug control conventions.[17,18] Asian states impose some of the harshest penalties in the world for drug offences, including the mandatory death penalty for drug trafficking, as well as corporal punishment, imprisonment and compulsory detention for drug use and possession. Such punitive approaches have not led to substantial reductions in the overall use and supply of drugs in Asia. Instead they have fuelled rampant human rights violations that have been condemned by UN agencies,[19] explosive HIV and hepatitis C epidemics among people who inject drugs,[20] abusive approaches to drug treatment and rehabilitation,[21] stigmatizing practices such as compulsory registration and denial of life-saving harm reduction services[22]and disproportionate sentencing leading to severely overcrowded prison conditions that further aggravate health and social harms.[23]

Table 1: Key regional frameworks related to drugs in Asia

Year	Framework	Scope
1973	The Colombo Plan Drug Advisory Programme (DAP)[24]	DAP is an active regional intergovernmental programme that aims to build capacity on drug demand reduction among the Colombo Plan's 26 member states. Priority areas of DAP include drug prevention, drug services for youth and children, treatment and rehabilitation, supply reduction and law enforcement, curriculum development and credentialing of drug dependence professionals, and policy advice and expertise.
1990, in effect in 1993	South Asian Association for Regional Cooperation (SAARC) Convention on Narcotic Drugs[25]	Emphasises the need for cooperation and common legal frameworks to address issues related to drugs in SAARC member states Bangladesh, Bhutan, India, Nepal, the Maldives, Pakistan, Sri Lanka
1993	The Mekong Memorandum of Understanding (MOU) on Drug Control[26]	Initially signed by China, Lao PDR, Myanmar, Thailand and UNODC, with Cambodia and Vietnam joining in 1995, the MOU formed a broader drug control framework for the Greater Mekong Region, focusing on drug demand and supply assistance to signatories. A revision of the Mekong MOU Sub-Regional Action Plan 2017-2019 adopted recommendations from the 2016 UNGASS on drugs and recognised the importance of rights-based drug policy and 2030 Agenda for Sustainable Development.[27]
1998	Joint Declaration for a Drug-Free ASEAN 2020[28]	Signed by member states at the 31st ASEAN Ministerial Meeting in July 1998, the Joint Declaration affirmed the Association's consensus to pursue a 'drug-free society' and commitment to eradicate illicit drug use, production, processing and trafficking in the region by the year 2020.
2000	ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD)	Formed at the International Congress 'In Pursuit of a Drug-Free ASEAN and China 2015' in Bangkok, Thailand, ACCORD established a cooperative framework on drug supply and demand issues between the 10 ASEAN member states and China.
2005	ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Plan of Action 2005-2010[29]	Following the formation of ACCORD in 2000, the Plan of Action, endorsed by 36 countries including China and 10 ASEAN member states, specified a roadmap for strengthening regional coordination, monitoring regional progress and providing policy-level assistance towards the goal of a 'Drug free ASEAN and China' by 2015.
2006	SAARC Regional Strategy on HIV and AIDS 2006-2010	Although a comprehensive action plan for addressing HIV and AIDS in South Asia, this was largely a tokenistic strategy that was not fully implemented in practice, due to inadequate resources and growing regional tensions between certain member states.
2009	ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use 2009-2015[30]	Reflects the 'drug-free' vision of the 1998 Political Declaration, but for the first time defines drug-free to mean 'successfully and effectively controlling illicit drugs activities' and mitigating their 'negative consequences to society'.
2013	SAARC Regional Strategy on HIV and AIDS 2013-2017	A continuation of the previous SAARC HIV and AIDS strategy, this document focuses on stabilizing the epidemic and mitigating its socio-economic impact in the region, including by affirming the target of reducing 'transmission of HIV among people who inject drugs by 50 percent by 2015', echoing the 2011 Political Declaration on HIV/AIDS.
2015	ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025[31]	As a continuation of the 2009-2015 Work Plan, the strategy reaffirms ASEAN's drug-free vision, but moves beyond the typical interventions, such as drug prevention campaigns and anti-trafficking operations, to include enhancing public-private partnerships and civil society engagement in responses to drug use, improving collaboration between drug control, education, health, and social government agencies, ensuring access to equitable justice, and adopting evidence-based drug treatment protocols based on international standards.
2015	ASEAN Post-2015 Health Development Agenda 2016-2020[32]	Endorses a vision of strengthened health systems, access to insurance and universal access to healthcare, while promoting 'sustainable inclusive development where health is incorporated in all policies.'
2015	ASEAN Socio-Cultural Community Blueprint 2025[33]	Section D.6 'Endeavour Towards a 'Drug-Free' ASEAN' prioritizes community health and well-being, enhancement of community engagement and advocacy and need for multi-stakeholder collaboration in implementing drug prevention and treatment programmes.
2015	ASEAN Political-Security Community Blueprint 2025[34]	Reaffirms commitment to 'work towards a drug-free ASEAN by 2015' by focusing on drugs largely from a public security perspective, emphasizing strengthening of law enforcement measures to tackle drug crime syndicates, and cross-border operations addressing the production and traffic of chemical precursors.
2016	ASEAN Declaration of Commitment on HIV and AIDS[35]	Reiterates commitment to 'reduce transmission of HIV among people who inject drugs by 50 per cent by 2015' and promotes the region's pledge to end the HIV/AIDS epidemic, including through scaling up HIV prevention treatment, care and support services for all vulnerable populations.

The past decade has witnessed increasing acknowledgement by some countries in the region of the detrimental impacts of their drug policies and has seen a gradual shift away from the punitive approaches reflected in regional and global frameworks.[36] Examples include Thailand's alternative development programme, which successfully reduced levels of opium crop cultivation and improved the livelihoods of farmers,[37] and efforts by Indonesia, Myanmar, Thailand and Vietnam to mainstream HIV responses by aligning their health and drug control strategies.[38,39] However, despite the rise of health-oriented responses to drugs in selected countries in the region in recent years, Asia has been slow to move away from an overreliance on law-enforcement-led approaches.

At the regional level, the spirit of the international UN conventions is reflected in aspirational rhetoric around achieving a 'drug-free' society. Such rhetoric underpins regional frameworks and expectations, including the South Asian Association of Regional Cooperation (SAARC) and Association of Southeast Asian Nations (ASEAN) (see Table 1).[40] SAARC was established in 1985 by the governments of Bangladesh, India, Maldives, Pakistan and Sri Lanka and the kings of Bhutan and Nepal, with Afghanistan joining in 2007 as its eighth member. The SAARC Convention on Narcotic Drugs (enacted in 1990, in effect in 1993) promoted regional cooperation and common legislative measures to achieve the 'suppression of illicit traffic in narcotic drugs and psychotropic substances' in South Asian member nations.[41] Yet the goals of this Convention have not been realised in practice, due in part to SAARC's largely inactive role in the region in recent years, as well as inadequate financial and human resources, armed conflicts and regional animosity that have plagued the organisation.[42,43]

ASEAN, an intergovernmental organisation comprising Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam, was established in 1967 to enhance economic and social cooperation in the region. Its first drug strategy, Joint Declaration for a Drug-Free ASEAN, introduced in 1998 at the 31st ASEAN Ministerial Meeting, echoed the slogan 'A drug-free world, we can do it!' of the 1998 UNGASS.[44] The strategy outlines a plan for eradicating the production, processing, trafficking and use of controlled drugs – a goal originally set for 2020 and revised in 2000 to bring forward the target year to 2015 – and depicts drug markets largely as a public security concern that diminishes 'the social fabric of nations' and jeopardises the stability of states.[45] Specific policy measures aimed at realizing the drug-free vision promoted by the declaration, which focus on eradicating or significantly reducing the supply and demand for drugs, are delineated in a series of Action Plans.[46] Action Plan implementation is coordinated and monitored by the ASEAN Senior Officials on Drug Matters (ASOD), made up of senior officials from national drug control agencies in each member state.

In the context of the post-2015 Agenda for Sustainable Development, ASEAN member states have re-affirmed their vision of a drug-free region, while also committing to broader health and community engagement goals.[47] The priorities of the ASEAN Socio-Cultural Community Blueprint 2025 include the need for multi-stakeholder collaboration in implementing drug prevention and treatment programmes and enhancement of community engagement and advocacy.[48] At the same time, Asian countries have initiated programmatic efforts related to broader HIV and development goals, in line with member states' international commitments to the SDGs and the 2011 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.[50] For example, the ASEAN Post-2015 Health Development Agenda endorses strengthened health systems and universal access to healthcare and promotes 'sustainable inclusive development'. Both the SAARC Regional Strategy on HIV and AIDS 2013-2017[51] and the ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths include a commitment to reduce the transmission of HIV among people who inject drugs by 50 per cent by 2015, as articulated in the 2011 Political Declaration on HIV/AIDS.[52] In order to reach this target by 2015, the ASEAN Declaration of Commitment on HIV and AIDS also promotes the implementation and scale up of HIV prevention services, including 'risk and harm reduction programmes, where appropriate and applicable, for people who use drugs'.

Comprising 26 member states including those belonging to SAARC and ASEAN, the Colombo Plan was established in 1950 as an intergovernmental regional organisation aimed at strengthening economic and social development in the region.[53] The Colombo Plan's Drug Advisory Program focuses on capacity-building for drug demand reduction in the region.

1.3 The ASEAN Work Plan 2009-2015: An Imbalanced Approach

In spite of evidence that zero-tolerance drug policies have contributed to the expansion and diversification of drug markets in Asia in the past two decades,[54,55] the vision of a drug-free ASEAN was carried forward into post-2009 regional frameworks. The ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use 2009-2015 aimed to eradicate illicit production, processing and trafficking of drugs by bolstering law enforcement tactics, and to reduce drug consumption mainly through expanding preventative education programmes. For the first time since officially embracing the drug-free refrain in 1998, member states agreed to define the vision of a drug-free ASEAN as 'successfully and effectively controlling illicit drugs activities' and mitigating their 'negative consequences to society', rather than subscribing to the unattainable target of total drug eradication.

A final assessment of the 2009-2015 Work Plan conducted by UNODC in 2014 concluded that in contrast to its aims, drug production and use in the region were expanding,[56] with specific concerns raised around increasing opium poppy production in the Golden Crescent, as well as growing diversion of precursors and use of ATS and

NPS.[57] While the assessment underlined the importance of applying a more 'balanced approach' beyond supply and demand reduction to include drug prevention, treatment and rehabilitation, and alternative development, it stopped short of criticizing the Work Plan for not addressing the social, economic and health harms associated with drug markets.[58]

1.4 The ASEAN Work Plan 2016-2025: One Step Forward, Two Steps Back

The current incarnation of the regional drug strategy, the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025, re-commits to the realisation of a 'drug-free ASEAN'.[59] The document also cites findings of the final assessment on the need to 'evolve from a one-dimensional control approach to multi-dimensional management approaches' and seeks to address UNODC recommendations to broaden its focus. In addition to including standard interventions such as drug prevention campaigns, anti-trafficking operations, investigations, seizures and arrests, the ASEAN Work Plan also contains additional components that appear to consider a broader range of human rights, health and development issues, including:

- Increasing collaboration between states and across agencies dealing with drug control and drug-related health and social matters, and enhancing partnerships between public and private sectors and civil society organisations in response to drug use.
- Working towards the 'improvement of access to equitable justice for all individuals' within the scope of national legislation and the policies of each country.
- Improving governance by adopting a transparent approach in the enforcement of drug laws, including through publishing statistics and programmatic data related to drug use and enforcement.
- Increasing access to evidence-based treatment and rehabilitation for people who use drugs based on international standards and protocols.

Civil society advocates have welcomed the new strategy's relative openness to dialogue and collaboration, arguing that the broader scope of components provides opportunities for better evaluating the effectiveness and ineffectiveness of existing strategies, including the harms arising from current drug policies. In equal measure, the strategy was criticised for its renewed commitment to the goal of achieving a drug-free ASEAN and aims to increase the number of operations, investigations, seizures and arrests in response to drugs.[60] In recent years, apparent rifts in the region's shared consensus of a drug-free vision have been evidenced by active national debates on proposals for decriminalising drug use in Myanmar[61] and Thailand.[62] Yet despite divergences in approaches to drug activities in some countries, in practice the majority of countries in the region remain firmly committed to zero-tolerance methods carried out mainly via the criminal justice system.

2 Objective of this report

As the target period of the 2009 Political Declaration is set to expire in 2019, the Ministerial Segment of the 62nd session of the CND presents an important opportunity to measure countries' successes and failures against global drug control commitments. The critical role of civil society in the design, implementation, monitoring and evaluation of global drug policies is acknowledged in the 2009 Political Declaration and Plan of Action, as well as in the Outcome Document of the 2016 UNGASS on drugs.

To date, no independent evaluation has been conducted. UNODC has published biennial reports on the implementation of the Political Declaration in 2012, 2014, 2016 and 2018,[63] but similar to the World Drug Reports, these assessments rely on responses to the Annual Report Questionnaire (ARQ) submitted by governments, and therefore represent a subjective take on the state of global drug control. In addition, these reports give disproportionate attention to the size and scale of the illegal drug market, to the exclusion of issues related to human rights, public health and development, thus presenting an incomplete picture of drug policy. In an attempt to fill this gap, IDPC released the global shadow report 'Taking stock: A decade of drug policy' in October 2018.[64] The global report aims to contribute constructively to high-level discussions leading up to and at the Ministerial Segment by evaluating the global impacts of drug policies over the past decade using data from the UN and academia and contributions from civil society.

Asia has some of the most repressive drug policies in the world. As other nations begin to welcome harm reduction approaches and experiment with decriminalisation and even legalisation of drug markets, countries in Asia continue to rely overwhelmingly on brutal punishment and law enforcement tactics to suppress drug activities. The final assessment of the ASEAN Work Plan 2009-2015 was a missed opportunity to critically evaluate the utility of a 'drug-free' vision and its related objectives of eliminating the use, trafficking and production of drugs in a critical sub-region of Asia in terms of drug policy impacts. Although the subsequent ASEAN Work Plan 2016-2025 included a broadened focus and diversified activities related to public health and access to equitable justice, these themes remain marginal in policy frameworks and rhetoric in the region. Given Asia's international prominence as a tough drug control enforcer, it is especially pertinent to assess whether such strategies have met their stated objectives in the region along with the resulting impacts.

To this end, the main objective of this report is to assess progress made over the past decade by countries in Asia against drug-related targets set out in the 2009 UN Political Declaration and Plan of Action, and articulated in key regional commitments, including the ASEAN 2009-2015 and 2016-2025 Work Plans. Another key objective is to assess whether and how the implementation of the aforementioned regional and global commitments fares against the broader priorities of the United Nations, namely protecting human rights, advancing peace and security and promoting development in the Asia region. The report concludes with recommendations for developing a more humane and evidence-based approach to drugs in Asia at and after the 2019 Ministerial Segment of the Commission on Narcotic Drugs.

3 Methodology

Key actions within the 2009 Political Declaration and Plan of Action and the ASEAN 2009-2015 and 2016-2025 Work Plans were identified as benchmarks against which to measure progress or lack thereof. In order to ensure a level of consistency with the global shadow report, the same criteria were applied across the two reports to select relevant themes and corresponding actions/commitments, namely: (a) whether the action was tangible and quantifiable, and (b) whether actions were related to improving health, human rights, human security, social inclusion and development, in line with IDPC's vision[64] and policy principles.[65] Themes were classified according to the overarching UN priorities of protecting human rights, promoting peace and security and advancing development. Relevant actions are further classified under thematic sub-sections throughout the report.

