

Measuring the effectiveness of ASEAN's drug strategy

Soon after the United Nations Commission on Narcotic Drugs adopted the slogan “A drug-free world, we can do it!” for its ten-year drug strategy in 1998, the Association of Southeast Asian Nations (ASEAN) followed suit by agreeing to the *Joint Declaration for a Drug-Free ASEAN* (the Joint Declaration) later in the same year. The Joint Declaration outlined a broad strategy for eradicating the production, processing, trafficking and use of controlled drugs in the region by the year 2020,¹ but later brought forward the target year to 2015 to highlight member states' concerns about the threat posed by drug markets to the security and stability of the region.²

When the UN's drug strategy ended in 2008, it had become apparent that any possibility of the world being declared drug-free had ended as well. The best claim that could be made for the efforts of the past decade was that for certain types of drugs, and in some areas of the world, the market had stabilised or been ‘contained’.³ The following, and existing, UN ten-year drug strategy dropped the drug-free slogan but maintained goals of eliminating or significantly reducing drug use and supply.⁴ In pursuit of the policy objective of eradicating or significantly reducing drug markets, governments in ASEAN (and elsewhere around the world) have implemented severely punitive policies and law enforcement measures resulting in a wide range of negative consequences for public health, human rights and development. The global scale of these consequences have been comprehensively documented by several international authorities, including the World Health Organisation,⁵ Office of the High Commissioner for Human Rights,⁶ and the United Nations Development Programme,⁷ in preparation for the United Nations General Assembly Special Session on the world drug problem, held in New York in April 2016 (UNGASS). The UNGASS was intended

to review the progress made in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, including an assessment of the achievements and challenges in countering the world drug

¹ *Joint Declaration for a Drug-Free ASEAN*, Manila, Philippines, 25 July 1998, <http://www.aseansec.org/1638.htm>

² *Bangkok Political Declaration in Pursuit of a Drug-Free ASEAN 2015*, Bangkok, Thailand, 11-13 October, 2000, <http://www.aseansec.org/644.htm>

³ United Nations Office on Drugs and Crime (2008), *World Drug Report 2008*, http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf

⁴ United Nations Office on Drugs and Crime (2009), *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 2009*, http://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf

⁵ World Health Organisation, *Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016*, Report by the Secretariat, 15 January 2016, http://www.unodc.org/documents/ungass2016//Contributions/UN/WHO/B138_11-en.pdf

⁶ Report of the United Nations High Commissioner for Human Rights, *Study on the impact of the world drug problem on the enjoyment of human rights*, 4 September 2015, http://www.unodc.org/documents/ungass2016//Contributions/UN/OHCHR/A_HRC_30_65_E.pdf

⁷ United Nations Development Programme, *Perspectives on the development dimensions of drug control policy*, March 2015, http://www.unodc.org/documents/ungass2016//Contributions/UN/UNDP/UNDP_paper_for_CND_March_2015.pdf

problem, within the framework of the three international drug control conventions and other relevant United Nations instruments⁸

While the UNGASS resulted in a clear emphasis on the need for drug policies to be oriented towards a public health approach and outlined new priorities, in areas such as human rights, women, youth and access to essential medicines, in order to address the negative consequences associated with drug markets,⁹ ASEAN did not appear to follow suit this time when it agreed on its new work-plan on illicit drugs for 2016 – 2025 later in the same year.¹⁰

This paper discusses ASEAN's approach to evaluating the effectiveness of its drug strategy with reference to the UN's assessment of global drug control efforts. In 2012 and 2013, the International Drug Policy Consortium (IDPC) published advocacy notes discussing the ineffectiveness and negative consequences of pursuing a drug policy focused solely on eradicating drug markets, and recommending policies which aim to reduce the most serious harms associated with drug markets, with new indicators for measuring drug policy successes.¹¹ While evaluating the implementation of ASEAN's drug strategy is an essential component of evidence-based policy making, this paper proposes that it is necessary for such an evaluation to consider the effectiveness of the strategy itself in addressing the full range of drug-related problems encountered in the region.

