

**7<sup>th</sup> GIZ/TNI Asian  
Informal Drug Policy  
Dialogue**  
*Phnom Penh, 5-6 January 2016*

## Key points of the Cambodia Dialogue

- A more active reflection amongst the ASEAN countries was considered to be necessary in order for regional drug policy to better respond to current trends.
- Opium cultivation has strongly increased in Myanmar, Lao and India since 2006. Lack of access to land and land tenure rights are an important factor stimulating poppy cultivation. A conflict situation can be a driving factor behind drug production/cultivation.
- In the region Alternative Development (AD) is viewed as an important tool to address the development needs in zones of illicit opium cultivation, especially if carried out in the context of a national development plan connected to the Sustainable Development Goals (SDGs). AD projects in conflict situation can only be carried out if the project is transparent and involves all stakeholders.
- The International Conference on AD in Thailand highlighted the most important factors of successful AD programmes. The following Expert Group Meeting on AD, organised by UNODC and GIZ, stressed that those success factors have to be put into the context of system wide coherence and linked to the relevant SDGs, and voiced for increased funding in order to realise sustainable AD programmes.
- Better data collection linked to the Human Development Indicators could also lead to an increase in funding of AD programmes
- Regional trends show an increase in production and use of amphetamine type stimulants (ATS). Very few services are currently available for problematic ATS users, as most resources focus on opiate users. Harm reduction and demand reduction strategies leave room for improvement. Scaling up is necessary to increase accessibility.
- In some countries the governments have started livelihood programs to support drug users. Transition from compulsory detention to voluntary treatment is taking time. A roadmap to facilitate this transition in the Southeast Asian region has been agreed.

- The merits of a health based drug approach are slowly gaining leverage. Drug law reform to accommodate health oriented drug policy is happening in some countries. The drug law review process in Myanmar confirms the importance of including all stakeholders in the legal reform process.
- Prison overcrowding and health care in prisons deserve more attention. The Thai Kamlangjai project on women in prisons could serve as an example.
- The upcoming UNGASS 2016 has the potential to stimulate discussions within ASEAN on regional drug policy and its linkages towards development policies and human rights.

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## Introduction

The 7th GIZ/TNI Asian Informal Drug Policy Dialogue took place in Phnom Penh on 5 & 6 January 2016, and was organised in collaboration with the National Authority for Combating Drugs (NACD) of the Cambodian Government. Key issues on the agenda were recent trends in the drug market in the region and the development of effective policy responses. Specific attention went to the implementation of the UN Guiding Principles on Alternative Development in the Asian context, including in the implementation of alternative development programmes in conflict areas. The involvement of affected communities in policy making and project implementation was another important theme that was discussed. A major aim of the dialogue was to look at the state of the Asian drug policy before UNGASS 2016.

48 Government officials, NGO representatives and drug policy and rural development experts from Cambodia, India, Myanmar, Thailand, Malaysia, Laos and Indonesia as well as from international agencies were took part in the Dialogue. The meeting was guided by the 'Chatham House Rule', which is used to encourage both a free exchange of thoughts and confidentiality at meetings. The information and views shared at the dialogue can be found in this report, but no individual speaker or participant is be quoted. The meeting was informal and interactive. For each section a number of people provided some introductory remarks to spark a round-table discussion. Special thanks are due to the NACD for co-hosting this meeting and to H.E. Meas Vyrith for his support to this Dialogue.

# Day 1- Tuesday 5 January

## *Session I: Regional Trends in Drug Markets and Policy Responses*

Key points addressed by the speakers in this session were:

- The main trends in the national drugs markets in Cambodia, Thailand, Myanmar and India
- Elements of the current drug policies that are most questioned and publicly discussed in the region
- Expectations of the 2016 UNGASS on Drugs

### **Cambodia**

In 1990, Cambodia opened its borders with neighboring countries. From 2000 onwards the Cambodian government started to collect information on drug users, at the time it was estimated about 600 people were using drugs. In 2005 prevalence increased to over 7,000 users but the data was not very solid. Cannabis was the most used drug in the 1990s, nowadays ATS has become very popular. In 2012, with the assistance of HIV/AIDS Asia Regional Programme (HAARP) and the World Health Organisation (WHO), data on drug use prevalence was collected and it was estimated that 13,000 to 28,000 people in Cambodia use drugs, most of them based in Phnom Penh. Additionally, an estimated 1,300 people were injecting drugs in Phnom Penh. Since then drug use has increased and spread to more remote rural areas.

The Government of Cambodia considers the 2012 national drug control law well balanced between supply and demand reduction including harm reduction. Some articles punish drug users (articles 45 and 53); and some articles (from article 100 through 109) provide alternative treatment for drug users. The most controversial policy is the commune safety policy, which aims to ban all drugs from the community. Police enforcing this policy will arrest drug users. Community based treatment (CBTx) was first set up in Banteay Meanchey province in 2010; then expanded to three other provinces and Phnom Penh. The Government also recently created a Committee on Drug Treatment and Rehabilitation (chaired by the Minister of

Health), which has as primary role to provide policy guidance and coordination in all aspects of drug treatment, care and support. The Cambodia government is hoping that UNGASS will bring a balanced approach equally supporting health and law enforcement approaches.

## **Thailand**

The main substances used in Thailand are amphetamine type stimulants (ATS), Cannabis, and heroin (the latter mainly in the past). The estimated number of drug users is 1.2 million. Presently, Thailand tries to focus more on the demand reduction side. Regionally, Thailand has been working with Myanmar, China, Laos and other countries in the Sub-Mekong region. ASEAN is drafting a new work plan for the period 2016-2025 which will again aim for a drug free ASEAN.

Thailand has a 5-year plan for 2015-2019, which focuses on both supply reduction and demand reduction. Specifically, this plan covers rehabilitation and will attempt to provide opportunities for job creations to former drug users. A project called "New Year, New Life", in line with the Ministry of Justice's policy, has been developed to assist drug users and small dealers/users with rehabilitation and alternative livelihoods. It is expected around 84,000 villages will be covered. The Ministry of Interior will lead the development programme, while all activities under the project will be implemented with full participation of other agencies and local authorities. The government will also focus on precursor control, in collaboration with Cambodia and Vietnam, which is a complicated matter and demands international collaboration.

## **Myanmar**

The 2014 census in Myanmar established that 6.1 million people live in opium cultivating areas. According to UNODC, around 300,000 people are involved in the illicit cultivation of opium in Myanmar. When introducing alternative development programmes, these have to compete with the very lucrative opium crop. The community needs to be empowered to be able to change to alternative livelihoods and have increased access to the market. The armed

conflict in the country is hampering effective sustainable development. Money laundering and cross border cooperation are also priorities of the Government of Myanmar.