For each theme and corresponding set of actions, quantitative and qualitative data published between 2009 and 2018 were reviewed to determine progress and identify remaining challenges. A selective rather than exhaustive search strategy was employed, prioritizing data addressing priority themes and actions. Types of secondary sources consulted included the UNODC Biennial Report for 2018, the UNODC World Drug Reports, UN and civil society reports and peer-reviewed scientific studies. While methodological inconsistencies preclude direct comparability, every effort was made to corroborate the findings emerging from the data. Findings are supplemented by text boxes highlighting the human, social and economic costs of drug control in Asia. To ensure robustness, several experts from civil society peer reviewed the report (see Acknowledgements).

Part 2

Assessing progress made in Asia since 2009 against Article 36 of the Political Declaration and the vision of a 'Drug-Free ASEAN'

The 2009 Political Declaration and Plan of Action states that 'the ultimate goal of both demand and supply reduction strategies and sustainable development strategies is to minimize and eventually eliminate the availability and use of illicit drugs'.[66] Article 36 sets out the particular areas where such reductions are to take place, namely illicit crop cultivation; illicit demand and related health and social risks; production, manufacture, marketing and distribution of and trafficking in controlled substances; diversion of and illicit trafficking in precursors; and drug-related money-laundering. Several regional commitments in Asia correspond to states' international commitments, namely the ASEAN Work Plans in 2009-2015 and 2016-2025, both of which commit to realising a drug-free ASEAN region by achieving 'significant and sustainable reduction' in illicit crop cultivation, illicit manufacture and trafficking of drugs and drug-related crimes, and drug consumption. This section addresses progress made against these objectives (see Box 1).

1 The illicit cultivation of opium poppy, coca bush and cannabis plant

Opium is the primary drug crop in Asia, reaching 418,000 hectares in 2017. The region is largely responsible for the doubling of land under poppy cultivation over the past decade.[67] While Myanmar accounted for 5% of global opium production in 2017, Afghanistan has been the main driver of the rise of illicit cultivation both regionally and globally.[68] Opium poppy cultivated in Afghanistan accounted for more than three quarters of the estimated 10,500 tons of opium produced globally in 2017, representing the highest level of opium production since the beginning of the twenty-first century.[69,70] Between 2009 and 2017, opium poppy cultivation areas in Afghanistan have increased by 167%, from 123,000 hectares to 328,000 hectares.[71] At the same time, Myanmar remains the country with the world's second largest area under opium poppy cultivation at 41,000 hectares in 2017, up 29% from an

Box 1 Global and regional commitments on drugs against which progress will be measured

2009 Political Declaration and Plan of Action

Article 36 established 2019 as the target date 'to eliminate or reduce significantly and measurably:

a. the illicit cultivation of opium poppy, coca bush and cannabis plant;
b. the illicit demand for narcotic drugs and psychotropic substances; and drug-related health and social risks;
c. the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs;
d. the diversion of and illicit trafficking in precursors; and
e. money-laundering related to illicit drugs'.[72]

ASEAN Work Plan on Combating Illicit Drug Production, Trafficking, and Use 2009-2015

The Work Plan reiterates the goal of achieving a drug-free ASEAN region by 2015 by working towards three key outcomes, under which several benchmarks have been further specified:

I. 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. 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.

ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025

"The region's ultimate goal shall be to achieve a 'Drug-Free ASEAN.' The realisation of a Drug-Free ASEAN is to successfully and effectively address illicit drug activities and mitigate its negative consequences to society, through:

- significant and sustainable reduction in illicit crop cultivation,
- illicit manufacture and trafficking of drugs and drug-related crimes, and
- prevalence of illicit drug use."

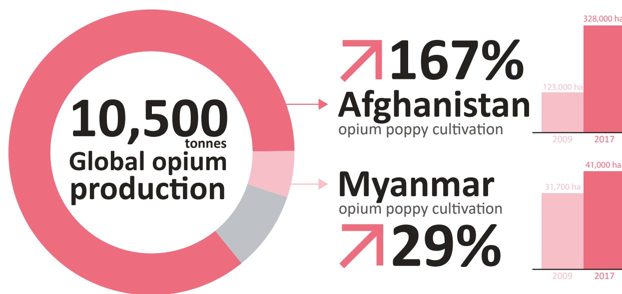
ASEAN Socio-Cultural Community Blueprint 2025

Action B.3.3. (ii) Continue to work towards a Drug-Free ASEAN which signifies ASEAN resilience and commitment to protect the people and communities from illicit drugs; (iii) Strengthen measures to suppress production, trafficking and abuse of illicit drugs as well as the control of import and export of precursor chemicals.

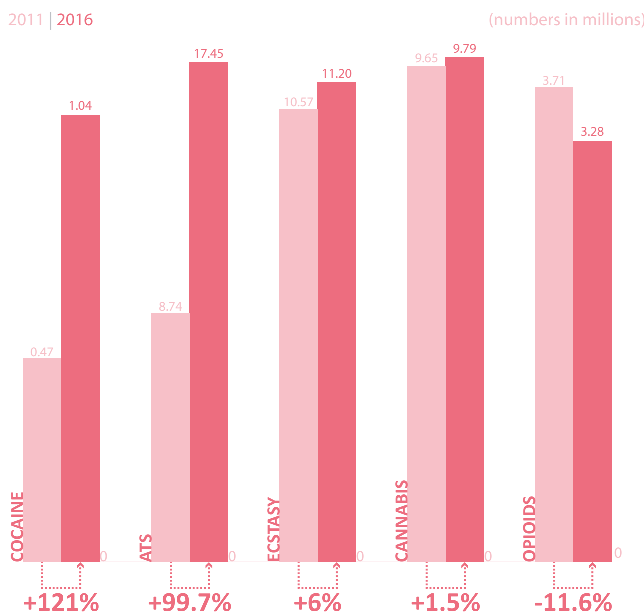
Credit: Juan Fernández Ochoa, IDPC

10 years of drug policy in Asia
How far have we come?

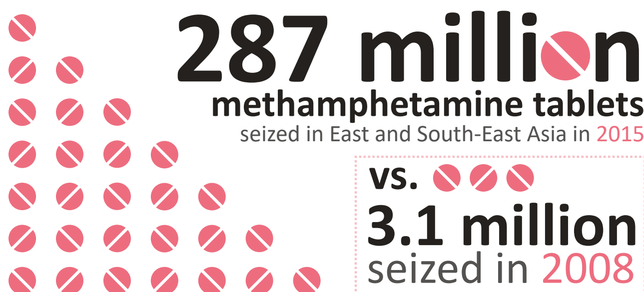
Illicit cultivation



Illicit demand

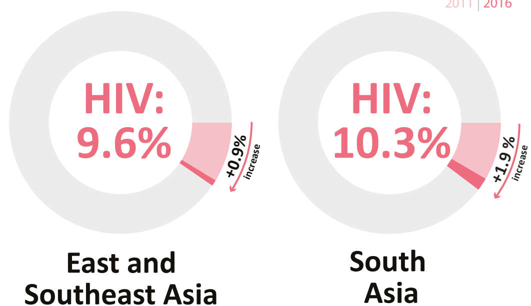


Seizures



Drug-related health risks

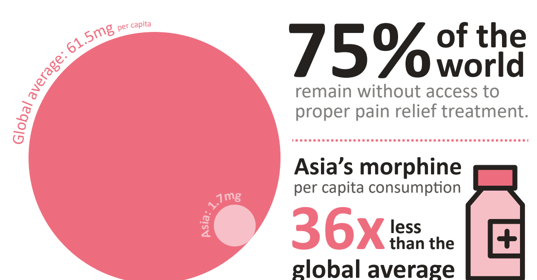
Despite an overall decline of the HIV epidemic in the region, prevalence among people who inject drugs is on the rise

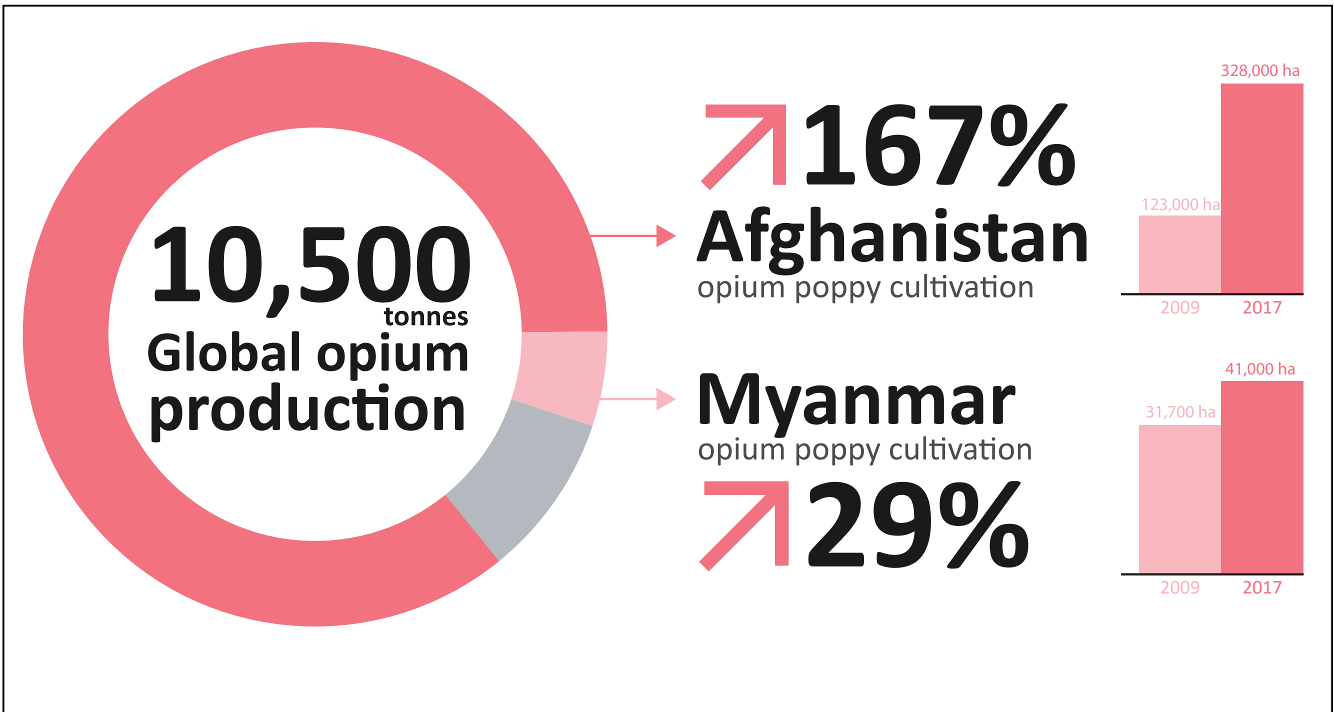


Countries in Asia have some of the highest prevalence of HCV/TB among people who inject drugs worldwide

New psychoactive substances

Access to essential medicines





estimated 31,700 hectares in 2009.[73] Opiates produced in Myanmar are mostly destined for markets in the region, particularly China and Thailand, as well as Australia.[74]

Meanwhile, cannabis herb seizures in Asia almost tripled from 2006 to 2016, strongly suggesting an increase in cultivation.[75] With the exception of India and Afghanistan, which have been identified as countries of origin or transit for cannabis, in 2018 UNODC reported that most of the cannabis produced in Asia was destined for consumption within the region.[76]

Following the Doi Tung Development project in Thailand's Chiang Rai province, recognised by the United Nations Development Programme as a global best practice model for alternative development in a former poppy-growing region,[77] similar efforts have been attempted in the region over the past decade, notably in Laos and Myanmar.[78]

2 The illicit demand for narcotic drugs and psychotropic substances, and drug-related health and social risks

UNODC data from 2011 and 2016 suggest that little progress has been made on reducing drug use and associated morbidity and mortality in Asia during this period. To the contrary, upward trends in consumption were observed across most substances for which data are available in UNODC World Drug Reports. In 2013, the UNODC reported that data from 2011 represented 'an improved availability of more reliable data, which allows for setting a new baseline for global estimates on injecting drug use and HIV among people who inject drugs'.[79] In view of gaps and complexities in the available data from UNODC, as well as methodological inconsistences in estimation and data collection,[80] this section of the report therefore relies on estimates from 2011, rather than on those for 2009.

Overall the estimated number of people aged 15-64 in Asia who used ATS rose more than twofold between 2011 and 2016, from 8.74 million to 17.45 million, representing a 99.7% increase. Similar trends were observed for other substances: ecstasy (up 6%, from 10.57 million to 11.2 million), cannabis (up 1.5%, from 9.65 million to 9.79 million) and cocaine (up 121.3%, from 470,000 to 1.04 million) (Figure 1). Opioids were the only substances experiencing a downward trend with consumption decreasing by 11.6%, from 3.71 million to 3.28 million (see Figure 1). While the overall number of people who inject drugs in East and Southeast Asia seems to have decreased (Table 2), this difference is likely explained by methodological differences in data collection, as noted in the 2018 World Drug Report.[81]

Figure 1: Estimated number of people who use drugs in Asia, 2011-2016, in millions

Box 2 Amphetamine-type stimulant use among young people in Southeast Asia

Over the past decade, social scientists and civil society groups have contributed to the understanding of drugs in Southeast Asia by documenting and providing a better understanding of various 'drug scenes' in the region, particularly among young people.[82]

In Thailand, methamphetamine tablets – locally known as 'yaba' (literally translated as 'crazy drug') - were initially used in occupational contexts where they helped boost performance and endurance, before becoming a 'social and multi-purpose drug' among young people, who consume them to help in various activities from dieting and studying to partying and having sex.[83]

A similar picture emerges in Lao PDR. A qualitative survey found that yaba represented upward mobility and modern identity among young people in Vientiane, and is likewise used to boost both pleasure (e.g. enhancing the ability to 'party all night') and productivity (e.g. improving academic performance).[84]

In the Philippines, scholars have documented the role of crystal methamphetamine ('shabu') among male vendors working in a port community and found that they used crystal methamphetamine as a performance enhancer, helping them stay awake at night and do physically-intensive tasks like portering and selling food to the boat passengers.[85]

Methamphetamine also plays an important part in the sexual lives of young people in the region: from male sex workers in the Philippines who use it to feel disinhibited and perform better[86] to female sex workers in Cambodia who describe it as a '"power drug' which enabled [them] to work long hours and serve more customers".[87] These contexts vary widely from young people who have sex for money and those who use it to enhance 'sexual sensation'.[88] Alongside research that explicitly correlates methamphetamine use with an increased risk of sexually transmitted infections (STIs) including HIV,[89] studies underscore the 'risk environments' that young people who use methamphetamines find themselves in.

