

## REPORT

### *'The Future of Alternative Development in Southeast Asia'*

#### **4<sup>th</sup> Southeast Asia Informal Drug Policy Dialogue Bangkok, 18-19 December 2012**

*An initiative of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the Transnational Institute (TNI) in collaboration with the Thai Office of the Narcotics Control Board (ONCB)*

The 4<sup>th</sup> GIZ/TNI Southeast Asia Informal Drug Policy Dialogue titled 'The Future of Alternative Development in Southeast Asia' took place on 18 and 19 December 2012 in Bangkok, Thailand. The dialogue was organised in collaboration with the Thai Office of the Narcotics Control Board (ONCB).

The informal drug policy dialogue initiative started in 2004 with annual dialogues in Europe. Since 2007 TNI has been organising policy dialogues in Latin America in cooperation with the Washington Office on Latin America (WOLA). In 2009 GIZ and TNI collaborated for the first time to organise the Southeast Asian informal drug policy dialogue. Generally the dialogues are co-hosted by a government, in February 2013 TNI organised a dialogue in Warsaw in cooperation with the Polish government and in April 2013 a special dialogue on cannabis policy was organised in cooperation with the Uruguayan government.

Key issue on the agenda of the 4<sup>th</sup> GIZ/TNI Southeast Asia Informal Drug Policy Dialogue was the future of Alternative Development and how rural development oriented drug policies can be brought to the forefront in the region. Opium cultivation has steadily increased in Southeast Asia since 2006, mainly driven by poverty (in the widest definition of the term) and developments in the regional drugs market. The meeting discussed also policy responses to shifting patterns of drug use, and legislative reform initiatives and the debate about alternative drug policy options in the region and around the world.

Participants included government officials, NGO representatives and drug policy and rural development experts from Thailand, Myanmar, Laos, China, Malaysia, India, and Cambodia as well as from international agencies. The meeting was guided by the 'Chatham House Rule', to encourage both a free exchange of thoughts and confidentiality at meetings. Participants are free to use the information and views discussed in the conference, but no individual speaker or participant should be quoted -nor their identity or affiliation revealed- without their express permission. The meeting was informal and interactive, and for each section a number of people were requested to provide inputs. They were not asked to prepare and deliver full speeches, but rather provided some introductory remarks to spark the round-table discussion. Most of the time was devoted to an open discussion between all participants.

## ***Session I***

### **Causes and consequences of the increase in opium cultivation in Southeast Asia, and trends in the regional drugs market**

The session started with a series of country briefings.

#### ***Thailand***

After the war on drugs in Thailand in early to mid-2000s, the acreage of opium cultivated dramatically decreased, and came down to some 150 acres. As a result heroin users had limited supply, and middle men tried to convince farmers to start cultivating opium poppy. Currently opium cultivation is about 300 acres. About half of the opium cultivation in Thailand takes place in Omkoi district, located in the Southwest of Chiangmai province. The other major opium cultivation area is South of the city of Chiang Mai, with much smaller areas in Chiang Rai province and Chiang Dao district in the Northern part of Chiang Mai province. The opium cultivating communities were initially afraid of working with the Thai ONCB, but now there is more trust and a better working environment to solve the problems of opium cultivation and consumption. The Thai ONCB aims to end cultivation in Omkoi in the near future. One way to achieve this is through Alternative Development (AD). "You cannot chase the dog into the corner or else it will bite back." The villagers must not feel threatened to be able to work with the authorities. A top-down approach is unsuitable; it has to be a participative approach.

During the country briefing on Thailand it was also remarked that, as a result of the limited availability of opium and its derivative heroin, drug users are changing the way they administer drugs: instead of smoking, the drugs are increasingly injected, which significantly raises the risk of associated diseases, in particular HIV/AIDS and Hepatitis C.

#### ***China***

Since 2006 the area of opium cultivation has been increasing in the Southeast Asian region. In 2006 the Myanmar and Chinese governments signed a MoU on joint monitoring of opium cultivation in Myanmar with the help of satellites. A similar MoU was signed with the government of Laos soon thereafter. The Chinese Government collaborates with the Myanmar government for field surveys and other activities. Remote sensing using GPS are also major joint activities.

It was observed that the profitability of the drugs business, poverty, consumption driven mechanisms, and a lack of government monitoring are hampering the effectiveness of drug strategies.