Most of heroin produced in Myanmar is exported abroad to China and other countries, only 20% is used domestically. The majority of the precursors used in drug production in Myanmar are produced in India. To secure heroin production, investors are working with armed groups and chemists. The production and trafficking are protected by some armed groups and criminal gangs. Manufacturing is mainly taking place in the border areas but some also happens further inside the country.

Key challenges include the lack of effective sustainable development programmes Drug Control will be relevant in the post 2015 Development Agenda. While in the past the government of Myanmar was especially applying law enforcement in drug control, now there has been a shift towards drug education as part of the drug control strategy.

## **India**

In a presentation on the situation in India the opinion was expressed that illicit opium cultivation in India is not just a business for poor people, some farmers are cultivating on a large scale. It appears most of the opium produced inside the country is consumed locally. At the same time the consumption of synthetic drugs has been increasing. Cannabis cultivation and processing have also been on the rise. India is rumored to have between 6 and 8 million of regular drugs users.

In India the official data on opium poppy cultivation and heroin consumption are a contentious issue, with critics assuming the actual numbers to be much higher than officially acknowledged. In 2009, a satellite survey conducted by the government has shown that more than 50,000 hectares were covered by opium cultivation noting that these numbers did not include the North-Eastern part of India. There are no systematic opium surveys in India.



Across the country, India has only 800 drug treatment centres, their number needs to be increased. In the last session of the parliament in 2015, one parliamentarian pled for legalization of cannabis because it would bring down the crime rates.

## **Regional trends**

UNODC's recent regional opium survey places 90% of the opium production in Myanmar, especially in Shan State. In Laos, opium cultivation is located in the northern part of the country bordering China. Regionally opium production has increased threefold in the past ten years. 50% of the users are based in China, but Thailand and Vietnam also have high prevalence rates of injecting drug use. Methamphetamine is a drug of concern for East and Southeast Asian countries, but reliable data on ATS use is limited. An assessment of the prevalence of methamphetamine use will be carried out in Myanmar in the coming year. Methamphetamine seems to be also mainly produced in Shan State. In China production of ice is happening at industrial scale levels in some 100 large laboratories. Thailand and Myanmar are used as transit hubs for the produce. In the business model of the large scale ATS market production and trafficking are in the hands of the same people making a lot of money.

## **Discussion**

One participant remarked that it is important to stress that methamphetamine production does not need to have large production equipment but instead can rely on simple and small scale equipment for production.

It was also noted that in its new drug strategy ASEAN still aims to be drug free. However, this time no deadline has been set to accomplish this goal. More active reflection amongst the ASEAN countries was considered to be necessary in order for regional drug policy to better respond to current trends. Some participants stated that a weak point has been the demand reduction component: the number of drug users has been steadily increasing in the past decade; treatment models differ from country to country and leave much room for

improvement; supply reduction should be combined with development approaches. The upcoming UNGASS 2016, therefore, has the potential to stimulate discussions within ASEAN on drug policy. Some participants also questioned the compulsory treatment model prevalent in many ASEAN countries, stating that these violate human rights and are ineffective as they have high relapse rates.

It was remarked that, despite the existing efforts on data generation, the region lacks reliable data on drug use and drug production. Data on crop cultivation are collected with the help of satellite surveys on opium (by the US), remote sensing (which is being used in China), and by the [illicit crop monitoring programme](#) of UNODC which is based on remote sensing and on the ground research. However, it was also commented that different surveys can lead to different results; as long as countries use different methodologies, a comparative analysis is still very difficult. Some countries do not have a survey at all.

Furthermore, UNODC collects data on methamphetamine use with the help of governments. But health data related to drugs use is still weak, both nationally and regionally. Data is mainly used by governments, but communities could play a more prominent role in collecting. It was pointed out that the UNODC research branch has indicated that household data linked to [human development indicators](#) would be able to provide important information on the effectiveness of drug policies. It was also remarked that data collection and interpretation by government and UN agencies could be improved by more collaboration with international and local NGOs.

## *Session II: Opium and cannabis use and cultivation in the region*

This session explored the history of cannabis and opium use and cultivation and links to current cultivation patterns in Cambodia, Indonesia, Laos and Myanmar. Key points discussed were:

- trends in opium and cannabis cultivation today;
- the key drivers of opium and cannabis cultivation;
- lessons learned from the past; and ways to address traditional and non-problematic use;
- possible changes in the international system.

## **The history of opium use**

At the end of the 19th century only a small minority of the opium users in China were problematic users; recreational opium use appeared in the wake of tobacco use. Medicinal opium use for dysentery and pain relief already existed earlier, both in Asia and in Europe. The crackdown on opium in China led to more problematic drug use: In 1915, when the opium houses in Southeast Asia were forced to close, users started to inject heroin. Thousands of people died from septicemia as consequence of using contaminated needles and syringes.

Hong Kong and Thailand developed government opium monopolies and postponed the closure of the opium houses to 1945 and 1959 respectively. Those certified opium houses can be considered examples of successful drug control. In both countries an increase in use was noticed after the governments banned opium.

## **Opium use and cultivation in Myanmar and Laos**

Since 2006 there has been an increase of opium cultivation in Shan State, Myanmar. Opium cultivation keeps increasing especially in isolated mountainous areas with poor soil. For many communities, opium is a way to address their livelihood problems, including food shortages, buy essential household goods, and provide access to health and education.

In recent years, the linkage between cultivation and drug use becomes apparent: many young people, as young as 15 years old, are starting to use heroin in especially in Kachin and northern States. To support injecting drug users oral substitution treatment (OST) is provided but not in an adequate level in Myanmar. Other treatment and harm reduction services also

need to be improved and expanded.

Since 1993 opium cultivation is mostly taking place in the northern part of Laos near the Chinese border. In 2005, the government announced a ban on opium cultivation. However, the government initially allowed elderly opium users to grow poppy for personal use. This special provision in the law was later removed. In 2006, there were 2,500 hectares of opium cultivation and this increased to 5,700 hectares in 2015.<sup>1</sup> The government, often with the help of Chinese investment, changed strategy by investing in rubber tree plantation, watermelon, banana and cassava plantations in order to encourage people to quit opium cultivation, but with little success.

## **Cannabis use and cultivation in Cambodia and Indonesia**

Traditionally cannabis has been cultivated in Cambodia for domestic use (as a spice in food, and as a medicine). In 1992 the United Nations Transitional Authority in Cambodia<sup>2</sup> banned cannabis use and cultivation; followed by national anti-drug legislation. However, traditional cannabis use and cultivation remained tolerated to some extent. Some 15 years ago, the government decided to increase law enforcement efforts on cannabis cultivation after a major seizure of trafficked cannabis in Australia. Today, cannabis seems to be less of a problematic issue for the country.