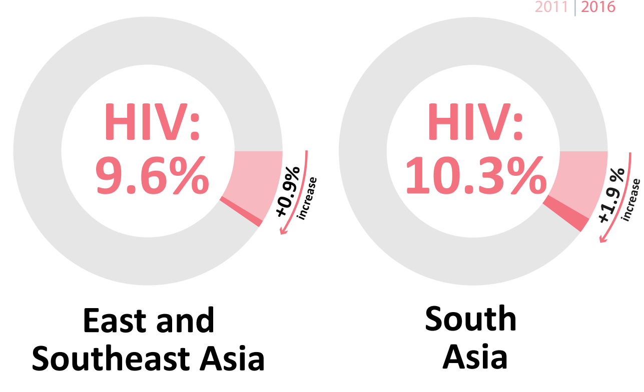
In Myanmar, the inhalation of methamphetamine tablets is a popular form of administration among young people. In local language, it is called 'yama' (translated as 'horse medicine'). Among youth, methamphetamine is mostly used for experimental and recreational purposes, as well as to engage in social activities. Compared to other drugs such as heroin, yama is more popular among girls and women due to its perception of increasing self-confidence and social interaction skills.[90]

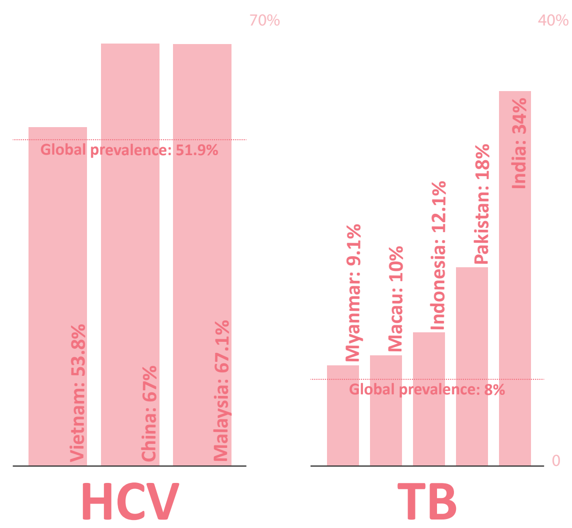
The complexity and context-specific nature of ATS use call for more targeted and nuanced responses that consider the multi-faceted drivers (political, economic, social, cultural) of drug consumption practices,[91] rather than 'one size fits all' approaches currently endorsed by many countries in the region.

Table 2: Estimated number of people who inject drugs, injecting drug use prevalence in the general population aged 15-64, and HIV prevalence among people who inject drugs in Asia[92]

Region	2011[93]			2016[94]		
	Estimated number of people who inject drugs	Injecting drug use prevalence (%)	HIV prevalence among people who inject drugs (%)	Estimated number of people who inject drugs	Injecting drug use prevalence (%)	HIV prevalence among people who inject drugs (%)
East and Southeast Asia	3,786,472	0.25	8.7	3,200,000	0.20	9.6
South Asia	253,394	0.03	8.4	280,000	0.03	10.3

Despite an overall decline of the HIV epidemic in the region, prevalence among people who inject drugs is on the rise





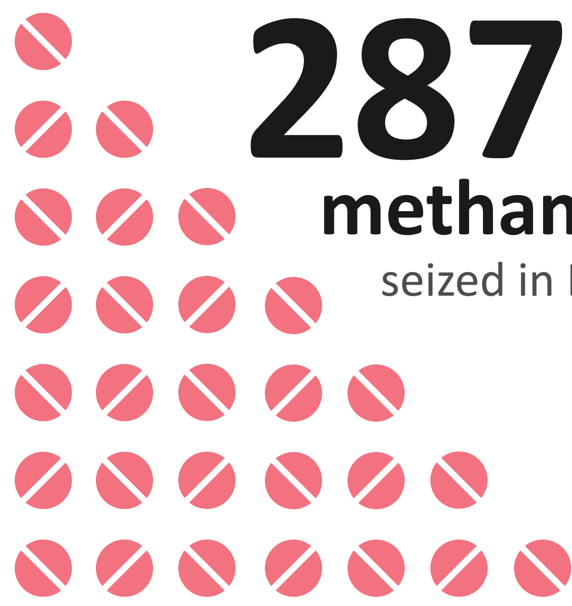
Countries in Asia have some of the highest prevalence of HCV/TB among people who inject drugs worldwide

Credit: Juan Fernández Ochoa, IDPC

The burden of disease associated with unsafe drug use practices in the region remains high. Prevalence of HIV, viral hepatitis and tuberculosis among people who inject drugs has generally stabilised or increased. Despite the region experiencing an overall decline in HIV rates, people who inject drugs remain disproportionately affected. In East and Southeast Asia, 9.6% of people who inject drugs live with HIV as of 2016 (vs 8.7% in 2011), while in South Asia this figure is 10.3% (vs 8.4% in 2011). Asia is also one of the regions most affected worldwide by HCV infection. In 2016, some of the highest HCV figures among people who inject drugs in the region were found in Malaysia (67.1%, same as 2011) Vietnam (53.8%, down from 74.1% in 2011), and China (67.0%, same as 2011).

Although tuberculosis was highlighted in earlier World Drug Reports as a key public health concern among people who inject drugs – especially those who are also living with HIV and those with a history of incarceration – data in most Asian countries remain patchy and outdated, making it challenging to assess progress. In 2016, the prevalence of tuberculosis among people who inject drugs remained high, at 34% in India, 18% in Pakistan, 12.1% in Indonesia, 10% in Macau and 9.1% in Myanmar.

The reported number of drug-related deaths in Asia in 2011 was 104,116, representing a 37.3% mortality rate per million population.[95] The majority of drug-related deaths occurred among younger people, with opioids as the most commonly reported group of substances implicated in such deaths. A lower figure of 66,100 drug-related deaths



287 million

methamphetamine tablets

seized in East and South-East Asia in 2015

vs. 3.1 million

seized in 2008

Credit: Juan Fernández Ochoa, IDPC

was reported for 2016, with a mortality rate of 22.5%.[96] It is important to note that information on drug-related mortality remains scarce and of poor quality for several countries across the region, with existing data likely to underestimate the actual level of drug-related mortality. Our understanding of what constitutes drug-related deaths is further limited by the lack of differentiation by many countries between deaths directly associated with drugs, such as those caused by overdose, and deaths indirectly attributable to drugs, such as those related to HIV or viral hepatitis acquired through unsafe drug practices.[97]

3 The illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs

Since 2009, the Asian market for psychotropic substances, including synthetic drugs, has continued to expand and diversify. The methamphetamine market in particular – including manufacture facilities and intra- and inter-regional trafficking – has grown at an exponential rate. This is evidenced by a rapid escalation in drug amounts seized, with a total of 287 million methamphetamine tablets seized in East and South-East Asia in 2015,[98] a 102.1% increase from the 142 million pills seized in 2011 and a more than ninefold increase since 2008, when 31.1 million pills were seized.[99] In addition, the World Drug Report 2018 reported growth in manufacture and consumption of synthetics in South Asia.[100] In recent years, South Asia has also become an emerging market for cocaine use and trafficking, with quantities of the drug seized increasing tenfold between 2015 and 2016.[101]

Since 2009, NPS have experienced a boom that shows no signs of abating. A diverse range of NPS has been identified in East and South-East Asia, with 168 different NPS reported by countries in the region between 2008 and 2016. These include synthetic cathinones, a group of substances with stimulant effect, followed by synthetic cannabinoids, and synthetic opioids such as codeine, tramadol and derivatives of fentanyl which have been associated with the ongoing overdose crisis in North America. The 2018 World Drug Report highlights that the most acute increases globally in quantities of a particular drug seized in 2016 were plant-based NPS, mainly due to seizures of *kratom* - a substance produced from a tree found in tropical and sub-tropical regions of South-East Asia and used as a traditional remedy for minor ailments - which soared sevenfold to more than 400 tons.[102]

Furthermore, the massive spike in opium poppy cultivation, opium production and illicit trafficking of opiates from Afghanistan to consumer markets in Europe and the rest of Asia has major economic, social and development implications. The large-scale production of opiates is likely to worsen instability in Afghanistan, while the growing dependence of rural communities on opium poppy cultivation via the illicit economy has a strong potential to fuel corruption and limit sustainable development.[103]

4 The diversion of and illicit trafficking in precursors

Precursors are the 'chemical substances that become incorporated, at the molecular level, into a narcotic drug or psychotropic substance during the manufacturing process'.[104] In parallel with recent trends in the growth of the methamphetamine market, the 2018 World Drug Report identified significant diversification of precursors and methods used for the manufacturing process in recent years. In particular, substantial quantities of precursor chemicals that are incorporated in the manufacturing process of methamphetamine have been seized in the Asia region.

These increases may reflect both a boost in drug demand and strengthened interdiction efforts by law enforcement in the region.[105] Yet contrary to the intentions

Credit: Juan Fernández Ochoa, IDPC

of international and regional commitments, heightened efforts to seize and arrest drug manufacturers and traffickers have not led to a shrinking of drug markets. Asia's overreliance on supply reduction tactics has had the unintended effects of displacing rather than eliminating drug markets, by stimulating production elsewhere in the region and spurring the use of new types of substances.[106] For example, seizures of ephedrine or pseudoephedrine, a main source for the illicit manufacture of methamphetamine, have declined steadily in Myanmar since 2012. One possible reason for this decrease is a reduction in the volume of pseudoephedrine trafficked from India to Myanmar resulting, in part, from strengthened interdiction efforts at the border.[107] Instead of reducing methamphetamine production, the shortage of pseudoephedrine appears to have driven traffickers to 'explore alternate manufacturing methods and new routes to traffic the precursors required for them'.[108] Since 2012, the production of methamphetamine in Myanmar has experienced a strong upsurge, as have alternative methamphetamine precursors phenylacetic acid and 1-phenyl-2-propanone (P-2-P), believed to originate in China. More recently, interdiction efforts in the region have been further complicated by the spread of new technologies, in particular sales via the darknet (part of the internet that is hidden), which pose added challenges to the policing of Asia's highly adaptable drug markets.[109]

Furthermore, record levels of opium poppy production in Afghanistan are likely to lead to increases in the trafficking of precursor substances diverted from licit markets into the country for the manufacture of opium into heroin.[110] This in turn may potentially lead to greater availability of more high-quality, low-cost heroin to supply increased consumption, and increased profits for organised crime and insurgent groups.

5 Money laundering related to illicit drugs

Money laundering accounts for an estimated 2-5% of global gross domestic product (GDP) or US$ 800 billion - US$ 2 trillion annually, with an estimated quarter of overall revenues of transnational organised crime attributed to drug sales.[111] The global illicit drug market is currently valued at between US$ 426-652 billion.[112] Existing regional and global initiatives to counter money-laundering associated with the drug market have registered little impact between 2009 and 2018. A 2011 UNODC study estimated that less than 1% of the total amount of money being laundered is being seized.[113]

Despite the fact that most countries in the region are signatories to the Financial Action Task Force (FATF) and are part of the Asia-Pacific Group on Money Laundering (APG), criminal organisations have continued to operate in the region and maintained their ability to transfer money earned from illegal drug transactions.[114] The rise of crypto-drug markets (use of the internet to facilitate illegal drug transactions) is likely to complicate efforts to counter money-laundering, even as an improved degree of regional cooperation has attempted to address this challenge, without measurable success.

Part 3

Assessing progress made in Asia since 2009 against the broader priorities of the United Nations

Through the UN Charter of 1945, UN member states pledged to maintain international peace and security, protect human rights, deliver humanitarian aid, promote sustainable development and uphold international law.[115] However, these values did not feature strongly in subsequent international commitments on drugs until 2016. Although it fell short of recognising the harms created by the 'war on drugs' approach, the 2016 UNGASS outcome document heralded a new way forward for global drug policy by supporting a focus on public health, development and human rights alongside law enforcement components.[116] The Outcome Document captured the complexities of the illegal drug market by departing from the narrower approach of the 2009 Political Declaration (i.e. demand reduction, supply reduction and international cooperation) and adopting a seven-pillar structure (i.e. demand reduction, supply reduction, international cooperation, access to controlled medicines, human rights, evolving realities, trends and challenges, and development).[117] Its inclusion of several key harm reduction interventions, as well as dedicated chapters on human rights, development and controlled medicines, are particularly notable. Furthermore, in 2015, the UN SDGs were launched, providing a blueprint for governments to work towards achieving a broad range of objectives relating to health, gender equality, equality, peace and justice by 2030.[118]

The following section assesses progress made since 2009 by countries in Asia on protecting human rights, maintaining peace and security, and advancing development.

1 Protecting human rights

The links between human rights and drug control, particularly the gap between human rights principles and the implementation of drug policy in practice, have been the subject of increasing international attention.[119,120,121,122,123] In Southeast Asia, human rights commitments made in the UN and ASEAN Charters are reflected in the 2012 ASEAN Human Rights Declaration,[124] which emphasizes the 'promotion and protection of human rights […] principles of democracy, the rule of law and good governance.'

Asia is notable for applying draconian approaches aimed at reducing drug use and supply that violate human rights principles.[125] The situation is worsened by the limited availability of platforms for critical civil society engagement on the topic of drug policy, and ongoing rhetoric by policy- and decision-makers that frames drugs as a threat to state security and drug use as a moral failing fit for punishment.[126,127]

This section addresses the impacts of drug polices in Asia on human rights, including the right to health, right to life, the right to be free from torture and other cruel, inhuman and degrading treatment or punishment, the right to liberty and to be free from arbitrary detention, the right to a fair trial and due process, the right to be free from discrimination, and the rights of Indigenous peoples.

1.1 The right to the highest attainable standard of health

States have an immediate obligation to realise the right to the highest attainable standard of physical and mental health conducive to living a life in dignity for all persons without discrimination, including those involved in drug activities. This responsibility is enshrined in global[128,129,130] and regional[131,132] commitments, and includes the obligation of states not to prevent persons from fully achieving the right to health as a consequence of harmful or discriminatory policies.

1.1.1 Ensuring access to evidence-based drug prevention

2009 Political Declaration and Plan of Action

Action 28(c) 'Develop prevention and treatment programmes tailored to the specific characteristics of the phenomenon of amphetamine-type stimulants as key elements in any relevant strategy to reduce demand and minimize health risks'

ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025

Component II (6) 'Promote awareness through the convening of education campaigns across the region with a common message to build the resilience of youth against drugs and educate communities on the impact of drugs on at-risk groups'.

Drug prevention interventions are given major attention in most national and regional drug control policies in Asia. Often, such interventions take the form of mass media and preventative education campaigns containing abstinence- and fear-based messaging modelled on 'just say no' campaigns in the U.S. For instance, activities under component II (6) of the ASEAN Work Plan 2016-2025 include 'developing an ASEAN campaign in preventing drug abuse', 'announcing the prohibition and serious punishment of drug smuggling in international flights and display such warnings at land/sea border checkpoints', and 'convene national and regional-scale preventive education campaigns'.[133] These approaches are widely promoted despite clear systematic review of evidence that mass media campaigns in particular have been largely ineffective at curbing levels of drug use, with some even increasing intention to use drugs and most exacerbating stigma and discrimination against people who use drugs.

Credit: C. Stoicescu

In 2015, the UNODC launched a set of international standards on drug use prevention,[135] which encouraged member states to implement evidence-based methods in prevention campaigns and provide guidance on how to evaluate impact. The standards confirm that drug-related fear mongering, which characterises the bulk of the messaging promoted by Asian governments, is associated with no or negative prevention outcomes. However, the extent to which the UNODC standards have been taken up by states in Asia in order to assess the effectiveness and cost-effectiveness of these strategies remains unclear.