Officially, there are currently an estimated 1.9 million drug users in China. In Yunnan province, on the Myanmar border, so far 7.3 tons of ATS were seized in 2012. ATS seizures have been increasing lately.

#### ***Laos***

In Laos there has been a slow increase in opium cultivation, the reasons behind the increase is similar to the driving factors in Thailand and Myanmar: poverty and lack of alternative development opportunities. A large number of villages in Laos have been identified as at-risk villages for opium cultivation, but the Laos government only has the means to work with 15% of those villagers on AD.

#### ***Myanmar***

Opium cultivation has been increasing again since 2006. UNODC is carrying out an annual opium poppy survey, which is different from the Chinese survey. Now that US-Myanmar relations have improved, the US and Myanmar governments will do a joint survey on poppy cultivation in the country in February 2013. The methodology will be different from the surveys done by UNODC and

the Chinese government. The US statistics have always tended to be lower than the UN's figures on hectares of poppy cultivation.

There is a new leadership in the national drug control office CCDAC. They are learning about global trends and methods, treaties, etc., and they are trying to grapple with the problem in the country.

People take advantage of the lack of law enforcement in Burma. Eastern and southern Shan State has seen an increase in poppy production, similar in Kachin State because of the conflict. The Wa region in Shan State is still poppy free, the Wa authorities are actively banning opium. The new government in Myanmar is working towards a combination of law enforcement and AD, instead of just eradication quotas. The Central Committee for Drug Abuse Control (CCDAC) is operating under the Ministry of Home Affairs, but it is a coordination mechanism and other agencies are also a part, such as ministries of health, border development affairs, etc. The new chairman of CCDAC is very open to law enforcement and AD, a more holistic approach to drug control. The future seems to offer a more sustainable and successful approach to decrease poppy cultivation in Myanmar.

### **Discussion:**

One participant remarks that using satellite remote sensing for monitoring poppy cultivation can be misleading. Sometimes areas recorded as having opium, are false positives. A check on the ground is necessary in order to avoid an overestimation of opium cultivation. However, the nature of poppy production makes it difficult to do accurate monitoring. Opium seed germination is very low - 30-40% - compared to other crops. And there is difference in timing of germination. Therefore there should be monitoring based on number of flowering plants (plant density) rather than acreage of poppy fields.

According to one of the participants there are only three AD projects in the Northern provinces in Laos, one of them is a UNODC project supporting handicrafts as alternative livelihood. UNODC is focusing on creating more income-generating opportunities to wean farmers off poppy cultivation and increase food crop production, so that they have more cash income as well as increased food security. In Laos, most opium is produced for domestic use, with much less trafficking across the borders. Officially there are about 10,000 problem drug users in Laos. In areas in Laos with AD projects, there is either the same level or a decrease in poppy production, so the results are positive. However, in other opium cultivating areas of the country with no AD, there has been an increase of poppy production.

Next the development of the price of raw opium was discussed. In Laos the opium price was USD 1,300-1,400 per kilo about 5 years ago, but has increased to about USD 1,800 per kilo at the moment. In Myanmar the prize is much lower, about USD 500 per kilo. In Thailand a kilo of raw opium can go up to USD 2,000. It is important to consider the price farmers receive for the opium they sell compared to their earnings through AD projects. There is a different case in each country in terms of the amount of money villagers actually get versus the earnings of the middle men in the drugs trade. When the regional supply went below regional demand, the price started to increase. The local domestic demand and regional demand both have to be taken into account. They are both affecting local and regional production and trade in opium and heroin. Climate is also affecting production: weather changes the opium production (measured in tons of opium) as well as the quality and contents of opium (percentage of morphine and other substances in opium).

An increasing amount of poppy and heroin originating from Afghanistan has been confiscated in China. The price of opium in Afghanistan is much lower than in the Southeast Asian region, down to

as low as USD 90 per kilo. There is a concern that if heroin from Afghanistan starts entering the market here, the farm gate price would decrease, but that doesn't appear to be happening.

In poppy-growing areas in Myanmar opium poppy is very easy to grow because of the topographic, ecological and soil qualities. Frequently alternative crops are difficult to cultivate in highland areas due to the low quality and lack of arable land. Therefore, it can be difficult to convince farmers of the benefits of AD. Yet, according to a UNODC study in Myanmar, the annual income from poppy production was lower than from licit crops. Poppy gives onetime cash payment that is relatively high, whereas other licit crops give lower returns, but over the course of the year these can be higher than the poppy one-time cash payment. At the same time food insecurity in opium growing regions is one of the drivers for local populations to participate in alternative development projects.