In Indonesia, cannabis first appeared around the year 1600 AC. The government has not made data on cannabis public, but civil society organisations have started to collect their own data on the issue. So far, crops promoted by alternative development projects, such as onions, cannot compete with the gains of cannabis cultivation. In some areas, the prize for 1 kg of cannabis is 700 USD. Especially the Aceh region knows a long tradition of cannabis cultivation. With regards to cannabis use drug law enforcement, results in arrest and

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1 *Southeast Asia Opium Survey 2015: Lao PDR, Myanmar, UNODC Regional office for Southeast Asia and the Pacific*  
[https://www.unodc.org/documents/southeastasiaandpacific/Publications/2015/Southeast\\_Asia\\_Opium\\_Survey\\_2015\\_web.pdf](https://www.unodc.org/documents/southeastasiaandpacific/Publications/2015/Southeast_Asia_Opium_Survey_2015_web.pdf)

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The United Nations Transitional Authority in Cambodia (UNTAC) was set up to implement the Paris peace agreement, signed in October 1991. It was among others tasked to organise elections, and make arrangements with the military, civil administration, maintenance of law and order, organise the repatriation and resettlement of refugees and displaced persons and rehabilitate infrastructure. See:  
<http://www.un.org/en/peacekeeping/missions/past/untac.htm>.

extortion of users, while important dealers are mostly not persecuted. The Ministry of Health is now considering allowing the use of medicinal cannabis in Indonesia.<sup>3</sup>

## Discussion

Since many of the banned plants (opium poppy, cannabis, kratom) are indigenous it was suggested that perhaps indigenous plants should be protected instead of eradicated.

It was discussed whether opium regulation would be able to help solve some of the opiates problems of the region.

In India for example, when the country was under British colonial rule, it was recognized that opium and cannabis are not harmful drugs. It was suggested that it was time to reclaim the findings of historians about cannabis and opium. From a historical perspective a user centered approach is key. Unfortunately data collection is often driven by the current governmental agendas, which are mainly focussed on supply reduction. Additionally data on treatment, harm reduction and drug use is more difficult to collect than data on seizures and crop eradication. As a result the focus in data collection is on the results of drug law enforcement efforts and not on the social and health related impact of a drug strategy.

It was noted that the time had come to question the current UN drug control framework, yet that it was unlikely the discussions at the UNGASS 2016 would achieve this. According to this view, which was supported by several participants, change will have to come from bottom up; this is likely to start at country level in the first instance. It was suggested time has come to design a policy in which non-problematic drug use is allowed. Especially since only the minority of drug use is problematic and it becomes clear that a policy that makes no distinction between problematic and non-problematic use has many unintended

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See: *Cannabis in Indonesia: Patterns in consumption, production, and policies*, Dania Putri & Tom Blickman, Drug Policy Briefing nr 44 January 2016; [https://www.tni.org/files/publication-downloads/dpb\\_44\\_13012016\\_map\\_web.pdf](https://www.tni.org/files/publication-downloads/dpb_44_13012016_map_web.pdf)

consequences. In order to address drug issues and to move drug response forward, pragmatism should be favored over an ideological discussion.

### *Session III: Outcomes of the 2nd International Conference on Alternative Development (ICAD 2) and the Expert Group Meeting on Alternative Development*

ICAD 2 aimed to advance the implementation of the United Nations Guiding Principles on Alternative Development; it underscored the importance of integrating alternative development into larger national and international development policies and strategies aimed at improving the overall livelihood of the target population. The conference discussed how alternative development could be framed in the context of the post-2015 development agenda. The following Expert Group Meeting on AD stressed that those success factors have to be put into the context of system wide coherence as well as to be linked to the relevant SDGs, and voiced for increased funding in order to realise sustainable AD programmes. The importance of both events towards the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) was highlighted.

#### **ICAD 2**

The [ICAD2](#) meeting took place from 19-24 November 2015 in Thailand and brought together participants from forty countries. The meeting included field visits for participants to AD projects in Myanmar and Thailand. Key points agreed at the Conference were: there is no one size fits all; an AD programme should be based on local context, and should be mainstreamed into a national programme and involve other stakeholder partners. In order to measure the success of AD programmes, human development indicators have to be taken into account. Additionally, aspects supporting the sustainability of the environment should be considered. More research is needed to better understand the impact of AD. Strong political will is equally important. Market access should be planned ahead in order to guarantee the sale of AD products. More details about the outcomes of ICAD meeting can be found on the website

## **AD in the region**

It was observed that incorporation of AD into regional level programmes has taken place. AD is being discussed at the meetings of senior officials on drug matters (ASOD) of ASEAN.

Participants drew attention to the enormous Chinese investment in the region (E.G. 31 billion USD in the special economic zone between Lao PDR and China). Additionally, another 100 billion USD provided by the Asian Infrastructure and Investment Bank, will serve to further integrate China with Southeast Asia. These investments will have huge impact upon Laos and consequently there is a need to engage China into the development discussion.

## **AD as part of the national development strategy**

It was highlighted that AD should be mainstreamed as part of a national development strategy. The experience learned from Myanmar is that AD could lead to an increased state presence in conflict affected areas bringing basic services to the population, and as result, enhance peace and stability. Good governance and AD should go hand in hand; and AD and the SDGs are mutually complementing. Further points raised were: the role of the private sector to increase investment and to provide access to the whole value chain; to integrate AD programmes into the overall development of a country rather than to focus solely on the suppression of the cultivation of illicit crops; the involvement of concerned communities into the entire process of planning, implementation and monitoring of programmes. Especially ethnic minorities also need to be included.

## **AD expert group meeting**

A joint expert group meeting (facilitated by UNODC and GIZ) with additional participants including government representatives from Iran, India, Nigeria, and Morocco was held directly following the ICAD meeting. The aim of the expert group meeting was to allow momentum for an open discussion from which key outcomes will be summarized for presentation at the UNGASS meeting by UNODC and GIZ. Linking AD to the SDGs can also help increase UN system-wide coherence and allow more development agencies, more organizations and

regional entities to bring communities involved in illicit cultivation into in their focus.

At the AD expert group meeting it was noted that only a very small percentage of the Official Development Assistance (ODA) budget went to AD programmes, and within this restricted budget more than 91% (between 2002 and 2013) went to illicit cultivation areas in Bolivia, Peru, Columbia and Afghanistan.

Participants of the expert group also discussed AD as a social integration strategy. AD was recognized as a long-term process; but AD alone is not the answer; it needs to be an integrated approach. Better data collection linked to the Human Development Index could also lead to an increased funding of AD programmes.

## **Discussion**

In the discussion following the presentations on ICAD and the AD expert group meeting one participant raised the question whether AD was really necessary and suggested that maybe it was time to start to develop a harm reduction strategy for the drug production side.