1.1.2 Ensuring access to harm reduction and drug dependence treatment

2009 Political Declaration and Plan of Action

Action 2(g) 'Develop and implement, in cooperation with international and regional agencies, a sound and long-term advocacy strategy, including harnessing the power of communication media, aimed at reducing discrimination that may be associated with substance abuse, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness, where appropriate, of interventions based on scientific evidence that are both effective and cost-effective'

Action 4(i) 'Strengthen their efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration not only the prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose, workplace and traffic accidents and somatic and psychiatric disorders, and social consequences, such as family problems, the effects of drug markets in communities and crime'

Action 6(a) 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'

Action 10(b) 'Ensure, where appropriate, the sufficient availability of substances for medication-assisted therapy, including those within the scope of control under the international drug control conventions, as part of a comprehensive package of services for the treatment of drug dependence'

Action 38(c) 'Develop prevention and treatment programmes tailored to the specific characteristics of the phenomenon of amphetamine-type stimulants as key elements in any relevant strategy to reduce demand and minimize health risks'

ASEAN Work Plan on Combating Illicit Drug Production, Trafficking, and Use 2009-2015

Benchmark iii (b) 'Increase access to treatment, rehabilitation and aftercare services to drug abusers with the purpose of ensuring full re-integration into society'

ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025

Component IV (15) 'Increase access to treatment, rehabilitation and aftercare services to drug users, where appropriate, to each country's unique national drug situation, for the purpose of ensuring full reintegration into society'.

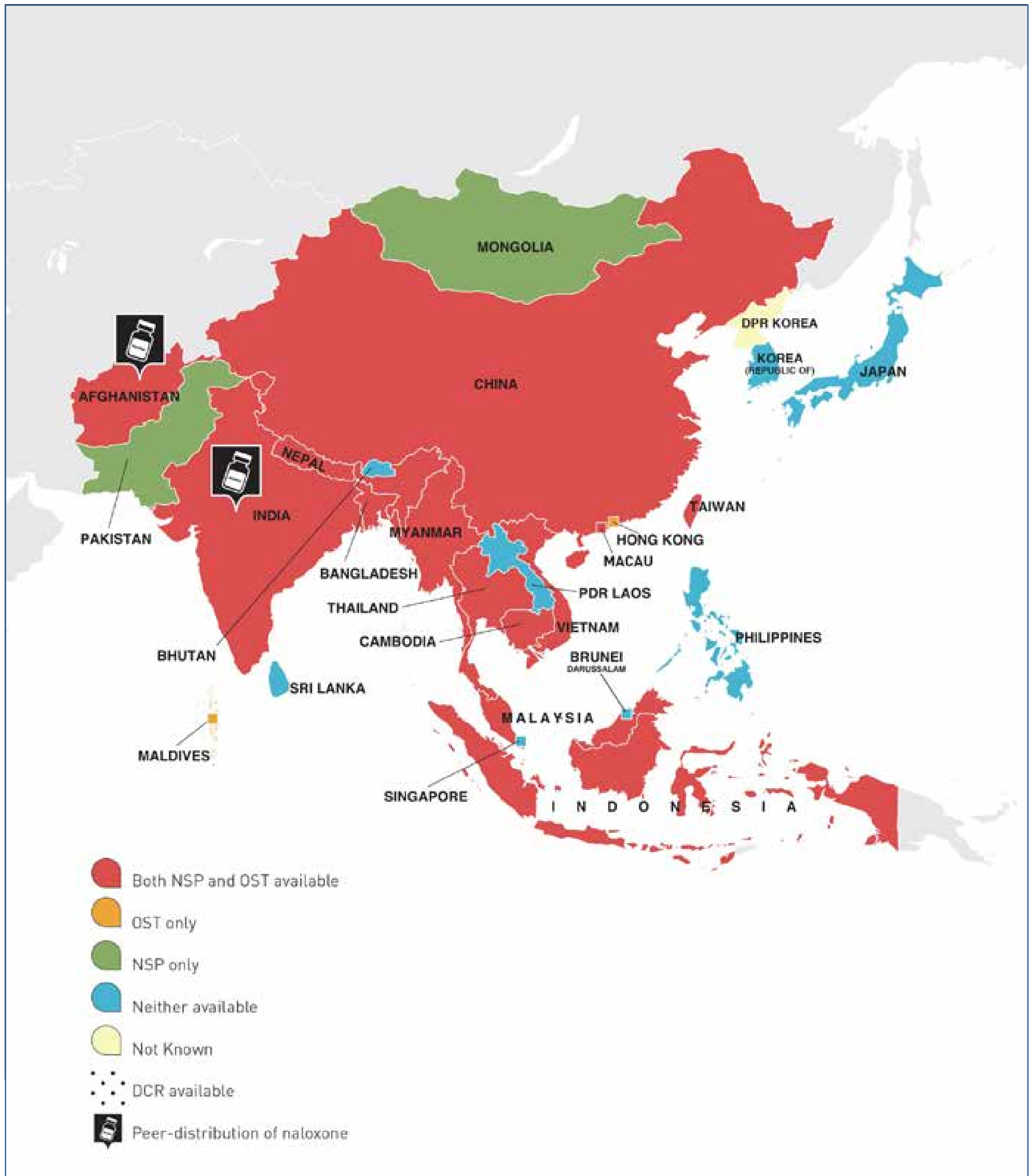
ASEAN 2016 Declaration on Ending AIDS

'Scale up and strengthen the coverage, reach and quality of a continuum of comprehensive integrated packages of prevention, testing, treatment, care and support services, similarly referred to as the cascade of services, for key affected populations in priority geographic areas according to national legislation, priorities and evidence about the epidemic in each Member State'

Harm reduction refers to programmes, policies and practices that aim to diminish the adverse health and social and economic consequences associated with psychoactive drugs without necessarily reducing drug consumption.[136] Harm reduction acknowledges that many people may be unwilling or unable to stop using drugs. A set of key interventions scientifically proven to prevent the transmission of HIV and HCV among people who inject drugs, including NSP, OST, HIV testing and counselling, and ART, is endorsed by the World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNODC.[137]

Acceptance and provision of harm reduction interventions in Asia have improved slightly since 2009 (see Figure 2), but significant challenges remain. There is a minor increase in the number of Asian countries with confirmed injecting drug use that provide NSPs, from 13 in 2008[138] to 15 in 2018.[139] At the same time, the number of countries providing OST – the most effective drug treatment option for opioid dependence[140,141] – has increased by only four countries from 8 in 2008[142] to 12 in 2018.[143] Figures on the availability of these interventions mask wide geographical inconsistencies in coverage at the national and sub-national level. UNODC has reported that, as of 2018, the coverage of core harm reduction interventions remained too low to be effective in preventing blood-borne virus transmission amongst people who inject drugs across both South Asia and East and Southeast Asia.[144] Worryingly, despite high rates of incarceration of people who use drugs, the availability of harm reduction interventions in prisons and closed

Figure 2. Availability of harm reduction services in Asia



settings is low. OST is available in prisons in only six countries (Afghanistan, India, Indonesia, China (only in Macau), Malaysia and Vietnam), while ART is provided in prison in eight countries (Afghanistan, Bangladesh, Cambodia, Indonesia, China (only in Macau), Malaysia, Myanmar and Nepal).[145] There is no NSP provision in prisons in Asia.

Coverage of ART services among people who inject drugs in the community is similarly uneven. Our understanding of ART access and uptake among people who use drugs in the region is limited by the lack of robust, disaggregated data. As a case in point, a 2017 study identified only four countries in Asia with available programme data on ART access and coverage among people who inject drugs.[146] India provides a positive example. The country has the second largest government-supported HIV treatment programme in the world delivered via a one-stop service model consisting of NSP, OST and ART for people who inject drugs, and reports 57.9% ART coverage among people who inject drugs included in this scheme.[147] However, in much of the rest of the region outside of India, access and up-

Table 3: Harm reduction funding in seven countries in Asia at a glance

Country	Harm reduction coverage	Transparency of spending data	Government investment in harm reduction	Civil society view on the sustainability of funding
Cambodia	Amber (mediocre)	Red (poor)	Red (poor)	Red (poor)
India	Amber (mediocre)	Red (poor)	Red (poor)	Red (poor)
Indonesia	Amber (mediocre)	Amber (mediocre)	Red (poor)	Red (poor)
Nepal	Amber (mediocre)	Amber (mediocre)	Red (poor)	Red (poor)
Thailand	Red (poor)	Amber (mediocre)	Red (poor)	Amber (mediocre)
The Philippines	Red (poor)	Amber (mediocre)	Red (poor)	Amber (mediocre)
Vietnam	Amber (mediocre)	Amber (mediocre)	Amber (mediocre)	Amber (mediocre)

* The national situation is classified either as poor (red), mediocre (amber), or good (green). Source: Harm Reduction International (2018), *Harm Reduction Investment in Asia: Policy Briefing*

take of ART is much poorer due to fear of arrest, stigma and discrimination.[148]

Treatment for hepatitis C for people who inject drugs remains difficult to access in the region. A notable development in recent years is the success of communities of people who use drugs mobilizing to expand such access. Peer-led advocacy efforts have resulted in cost-free access to HCV treatment in India, Indonesia, and Malaysia.[149]

Despite the proven effectiveness of naloxone to reverse the effects of opioid overdose,[150] its provision across the region is isolated to pockets in Thailand, Vietnam, Afghanistan and Manipur, India, with peer distribution outside of clinical settings still grossly inadequate.[151]

In response to increasing trends in ATS consumption, evidence-based harm reduction approaches to reduce ATS-associated harms are being developed,[152,153,154] with most efforts being led by civil society in practice. With an estimated 500,000 people in Asia undergoing treatment for amphetamine use in 2017, the scale up of evidence-based psycho-social and health support mechanisms to assist people using ATS is especially urgent.[155] The only country in Asia to have developed guidance on methamphetamine treatment and harm reduction is Myanmar, with the introduction of the WHO Guidelines for ATS in Myanmar in 2017,[156] which focus largely on treatment but also acknowledge harm reduction approaches.

At the same time, while the UNGASS 2016 Outcome Document highlighted the specific risks and vulnerabilities faced by women, there remains a significant gap that needs to be met to adequately address those risks and vulnerabilities, particularly women who use and inject drugs (see Box 3).

A key challenge for the future of harm reduction in Asia is the lack of political and financial support for harm reduction, with most existing initiatives relying disproportionately on international donor sources (Table 3). In Indonesia, approximately 90% of harm reduction programmes have been funded by international donors.[157] With this financing steadily decreasing in recent years, there is a high risk that health and social gains made over the past decade could be reversed.

The region still has a long way to go towards achieving widespread access to voluntary, evidence-informed and community-based drug dependence treatment. In 2016, 193,704 people who use drugs were admitted to drug dependence treatment in the ASEAN region, with a regional admission rate of 27.8 per 100,000 general population. This figure shot up by almost 50% in 2017, when the regional admission rate reached 50.6 per 100,000 general population. The lowest treatment admission rate was in Indonesia at 3.5 per 100,000, while Thailand had the highest rate with 232.4 persons per 100,000 accessing drug treatment.

The quality of drug treatment varies widely across Asia, with approaches rarely based on the latest scientific evidence and international standards. Incidents of abusive treatment of patients in drug rehabilitation facilities, at times resulting in their death, have been reported widely in India and Nepal. It is of significant concern that there remains over 400,000 people detained in drug rehabilitation centres throughout Asia after being arrested for drug use (see Box 4).

As part of efforts to promote transitions away from the use of detention for drug rehabilitation, the UNODC in 2016 launched a comprehensive toolkit, 'Community-Based Treatment and Care for People Who Use Drugs in Southeast Asia,' with the objective of supporting capacity development on community-based drug dependence treatment in the Mekong region. To date, trainings were held in Shanghai, China in May 2016, in

Box 3 Women who use and inject drugs in Asia at the intersection of risk and vulnerability

Asia is home to the largest absolute numbers of women who inject drugs (1.5 million) and amphetamine-dependent women (2.4 million) globally.[161] A substantial body of research to date has shown that women who use drugs experience worse health outcomes compared to their male counterparts, including higher rates of mortality, HIV and AIDS, social exclusion, stigma and discrimination, as well as poorer access to health services.[162,163] Yet despite the well-documented, intersecting vulnerabilities of women who use drugs, they have been largely unrecognised in drug policies and programming in Asia until recently.

A recent review of 25 studies from 12 countries and territories in the region conducted by the Asian Network of People Who Use Drugs (ANPUD) explored influences of access to health services by women who use drugs.[164] The research identified a wide range of network, community, and structural/policy barriers that prevented women in the region who use drugs from enjoying equitable access to harm reduction and other support services. These factors included unequal relationship dynamics, recent injection initiation, unemployment, poly-drug use, gender-based violence, lack of social support, poor availability of harm reduction services, poor ART quality and accessibility, ART initiation restrictions, compounded stigma and discrimination, punitive drug laws, illegal migration status and low education.[165]

Few interventions in the region specifically target the elimination of barriers to service access among women who use drugs. A promising intervention seeking to reduce violence perpetrated by intimate partners and HIV risk among women who inject drugs – 'Project WINGS' (Women Initiating New Goals for Safety) – was launched by India HIV/AIDS Alliance in May 2018.[166] As part of the intervention, 200 women in Pune, Maharastra, New Delhi and Imphal, Manipur will receive one-on-one psycho-educational sessions to improve their safety planning skills, and will be linked to HIV testing and treatment, sexual and reproductive health, harm reduction, legal aid and gender-based violence support services.

Since 2009, there have been renewed efforts by civil society in the region to highlight the challenges faced by women involved in illicit drug activities, particularly in relation to service access. In 2015, in Indonesia, the Indonesian Drug User Network (PKNI) mobilised women who use drugs to play a greater role in advocating for gender-responsive programmes and policies, resulting in the founding of the Indonesian Female Drug User Network, a nascent movement under the PKNI umbrella.[167] With representatives in 12 provinces, the initiative focuses on female empowerment, capacity building and the realisation of the right to health for women who use drugs.

Since 2016, ANPUD has focused on mapping and understanding the needs of women who use drugs in Asia by commissioning research and more recently, in July 2018, conducting a regional consultation with female peer advocates from Cambodia, India, Indonesia, Nepal, Pakistan, the Philippines, Thailand and Vietnam to develop a regional roadmap to inform long-term advocacy efforts.[168]

In 2013, UNODC convened an international working group that included the International Network of Women Who Use Drugs (INWUD), the Women's Harm Reduction International Network (WHRIN), and the Eurasian Harm Reduction Network (EHRN) to develop a trainers' guide for service providers on developing gender-responsive HIV services for women who inject drugs.[169] To date, this training has been implemented in Thailand only.

In order for these promising efforts to yield results for women who use and inject drugs in Asia, they must be aligned with targeted donor investment and coupled with rigorous evaluations to inform evidence-based scale up of programmes targeting this vulnerable group and campaigns to destigmatise drug use among women.

Phnom Penh, Cambodia in March 2017, in Nay Pyi Taw, Myanmar in April 2017, as well as in Vientiane, Lao PDR and Manila, Philippines.[170] The number of people who use drugs who are enrolled in community-based drug treatment remains low, with little indication that availability of such treatment services is increasing.[171] It is hoped that equipping drug service providers and policy makers in the region with the skills and expertise to implement health and support services for people who use drugs in the community will lead to a faster transition away from CCDUs and towards voluntary, evidence-based treatment.