ASEAN's approach to policymaking on drugs

ASEAN has portrayed drug markets as a key security concern for ASEAN member states, and as a cause of individual suffering, the weakening of 'the social fabric of nations', direct and indirect economic costs to governments, and criminal activities that could threaten the stability of states.¹² Its goal of becoming "drug-free by 2015" was acknowledged by ASEAN member states themselves as an unachievable one, but nevertheless the aspiration to become drug-free has been retained in the region's new *ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016 – 2025*, adopted in October 2016 (the 2016 ASEAN Work Plan). In 2007, member states had agreed that the goal should be interpreted as aiming "to significantly reduce the production, trafficking and abuse" of narcotic drugs, rather than trying to achieve total eradication,¹³ and on that basis committed to a set of

⁸ UN General Assembly Resolution, *Special session of the General Assembly on the world drug problem to be held in 2016*, A/RES/70/181,

http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/181&referer=http://www.unodc.org/ungass2016/en/index.html&Lang=E

⁹ UN General Assembly Resolution, *Our joint commitment to effectively addressing and countering the world drug problem*, adopted on p;

19 April 2016, A/RES/S-30/1, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/24/PDF/N1611024.pdf?OpenElement>

¹⁰ ASEAN (2016), *The ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016 – 2025*, <http://asean.org/storage/2016/10/ASEAN-WP-on-Securing-Communities-Against-Illicit-Drugs-2016-2025-FINAL.pdf>

¹¹ International Drug Policy Consortium (IDPC) (2012), *IDPC Advocacy Note: Recommendations for the mid-term review of the ASEAN Drug Strategy*, <http://idpc.net/publications/2012/09/idpc-advocacy-note-recommendations-for-the-mid-term-review-of-the-asean-drug-strategy>; IDPC (2013), *IDPC Advocacy Note: A drug-free ASEAN by 2015: harmless rhetoric or a dangerous mantra?*, <http://idpc.net/publications/2013/09/idpc-advocacy-note-a-drug-free-asean-by-2015-harmless-rhetoric-or-a-dangerous-mantra>

¹² *ASEAN Leaders' Declaration on Drug-Free ASEAN 2015*, 3 April 2012, <http://www.aseansec.org/documents/Declaratin%20on%20Drug%20Free%20ASEAN%20Endorsed%20by%20Summit%20FINAL.pdf>

¹³ United Nations Office on Drugs and Crime (2007), *Drug-free ASEAN by 2015: Status and recommendations*, https://www.unodc.org/documents/southeastasiaandpacific/Publications/ASEAN_2015.pdf

objectives and actions under the *ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015)*, adopted in November 2009 (the 2009 ASEAN Work Plan):¹⁴

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

In 2014, IDPC released a paper providing comments on the final evaluation of member states' implementation of the 2009 Work Plan, presenting data that clearly demonstrated the inability to achieve the goal of a drug-free region, even when it is interpreted as a series of objectives "to significantly reduce the production, trafficking and abuse" of drugs as outlined above.¹⁵ It was evident from available data that the overall trends in cultivation, trafficking, supply, and consumption are not reducing. In some cases, such as for methamphetamine supply, trends have actually increased to an alarming degree. The paper asserts that the utter failure to achieve any of the objectives set for itself should call into question the effectiveness both of interventions implemented by ASEAN member states and the effectiveness of the 2009 ASEAN Work Plan itself.

While both the 2009 and 2016 Work Plan outlines many actions covering a wide range of drug issues, they are only focused on reducing the size rather than the harms of drug markets. It is proposed that drug strategy objectives need to also address serious problems caused by drug policies and interventions (rather than drugs themselves):

- Challenges to livelihoods and human development of communities engaged in illicit opium cultivation: research shows that many opium growers are impoverished subsistence farmers from various ethnic minorities in the remote mountains of northern Myanmar, Laos and Northeast India, and that cultivation is often for the purposes of meeting basic livelihood, medical and cultural requirements. The use of forced eradication, and the availability of alternative development options only after communities have abandoned cultivation, can have severely negative consequences for local communities and even lead to increased cultivation or its displacement to other areas.¹⁶

¹⁴ Siem Reap, Cambodia, 17 November 2009, <http://www.aseansec.org/24036.htm>

¹⁵ International Drug Policy Consortium (2014), *A drug-free ASEAN by 2015: Comments on the final assessment from a civil society perspective*, <http://idpc.net/publications/2014/06/a-drug-free-asean-by-2015-comments-on-the-final-assessment-from-a-civil-society-perspective>

¹⁶ Transnational Institute, *Bouncing back: relapse in the Golden Triangle*, (2014), pp. 13, 98.