The point was raised that the UN Guiding Principles on AD were developed without the involvement of other UN agencies like the FAO and UNDP. Consequently some participants feared that the UNGASS might go ahead to support the existing AD guidelines without combining them properly within a coherent framework for development.

## ***Session IV – Drug and Land Nexus***

This session discussed the nexus between land and drugs; possible policies that would benefit ethnic communities in the region; and ways to promote customary land practices.

## **Links between drugs and access to land**

In the introduction of this session it was explained that the nexus between drug cultivation and land has been acknowledged in the [United Nations' guiding principles on AD](#). In 2014, GIZ



commissioned a desk study on the nexus of drug cultivation and the access to land based on expert interviews and with case studies on Afghanistan, Bolivia, Myanmar, Colombia and Peru. Some actors feel that land registration is essential for an AD project to be successful. For instance, secure land rights can increase the willingness of farmers to make long-term investments. The case of Bolivia was highlighted as an example of strengthening ownership and community participation via social control. In this case, farmers are registered officially as producers of a “cato” of coca (0.16 ha) and the community as a whole is responsible for compliance to the limited legal production. As part of this strategy, land rights are issued alongside this policy and help to facilitate access to credit and serve as further incentive for diversifying crops. However, other participants stated that in some cases land titling and land registration has actually led to people losing their land. They stressed that the key issue is to provide land tenure security for local communities, which should also include recognition, protection and support for communal and customary land tenure systems.

It was noted that relating to illicit cultivation; the underlying factors need to be taken into account. Land possession and tenure rights are important factors, also amongst ethnic minority groups. In this respect [the FAO Voluntary Guidelines](#) on Tenure of Land, Fisheries and Forests can provide a useful tool. People who do not have access to land are more likely to engage in illicit drug crop cultivation. Most drug control strategies have not taken land tenure rights issues into consideration. It is important to address historical injustices, and allow for a more equal distribution of land. What is agrarian justice? Alternative development means a different development model; a model based on extractivism can be dangerous and unsustainable.

In 2014, at an expert meeting in New York organized by OSF and GIZ land tenure rights issues were discussed in relation to illicit cultivation of opium and coca. Key points stressed in the exchange were firstly, that land tenure security is very important; but should not only focus on land titling to secure individual property rights. It is important to recognize that communal property rights are an equally important form of land tenure systems. Secondly, participants stressed that large scale land investments, for instance Chinese companies with large scale

agricultural activities in Myanmar which do not recognise land rights, have led to increased conflicts in the country, and in some cases led to increased illicit cultivation. Thirdly, land rights issues should be mainstreamed into the drug policy debate.

## **Myanmar land laws**

The current legal framework in Myanmar does not recognise customary and ethnic land tenure systems. Pressure exists around land registration, and the government has developed a National Land Use Policy in order to address these issues. In summary, securing, protecting and supporting land tenure rights is very important, especially for ethnic groups. Ethnic groups found that the new 2012 land laws deprived them of their traditional and customary land tenure rights and that these laws laid claims on lands that they have controlled and worked on for centuries. The discussion should therefore be focusing on re-claiming land tenure rights (and not claiming something new).

In Myanmar, some farmers have ceased cultivating opium as a result of government policies, but to be able to grow alternative crops farmers will need to increase their access to arable land; without sufficient access to land the farmers will revert to opium cultivation. Two recent national workshops on AD and land in Myanmar allowed representatives from the government, International NGOs, local NGOs, farmers, to share experiences. Additionally, the Myanmar Land Core Group (LCG) which consists of about 50 local NGOs/ and INSOs to promote land tenure security for small farmers aims to increase the awareness of farmers and local authorities on land rights issues.

Another participant explained that slash and burn or swidden agriculture is still widely practiced in Shan State and other areas. This practice should be taken into account and respected in the new land law of Myanmar.

## **Discussion**

One participant congratulated TNI and GIZ for the work they have taken AD forward by linking

it to the wider debate around land reform and development. Everywhere, the main problem seems to be the application of the neo liberal model, which is ignoring traditional and communal land tenure rights. This has been a problem and it needs to be addressed. It was recollected that small scale farmers are still the major food producers around the world. Governments are bound to implement legally binding international human rights documents. However, often local communities are not aware what their rights are, and therefore it would be useful to organise awareness raising to and encourage the community to claim their rights.

It was suggested that a South-South exchange of AD experiences could help identify and promote best practices. It was observed that Bolivia has been making strong linkages between the state and the community, and that Peru has a strict focus on AD and has made progress on the distribution of land titling. In addition to land tenure rights and access to land, an exchange on increasing land productivity could be useful.

In conclusion the point was made that land is a very important factor for sustainable livelihood for communities and small holder farmers. Land is not simply a commodity, but it is much more than that, as it relates to culture, a place where people live and die. Examples were also given on instances where policies that were providing private land titles to communities and that were meant to support them, actually provided conditions for people to lose that land, as it had become a commodity without any additional support to keep that land into their own hands. So clearly this is not helpful for the people and this issue should be the starting point of discussions on how best to guarantee land tenure security for small holder farmers.

## Day 2

### *Session V: Illicit drug economies in the context of political conflict*

There are several links between drugs and conflict. The negotiation of new ceasefires in Myanmar has opened up space for Alternative Development in conflict areas such as Shan State, where most of the opium cultivation takes place. The Indian government is exploring AD strategies for the Northeast of the country, which also has seen decades of conflict.

## **Myanmar**

It was remarked that there is a connection between the revenue from opium production and the conflict in Shan state. But opium production does not only finance conflict, opium cultivation is also the result of the insecurity caused by the conflict. During the 1950's, different armed groups were operating in Shan state. For security reasons, people were leaving the lowland area – where they were growing rice – and moved to the highland area where they could only grow opium because of the altitude and the soil conditions. So, opium production provided a livelihood for local communities, and armed groups collected taxes from opium farmers and also profit from poppy cultivation.

A comprehensive policy framework involving all stakeholders including government and poppy farmers is necessary to be able to bring sustainable AD to the region. It was stressed that it is important to find out what role drugs can play in conflict resolution and the peace process.

One participant presented a [statement](#) issued by the Myanmar Opium Farmers Forum that took place in September 2015. In this statement farmers declared that drug policies in Southeast Asia criminalize opium growers. It further stated that the farmers and their families depend on opium as cash crop in order to secure their livelihood. It was mentioned that repressive drug policies would drive people further into poverty. The governments in the region should try to provide assistance to address people's needs and develop infra-structure such as irrigation, roads etc. Furthermore, they should involve opium farming communities in the design of drug control policies.. Issues relating to armed groups and taxation should be addressed. Opium farmers should not be criminalized and arrested. Local community should have the rights to decide and manage the resources in their areas. Last year the government

of Myanmar invited representatives of the opium farmers' forum in an official meeting and this was a promising sign for policy design in the future.