Box 4 Compulsory rehabilitation in detention for people who use drugs

A particularly severe drug control measure in the region is the ongoing practice of compulsory rehabilitation in detention facilities, referred to by the UN as 'compulsory centres for drug users' (CCDU), which have been widely condemned by civil society and UN agencies alike for ill-treatment and other human rights abuses.[172,173] They are prevalent in Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.[174] The first CCDU facilities appeared in China and Vietnam in the 1970s as an extension of a 'decades-old system of re-education through labour',[175,176] which also detained other individuals deemed threatening to national security or public order.[177] More recently, in Lao PDR and Cambodia such facilities emerged to detain individuals regarded as 'socially undesirable', including homeless persons, sex workers, people who use drugs and people with mental health issues.[178] Prior to 2010 such centres were financially supported by a range of bilateral and multilateral donors, including the International Narcotics Control Board (INCB), UNODC, United Nations International Children's Emergency Fund (UNICEF), and the U.S.[179] In the past decade, increasing calls for their closure have been propelled by mounting documentation of systemic human rights violations, including forced labour, abuse, military style drills and forced detoxification.[180]

Between 2009 and 2018, there has been little progress towards closing down CCDU and transitioning towards community-based drug treatment and support services. Although precise information on the number of CCDU facilities and numbers of people detained within them are hard to come by, it has been reported that as of 2014 across the region, over 450,000 people were detained in CCDU, with the total number decreasing by only 4% between 2012 and 2014.[181] Further, between 2012 and 2017 or 2018, available data indicate that there has either been an increase or no significant decrease in the number of people detained in CCDU in Cambodia, China, Lao PDR, Malaysia, the Philippines, Singapore, Thailand and Vietnam (see Table 4).

Table 4: Numbers of people held in detention in government-run drug rehabilitation centres in Asia

	2012	2013	2014	2015	2016	2017	2018
Cambodia	2,600	2,713	3,249	4,959	7,301	3,751	3,929
China	319,000	319,000	319,000	340,000	357,000	321,000	N/A
Lao PDR	3,915	4,718	5,339	N/A	4,000	4,000	N/A
Malaysia	5,473	5,136	5,753	5,350	6,244	4,878	N/A
Philippines	2,596	3,064	4,160	5,402	5,814	3,889	N/A
Singapore	1,503	1,617	1,400	1,419	1,464	1,360	N/A
Thailand	22,752	27,709	24,997	21,816	17,338	22,648	N/A
Vietnam	27,920	29,273	21,401	45,000	31,455	51,296	N/A

Source: the data in this table for Cambodia,[182] China,[183] Lao PDR,[184] Malaysia,[185] Philippines,[186] Singapore,[187] Thailand,[188] and Vietnam[189] were collated by Pascal Tanguay (independent consultant) and Gloria Lai (International Drug Policy Consortium).

1.1.3 Providing alternatives to prison or punishment for people who use drugs

2009 Political Declaration and Plan of Action

Action 15(a) 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'

Action 15(c) 'Implement comprehensive treatment programmes in detention facilities; commit themselves to offering a range of treatment, care and related support services to drug-dependent inmates, including those aimed at prevention of the transmission of related infectious diseases, pharmacological and psychosocial treatment and rehabilitation; and further commit themselves to providing programmes aimed at preparation for release and prisoner support programmes for the transition between incarceration and release, re-entry and social reintegration'

Action 16(d) 'Provide appropriate training so that criminal justice and/or prison staff carry out drug demand reduction measures that are based on scientific evidence and are ethical and so that their attitudes are respectful, non-judgemental and non-stigmatizing'

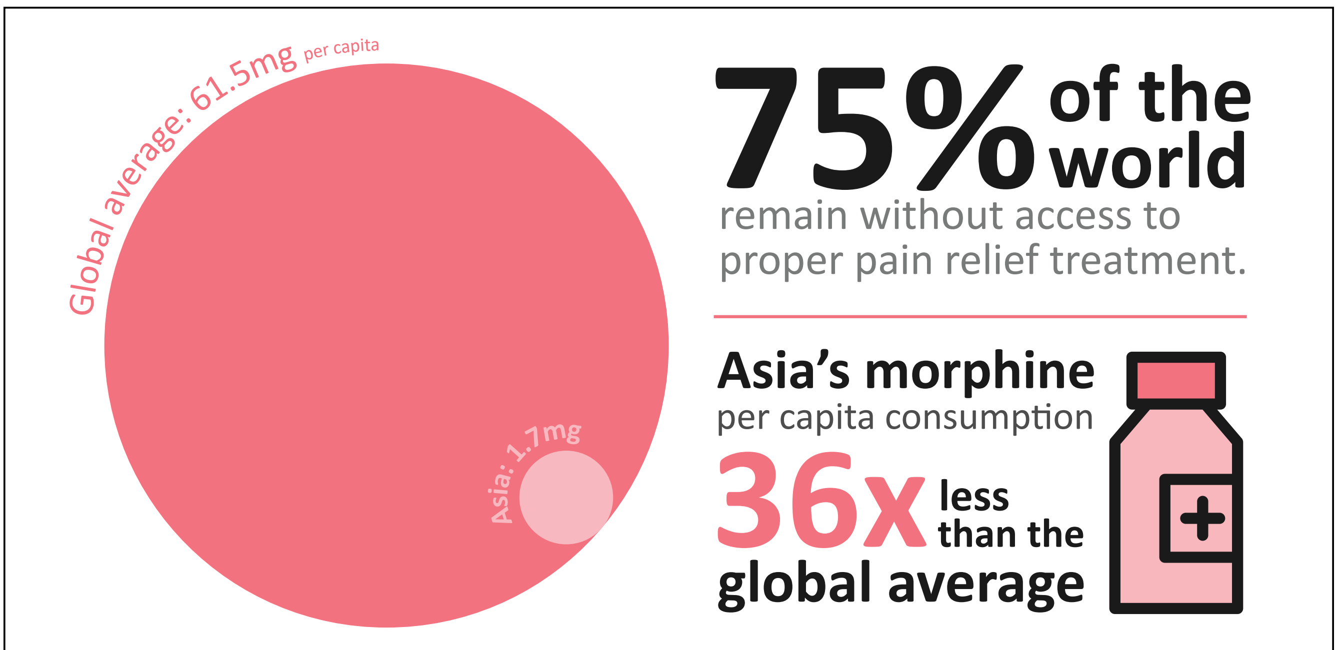
Despite endorsing international commitments such as the 1988 UN Convention and the 2009 Political Declaration and Plan of Action which call for the implementation of alternatives to incarceration such as 'education, rehabilitation or social reintegration',[190] countries in Asia have made limited progress in delivering such alternatives in practice. In addition to or instead of criminal sanctions, several countries impose disproportionate administrative punishments of limited effectiveness that violate basic human rights (see Table 5). These include compulsory detention in the name of drug rehabilitation (nine countries: Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Thailand and Vietnam) (see Box 4), corporal punishment (five countries: Brunei Darussalam, Indonesia, Malaysia, the Maldives and Singapore), forced urine testing by law enforcement (14 countries: Bangladesh, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Thailand and Vietnam) and mandatory registration requirements to identify and maintain records of people who use drugs (9 countries: Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, Lao PDR, Malaysia and Pakistan). Additionally, Indonesia adopts a policy that mandates the families of people who use drugs to report them to designated state institutions for mandatory registration, or face fines and imprisonment.[191]

Instead of decriminalising drug use, defined by IDPC as the removal or non-enforcement of criminal or all penalties for the use of drugs and possession of drugs for personal use,[192] some states in Asia have adopted mechanisms to divert people who use drugs away from the criminal justice system and, where appropriate, towards treatment, harm reduction, counselling and other psycho-social support services. In practice, the implementation and effectiveness of these alternatives are patchy.[193] Indonesia provides a relevant case in point. Indonesia's 2009 Narcotics Law provides judges with discretionary powers to impose drug dependence treatment as an alternative to imprisonment for people who use drugs. In practice, prosecutors have not implemented this discretion uniformly, partly due to the unabated persistence of corruption within the criminal justice system.[194] As a result, rates of imprisonment of people arrested on personal possession charges have not changed significantly since 2009, with 36,315 persons incarcerated for personal drug use and/or possession , representing 34% of all drug offenders in Indonesia (106,792) as of December 2018.[195]

Table 5: Regional overview of sanctions against drug offenders that contravene human rights in Asia

	Forced urine testing for traces of drug use	Compulsory registration of people who use drugs	Duty to report drug use to third parties	Compulsory detention centres for people who use drugs	Corporal punishment for drug offenders	Death penalty for drug offences			
						High application	Low application	Symbolic application	Insufficient data
Bangladesh	■							■	
Brunei D.		■		■	■			■	
Cambodia	■	■		■					
China	■	■		■		■			
India		■						■	
Indonesia	■	■	■	■	■	■			
Japan		■							
Lao PDR	■	■		■				■	
Malaysia	■	■		■	■	■			
The Maldives					■				
Myanmar	■	■		■				■	
North Korea									■
Pakistan	■	■					■		
Philippines	■		■						
Singapore	■			■	■	■			
South Korea	■							■	
Sri Lanka	■			■				■	
Taiwan							■		
Thailand	■			■			■		
Vietnam	■		■	■		■			

Source: IDPC (2018), *Taking stock: A decade of drug policy - A Civil Society Shadow Report, at 62*



Meanwhile, in Yuxi City in China, a partnership between police and community based organisations established in 2015 provides a more promising example of diversion.[197] Police actively refer people who use drugs whom they come into contact with to a community-based treatment centre known as 'Peace No. 1', which provides comprehensive psychosocial and healthcare services including methadone maintenance therapy. In order to encourage service utilisation, the police also avoid making arrests for minor drug possession or use in the immediate vicinity of the centre.

1.1.4 Improving access to controlled substances for medical purposes

> **2009 Political Declaration and Plan of Action**
>
> **Action 10(c)** 'Continue to comply with the procedures established under the international drug control conventions and relevant resolutions of the Economic and Social Council relating to the submission to the International Narcotics Control Board of estimates of their requirements for narcotic drugs and assessments of requirements for psychotropic substances so as to facilitate the import of the required narcotic drugs and psychotropic substances and to enable the Board, in cooperation with Governments, to maintain a balance between the demand for and the supply of those drugs and substances in order to ensure the relief of pain and suffering and the availability of medication-assisted therapy as part of a comprehensive package of services for the treatment of drug dependence, while bearing in mind, in accordance with national legislation, the World Health Organization Model List of Essential Medicines'

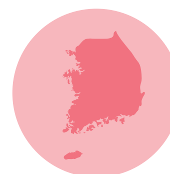
The World Health Assembly has recognised access to 'essential medicines, including controlled medicines' for surgical care, anaesthesia and pain relief as an essential component of universal health coverage on both health and human rights grounds.[198] An estimated 15 million people in South and Southeast Asia experience severe, chronic pain and serious suffering.[199] Yet states in the region have made little progress on ensuring access to pain relief and palliative care services since 2009. Furthermore, access to palliative care, pain relief and/or access to controlled medicines related to pain is not mentioned explicitly in any regional drug or HIV-related strategy documents. A recent study estimated that in 2015 the average morphine equivalence, a proxy indicator of countries' provision of palliative care,[200] was only 1.7 mg per capita in Asia, compared with the global average of 61.5 mg per capita.[201] Findings from the 2017 Lancet Commission on Palliative Care and Pain Relief Study Group confirm that many countries in Asia have a severe lack of access to morphine to meet palliative care needs. As a case in point, at 314 mg per patient, China has only enough morphine-equivalent to satisfy 16% of need. The unmet need for pain relief in other countries in Asia is even greater: Vietnam distributes enough morphine equivalent (125 mg per patient) to meet just 9% of need, and India covers only 4% of need (43 mg per patient).[202]

Some progress has been made since 2009 to improve access to and availability of controlled medicines in India. In 2014, decades-long civil society efforts led to the amendment of the colonial-era National Drug and Psychotropic Substances Act of 1985 to improve medical access.[203] Despite this landmark achievement, the law is yet to be implemented in full in India's 29 states and six union territories, and opioid availability for pain relief in the country remains poor. Bangladesh, Nepal, Sri Lanka and Thailand have also made some progress on improving access to higher levels of usage in recent years. Despite some minor improvements largely led by civil society efforts, access to such medications is far from being equitable, and is often dependent on subjective physician judgement.[204]

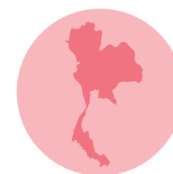
Credit: Juan Fernández Ochoa, IDPC

48 countries worldwide have allowed access to medicinal cannabis

In Asia, two countries so far have pioneered legislation in this regard:



S. Korea



Thailand

To this end, there is an urgent need to expand training on pain relief and palliative care for healthcare providers, increase the number of professionals who can prescribe such medicines, and educate the general public about palliative care, pain relief and essential medicines.

Access to medicinal cannabis has expanded at a rapid pace around the world in the past decade. Among the 24 countries that have adopted or reviewed legislation to allow or expand access to medicinal cannabis between 2009 and 2018, three are located in the Asia region (the Philippines, South Korea and most recently, Thailand).[205] South Korea passed new legislation in November 2018 allowing citizens to access medical cannabis, albeit via tightly controlled rules.[206] In Thailand, hemp was initially decriminalised in 15 districts and six provinces of the northern region as of January 2017.[207] A new landmark bill that legalised medical cannabis for medical use and research was later approved by Thailand's National Legislative Assembly in December 2018.[208] In January 2019, the Philippines House of Representatives approved the second reading of a proposed bill for the *Compassionate Medical Cannabis Act*, which requires patients to acquire prior authorisation from a doctor and access treatment in specially-licensed facilities.[209]

At the same time, support for cannabis policy reform in other parts of Asia in recent years has been promising. India's existing legal provisions for the scientific usage of the plant and increasing support by prominent politicians have the potential to result in increased investment and research attention.[210] Encouraging developments have also taken place in Singapore, where in February 2018 the National Research Foundation, a government body, announced a SGD$ 25 million SGD (approx. US$18.4 million) investment into a Synthetic Biology Research and Development Programme that would include the development of synthetic cannabinoids for the treatment of medical ailments.[211]

1.2 The right to life

2009 Political Declaration and Plan of Action

Action 22(c) 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Action 41(c) 'Ensure that measures to control precursors and amphetamine-type stimulants are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

A serious human rights violation instituted by a large number of states in Asia is the death penalty for drug offences. Progress on reducing this measure has been particularly slow since 2009. Asia is home to the largest number of states that prescribe the death penalty for drug offences. Of the 33 countries worldwide that retain capital punishment for drug-related activities, 16 (49%) are located in the region, including high application states such as China, Singapore, Indonesia and Vietnam which mainstream and carry out executions regularly as part of the criminal justice system (see Table 5).[212] A national "emergency" concerning drugs declared by Indonesia's President became the primary justification for the country's sudden reinstatement of the death penalty

16 countries in Asia

retain the death penalty for drug-related activities.

