

## ASIA-PACIFIC CIVIL SOCIETY COMMON POSITION ON DRUGS

This common position seeks to capture a consensus among the undersigned 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*

Civil society organisations play a critically important role in ensuring the health, human rights, and well-being of communities, especially those people who are marginalised and in situations of vulnerability. In a wide range of sectors, non-government organisations in Asia-Pacific work alongside government agencies, international organisations and communities to improve the quality-of-life outcomes for those affected by drugs and drug policies. In the region, civil society organisations are implementing best practices in prevention to ensure the effectiveness of information campaigns and involvement of families and communities, as well as access to humane, voluntary and evidence-based harm reduction, treatment, rehabilitation, and recovery programmes. Civil society organisations have also invested extensive efforts to reach people in situations of vulnerability, including people in prison and other places of detention, women, LGBTQ+ individuals, children and young people, and by implementing capacity-building initiatives to improve the numbers of workers and standards of provision involved in the delivery of such services.

Civil society organisations have contributed to realising progress in the health, human rights and well-being of communities through their specialist expertise across many different topics, including legal service providers who ensure access to justice for those caught up in the criminal justice system, drug policy analysts who offer recommendations for strengthening aspects of drug laws, and development experts who assist communities cultivating crops deemed illicit to develop sustainable alternative livelihoods. Crucially across all these areas of work, the engagement of people impacted by drugs and drug policies, particularly those who use or have used drugs and those incarcerated for drug offences, have been prioritised by civil society organisations to inform, guide and monitor the successful implementation of drug-related response measures aimed at improving health, human rights and development outcomes.

### *Challenges*

Despite the long-standing efforts of Member States in the region, we continue to observe poorly designed drug policies that serve to criminalise and disproportionately punish people who use drugs, while also depriving patients who need access to controlled essential medicines. Some of these inappropriate policies include harsh enforcement measures such as corporal and capital punishment, as well as mass incarceration, extra judicial killings, and compulsory drug detention and rehabilitation centres. These exacerbate the risks of harm such as overdose, stigma, and exposure to HIV/AIDS, hepatitis C and other infectious diseases.

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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 30 countries attending public online consultations on the document and providing input and feedback. The process was run in English.

The current lack of evidence-informed drug prevention, education, harm reduction and treatment approaches in some parts of the Asia-Pacific region is exacerbated by the continued persecution of people who use drugs, which greatly increases the level of stigma and discrimination they experience. 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>, with a concomitant limited focus on demand reduction 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, the undersigned Asia-Pacific civil society organisations whose work relates to narcotic drugs, issue the following call to action for Member States and multilateral bodies to work alongside civil society, and specifically to:

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

- (1) Commit to the goals of the UN System Common Positions 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 and human rights-based, and sustainable responses respecting local cultures.
- (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 *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, and those acknowledged by the *United Nations Declaration on the Rights of Indigenous Peoples*, and the *Convention on the Rights of the*

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

<sup>3</sup> <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>

*Child*, to take all appropriate measures to protect children and all other affected populations within drug policies whilst respecting and ensuring their rights, 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 responses for pregnant women. Further facilitate access to comprehensive drug policy responses for people impacted by social marginalisation, including LGBTQ+ individuals.

*In relation to the inclusion of civil society*

(7) Recall the specific joint commitments made including CND Resolution 54/11<sup>8</sup>, 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) and other relevant organisations responsible for drug policy, to enable civil society to hold a more active role in the formulation and implementation of drug policies.

(8) Acknowledge that many NGOs have the expertise, mandate and community connections to be highly aware of the drug trends and characteristics and needs of people who use drugs. Civil society organisations gather crucial data and hold valuable knowledge which can be shared. Equal funding opportunities should also be given to NGOs based on the merits of their work and expertise.

(9) 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 relevant UN-system documents and strategies), through protecting the fairness of the process for granting consultative status with ECOSOC, and by consulting with local civil society and supporting their attendance in high-level meetings.

(10) Acknowledge the invaluable expertise of and participatory role that people with lived experience, people in recovery, people who use drugs, and young people 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.

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

(12) Recognise the need for more engagement with and among balanced platforms<sup>9</sup> 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>10</sup> for training placements in limited resource settings among countries in the region.

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<sup>8</sup> CND Resolution 54/11: Improving the participatory role of civil society in addressing the world drug problem. [https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/2010-2019/2011/CND\\_Res-54-11.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2011/CND_Res-54-11.pdf)

<sup>9</sup> Such as the Asia Pacific Regional CSO Engagement Mechanism (AP-RCEM) or the International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse (IFNGO)

<sup>10</sup> Such as exchange programmes for professionals funded through the Colombo Plan: <https://dap-colomboplan.org/news/>

*In relation to health*

(13) Recognise that evidence-based prevention of drug use should be part of any comprehensive response to drug use in society, with a focus on reducing risk factors and building protective factors among all domains of prevention including individual, family and environment. Strategies should be comprehensive, include interventions at multiple levels, and specific to the target population with key stakeholder input at all stages. A strong emphasis should be placed on building healthy families through parental skill development and educating parents/caregivers on the importance of building a strong family bond with positive family dynamics, so that “prevention begins at home”, reducing children’s risk for engaging in substance use and other risky behaviors. Prevention efforts in all settings should engage youth and empower them with knowledge and life skills that aid in healthy decision-making, and delay initiation into substance use, thus reducing the prevalence of problematic substance use and substance use disorders<sup>11</sup>.