The opium farmers' statement advocates that part of the opium cultivation should be legalized to allow opium use for medical purposes. Essential medicines are often unavailable for communities living in remote areas and they rely on opium as a traditional medicine. The opium farmers also stressed that key elements of good AD include community consultation, and protection of local community land ownership. Although local people often are unaware how to officially register their land with the authorities, the government should respect their traditional and customary land tenure rights.

### **Experiences from Colombia compared to Myanmar.**

In terms of population, the size of Colombia and Myanmar is more or less similar. In both countries the conflict started in 1948. There is one big difference, as in Myanmar the conflict has a strong ethnic component while in Colombia the conflict is strongly linked to access to land. The drugs economy in Colombia has been used to finance the conflict. At the end of the 1980s a series of assassinations was closing the door to a political solution. The Medellin Cartel killed mayors, policemen and judges and created political unrest. In 1990 the first UNGASS on drugs took place on request of the Colombian Government. Because the coffee price plummeted, farmers switched to growing coca. The internal displacement of people fleeing from the conflict also drove people into coca cultivation. To curb the increase in coca cultivation the government embarked on a war on drugs: the Plan Colombia. Part of this plan was the fumigation of coca plantations, which caused many negative impacts, including driving communities further into poverty, environmental and health problems, and an increase in conflict.

Since 2012, the Colombian government and the largest armed group, the FARC, are negotiating a peace agreement. This is the third attempt to come to an agreement. The agenda of the negotiations includes five themes: agrarian reform, political participation, demobilization and re-integration, resolution of victims of conflicts and drugs. Part of the

agreement is that the involvement in drug trafficking to finance the conflict can be a pardonable 'political' offense. In the past years there has been a tendency to blame one actor or one ethnic group for the drugs problem, and this is a very dangerous tendency which leads to overlooking many other important factors. In September 2014, a partial agreement was reached on the issue of illicit drugs in Havana (Cuba). It was noted that it was at request of the Colombian President Santos that the UNGASS on Drugs was moved forward from 2019 to 2016, as he felt that an international conference was needed to solve the drug problem.

## India

In India, some states in the Northeast of India, especially Nagaland, Assam and Manipur, have experienced a long history of ethnic conflict. In this region several groups operate from neighboring countries. The conflict is accompanied by violence: in 2014 in Manipur alone, conflict-related deaths were reported to account to 465 people, extortion and abductions are also reported to be widespread. Over the past 40 years Manipur has also been facing a severe drug use problem. Illicit cultivation of cannabis and opium is still on the rise.

One participant noted that less than ten farmers have been arrested during the past 30 years of illicit opium eradication. In Arunachal Pradesh and Manipur some cultivators have started to grow on a commercial level and have become powerful actors. To protect their income they are bribing officials and are hiring armed men to protect their fields, which brings a new form of conflict to India.

It was remarked that with the increase in drug production, the use of drugs also appears to be increasing. Treatment and harm reduction facilities are currently inadequate to deal with the scale of the problem. There are several factors responsible for the thriving illicit drug economy in Northeast India: political conflict, poverty, unemployment, easy access to the drug market for quick money, porous border regions and a large and mobile migrant population. To address drug related problems in the Northeast the government of India should aim for a development oriented approach including a restoration of the rule of law and a peace and

security agenda. These policies should be based on a consultation with all stakeholders, especially with local communities most affected by drug-related problems. An in-depth study of alternative drug policy options is also necessary.

## **Myanmar**

One participant shared a positive experience of the implementation of AD in a conflict affected area in the border region of Myanmar and Thailand. A key element was the good communication with all stakeholders at all levels (i.e. grass root people, local authority, the central government etc.). The relationship between AD and political conflict should be seen as a continuum rather than only a focus on a particular activity.

## **Discussion**

According to one participant the Indian authorities are now paying compensation to farmers who had their fields eradicated, but this has had a counterproductive effect when some farmers start to grow opium to be able to receive this compensation.

Another participant drew attention to the fact that the Thai Office of the Narcotics Control Board (ONCB) has advanced in data collection in opium growing areas in Thailand. Trust is key to be able to approach the people in these areas. Because the population trusts the ONCB they can go in and talk to the people.

One participant pointed at the danger of linking drugs and conflict and drugs and terrorism. Drugs policies should not lead to more violence and should be conflict sensitive. Drugs control policies should not lead to human right violations.

In Myanmar's Kachin State, citizens have started an anti-drugs campaign to address the growing drugs problems in the state. These vigilantes have arrested drug users and put them into forced treatment, and also have destroyed opium fields. However, participants noted, the "treatment" they are offering does not have any evidence base and is not effective.

In Indonesia cannabis is planted among the coffee plants, pests are attracted to the cannabis

plant and leave the coffee alone. Indonesia people say: "cannabis is the husband to coffee".

The importance of the earlier point on good communication in AD projects was stressed again. There have been cases where AD project staff may have worsened the conflict in certain regions. Before starting a project, a thorough peace- and conflict assessment needs to be carried out. In Afghanistan, for example, the general conflict setting is very difficult for any development intervention. In some cases, it is better not to intervene in order to protect the farmers; all sides of a conflict need to be taken into account.

## *Session VI: Current drug use trends and treatment options in the region*

The high number of injecting drug users (IDUs) and the HIV/AIDS epidemic in Southeast Asia present one of the most serious health threats to the population in the region. Harm reduction programmes are expanding but still only reach a small proportion of those in need; a range of challenges have to be addressed to improve quality and quantity of services for drug users in the region. Moreover, the rising use of amphetamine-type stimulants (ATS), especially methamphetamines, is posing new problems and demanding new approaches, as few experiences exist that have shown promise for effective health care interventions. At the same time compulsory treatment practices remain widespread. This session discussed the latest trends in harm reduction policies and treatment experiences (including community based treatment options); and opportunities for improvement.

### **Malaysia**

It was noted that there have been no major changes in harm reduction policy in Malaysia in the past year. Methadone maintenance therapy and NSP are provided for opiate dependents in government health and care facilities. No treatment or harm reduction is available for the increasing number of ATS users. ATS users are offered to enroll in psycho-socio rehabilitation programmes under the National Anti-Drug Agency (NADA), but drop-out rates are high. Opiate users are still hidden and have little access to proper treatment. Harm reduction



interventions will have to meet the changing needs of drug users including poly drug use. It is hoped that through international research collaboration, researchers will get a chance to formulate appropriate harm reduction interventions.

Some participants suggested that the 1952 Malaysian drug law should be reviewed. It was also mentioned that that treatment programmes are voluntary and not compulsory, and that drug users who are HIV+ should receive proper treatment. Participants stated that it would also be good if drug dependence is first treated from a psychological perspective before sending users to undergo community based treatment programmes. Some of them also stated that is advisable to further investigate the efficacy of the community based treatment programme in Malaysia.