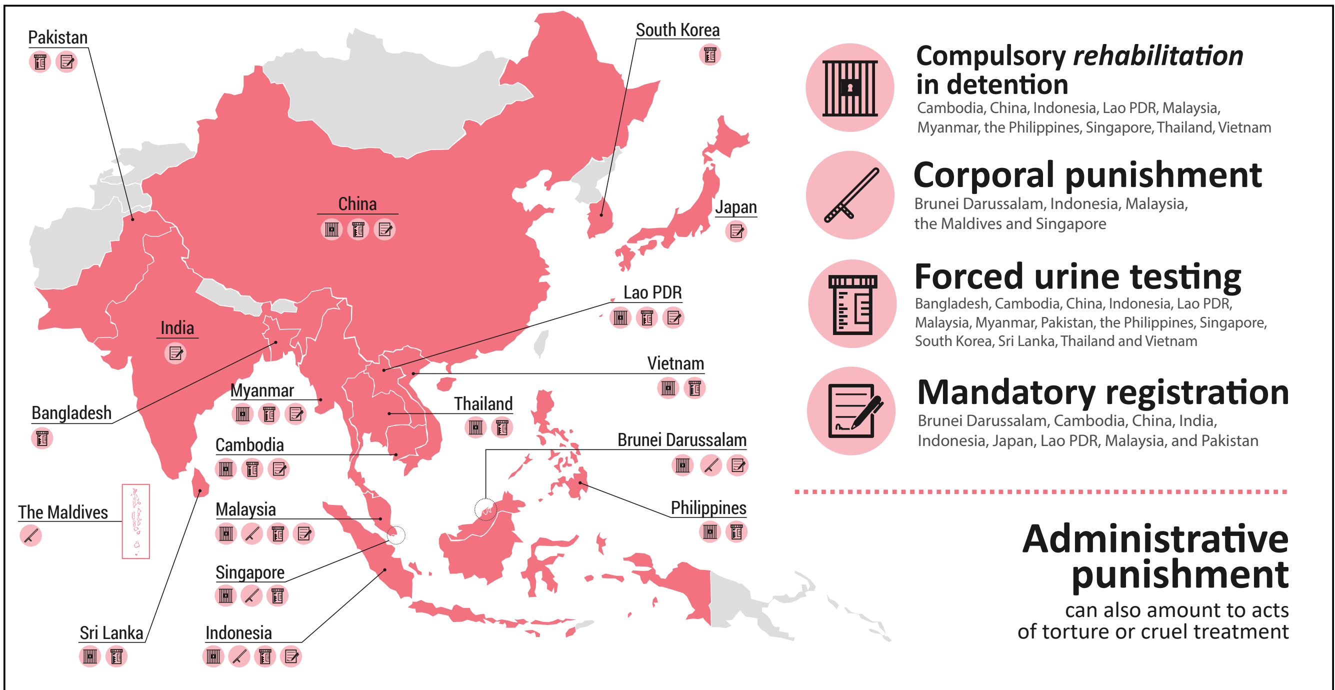
= ½ the total number of retentionist countries worldwide.

Credit: Juan Fernández Ochoa, IDPC

in 2015,[213] and the subsequent execution of a total of 18 drug offenders between 2015-2016.[214] The remaining 12 states, namely Pakistan, Taiwan, Thailand, Bangladesh, Brunei-Darussalam, India, Laos, Myanmar, South Korea, Sri Lanka and North Korea, retain the death penalty but have low application or are abolitionist-in-practice.[215] Since 2009, Singapore, Malaysia,[216] Thailand and Vietnam, have taken steps to reduce or eliminate the use of capital punishment for drug crimes, while Bangladesh, the Philippines and Sri Lanka have taken steps towards reinstating the practice.[217]

The period between 2015 and 2017 has also seen worrying developments in the region in relation to arbitrary, extrajudicial executions in the name of drug control. These are prohibited under international human rights law.[218] Since coming to power in June 2016, President Rodrigo Duterte's anti-drug campaign has resulted in the deaths of over 27,000 people accused or suspected of using or selling drugs.[219] These grave human rights violations were widely condemned during the Philippines' Universal Periodic Review (UPR) and more recently at the Human Rights Council,[220,221] as well as by the UNODC[222] and INCB.[223] Worryingly, some countries in Asia, notably Indonesia,[224] and Bangladesh[225] have voiced their support for the drug killings and followed suit. Between January and December 2017, following Indonesian President Joko Widodo's 'shoot-on-sight' policy for drug suspects, the Indonesian police killed at least 99 people during drug operations, an increase from 16 in 2016.[226] In Bangladesh, since May 2018, up to 466 people were killed by the police.[227] These practices represent a gross violation of the right to life and set a dangerous precedent in the region and globally.

Credit: Juan Fernández Ochoa, IDPC



1.3 The right to be free from torture and other cruel, inhuman and degrading treatment or punishment

2009 Political Declaration and Plan of Action

Action 6(a) 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'

Action 22(c) 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Varying forms of corporal punishment including caning, whipping, lashing and flogging are applied under the drug laws and/or criminal codes of countries in Asia. Corporal punishment contravenes the absolute prohibition of torture and represents a severe human rights violation under UN human rights obligations.[228] Such practices have been reported in Brunei Darussalam, Indonesia, Malaysia, the Maldives and Singapore, with Malaysia and Singapore being particularly active in their application.[229] Brunei Darussalam, Malaysia and Singapore have also been reported to use corporal punishment on children.[230]

Compulsory detention in the name of drug treatment in several countries in Asia has also been associated with human rights violations that range from cruel, inhumane and degrading treatment (e.g. beating, whipping and flogging) that can amount to torture, lack of due process, military-style physical exercises, forced labour, and denial of medical treatment and access to health and social services.[231] Despite mounting evidence of the ineffectiveness of compulsory detention and of related practices that contravene human rights, progress towards closing down the centres has been slow since 2009 (see Box 4).

Moreover, high levels of violence and ill treatment perpetrated by the police and other law enforcement against people who use drugs have been documented in Asian countries. In a 2009 study, 60% of 1,106 people who inject drugs across 13 cities in Indonesia reported physical abuse by the police.[232] A recent study of 731 women who inject drugs in Indonesia found that 87% of women arrested on drug-related charges experienced police extortion, most often involving solicitation of substantial sums of money and/or sexual favours in exchange for a lesser charge, a referral to drug dependence treatment or having charges dropped.[233] The study also found high rates of violence and abuse perpetrated by police, with 60% of women reporting verbal abuse, 27% facing physical violence and 5% experiencing sexual violence. A 2013 study in Thailand revealed that police beatings against people who use drugs were common and were associated with barriers to accessing healthcare and harm reduction services (resulting in higher rates of syringe sharing), compulsory drug detention and high rates of incarceration.[234] The use of torture by Thai police against people suspected of using drugs was further confirmed in a 2016 report by Amnesty International, which documented 240 of 639 participants (37.6%) in a study having been beaten by police, as well as the use of threats, suffocation and electric shocks by police.[235]

Credit: Greg Gray

1.4 The right to liberty and to be free from arbitrary detention

2009 Political Declaration and Plan of Action

Action 6(a) 'Ensure that demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration'

Action 15(a) 'Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration'

Action 22(c) 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles of the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

The disproportionate penalties and sentencing practices instituted for drug offences in the region has led to excessively high numbers of drug offenders, with a significant proportion held for non-violent and low-level offences such as people who use drugs, street-dealers and couriers, being incarcerated in severely overcrowded prison conditions since 2009.[236] In 2012, it was estimated that 68% of countries in Asia exceeded maximum prison capacity, and at least 40% of the prison population in several countries in the region comprised drug-related offenders.[237] In many countries, prison overcrowding is exacerbated by disproportionately lengthy sentences often imposed for drug offences, and the overuse of pre-trial detention, which in many countries is mandatory for drug offences.[238] The Philippines has one of the lengthiest pre-trial detention processes in the world, with inmates spending an average of 528 days in jail before they are convicted or acquitted.[239]

As of 2017, the proportion of prisoners held for drug-related offences is estimated at 58% in Indonesia,[240] 58% in the Philippines,[241] 72% in Thailand,[242] and 50% in Myanmar.[243] Statistics also show that a higher percentage of women than of men are incarcerated for drug offences, including up to 82% of all female prisoners in Thailand as of 2017.[244]

As part of Cambodia's newly launched drug war in January 2017, 17,700 people were arrested for suspected drug activities in 2017, leading to an increase in the prison population from 21,989 inmates in 2016 to 28,414 in 2017 whereby 51.7% of people in prison were held for drug offences. [245] In 2018, the ongoing campaign against drugs resulted in another 16,232 people arrested, with 7,133 people (almost half the total number) arrested in relation to drug use.[246] A similar pattern of over-incarceration was seen recently in Bangladesh, where over 13,000 people were arrested between May and June 2018.[247]

Disturbingly, the overwhelming majority of those imprisoned for drug offences are accused of non-violent charges such as drug use or possession.[248] This is concerning considering that research has consistently shown that punishment has little effect on reducing illicit drug use.[249] On the contrary, prisons are high-risk settings for HIV transmission,[250] and imprisonment tends to heighten socio-structural conditions of vulnerability, including poverty, social insecurity and lack of economic opportunity, that facilitate a vicious cycle of re-engagement in drug-related activities.[251,252]

1.5 The right to a fair trial and due process

ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025

Component III (10) 'Work towards the improvement of access to equitable justice for all individuals in the ASEAN region while respecting the sovereignty, national legislation and policies of each country'

The right to due process and a fair trial is recognised by several international human rights bodies, including the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights.[253,254] The ASEAN Work Plan 2016-2025 encourages member states to 'work towards the improvement of access to equitable justice for all individuals in the ASEAN region' (Component III (10)), representing a major step forward in ensuring that human rights protections complement supply and demand reduction strategies. This Action is particularly relevant to the escalation in extrajudicial killings in the name of drug control in several countries in South and Southeast Asia, where the Philippines only saw the first convictions of police for murder after almost 5,000 people had been killed by police over two years since the drug war started.[255] It is also relevant to the large numbers of people held in pre-trial detention and facing sentencing for a drug offence, and people detained without due process in CCDU across the region.[256]

Civil society-led paralegal support has been instrumental towards realising the right to due process and a fair trial and ensuring access to health services for people who use drugs. In Indonesia, peer paralegal services provided by the Community Legal Aid Institute (LBH Masyarakat)[257] and the Indonesian Drug User Network have had success in helping people who use drugs to gain their legal right to access drug treatment rehabilitation rather than be sent to prison.[258] Such programmes have been essential to ensuring equitable access to justice for people involved in illicit drug activities, particularly given that the majority of government-sponsored legal aid organisations in the country categorically refuse to handle drug-related cases and often explicitly state this in their organisational missions. Lawyers are also often not willing to take on drug cases, which pose further barriers to access to justice for people who use drugs and members of other vulnerable groups who face drug-related charges.[259]

1.6 The right to be free from discrimination

2009 Political Declaration and Plan of Action

Action 2(g) 'Develop and implement, in cooperation with international and regional agencies, a sound and long-term advocacy strategy, including harnessing the power of communication media, aimed at reducing discrimination that may be associated with substance abuse, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness, where appropriate, of interventions based on scientific evidence that are both effective and cost-effective'

People who use and inject drugs experience high levels of stigma and discrimination, fuelled in large part by brutal punishments meted out by Asian states as part of the dominant 'war on drugs' rationale.[260] Furthermore, misinformation about drugs in the media promotes public perceptions of people who use drugs as immoral, criminally culpable and incapable of making productive contributions to society.[261] Compared with their male counterparts, women who use drugs often face elevated stigma and discrimination from their families, communities and healthcare providers, as their drug use is often viewed as inconsistent with their socially-constructed roles as mothers, wives and daughters (see Box 3).[262] Stigma and discrimination against people who use drugs have been linked with heightened HIV transmission risks, reduced psychological well-being and inadequate access to health services.[263,264]

Developments in regard to addressing drug use-related stigma in Asia include the launch in 2014 of the UNODC Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in Southeast Asia.[265] Civil-society-led projects to address this issue have included a mass media campaign in Vietnam to increase public support for community-based responses to drug problems,[266] as well as award-winning anti-stigma boxing[267] and football programmes[268] run by Rumah Cemara in Indonesia that aim to raise awareness and dispel myths about HIV/AIDS and substance use. Several such initiatives have been carried out under the banner of the *Support. Don't Punish.* campaign (Box 5). Regular monitoring and evaluation are needed to ensure that stigma reduction initiatives are achieving their intended goals, and that promising initiatives are tailored and scaled up to a broader range of contexts across the region.

1.7 Rights of Indigenous peoples

The 2007 UN Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes the distinct cultural identity of Indigenous peoples and their right to self-determination. Article 3 of UNDRIP affirms the right of Indigenous peoples to self-determination, Article 8 affirms the right not to be subjected to the destruction of their culture, and Article 24 recognises their right 'to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals.'[269]

Communities throughout Asia have a long history of cultivating and using various psychoactive plants and substances for traditional, gastronomic, ceremonial, medicinal and recreational practices.[270] The opium poppy, for instance, has various traditional uses among the Hmong in Myanmar, Vietnam and Laos, while cannabis has also been used by various Indigenous peoples across the region, from India to Papua New Guinea.[271] The current drug policy regime, however, calls for the eradication of all drugs and the plants from which they are derived, thus depriving Indigenous peoples and ethnic minorities of their traditional practices, highlighting instead the fact that Indigenous peoples are not immune from drug-related harms.[272] Moreover, conflicts between various state and non-state actors have led to the

Box 5 The Support. Don't Punish. campaign in Asia

Support. Don't Punish is a global grassroots-centred initiative in support of harm reduction and drug policy reform. The campaign seeks to put harm reduction on the political agenda by strengthening the mobilisation capacity of affected communities and their allies, opening dialogue with policy makers, and raising awareness among the media and the general public.

The campaign's yearly high point is the Global Day of Action, a unique and multifaceted global show of force for harm reduction. The Day of Action takes place on or around 26 June, the *United Nations International Day Against Drug Abuse and Illicit Trafficking*. This date has often been commemorated by States by showcasing drug policy 'achievements' in repressive terms. In the past, this has included executions of people sentenced with the death penalty for drug offences.[273]

The Global Day of Action seeks to reclaim the 26th of June to change prevalent narratives on drug policy and catalyse reform based on health and human rights. In 2018, thousands of participants joined this collective effort in 234 cities of 98 countries, making it the largest mobilisation of its kind.

From its origins in 2013, the campaign has been pioneered by local partners in Asia. Developed under the aegis of the Community Action for Harm Reduction (CAHR) programme,[274] which focused on five target countries (China, India, Indonesia, Kenya and Malaysia), the campaign has grown substantially in the region, carried forward by local advocacy organisations, service providers and community-based networks.

Since the first Global Day of Action, local partners have organised a broad range of activities in over 30 cities of 15 countries in the region (see graph below), including public rallies, sports and cultural events and meetings with decision-makers.

Despite enduring challenges, the ingenuity and tenacity of campaign supporters is a testament to the universality of its global message: 'Support. Don't Punish'.

Graph: Countries in Asia where campaign activities were organised since 2013

displacement of Indigenous peoples, an observation that is true of the Wa people in Northern Myanmar and others in the Golden Triangle.[275]

Notably, none of the ASEAN declarations explicitly mention Indigenous peoples and a similar observation can be made of SAARC and the 2009 Political Declaration. While most of the countries in the region, with the exception of Bangladesh and Bhutan, are UNDRIP signatories, this omission points to the general lack of attention towards Indigenous peoples' rights, which underlies our particular concern over the adverse effects of drug policy on Indigenous peoples.