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

(15) 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 those in recovery – including training personnel as mandated by the international drug conventions.<sup>12</sup> Recovery-oriented systems of care should focus on preventing relapse by supporting a recovering person’s health and safety, increasing after-care services, regular follow-up, social functioning, community reintegration<sup>13</sup> and must include opportunities for work – as, for people in recovery, work is considered a top life priority and is one of the best predictors for positive outcomes.

(16) Ensure that a comprehensive package<sup>14</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>15</sup>, be supported by all governments and delivered in cooperation with civil society organisations. Overdose prevention training and initiatives, including take-home naloxone programs and peer-led training

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<sup>11</sup> Substance Abuse and Mental Health Services Administration, Focus on Prevention. HHS Publication No. (SMA) 10-4120. Rockville, MD: Center for Substance Use Prevention, Substance Abuse and Mental Health Services Administration, Revised 2020.

<sup>12</sup> Specifically article 38 of the Single Convention on Narcotic Drugs of 1961 and article 20 of the Convention on Psychotropic Substances of 1971

<sup>13</sup>[https://www.incb.org/documents/Publications/AnnualReports/Thematic\\_chapters/English/AR\\_2017\\_E\\_Chapter\\_1.pdf](https://www.incb.org/documents/Publications/AnnualReports/Thematic_chapters/English/AR_2017_E_Chapter_1.pdf)

<sup>14</sup> According to the UN Political Declaration on HIV/AIDS, the comprehensive package for the prevention, treatment and care of HIV among people who inject drugs 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; (vii) targeted information, education and communication; (viii) vaccination, diagnosis and treatment of viral hepatitis; and (ix) prevention, diagnosis and treatment of tuberculosis. Other key services include the overdose prevention and management (including the peer provision of naloxone).

<sup>15</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)

programs, must be implemented. Harm reduction approaches for people who use synthetic drugs such as methamphetamine and new psychoactive substances within specific settings and populations (such as men who have sex with men and sex workers) must also be made readily available.

(17) 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>16</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*

(18) 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, as permitted within the UN drug conventions and as included in the *UN System Common Position on Drug Policy* (2018)<sup>17</sup>. Ensure proportionate sentencing of other drug-related offences, and end use of the death penalty in accordance with international human rights obligations, fully respecting the sovereignty and territorial integrity of States. Drug diversion programs that do not involve imprisonment, detention, registration with criminal justice institutions including law enforcement agencies should be considered where appropriate, in order to promote development- and health-led responses.

(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, civil society organisations and other relevant institutions throughout the region.

*In relation to development*

(21) Encourage the applicability of the United Nations Guiding Principles on Alternative Development,<sup>18</sup> to the implementation of alternative development programmes for the affected community in both

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<sup>16</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>17</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>18</sup> General Assembly resolution 68/196, annex.

rural and urban areas throughout relevant areas of the Asia-Pacific region<sup>19</sup>. Promote inclusive economic development, stressing that access to productive resources, including land and land rights, should be promoted and protected in line with domestic law and regulations and with the full participation of and in consultation with local communities. Address all aspects of development, taking into account economic, social and environmental dimensions, as well as long-term flexible funding and political commitment, and partnerships with private sectors to accelerate income generation for the community.

*In relation to cross-cutting issues*

(22) Promote, within national and regional contexts, non-stigmatising 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<sup>20</sup>.

(23) 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.

(24) Review current drug laws and practices in Asia-Pacific, taking in consideration good examples<sup>21</sup> and developments already in place from some NGOs and Member States in the region.

We, the undersigned Asia-Pacific civil society organisations whose work relates to narcotic drugs, commit to working with ASEAN, Member States from the region, and multilateral bodies to ensure the voice of civil society is heard in the creation of evidenced-based laws, policies and interventions in line with regional and international treaties and declarations. We will strive to continue to overcome challenges and continue to build on our achievements to place human rights, health and evidence at the centre of all drug policies.

All Asia-Pacific Civil Society Organisations are called upon to sign above Common Position. Sign-ons can be submitted via <https://vngoc.org/asia-pacific-civil-society-common-position-on-drugs/>.

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<sup>19</sup> The border region of Thailand, Myanmar and Laos PRD had known for its infamous reputation, under the name the Golden Triangle, of being one of the biggest opium poppy cultivation areas

<sup>20</sup> CND Resolution 61/11: Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users.  
[https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_61/CND\\_res2018/CND\\_Resolution\\_61\\_11.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf)

<sup>21</sup> Well documented good practices cases include for example, the ongoing Needle Syringe Program in Macau, evidence based treatment centers in Malaysia and Pakistan and many others across the region.