According to a participant, part of the drug problems in Malaysia is caused by the fact that the Malaysian Government is aiming for a drug free Malaysia.

## **Thailand**

The Thai government is currently reviewing its drug law. More than 80% of drug users in Thailand use ATS. Data covering 2009 to 2015 show that close to 80% of the heroin cases in the criminal justice system are related to use (less than 3 grams); 94% of the ATS cases relate to ATS/crystal ice users with less than 10 grams on them; close to 95% of the cannabis cases concern use and possession of less than 100 grams. It can be concluded that Thai criminal justice system spends a lot of resources on drug users instead of targeting drug dealers. Equally a lot of money is spent on drug users in prison: 40,000 million Bath a year for the criminal justice system and close to 13,000 million Bath a year to treat drug users. Some participants suggested that therefor there is a need to reallocate the budget to drug treatment and care and support for people.

The World Health Organisation found that only 10% of drug use is problematic, therefore civil society organisations in Thailand are advocating for voluntary drug treatment. Thai civil society has proposed a treatment model. The model only calls for compulsory treatment

when a person has psychotic problems, may harm others and is not willing to receive treatment. In summary, civil society organisations in Thailand think that treatment of drug users should be based on medical principles and the actual needs and should not be mandatory because of the law. In order to accommodate this drug law reform is highly necessary, they feel.

## Cambodia

Available data in Cambodia estimate the total number of drug users to be at some 13,000 people, and the total number of people who inject drugs around 1,300; the HIV prevalence amongst people who inject drugs is estimated to be 24.8%. The same sources estimates that the majority of injecting drug users lives in Phnom Penh (84%), and that only 34% of them have access to needle and syringe exchange programmes (NSP). Methadone maintenance therapy only covers 150 patients. In 2003 the government has accepted the implementation of harm reduction; NSP was accepted in 2005. Cambodia has two main drug policies: the [village and commune safety policy](#) (VCSP) adopted in 2010, which aims to reduce drug users and traders in a community and the drug control law approved in 2012.

According to a 2015 study by KHANA, a local NGO, on the impact of drug control law and policy and practices on HIV interventions in the country, there has been limited engagement of law enforcement officers in the implementation of the community level policies. High level government officials were more supportive but on community level the support for community based treatment needs to be strengthened. The research also found that NSP has often not been well understood by local authorities and that the programmes remain unable to reach people who inject drugs. Drug users are very poor; many live on the street, and they are scared of police. Discrimination against drug users is still widespread. In conclusion, the KHANA study found a big gap between the law and the implemented policy; drug law literacy amongst law enforcement officials is still low; and people tend to look at articles 45 and 53 which focus on arrest and imprisonment and neglected articles 105 and 109 which talk about treatment and care. The community based treatment centres need to be further developed and integrated into the health system.

The following recommendations based upon the KHANA research were presented: review the drug control law and policy; develop comprehensive services; add a mechanism to monitor police activities against drug users; find a way to motivate police officers and their commanders to refer drug users to services rather than detaining them or sending them to court; work more closely with community and families to support drug users and help them adhere to the drug treatment; help drug users to acquire skills to earn a living and raise awareness on their rights; and last but not least, scale up community based treatment centres. It was noted that very recently, the government has approved the establishment of a National Committee on Drug Treatment and Rehabilitation, which is chaired by Minister of Health. A drug user network has been set up to engage meaningfully in harm reduction programmes. An advocacy and coordination platform aims to harmonise and improve harm reduction programmes amongst different partners.

## **Voluntary treatment**

Only 10% of drug users can be considered problematic drug users who need intensive care and treatment. It was noted that many compulsory drug treatment centres in the Asian region are violating human rights and do not provide appropriate health care. Relapse rates after release from such centres is found to be close to 90% and the centres are expensive. In 2012, the UN issued [a joint statement](#) calling upon its member states to close these compulsory detention centres. [A third regional consultation](#) on compulsory drug detention centres was held in Manila in September 2015. Nine countries joined this meeting, and it was agreed that community based treatment should be preferred over compulsory detention. A [discussion paper](#) about the transition to community based treatment was presented at the consultation. During the regional consultation overdose prevention and hepatitis C prevention and treatment were also raised as important issues to address.

In conclusion, participants argued that public health is part of public security and a balanced approach should therefore be supported by national governments. At the moment, many governments depend on international donors to cover the health side of drug policy, while at the same time large budgets are spent on enforcement.

## Discussion

Participants remarked that in Cambodia some compulsory centres have now been turned into “temporary centres”. The transition towards voluntary treatment is slow, as the government cannot close down the compulsory centres without an alternative in place. Some drug users committed offences at the community level again and again, the police arrests them to bring them to court. At community level people are complaining about the problems caused by drug users. Community based treatment should be expanded to other provinces and to Phnom Penh. Awareness raising is necessary to address these issues.

One participant added that at the moment it is difficult to see the impact of the new community based approach as the number of people in prison and in the centres is still increasing. Participants suggested having a monitoring system to see how many people were sent to prison and how many to community based centres. To apply the roadmap agreed at the Manila consultation, the countries should study the efficacy of community based treatment and submit a budget to their relevant Ministries. Information about the cost effectiveness of compulsory treatment versus community based treatment is available from Vietnam.

In conclusion, one participant remarked that from a health and human rights perspective there are several positive developments in the region: the transition towards community based treatment in Cambodia; the abandonment of the Excise Law prohibiting the possession of needles in Myanmar; and the programme on women in prisons in Thailand and in Malaysia the positive evaluation of the cost effectiveness of voluntary treatment. However, the focus on law enforcement and incarceration of drug users remains worrying, and there is a need to improve quality and quantity of services for drugs user, and formal support for harm reduction.

## *Session VII: Legislative reform issues*

In several countries in the region discussions are underway to update and revise certain

aspects of the drug control legislation. In Myanmar, the government has started a process to revise the law and workshops have been held to look at alternative policies. Some other countries in the region, such as India and Thailand, have also looked at possibilities for drug law reform. This session looks at the key challenges, obstacles and opportunities for drug law reform in these countries.

## **Regional developments**

In this session it has been remarked that a lot of countries in the region talk about new or updated drug laws. Domestic drug laws are a space of concern that needs to be scrutinized, as sometimes, drug legislation is lagging behind the changes in practice. In many countries drug use is criminalized; but the law against consumption is not really enforced.

One participant stated that people who grow poppy or who use drugs are ordinary people, but the law makes them a criminal. It appears that the drugs legislation has been hampering a harm reduction approach. In Asia there is very little data on what works and what doesn't work in drug policy and drug legislation. As a result most drug policies are not evidence based. Attention is drawn to the fact that public opinion is in favor of repressive drug policies, which in turn is hampering a health based approach. It is suggested we should not wait for public support before taking action. Minority rights should not be subjected to public popular vote. This region needs someone to take the lead to start a dialogue around reform and improve the drug legislation.