- Disproportionate penalties and levels of incarceration for drug offences: there is limited availability of data on the issue. However, the increasing numbers of arrests, and available data from Penal Reform International for Thailand (65 per cent of the prison population, and 82 per cent of women in prison, were charged, convicted or detained for drug offences) and Indonesia (70 per cent of the prison population are drug users),¹⁷ combined with the institution of severe criminal penalties for low-level, non-violent drug offences and compulsory detention requirements for people who use drugs, suggest that high numbers of people are incarcerated for minor drug offences.
- HIV prevalence and other health risks for people who use drugs: despite a reported decline in HIV prevalence among people who inject drugs since 2007 in Indonesia, Thailand, Myanmar and Vietnam, HIV prevalence levels remain high among this population, for example in Indonesia (36.4 per cent in 2011), Cambodia (24.8 per cent in 2012), and Myanmar (23.1 per cent in 2014). In the Philippines, new epidemic outbreaks have been reported in Cebu city, accounting for the huge increase in prevalence of HIV among people who inject drugs from 0.2 per cent in 2007 to 44.9 per cent in 2013.¹⁸ People who inject drugs also face serious health risks associated with tuberculosis, hepatitis and overdose which are preventable and/or easily treated.¹⁹ However the ongoing criminalisation, punishment (including compulsory detention as a form of “treatment”), stigmatisation and discrimination against people who use drugs are major barriers to reducing these health risks.²⁰
- Violence resulting from drug enforcement operations, especially the extrajudicial killings perpetrated by law enforcement and ‘unknown assailants’ under the ‘war on drugs’ declared by the current administration in the Philippines.²¹

New drug strategy for ASEAN in 2016

While the new drug strategy and work plan for ASEAN is said to have taken account of a mid-term review in 2012 and final assessment in 2014, it does not reveal the outcomes of those processes, nor are they publicly available.²² The 2016 ASEAN Work Plan is still focussed on reducing the supply and demand for drugs, although appears to attempt to slightly amend its approach by referring to a “broad and balanced approach that includes efforts to significantly reduce the supply and demand of illicit drugs”²³ as well as including “[w]ork 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” and “[i]mprove levels of governance by adopting a transparent approach in the enforcement of drug laws” as new components.²⁴ However the serious concerns outlined above

¹⁷ Penal Reform International (2015), *Global Prison Trends 2015*, <https://www.penalreform.org/wp-content/uploads/2015/04/PRI-Prisons-global-trends-report-LR.pdf>

¹⁸ Source: Data prepared by www.aidsdatahub.org based on 1) Integrated Biological and Behavioural Surveys; 2) HIV Sentinel Surveillance Surveys; 3) www.aidsinfoonline.org

¹⁹ UNAIDS, *AIDSinfo*, <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/>

²⁰ Global Commission on HIV and the Law (2012), *Risks, rights and health*, <http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>; Global Commission on Drug Policy (2012), *The war on drugs and HIV/AIDS: How the criminalization of drug use fuels the global epidemic*, http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf

²¹ UN Human Rights Council, *Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings*, A/HRC/35/23, <http://www.ohchr.org/EN/Issues/Executions/Pages/AnnualReports.aspx>, at para 49.

²² ASEAN (2016), *The ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016 – 2025*, <http://asean.org/storage/2016/10/ASEAN-WP-on-Securing-Communities-Against-Illicit-Drugs-2016-2025-FINAL.pdf>

²³ *Ibid* at 3.

²⁴ *Ibid* at 8 - 9.

relating to the negative impacts of drug policies upon development, public health and human rights are not at all addressed.

Need for new objectives and indicators of effectiveness for ASEAN's drug strategy and work plan

It is clear that drug markets result in multiple challenges for governments: drug use can lead to a range of health problems, illegal commodity markets can disrupt the standard functions of government, economies and societies, and organised crime groups that control large segments of a drug market can pose a real threat to security. However, it has become clear that ASEAN needs to review the effectiveness of its drug policy in ways that aim to reduce these health, social, human rights and security risks.

The *Kuala Lumpur Declaration on ASEAN 2025: Forging Ahead Together* (the Declaration) of November 2015 sets out a vision for the realisation of an:

inclusive and responsive community that ensures our peoples enjoy human rights and fundamental freedoms as well as thrive in a just, democratic, harmonious and gender-sensitive environment in accordance with the principles of democracy, good governance and the rule of law.²⁵

In specific relation to drug policy, the ASEAN Political-Security Community Blueprint includes commitments to:

- i. Develop holistic, integrated and balanced strategies, addressing both supply and demand reduction, to achieve a balance between treatment and rehabilitation approaches as well as the law enforcement approach in combating drug crimes, and;
- ii. Develop evidence-based best practices and standards on policy formulation and interventions on drug prevention and control and other related measures.²⁶

In addition, the ASEAN Socio-Cultural Community Blueprint establishes commitments by member states to:

- i. Support the coordination with relevant stakeholders in policy formulation, develop and implement preventive programmes for different target groups, adopt and utilise effective treatment and rehabilitation and after-care programmes, and research on drug abuse problems; and
- ii. Enhance community awareness and social responsibility on the ill-effects of dangerous drugs through community engagement, advocacy and other relevant activities.

