

## ASIA-PACIFIC CIVIL SOCIETY COMMON POSITION ON DRUGS

This common position seeks to capture a consensus among civil society organisations from across the Asia-Pacific region, reflecting the need for placing human rights, health and evidence at the centre of all drug policies.<sup>1</sup>

### Achievements

NGOs have consistently invested efforts to ensure that the processes that determine drug policies are inclusive of the people most affected by drug policies, especially young people, women, LGBTQ+ people and people who use drugs in situations of vulnerability.

### Challenges

Despite the long-standing efforts of Member States in the region, we continue to observe poorly designed drug policies that only serve to criminalize and disproportionately punish people who use drugs, while also depriving patients who need controlled essential medicines. Some of these inappropriate policies include harsh enforcement measures such as corporal punishment, as well as mass incarceration, extra judicial killings, avoidable risk exposure to HIV/AIDS, hepatitis C and other infectious diseases and compulsory drug detention and rehabilitation centres and are also disproportionately imposed on those regarded to use medications inappropriately.

The current lack of evidence-informed drug prevention, education, harm reduction and treatment approaches in the Asia-Pacific region is exacerbated by the continued persecution of people who use drugs, which greatly increases the level of stigma and discrimination experienced by people who use drugs. Despite the continued efforts and investment in supply reduction and a 'war on drugs' approach, there are still large amounts of drugs being produced and trafficked throughout Asia-Pacific and increasing rates of incarceration for drug offences<sup>2</sup>, and less of a focus on demand and harm reduction efforts. Voluntary, evidence-informed, and rights-based health and social services in the community must be made accessible to all in the region.

### Way Forward

We, Asia-Pacific civil society organisations whose work relates to drugs, issue the following call to action for Member States, and multilateral bodies to work alongside civil society, and specifically to:

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<sup>1</sup> Led by regular meetings of the VNGOC's Asia-Pacific ad-hoc Working Group, this process has involved NGOs from X countries attending public online consultations on the document and providing input and feedback.

<sup>2</sup> World Drug Report 2021 (United Nations publication, Sales No. E.21.XI.8)

***In relation to existing international commitments and treaties relating to drug policy***

(1) Commit to the goals of the UN System Common Position on Drugs (2018)<sup>3</sup> and Incarceration (2021)<sup>4</sup> within the framework of 2030 Sustainable Development Agenda, with a view to implementing truly balanced, comprehensive, integrated, evidence-based, human rights-based, and sustainable responses respecting local cultures to the world drug situation

(2) Continue to implement the 2016 UNGASS Outcome Document; the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem; and all other relevant global strategies.

(3) Commit to addressing drug use as a public health issue by supporting people through quality, evidence-based treatment and recovery services, and removing barriers to accessing health and harm reduction services for people who use drugs

(4) Ensure and support the implementation of the revised edition of the United Nations Office on Drugs and Crime's (UNODC) and the World Health Organization (WHO)'s *International Standards on Drug Use Prevention* (2018)<sup>5</sup>, the *International Standards for the Treatment of Drug Use Disorders* (2019)<sup>6</sup>, and the WHO's *Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations* (2016)<sup>7</sup>

***In relation to ensuring a human rights focus***

(5) Recognise all of the relevant rights, including to health and life, in particular those acknowledged by the *United Nations Declaration on the Rights of Indigenous Peoples*, and the *Convention on the Rights of the Child*, to take all appropriate measures to protect children within drug policies whilst respecting and ensuring the rights of every child, without discrimination of any kind.

(6) Implement women specific responses in terms of drug prevention, treatment, and harm reduction, alongside responses to address gender-based violence, particularly in criminal justice settings, and pregnant women. Further facilitate access to comprehensive responses as related to drug policy for people impacted by social marginalization, including LGBTQ+ people.

(7) Need para on human rights violations

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<sup>3</sup> Summary of deliberations: Chief Executives Board for Coordination, 2nd regular session of 2018, New York, 7 and 8 November 2018, ANNEX 1 (p. 12), United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration:

<https://digitallibrary.un.org/record/3792232?ln=en>

<sup>4</sup> [https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN\\_System\\_Common\\_Position\\_on\\_Incarceration.pdf](https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf)

<sup>5</sup> [https://www.unodc.org/documents/prevention/UNODC-WHO\\_2018\\_prevention\\_standards\\_E.pdf](https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf)

<sup>6</sup> [https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO\\_International\\_Standards\\_Treatment\\_Drug\\_Use\\_Disorders\\_April\\_2020.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf)

<sup>7</sup> <https://www.who.int/publications-detail-redirect/9789241511124>

***In relation to the inclusion of civil society***

(8) Recall the specific joint commitments made including CND Resolution 54/11, the 2016 UNGASS Outcome Document and the 2019 Ministerial Declaration, to deepen the collaboration between civil society and government agencies and regional mechanisms such as ASEAN entities and other relevant organisations responsible for drug policy, to enable civil society with a more active role in the formulation and implementation of drug policies

(9) Acknowledge that many NGOs have the expertise, accountability, and community connections to be highly aware of the drug trends and characteristics and needs of people who use drugs. Civil society has, and continues to, gather crucial data and has valuable knowledge which can be shared. Equal funding opportunity should also be given to NGO based on merits of service delivery

(10) Protect, facilitate and increase civil society participation in high-level UN drug meetings (including the Commission on Narcotic Drugs) and key UN processes and dialogues (including the development of UNODC documents and strategies), through protecting the fairness of the process for granting consultative status with ECOSOC, and by consulting with local civil society organisations in the region and supporting their attendance in meetings

(11) Acknowledge the invaluable expertise of and participatory role that people who use drugs and people with lived experience play in shaping successful drug policies and responses to the world drug situation. Equal opportunity must be provided to voice their rights at all levels

(12) Provide greater assistance from developed country Foreign Aid budgets to complement the current high levels of supply reduction assistance for Pacific Island Member States, with aid to support the establishment of evidence-based drug demand, treatment, recovery and harm reduction measures

(13) Recognise the need for a creation of an inclusive and balanced platform within the Asia-Pacific Region for civil society to air their views, share their best evidence-based practices, and contribute to regional dialogue related to drugs; building on the success of exchange programs<sup>8</sup> for training placements in limited resource settings among countries in the region.