## **India**

Participants noted that there is a tendency to shift the blame on people who use drugs. They feel that there should be an open conversation on the drugs issue, and this is not an exclusive problem for one group or another. Some positive changes have taken place in India. The drug law was amended to increase access to opioid medicines, yet still the access to opioid medicines has not increased much because there is too much fear and mistrust. The role of the criminal law in initiating these fears and mistrust needs to be examined. Another positive

change is that all government agencies clearly have the intention to support drug treatment, rehabilitation, reintegration, etc. but, as one participant remarked, unfortunately it takes a while before these policies are actually practiced on the ground.

Participants also discussed that there has been a tendency to bring drugs that are currently not scheduled under the international control, like Ketamine, under national control. This was seen as a worrying trend, and it is commented that the international community should take more responsibility over such decisions.

## Myanmar

The current drug laws from Myanmar date back to 1993 and 1995, focusing on law enforcement rather than promoting treatment and services for drug users. In the 1993 law, the mandatory registration of drug users for treatment in medical facilities is demanded. If he/she fails to register, the person can be sent to jail for 3-5 years. If someone is found in possession of minor quantities of drugs (more than 3 grams of heroin or opium, or more than 25 grams of cannabis), this is considered to be for the purpose of sale, and the suspect can be convicted to 5-10 years of imprisonment.

The legal reform process in Myanmar started in 2010, when the government decided to revise the drug law; and good progress can be found since. It was very good news that sections 13 and 33 of the 1917 Burma Excise Act - which restricted the possession of needles and syringes without medical doctor prescription, followed by jail for at least 6 months- have been cancelled. Regarding the 1993 law, there has been a [legal review workshop in February 2015](#), which brought together many relevant stakeholders including civil society. The workshop was organized by the Central Committee for Drug Abuse Control (CCADC), UNODC and UNAIDS. The final version of the draft drug law emphasizes four points: removal of compulsory registration for people using drugs, transition of drug users from prison to treatment centres, reduction of penalty for small offenders and the inclusion of a harm reduction approach into the national drug programmes. It is hoped that the draft revised law will be discussed in

parliament this year. A remaining challenge is the way the drug law addresses small dealers and opium farmers, as so far the focus of the reform has only been on drug users. Another challenge is limited government support for NSP. Myanmar will have a new government soon, it is not sure yet how they will support the law reform process.

Little is known about the impact of drug law enforcement practices on affected communities in Myanmar. TNI and the Myanmar Drug User Network have carried out a research to gather data on the drug law enforcement practices. The majority of arrests are related to failure of registration and possession of drugs. Many arrests are carried out with the help of informants who were forced by the police to cooperate, many of them also drug users. Many of the interviewees were abused by the police or by community groups. The majority paid a bribe at some point in the judicial process. Many drug users were arrested because they were “found in the dark”, an old provision in the law dating back to colonial time, that has been used by the government to arrest people “who are sitting or standing in the public areas without form reason at night time”. People tried under this provision can be sentenced to 15 days to 3 months in prison, if the police determine the drug user is unable to account for his/her presence. In 2014 alone, 14,000 people were arrested in Yangon on this basis. Drug users also have problem with community groups who are very violent against drug users.

It was noted that the UN conventions do not demand detention for those who possess drugs for personal use. Another participant mentioned that the UNODC model drug laws could be a useful tool to advice governments on drug law amendments. The model drug laws are currently being drafted and a consultative process with civil society and other UN agencies should be part of the drafting process. These model drug laws would bring clarity to the UN’s position on decriminalization of possession for personal use and should take into account traditional and religious use. However, some participants expressed their reservations whether these model drugs laws are a useful advocacy tool, as they also have several limitations.

## Thailand

Thailand has more than 300,000 prisoners, of which 60% are drug related. The prison population ranks number 6 in the entire world. One participant explained that penalties for drug related crimes are not proportionate in Thailand. As an example of the sentencing levels the case of a woman who was caught crossing the border into Thailand with 1,5 grammes of ATS for personal use was discussed. At the first court she decided this is a low level case and the lady was convicted to six months in prison; the appeal court however, imposed 25 years imprisonment due to the “importation” of drug to Thailand (which normally gets life sentence). The Princess has taken it upon herself to improve the situation of women in prison and reduce prison overcrowding. The Ministry of Justice has admitted the failure of the current war on drugs and announced to consider alternatives to incarceration. This marked the start of [a positive dialogue](#) and a relatively open discussion on the drug law in Thailand. It was found that instead of making the community drug free, it would be better to strengthen the community to resist the drugs. A number of proposed amendments in the drug law have already been made, others are still under consideration.

## Legislative reform in the region

In the Philippines, a bill has been submitted to the parliament to set up of a system for provision of medical cannabis. In Vietnam, in 2014 there have been some changes to the law to reduce the number of drug users detained in the compulsory detention centres. As regards to the death penalty, over the past three years both Singapore and Malaysia amended the law so death penalty is no longer mandatory. In Vietnam, late 2015, death penalty for certain crimes was removed.

## Discussion

One participant remarked that with these legislative changes it should be noted that they do not demand for something new, but only reclaim what was practice in the past with the aim to undo the harms caused by the international prohibition regime and the legal framework in member states. Globally, 20% of the prison population was sentenced for a drug related



offence, and of that 20%, 80% is put in jail for possession of drugs for personal use only.

It is remarked that the way the Myanmar government approached the UN and CSOs for discussions on drug policy issues could be used as a model elsewhere in the region. But it was also noted that it is clear law reform processes may take a long time.

Another participant commented that the change of a law also brings uncertainty. What will happen after amending the law? At the moment in Myanmar coverage of drug treatment facilities and support is very low. The Government needs to be ready before the law is revised, otherwise there could be negative effects. The community's perception of drug users needs to be changed. Treatment alone is not enough, and rehabilitation and re-integration is needed as well. Harm reduction series need to be increased and improved. Participants remarked that small dealers start dealing because they lack jobs; the availability of drugs in a community needs to be reduced, and that the government should also reduce the level sentencing towards drug users.

In relation to Cambodia one participant observed that people are advocating and pushing for a change in the law but seem to be forgetting the policies behind it, for instance, the public health policy and the harm reduction policy. If these are not supported in Cambodia, why change the law? Cambodia has already recently revised the drug law and got it approved in 2012 – should it be changed again, is it possible?

It was also noted that legal reform can also take place without public support if it suits a government. However, in the case of drugs public opinion cannot be entirely neglected, but participants felt it is important to push things forward. Centuries ago, public opinion against drugs was not as opposed as it is now. It was suggested that one fundamental error is that we are talking about milder sentences but this is solely based on a moralistic view on drugs. Of course, drug use has some risks, but they are not as harmful to society as we have assumed. And when it comes to the change of the drug laws, one frustrating thing is that if this

paradigm doesn't change, we will still have the same objective, the same assumption, etc. and all these will block our way to change.