The effectiveness and ineffectiveness of ASEAN's adoption of objectives focused on eradicating drug markets need to be evaluated against its ability to achieve improved outcomes for public health, development and security. The negative consequences of existing drug control policies also need to be identified and acknowledged in order to evaluate the most serious harms relating to drugs, including the human development challenges faced by opium cultivating communities, excessive

²⁵ *ASEAN 2025: Forging Ahead Together*, Jakarta: ASEAN Secretariat, December 2015. <http://www.asean.org/wp-content/uploads/2016/01/ASEAN-2025-Forging-Ahead-Together-2nd-Reprint-Dec-2015.pdf>, at 14.

²⁶ *Ibid.* at 116.

levels of arrests, punishment and incarceration caused by disproportionate penalties for drug offences, and the HIV and other health risks faced by people who use drugs.

Need to update drug policy objectives and targets to take account of the UNGASS outcomes and Sustainable Development Goals

Member states agreed at the UNGASS to respond to drug-related problems with a “comprehensive, integrated and balanced approach,” while recognising the important role of civil society, affected populations, the scientific community and academia in the formulation, implementation and evaluation of drug policies. They also reiterated their commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as to combat viral hepatitis and other communicable diseases, among people who use drugs, including people who inject drugs.

The operational recommendations agreed to by member states at UNGASS gave specific attention to ensuring:

- a. the availability of and access to controlled substances for medical and scientific purposes
- b. non-discriminatory access to health, care and social services for people held in prison and pre-trial detention, especially women
- c. adequate quality of drug treatment and rehabilitation services, and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment
- d. the involvement of women in all stages of the development and implementation of drug policies and programmes
- e. that measures to prevent the illicit cultivation of and to eradicate plants containing narcotic and psychotropic substances respect fundamental human rights, take due account of traditional licit uses, where there is historic evidence of such use, and of the protection of the environment
- f. proportionate national sentencing policies, practices and guidelines for drug-related offences, including taking into account the specific needs and vulnerabilities of women drug offenders when imprisoned, and
- g. effective criminal justice responses to drug-related crimes that ensure legal guarantees and due process safeguards, including to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman or degrading treatment or punishment, to eliminate impunity, and to ensure timely access to legal aid and the right to a fair trial.

Along with the UNGASS outcomes, the UN Sustainable Development Goals (SDG) agreed in 2015 should also be taken into account in developing drug policy objectives and indicators, especially SDG 1 on ending poverty, SDG 3 on ensuring health lives and promoting well-being, SDG 5 on gender

equality and SDG 16 on promoting peaceful and inclusive societies, access to justice and accountable institutions.²⁷

Taking into account the vision and commitments established by ASEAN member states, and the operational recommendations agreed to at UNGASS and SDGs, particularly in relation to engaging relevant stakeholders and communities, governments need to ensure the meaningful participation of civil society and community representatives through the establishment of formal consultative mechanisms on the development, implementation, monitoring and evaluation of ASEAN drug policies and programmes. Engaging civil society organisations in drug strategy development is common practice in other regional structures such as the African Union, Organisation of American States and the European Union.²⁸

Conclusion

In order to accurately and comprehensively measure the ‘success’ of ASEAN’s drug control strategy, existing indicators need to be reviewed so that not only rates of arrest and volumes of seizures are measured. Indicators that measure the actual impact of drug policies should be included in the evaluation, such as: increase in the age of initiation of drug use, reduction in the number of drug overdose deaths, and increased scale and coverage of evidence-based, voluntary drug dependence treatment services, as well as their ability to achieve the UNGASS outcomes and relevant SDGs. An effective evaluation would also need to be transparent and inclusive, by incorporating feedback from communities impacted by drug policies such as people who use drugs, people imprisoned for drug offences and their families, and people who cultivate drugs for subsistence purposes.

²⁷ Health Poverty Action (2015), *Drug policy and the Sustainable Development Goals*, <https://www.healthpovertyaction.org/wp-content/uploads/2015/11/HPA-SDGs-drugs-policy-briefing-WEB.pdf>

²⁸ European Monitoring Centre for Drugs and Drug Addiction (2014), *Regional drug strategies across the world: a comparative analysis of intergovernmental policies and approaches*, EMCDDA Papers, Publications Office of the European Union, Luxembourg, <http://www.emcdda.europa.eu/publications/emcdda-papers/regional-drug-strategies>, p. 9.