***In relation to health***

(14) Recognise that evidence-based prevention of drug use should be part of any comprehensive response to drug use in society, with a focus on all domains of prevention: family, school, community, media, and workplace prevention. In particular, there should be a focus on young people within prevention efforts to delay initiation into substance use and thus, reducing the prevalence of problematic drug use. Meanwhile, preventive education should also empower parents so that “prevention begins at home” and young people develop stronger life skills.

(15) Ensure the availability of evidence-based treatment services for people with substance use disorders and adopt quality standards based on the *International Standards of Treatment for Drug Use Disorders*. Treatment interventions for comorbidities including mental health issues and communicable

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<sup>8</sup> Such as exchange programmes for professionals funded through the Colombo Plan

and non-communicable diseases must be made available for all. Member States should adopt monitoring and evaluation mechanisms to ensure quality standards.

(16) Urge Member States to establish recovery-oriented systems of care providing continuing care for recovering persons and encourage the expansion of organisations and social networks that provide support to recovering persons.

(17) Ensure that a comprehensive package<sup>9</sup> of harm reduction interventions, as outlined in the *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*<sup>10</sup>, should be supported by all governments and delivered in cooperation with NGOs. Harm reduction approaches for people who use synthetic drugs such as methamphetamine, and in specific settings such as amongst men who have sex with men and sex workers must be made readily available.

(18) Commit to ensuring access to essential medicines and the principle of balance with every country and every healthcare system based on the recommendations by the joint program on “Access to Controlled Drugs for Medical Purposes While Preventing Diversion and Abuse”<sup>11</sup>, accepting a dual responsibility to ensure access to essential medicines including controlled medicines for those who need pain relief, while at the same time ensuring measures to prevent inappropriate and non-medical use of opioids and other controlled drugs.

#### ***In relation to criminal justice responses***

Remove criminal sanctions and other forms of punishment for low-level, non-violent drug offences, especially the use of drugs and related activities including possession, and possession of drug use equipment, in line with the UN drug conventions and the *UN System Common Position on Drugs* (2018).<sup>12</sup> Ensure proportionate sentencing of other drug-related offences, and end use of the death penalty in accordance with international human rights law, fully respecting the sovereignty and territorial integrity of States. Drug diversion programs that do not involve imprisonment, detention, registration

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<sup>9</sup> A comprehensive package for the prevention, treatment and care of HIV among intravenous drug users should include the following nine interventions: (i) needle and syringe programmes; (ii) opioid substitution therapy and other drug dependence treatment; (iii) HIV testing and counselling; (iv) antiretroviral therapy; (v) prevention and treatment of sexually transmitted infections; (vi) condom programmes for intravenous drug users and their sexual partners; (vii) targeted information, education and communication for intravenous drug users and their sexual partners; (viii) vaccination, diagnosis and treatment of viral hepatitis; and (ix) prevention, diagnosis and treatment of tuberculosis.

<sup>10</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2021\\_political-declaration-on-hiv-and-aids\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)

<sup>11</sup> „Access to Controlled Drugs for Medical Purposes, While Preventing Diversion and Abuse“ (GLOK67) is a joint global program lead by UNODC, the World Health Organization (WHO) and the Union for International Cancer Control (UICC): <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/access-to-controlled-medicines/accessibility-medicines-availability-glok67.html>

<sup>12</sup> Summary of deliberations : Chief Executives Board for Coordination, 2nd regular session of 2018, New York, 7 and 8 November 2018, ANNEX 1 (p. 12), United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration: <https://digitallibrary.un.org/record/3792232?ln=en>

with criminal justice institutions including law enforcement agencies should be considered where appropriate, in order to promote development- and health-led responses to drug-related activities.

(19) In particular, drug trafficking and the related serious problems of corruption and money laundering should be prioritised by law enforcement authorities. The safety and rights of people suspected of drug offences must not be violated by law enforcement personnel, nor other criminal justice authorities.

(20) Evidence-based prevention, treatment and harm reduction programs, and strategies that ensure access to controlled medicines and other interventions should be made accessible for people in criminal justice settings, especially in prisons and places of detention, as well as being grounded in science and subject to ongoing evaluation. Good practices should be shared among Member States, NGOs and other relevant institutions throughout the region

***In relation to development***

*Alternative development, para pledged by Mae Fah Luang Foundation*

***In relation to cross-cutting issues***

(21) Promote, within national and regional contexts, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of healthcare and social services for people who use drugs, and reduce any possible discrimination, exclusion, or prejudice that those people may encounter, in line with CND Resolution 61/11

(22) Establish and support an Asia-Pacific Monitoring Centre on Drug Issues (under the auspices of UNODC) to gather valuable and reliable data from public health and law enforcement sources on the drug situation in the Region, working with academia and civil society

(23) Review current drug laws and practices in Asia-Pacific, taking in consideration the good examples and development already in place from some NGOs and Member States in the Region.