In Kachin State in Myanmar, community groups want to be drug free because they believe the national government is using drugs to suppress them. This has led to the civilian vigilantes arresting drug users in Kachin state.

## *Session VIII – Asia and UNGASS*

In April 2016, member states will gather in New York for the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016), to decide on new global drug policy aims and strategies and to monitor the achievements of the 2009 Political Declaration and Plan of Action. This session discussed the key concerns and issues from the Asian region to be brought into the process; the preparations to this global event in India and China; and relevant drug policy developments taking place in Latin America and/or other parts of the world that are likely to influence the outcomes by 2016.

One participant remarked that the three international drug control conventions should remain the cornerstone of the international drug control policy, whereas others were of a different opinion.

For Thailand, the significant issues that should be included in the outcome document are: a) precursor control b) new patterns of drug production, c) promotion of basic human rights – also in relation to female prisoners, d) a plan of action based on the political declaration. The world drug problem remains a shared responsibility of all international partners. The interactive discussions and round tables will be useful to expand expertise and work towards an outcome document. Partnerships are crucial for sustainable drug control cooperation. For instance the establishment of the [ASEAN Narcotics Cooperation Centre](#) (NARCO) at the ONCB Office that works on data management and information monitoring. Another important issue

is the strong support for AD. The outcome of the ICAD-2 will be useful for the discussions in this area. Thailand is ready to share practices and experiences on AD with other members.

Recently, UNAIDS published a [new Five-Year strategy](#) (2016-2021) “On the fast track to end AIDS”. This new strategy is based on the previous one but now also includes links to the SDGs. The strategy is global but it has been designed to provide support to local responses. The coming five years will provide a fragile opportunity of reaching the strategy’s vision of ending the epidemic. The strategy presents ten targets, inter alia one about people who inject drugs. There are five specific targets for people who inject drugs, which mainly relate to testing, enrollment in treatment and discrimination which need to be addressed at the health care settings and work place settings. The strategy will need strong political commitment and requires focus on specific populations and specific geographic locations. It is also about using innovations and discarding what is not working. The quality and quantity of services should be people-centered and should be based on human rights approach.

In preparation of the UNGASS, UNAIDS has been working with UNODC and WHO to publish a position paper on public health and human rights approaches, not only limited to the rights of people who use drugs but also on the rights of their family members. The SDGs stress that people who inject drug should not be left behind. UNGASS needs to show commitment and concrete steps to strengthen policies in support of strengthening public health. UNGASS 2016 can mark a decisive moment. At the moment the reduction of the global drug market is still a distant goal. Drug trade is more lucrative than ever; the total volume is 400 to 600 USD billion per year globally which is five times the global AIDS budget. It is accepted by many countries that there is urgency to recognize drug problems and to find ways to address them and not continuing on the same path.

Several genuine reforms at the national and sub-national levels were mentioned: cannabis reform in the US, Jamaica decriminalized cannabis last year, Chile also decriminalized cannabis, Ireland is looking into approving drug consumption room, Thailand is genuinely concerned about prison overcrowding, last year the US government announced that drug users should get support and treatment instead of punishment. In many cases changes

regarding a health based approach in drug policy, including harm reduction, treatment and care for people who inject drugs, took place on a national level. And it was suggested that an effective approach in drug control can help achieving some of the SDGs.

One participant commented that Southeast Asia, still using the old approach, may be left behind if the legal and policy framework is not modernized. Asia has a long tradition of using drugs as a medicine, including legitimate use. For some participants, drug control is conceived as a western construct with negative consequences for the people.

Another contributor noted that the political agenda of the UN is determined by the Security Council. In Asia, China is the only permanent member of the Security Council. Moreover, India has a strong influence on its neighboring countries, which sometimes suffer from that influence. Southeast Asia and Asia have different levels of political, economic and social development in general. These many differences means that countries are struggling to find an agreement on a common denominator for drug control policy. And this connects to UNGASS. One participant observed that the General Assembly should be considered the most conservative body in the world. It needs to find consensus with 200 member states. The outcome of the UNGASS should reflect a common denominator and all should be achieved within the framework provided by that common denominator.

It was observed that the UN family seems to operate in a fragmented way and has spent a great amount of money for coordination without much result. When it comes to a specific topic on public health, people tend to say that is the problem of WHO, similarly HIV and AIDS is the problem of UNAIDS, development is the problem of UNDP, human rights is the problem of OHCHR etc. So the only way that we can go forward is by making changes bottom up, from the country level. We should not think that the international conventions represent what the countries want; change will not come from above. One example of change from bottom up can be found in the previous session when Myanmar's experience on drug law reform was discussed.

## *Final Session: Feedback and suggestions*

In the final session of this dialogue several participants expressed their points of view on the format, and made suggestions for improvement of the Asian Dialogue meetings in the future:

- Governments and NGOs should continue to debate in a free and open atmosphere.
- In order to have productive discussions, the number of participants from governments, regional organisations and NGOs should be balanced.
- Access to controlled medicines should be included in the agenda, as well as the effectiveness of drug prevention.
- Participants from other regions that have been at the helm of drug policy reform should be included to share their experiences.
- Cooperation between law enforcement and community interventions as alternative to sentencing should be looked at.
- Since drugs are connected to many aspects of development, the response should be multi-sectoral, comprehensive and well balanced, and in harmony with health and poverty reduction efforts.
- It was hoped the outcome of this dialogue will contribute to improve drug related strategies and policies in the near future, particularly after the UNGASS 2016.
- The participants of the dialogue were congratulated on their fruitful discussions.
- GIZ and TNI were invited to organise another Dialogue meeting in Cambodia
- The dialogue in Asia should continue, as there is a need for it in Asia. Perhaps the next dialogue could incorporate more participants from government side to allow them to learn from the reality faced by civil society.

The Dialogue finished with special thanks to His Excellency Meas Vyrith and His Excellency Thong Sokunthea as well as NACD staff for co-hosting this event.



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In 2004 the Transnational Institute (TNI) and the Andreas G. Papandreou Foundation (APF) started an Informal Drug Policy Dialogue. Purpose of the dialogues is to have an open-minded exchange of views on current dilemmas in international drug policy making and discuss strategies on how contradictions might be resolved. The meetings are guided by 'Chatham House Rule' to encourage a free exchange of thoughts and confidentiality. In 2007, TNI and the Washington Office on Latin America (WOLA) started a Latin American Informal Drug Policy Dialogue. In 2009, TNI and the German Gesellschaft für Internationale Zusammenarbeit (GIZ) started a series of drug policy dialogues in Southeast Asia.

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