2 Maintaining peace and security

The UN's mandate of maintaining peace and security has a special resonance in a region that has seen various conflicts between and within nations, large- and small-scale, resolved and unresolved. As the examples of Afghanistan and the Mekong triangle show, conflict zones often coincide with drug production sites, in no small part because the lack of state presence and limited access to basic services, good governance, infrastructure and economic opportunities gives space for various actors to engage in drug cultivation, production and distribution – in some cases as the only livelihood option.[277]

Security remains one of the prominent themes in regional drug policies. The SAARC Convention on Narcotic Drugs and Psychotropic Substance cites 'the links between illicit drug trafficking and other related organised criminal activities, which undermine the economies and threaten the stability, security and sovereignty of States' as one of its rationales.[278] Similarly, the Joint Declaration for a Drug-which is inextricably linked to other transnational crimes including money-laundering and arms smuggling, could escalate to such a level where perpetrators can pose serious political and security threats to the region'.[279] It must be noted, however, that 'security' in policy formations is usually defined in terms of states' interests, and can actually lead to 'insecurity' for local communities (as the following sections show). Moreover, in keeping with the 'non-interference' policy that characterises diplomatic relations in the region, these declarations are non-binding. For instance, the ASEAN Work Plan on Security Communities Against Illicit Drugs 2016-2025 calls on member states to 'work towards the improvement of access to equitable justice for all individuals' but is quick to add the following disclaimer: 'while respecting the sovereignty, national legislation, and policies of each country'.[280] It is thus essentially up to each country to affirm human rights in relation to drug policies.

2.1 The 'balloon effect' and escalating levels of violence

2009 Political Declaration and Plan of Action

Action 22(c) 'Ensure that supply reduction measures are carried out in full conformity with the purposes and the principles o f the Charter of the United Nations and international law, the three international drug control conventions and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms'

Action 24(g) 'Implement strategies to disrupt and dismantle major organizations involved in trafficking in narcotic drugs and psychotropic substances and to address emerging trends'

Consistent with the global picture, regional efforts to control drug cultivation, production and trade have not led to an overall reduction of drug supply and demand, but only to changes in the market. The decrease in opium production in Thailand, for instance, has led to increases in Myanmar and Afghanistan: a phenomenon that drug policy experts call the 'balloon effect'. Meanwhile, although opium cultivation for pharmaceutical purposes is legal in India, illicit cultivation and illegal trade also take place (see Box 7) and neighbouring Afghanistan remains the largest producer of illicit opium in the world. From over 5,000 tons in 2006, opium production in Afghanistan fluctuated over the past decade but reached a record level of 9,000 tons in 2017, out of the estimated 10,500 tons produced worldwide.[281] In some areas, like Myanmar's Shan State, the illegal drug trade, particularly opium and increasingly methamphetamine, has overshadowed the formal economic sector. [282]

One significant trend in the region, particularly over the past two years, is the (re)emergence of drugs as a populist issue – with the use of punitive measures by governments to show that they are tackling the situation. Drawing striking parallels with Thailand's 'war on drugs' in 2003 which resulted in over 2,500 people killed,[283] Philippine President Rodrigo Duterte declared an anti-drug campaign in 2016 that has resulted in an incalculable human toll, professing a lack of empathy to the victims whose humanity he has questioned.[284] As mentioned above (section 3.1.2), a similar situation can be found in Indonesia as well as, more recently, Bangladesh, where a punitive, 'zero tolerance' campaign launched in May 2018 purportedly against 'yaba' saw 130 killings and 15,000 arrests in its first three weeks.[285]

Sri Lanka is the latest to adopt this tone, with Sri Lankan President Maithripala Sirisena stating that, 'From now on, we will hang drug offenders without commuting their death sentences…we were told that the Philippines has been successful in deploying the army and dealing with this problem. We will try to replicate their success'.[286]

These punitive campaigns are often conducted in the name of protecting the nation or the youth, but as the number of killings – including that of children – shows, they are exacerbating, rather than preventing, violence.[287] Moreover, the proliferation of similar policies suggests that national campaigns can have regional consequences. These approaches are not only ineffective; they also take attention and funding away from programmes that have showed their effectiveness – and reinforce stigma and misconceptions about drugs as well as people who use them.[288]

2.2 Tackling money laundering

2009 Political Declaration and Plan of Action

Action 51(a) 'Establishing new or strengthening existing domestic legislative frameworks to criminalize the laundering of money derived from drug trafficking, precursor diversion and other serious crimes of a transnational nature in order to provide for the prevention, detection, investigation and prosecution of money laundering'

Action 51(d) 'Promoting effective cooperation in strategies for countering money-laundering and in money-laundering cases'

Box 6 The cost of pursuing a drug-free Philippines

Drug policy in the Philippines is characterised by harsh penalties for offenders. Some Philippine lawmakers are pushing for the death penalty for drug-related crimes and the lowering of the age of criminal liability, from the current 15 to 9 or 12,[289] continuing a general trend of increasingly punitive measures spanning over a century.[290] It must be noted that this is also consistent with regional policy directions, for instance, the Joint Declaration for a Drug-Free ASEAN which calls on member states to 'seek the review of jurisprudence related to illicit drug abuse and trafficking and move for the passage of stricter laws on these crimes against society'.[291]

One consequence of the highly-criminalised drug policy regime is the congestion of jails, which has been exacerbated by President Rodrigo Duterte's 'war on drugs': from 96,000 inmates when he assumed the presidency in June 2016, the number has increased to 160,000 by 2018, a staggering 64% average increase that is much higher in some local jails and prisons. Quezon City Jail, for instance, despite its bed capacity of only 286, currently hosts 3,911 inmates[292]

Jail congestion has led to a humanitarian crisis, with inmates vulnerable to a range of diseases such as HIV/AIDS[293] and cellulitis,[294] physical and sexual abuse, as well as deprivation of basic human needs such as sufficient sleep and access to toilet facilities.[295] In Metro Manila alone, around 40 inmates reportedly die every month.[296]

The stiff penalties for drug-related offences have also meant that police officers and politicians alike can use drug-related accusations either to extort favours or persecute political opponents. Police officers have been documented to demand financial or sexual favours in exchange for not filing charges.[297] In October 2018 a police officer defended allegations of raping the 15-year old daughter of 'drug suspects' by saying that 'this is not new for our operatives when we arrest drug pushers':[298] an admission that is corroborated by data from the Center for Women's Resources that list the involvement of 56 cops in '33 state-perpetrated cases of violence against women'.[299] While police abuse has been reported before Duterte's administration,[300] it is worth mentioning that Duterte has promised legal protection for police officers and has encouraged them to resort to extra-legal acts, including planting evidence, which he himself admitted doing.[301]

Meanwhile, there are also consequences for the families of people who use drugs, including women and children, and this is particularly true for Duterte's drug war'.[302] The estimated 27,000 killed[303] have left behind families with no psychological or social services, save for the efforts of NGOs, civil society, and religious groups.[304] Ethnographic accounts also indicate that many communities are living in fear because of indiscriminate drug-war related violence.[305] Schools are not spared from the anti-drug campaign, with mandatory drug testing among students being ordered by the government – again, an escalation from a previous policy calling for 'random drug testing' in schools.[306] Overall, the lack of accountability for the killings has further undermined peace and security, prompting concerns that various actors are using the climate of impunity to perpetuate acts of violence, whether or not they are actually related to drugs.[307]

There have been calls to decriminalise drug use in the Philippines; in 2017 Senator Risa Hontiveros filed Senate Bill No. 1313, which calls for an 'alternative health and law enforcement strategy'.[308] However, such efforts have received strong opposition. Another senator, Vicente Sotto III, described harm reduction as 'saying that if we cannot stop a criminal from using a rusty knife, it would be better if the government gave killers clean and stainless knives so that nobody would die from tetanus if he gets stabbed'.[309]

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Component III (9) g. 'Implement or strengthen preventive, enforcement, and legislative measures such as asset forfeiture and anti-money laundering to combat drug-related crimes; and h. Enhance collaboration with concerned authorities on the nature, use, extent and impact of cybertechnology on trafficking of dangerous drugs, precursor and essential chemicals used for illicit drug production'.

Component III (12) 'Tackle the problem of corruption and the direct impact of corrupt practices on illicit drug production, traffic, and trade'

The inexorable links between the international drug trade and money-laundering are reflected in the many international and regional policy declarations that call for stronger action on this front. In 2017, heads of state at the East Asia Summit called on participating countries to 'support regional mechanisms for countering money laundering and terrorism financing' and 'Effectively implement the FATF's international standards for combating money laundering and terrorism financing'. In 1997, the Asia Pacific Group on Money Laundering (APG) was established to ensure implementation of FATF standards; from an original membership of 13, the group now consists of 41 member jurisdictions.[310]

Some countries have made significant progress over the past decade. India, for instance, was evaluated by FATF as having a 'satisfactory level of compliance' to its

standards,[311] and Indonesia attained observer status in FATF in 2018, putting it on track to soon join the following countries as FATF members in the region: India, People's Republic of China, Hong Kong, Japan, South Korea; Malaysia, and Singapore.[312]

However, compliance to international Anti-Money-Laundering (AML) standards has been variable, and transnational criminal organisations have maintained their ability to operate in the region, moving not just drugs but finances derived from them, working around the loopholes in countries' banking regulations. In the Philippines, for instance, a U.S. State Department report in 2017 noted that criminal organizations are able to use the Philippine banking and commerce sectors, including casinos, to launder money.[313] Underscoring the regional linkages of criminal networks, a cyber-heist of Bangladesh Bank's account at the New York Federal Reserve Bank was laundered through Philippine casinos in 2016.[314] The Philippines has since included casinos under the purview of its Anti-Money Laundering Council.[315]

2.3 The rise of crypto-drug markets

The globalisation of the Internet has had significant ramifications in the illegal circulation of drugs. Although crypto-drug markets remain small in relation to the overall size of the market in Asia, their share is increasing, while many countries are technologically and politically ill-prepared to deal with them.[316]

Asian countries have been identified among the venues of crypto-drug transactions, both as sources and destinations. For instance, an analysis of the crypto-market Evolution identified 93 countries as sources and 164 as destinations in 'darknet' transactions, with China and Hong Kong accounting for at least 3.6% of the listings.[317] The U.S. 'opioid crisis' has also been linked to vendors and manufacturers in Hong Kong and China that use the darknet for transactions – and regular postal services like the U.S. Postal Service for the transportation of the actual drugs, including fentanyl.[318] As the Internet becomes more pervasive in the region and as crypto-currencies become more sophisticated, more vigorous research is required to assess the impacts of crypto-drug markets on regional drug flows, alongside policies to address them.

3 Advancing development

With Afghanistan and the Mekong region being leading producers of opium, advancing development in drug-producing areas is a major concern for the region, as many studies have shown that poverty - in the widest sense of the term and as defined by UN agencies[319] – is the root cause of illicit cultivation. Advancing development in urban areas is also a clear challenge, given the engagement of many city dwellers, particularly those living in marginalized urban communities, in the drug trade.

Regional organisations have acknowledged the significance of advancing development in drug cultivation sites. The ASEAN Work Plan 2016-2025 for instance calls on member states to 'work towards a significant and sustainable reduction in illicit crop cultivation through the utilisation of the United Nations Guiding Principles on Alternative Development as a guideline, where appropriate' and to 'promote wider access for alternative development products in markets within the country and the region consistent with national and international obligations and applicable multilateral trade rules.'[320] The SAARC Convention on Narcotic Drugs and Psychotropic Substance (1993), although not explicitly mentioning alternative development, likewise urges member states to 'take appropriate measures to prevent illicit cultivation of and to eradicate plants containing narcotic or psychotropic substances, such as opium poppy, coca bush and cannabis plants, cultivated illicitly in its territory'.[321] Notably, Thailand hosted the First and Second International Conference on Alternative Development (ICAD 1 and 2) on 2011 and 2015, respctively.[322]

3.1Analysing factors leading to illicit cultivation

2009 Political Declaration and Plan of Action

Action 43(b) 'Conduct research to assess the factors leading to the illicit cultivation of drug crops used for the production of narcotic drugs and psychotropic substances'

ASEAN Work Plan on Combating Illicit Drug Production, Trafficking, and Use 2009-2015

Action 1.1 'To analyze the root causes, such as socio-economic factors, which motivate farmers to cultivate illicit crops and, through research, determine mechanisms that farmers who ceased cultivation of illicit crops have employed to cope successfully with the change in crop cultivation and by taking action on issues which impact the welfare of farmers who cease illicit crop production and cultivate alternative crops'

Opium is the primary drug crop in Asia and the region is largely responsible for the doubling of land under poppy cultivation over the past decade.[323] This rise begs the question as to why farmers grow opium, and why more of them are now doing so.

Box 7 Licit opium cultivation in India

India is one of the few countries where farmers can legally grow opium.[324] The poppies are made into opium paste which is then sold to pharmaceutical companies that convert them into morphine and other drugs. The cultivation, which is mostly confined to the provinces of Rajasthan, Madhya Pradesh and Uttar Pradesh, is protected by the 1961 Single Convention on Narcotic Drugs and is heavily regulated by the government through licensing and pricing restrictions.[325]

The practice of cultivating opium in India predates the British colonial period, but it was during British rule when it gained economic and geopolitical significance; by 1843 it had become the country's second largest source of revenue.[326] Decades later, the rise of other anaesthetics and synthetic substances - including synthetic opioids – led to a dwindling of opium's significance as a recreational and medical drug, but the opium plant itself remains an important source of pharmaceutical products, particularly morphine.[327]

The informal economy that has developed around licit cultivation remains a challenge. Underpaid farmers sell part of their produce – at a higher price – to illegal traders who then turn the opium into heroin, or directly to heroin manufacturers.[328] Despite undeniable successes in the past decade (e.g. working with social networks in villages to discourage illicit cultivation), independent sources suggest that illicit opium production in India is more extensive than is acknowledged by the government, adding that official estimates omit data from other states.[329]

For the farmers themselves, the challenge lies in their ability to earn, given the volatility of opium prices and the strict regulatory regime. For instance, any damaged crops must be reported and failure to produce a given quota may be punished, leading to farmers buying surplus from other farmers. In the past, farmers were able to earn from other parts of the poppy: with the poppy seeds being sold to the market as a spice, and the husk to licensed traders who resold them as a mild narcotic. However, the sale of these plant parts was prohibited in 2015 – yet another factor that has led farmers to turn to the illegal trade.[330]

Meanwhile, another challenge is ensuring adequate access to opium-based products, particularly morphine, by Indian patients, with some scholars pointing out the irony of the world's leading licit opium producer having a shortage of opioid medication. While a 2014 amendment to the 1985 Narcotic Drugs and Psychotropic Substances (NDPS) Act simplified licensing and procurement procedures, barriers to access to opioid medications, including poorly-informed doctors, remain a concern for the palliative care community.[331]

Opium cultivation in India is a reminder that the raw materials for drugs, just like the drugs themselves, have multiple uses. Moreover, it illustrates how cultural traditions, laws and conventions, medical indications and economic needs coincide – and sometimes contradict one another – in the production and distribution of various drugs.

One key insight from the existing literature is that there is no single reason to explain farmers' decisions to plant opium;[332] rather, it is a combination of environmental, political and socio-economic factors. The horticultural properties of opium, for instance, make it an attractive choice for highland communities, as it can tolerate lack of irrigation and relatively high altitude.[333]

Socio-economic factors, meanwhile, include geographic marginality, poor health and lack of income opportunities, all of which can ultimately be linked to poverty.[334] The case of Myanmar is illustrative: 72% of survey respondents in poppy-growing villages in the country reported that they cultivated opium in order to make more (or easy) money, or to cover basic living expenses such as food, education and housing; even if they could grow other crops, access to markets for them is difficult, in contrast to opium which can easily be sold through drug entrepreneurs able to navigate a terrain beyond Yangon's reach.[335] Tellingly, the average income in non-poppy growing villages is higher than in poppy growing villages, underscoring the economic imperative that drives people to illicit cultivation.[336]

Finally, political factors centre on the relative presence/influence of the government and law enforcement, the existence of criminal and/or insurgent groups and resulting violence or instability as well as the commitment (or lack thereof) by national and local actors to offer alternative income opportunities.[337] In Myanmar's Shan State, the inexorable links between armed conflict and the drug trade comprise a vicious cycle: the drug trade attracts various actors owing to its profitability; various actors contribute to corruption and conflict that set back development; and the lack of development leads people to turn to the drug trade.[338]

3.2 Promoting sustainable development

2009 Political Declaration and Plan of Action

Action 43(d) 'Ensure that States with the necessary expertise, the United Nations Office on Drugs and Crime and other relevant United Nations organizations assist affected States in designing and improving systems to monitor and assess the qualitative and quantitative impact of alternative development and drug crop eradication

programmes with respect to the sustainability of illicit crop reduction and socio-economic development; such assessment should include the use of human development indicators that reflect the Millennium Development Goals'

Action 45(c) 'Establish, where possible, sustainable alternative development programmes, in particular in drug-producing regions, including those with high levels of poverty, as they are more vulnerable to exploitation by traffickers and more likely to be affected by the illicit production of and trafficking in narcotic drugs and psychotropic substances'

Action 45(d) 'Consider, where appropriate, including in their national development strategies, integrated and sustainable alternative development programmes, recognizing that poverty and vulnerability are some of the factors behind illicit drug crop cultivation and that poverty eradication is a principal objective of the Millennium Development Goals; and request development organizations and international financial institutions to ensure that alternative development strategies, including, when appropriate, preventive alternative development programmes, are incorporated into poverty reduction strategy papers and country assistance strategies for States affected by the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances'

Action 45(f) 'Ensure that the design and implementation of alternative development programmes, ininvolve all stakeholders, take into account the specific characteristics of the target area and incorporate grass-roots communities in project formulation, implementation and monitoring'

Action 47(b) 'Develop alternative development programmes and eradication measures while fully respecting relevant international instruments, including human rights instruments, and, when designing alternative development interventions, taking into consideration the cultural and social traditions of participating communities'

Action 47(d) 'Ensure that the implementation of alternative development and preventive alternative development, as appropriate, enhances synergy and trust among the national Government, local administrations and communities in building local ownership'

Action 47(c) 'Ensure that development assistance provided to communities in areas affected by illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances takes into account the overall aims of human rights protection and poverty eradication'

Action 47(f) 'Ensure the proper and coordinated sequencing of development interventions when designing alternative development programmes; and, in this connection, the issues of the establishment of agreements and viable partnerships with small producers, favourable climatic conditions, strong political support and adequate market access should be taken into account'

ASEAN Work Plan on Combating Illicit Drug Production, Trafficking, and Use 2009-2015

Action 1.2 'Allocate funds from the Government to provide support to farmers and communities that stop illicit opium poppy and cannabis cultivation and policies should be integrated into overall development plans to integrate communities into the economic mainstream'

Action 1.4 'Improve bilateral and regional cooperation among concerned institutions to reduce illicit crops cultivation through alternative development, sharing of knowledge, experience and best practices on alternative development'

Action 1.5 'Promote partnership with relevant stakeholders, including local communities, non-governmental organisations and private enterprises, and strengthening cooperation with relevant United Nations and international organizations'

ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025

Component VI (18) 'Work towards a significant and sustainable reduction in illicit crop cultivation through the utilisation of the United Nations Guiding Principles on Alternative Development as a guideline, where appropriate'.

Component VI (19) 'Promote wider access for alternative development products in markets within the country and the region consistent with national and international obligations and applicable multilateral trade rules'

Component VI (20) 'Develop technical assistance that would help each other in identifying new alternative crops as substitute to illicit crops and institute sustainable policy reforms'

Component 1 (2) 'Recognise the need to address the continuing threat posed by the production and related distribution of illicit drugs from the Golden Triangle. (b) Enhance regional cooperation to address this threat'

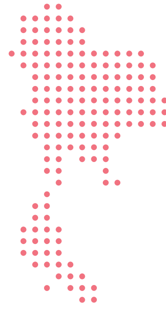
Component 1 (3)c 'Increase and enhance partnerships between public and private sectors and civil society organisations in response to the abuse of illicit drugs'

Alternative development

In the 1960s

Thailand

initiated efforts to address the underlying causes of opium cultivation, leading to:

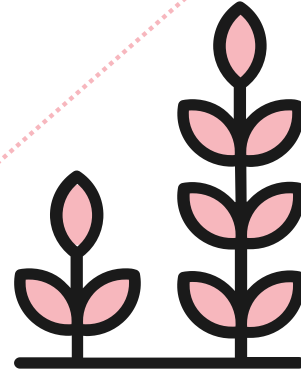


Alternative sources of income
(before eradication)

Environmental protection

Access to healthcare and public services
(education, electricity, clean water)

Small-scale businesses



Alternative development

requires addressing the socio-economic vulnerabilities that push people into the illicit market

Credit: Juan Fernández Ochoa, IDPC

Though more so in policy formulations than in practice, alternative development has been one of the approaches used to target communities involved in illicit crop cultivation in the region.[339] The promotion of a 'development-oriented' approach to drug policy, in both rural and urban settings, was also incorporated within the UNGASS Outcome Document, with a reference to the 2030 Agenda for Sustainable Development.[340]

In Thailand, efforts to promote development in opium-growing regions antedate the international recognition of development as a key component of drug policy. The Thailand model supported the farmers' shift to other crops prior to any opium poppy eradication, via a comprehensive and long-term development strategy. This has not only led to a reduction in opium poppy cultivation, but more importantly, improved access to basic services, schools, job diversification and the protection of the environment.[341] Over the past decade, these results have been sustained through the efforts of the national government in cooperation with international civil society groups.[342]

Similar efforts have been implemented in Lao PDR and Myanmar. For instance, the 'Post Opium Surpass Poverty' (PSP) Project in Oudomxay Province, Lao PDR, which ran from 2007-2010, demonstrably succeeded in helping local communities to move to various enterprises from sesame oil production to embroidery[343]. A similar initiative, led by the UNODC in cooperation with Thai agencies, adapted the Thailand model and supported the development of organic agriculture in the same province was also met with similar results,[344] and by 2013, Oudomxay Province was assessed to be free of opium poppy cultivation.[345]

These practices notwithstanding, the fact that illicit opium production has risen globally raises the question of outcomes with regards to the original aim of the 2009 Political Declaration - that is, that of eliminating global cultivation of opium, coca and cannabis worldwide. This therefore begs the questions as to whether the success of these programmes should be measured differently, focusing instead on the achievement of the Sustainable Development Goals, including poverty

reduction, gender equality, access to clean water, education and employment, and the protection of the environment, among others.[346]

Furthermore, even if the above alternative development programmes can be considered successes, much work needs to be done in scaling them up: a task that is faced with considerable challenges. In the first place, with the notable exception of the royal government-supported Thai initiative, most alternative development projects (which, often, are short-term projects, rather than well-developed programmes) in the region have been largely donor-driven, raising questions of capacity and sustainability.[347] There is also little funding available for alternative development programmes, further restricting the potential of this approach.[348]

Moreover, some scholars have warned of unintended consequences of programmes that are not carried out based on a solid understanding of the local context, nor a consideration of the rights of farmers and other community members, by placing an overwhelming onus on crop eradication to the detriment of human rights and development imperatives such as access to health, education and development opportunities, among many others.[349] In Afghanistan, for instance, drug eradication programmes were documented to have worsened the plight of poor communities by disrupting the informal economy and creating new forms of gender-specific insecurity.[350] In Laos, China's opium substitution programmes have led to land-grabbing and have ironically forced communities to turn to opium cultivation.[351]

3.3 Protecting the environment in drug control strategies

2009 Political Declaration and Plan of Action

Action 22(e) 'Promote supply reduction measures that take due account of traditional licit uses, where there is historical evidence of such use, as well as environmental protection, in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988'

Action 49(e) 'Ensure that development partners, affected States and other relevant key development actors examine innovative ways to promote alternative development programmes, including preventive alternative development programmes, where appropriate, that are environmentally friendly'

The environmental impacts of the drug trade are well documented, though less so in Asia: from the clearing of forests in drug transhipment points to the driving away of both tourists and park rangers in conservation sites affected by illicit drug cultivation;[352] from the toxic wastes from chemicals used to grow and process drug crops (including agrochemicals, sulfuric acid, ammonia, acetone, hydrochloric acid, kerosene and sodium carbonate) to the equally-toxic by-products involved in the manufacture of synthetic drugs, practices that also have public health consequences.[353]

Paradoxically, however, drug control has also had adverse environmental consequences. The eradication of drug crops, for instance, leads illicit farmers to move to other sites, which may then be subject to deforestation and environmental contamination: a phenomenon that has been observed in Laos and Myanmar.[354] A more direct source of environmental harm is aerial fumigation using chemical herbicides like glyphosate, and while there is no evidence to suggest that this is currently done in the region (and there is no evidence to support its efficacy), it is worth noting that both the U.S. and Russian governments have suggested it in the past as a strategy to eradicate the poppy fields in Afghanistan.[356]

Moreover, the prohibition of drug-related activities has, in some cases, led to alternative activities that are deleterious to the environment. For instance, the ban on opium cultivation in Myanmar has caused former opium gum collectors to turn to harvesting 'non-timber forest products' in unsustainable ways.[357] China's opium replacement programme in Myanmar and Laos, which is based on mono-cropping, has also had negative consequences for the environment.[358]

Unfortunately, the environmental impacts of drug control continue to be in the margins of the drug policy discourse in the region, and there is a dearth of documentation about them – particularly for drugs other than opium. This gap calls for more attention on this under-examined but vital topic – as well as more engagement between the environmental and drug policy communities at the national and regional levels.

3.4 Advancing development in urban areas

Most of the regional commitments on development in drug policy pertain to areas with drug cultivation, and thus this section has focused on progress made on cultivation. It is worth noting, however, that aspects of drug production, distribution and trade are a source of livelihood for vulnerable groups in some urban centres in the region. Crucially, scholars have identified the lack of opportunities in cities, particularly in marginalised communities, as one of the reasons people engage in drug-related activities.[359]

Some countries have acknowledged the need to respond to the economic needs in these communities. The Philippine Dangerous Drugs Board (DDB), for instance, has proposed expanding the notion of 'alternative development' to include urban areas.[360] In practice however, most countries including the Philippines continue to take a brutally punitive rather than development-led approach to even low-level drug supply activities amongst marginalized urban communities. In Asia, alternative development for various aspects of the drug trade beyond cultivation in rural areas remains an under-emphasized aspect of drug policy in the region.

Part 4
Recommendations

The 2019 Ministerial Segment represents a crucial opportunity to examine what has and has not been achieved in the region over the past decade, and reflect on effective ways to manage the complexities of drug markets and reduce collateral damage caused by punitive approaches to drug activities. To support a critical review of existing goals and define a more humane and evidence-based regional and global drug strategy going forward, the following recommendations are presented for the consideration of member states:

1. Move away from 'drug-free' targets.

The data presented in this report suggest that countries in Asia have not been able to achieve the frequently reiterated goal of a 'drug-free' region nor to 'eliminate or reduce significantly' the illicit cultivation, production, trafficking, sale and consumption of drugs. Overall, the data reviewed indicate the opposite: trends in cultivation, trafficking and consumption in the majority of East, Southeast and South Asian countries have largely increased since 2009. When assessed against broader UN and ASEAN goals, it is evident that drug-related policies and approaches promoted by existing global and regional frameworks in Asia fall short of advancing health, human rights, development, peace and security, but have instead exacerbated health, social and economic harms. A possible way forward is the replacement of unachievable 'drug-free' targets with more meaningful goals aligned with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international and regional human rights commitments.

2. Meaningfully reflect upon the impacts of drug policies on the UN goals of promoting health, human rights, development, peace and security.

Most drug policies implemented by states in Asia have failed to make headway and often actively undermined the overarching goals of the UN to protect health and human rights, promote peace and security and enhance sustainable development. Beyond the 2019 Ministerial Segment, states in Asia should adopt more meaningful indicators to measure the impacts of drug policies. New targets and goals should reference the SDGs and prioritise the reduction of health and social problems associated with drug use, as well as sustainably improve the social inclusion of marginalised and vulnerable groups involved in illicit drug activities.

Moving forward, Asian countries should also invest in gathering accurate and independent data related to a range of drug-related harms, including age- and sex-disaggregated data on drug use epidemiology, overdose deaths, numbers of people in compulsory rehabilitation and detention facilities, numbers of people in prison and on death row for drug-related charges, government expenditure on drug policy, stigma and discrimination, and levels of drug-related crime, in order to guide the development of evidence-based drug policies. Examples of alternative indicators based on the SDGs are proposed by IDPC in the global shadow report, and include rates of HIV, tuberculosis, hepatitis B and C amongst people who inject drugs and availability and coverage of gender-sensitive harm reduction interventions in the community and in prison settings.[361]

3. Reflect upon the realities of drug policies on the ground, both positive and negative.

This shadow report has drawn attention to serious human rights abuses committed in the name of drug control across Asia over the past decade. These include the continued application of the death penalty for drug offences, extrajudicial killings, compulsory rehabilitation in detention for people who use drugs, incarceration for non-violent drug offences, and entrenched stigma and discrimination against people who use drugs. The detrimental consequences of existing drug policies should be acknowledged in 2019 debates to ensure a move toward more humane, evidence-based drug policies. Nonetheless, this report has highlighted isolated but significant pockets at the local and national level in Asia where important changes have taken place, including in relation to medicinal cannabis, community-based drug treatment as an alternative to incarceration, the provision of life-saving harm reduction services, and community mobilisation. These reforms should feature in discussions leading up to and after the Ministerial Segment, and pave the way for a possible paradigm shift both in the region and globally.

4. End punitive approaches and put people and communities first.

This report has shown that drug policies in Asia have focused disproportionately on eliminating or reducing the size of drug markets and controlling substances, and not sufficiently on the people and communities that they affect. Beyond 2019, it is crucial that drug policies in Asia place the health, well-being and social inclusion of the people and communities they seek to serve at the centre. In line with this paradigm shift, drug polices in Asia should promote meaningful, accountable and transparent civil society and multi-sectoral involvement in defining, monitoring and evaluating regional drug strategies, targets and commitments. This necessitates the meaningful engagement of civil society and of affected communities – including people who use drugs, people involved in subsistence farming of illicit crops, and other communities such as women and young people – in all aspects of the design, implementation, evaluation and monitoring of drug policies at local, national, regional and international levels, as recognised in the 2009 Political Declaration and Plan of Action (Actions 10 and 12(b)), and the 2016 UNGASS Outcome Document.

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