In Thailand, according to some, cultivating poppy seems to be an aging art that only elders know how to do. So if those cultivation practices are not passed on to the younger generation then poppy cultivation may die out. In Thailand AD has been practiced for more than 30 years. The sustainable aspect of AD is very important. There are many factors that need to be combined in a holistic approach for successful AD, it should include both supply and demand reduction. It is important to have a deep understanding of the real driving factors of drugs production, use and trade in order to properly tackle it. In Thailand the opium produced is not meeting local demand. Where is the next market that users in Thailand will turn to if Myanmar and Laos are successful in decreasing their production? As long as there is demand a regional supply source will exist. The development of harm reduction strategies, not only for users but also for cultivators and traders, deserves more attention. It is important to realize that an eradication and law enforcement led approach will push production and use to new areas.

UNODC has recently released a report on 'Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs'<sup>1</sup>. According to this report, ATS demand is greatly increasing and is now the main drug of choice. Methamphetamines (crystal meth / ice) are a popular ATS drug in most Asian countries. Manufacturing laboratories are mostly small-scale and easily relocated. Myanmar remains the main source of amphetamine production in the region. Mostly the pills are seized in China and Thailand. African and Iranian syndicates play a role in methamphetamine trafficking to the region. ATS is still the main drug which people seek drug treatment for. Ecstasy use has been declining the past few years. At the same time more new psychoactive drugs are found in the region. The demand for cocaine is also growing.

Regarding the ATS market: in Bangkok one yaba pill can cost as much as 300 baht (10 USD), but production is only 0.1 baht. The pills go through a series of brokers, each time practically doubling in price. In Myanmar, ATS use occurs mostly in urban areas. Sometimes people mix heroin and opium use with ATS to get the feeling they want. Sometimes Myanmar migrant workers developed problematic ATS use in Thailand and once they have returned home this causes problems. There are currently very few services available to threat problematic ATS use in the region.

In Laos opium users who don't have access to opium sometimes use ATS. One pill is about 3 USD in Laos. There is one drug treatment centre in Vientiane, which is overcrowded with 1,000 patients. So far Laos has been focusing on abstinence oriented treatment, and other forms of treatment and services for drug users are urgently needed.

---

<sup>1</sup>Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs, A Report from the Global SMART Programme UNDOC, December 2012  
[http://www.unodc.org/documents/southeastasiaandpacific//2012/12/ats-2012/2012\\_Regional\\_ATS\\_Report\\_FINAL\\_HQPDF\\_3\\_Dec\\_2012\\_low.pdf](http://www.unodc.org/documents/southeastasiaandpacific//2012/12/ats-2012/2012_Regional_ATS_Report_FINAL_HQPDF_3_Dec_2012_low.pdf)

The trafficking of precursors for ATS production in Myanmar from neighboring countries should be addressed. This has also been agreed upon within ASEAN by the Member States. The authorities of Myanmar cannot account for the large quantities of chemicals in Myanmar, but do not appear to take action against the import of chemicals either. To avoid domestic law enforcement drug manufacturers just go across the border to purchase the precursors of synthetic drugs.

Ephreda<sup>2</sup>, which is a native plant and a precursor for ATS, is coming from China, but not much is known about it yet, and there is a request to learn more it. China just passed a special law targeting precursors. But China cannot do this alone, and needs help with other countries, especially Thailand. However, it has to be kept in mind that most ephreda used as a precursor is synthetic, and not plant based. There are other emerging drugs in the region, both synthetic and natural. For example, a mixture called *asean* that seafarers in the region use in the absence of ATS<sup>3</sup>. It is brewed from kratom<sup>4</sup> leaves, which are mostly used in the South of Thailand as a mild stimulant. Pharmaceutical drug use, which is a major issue in USA for example, is becoming increasingly common in the region.

The emergence of new psychoactive drugs is a big issue in Europe. Mephedrone for instance has become a prominent drug in the EU. In 2012 in the EU stated that there were about 50 new drugs on the market that have not yet been regulated. So the pattern of the drugs market is shifting. In the EU the big issue discussed is new chemical synthetic drugs and how to address them. But that doesn't seem to be an issue in SE Asia. In Thailand, ATS use started in hyper-urban environments by those who could afford it, but now it has spread to more rural places too, attracting students and the rural work force. In Europe ATS is an urban phenomenon, and so it would be helpful to better understand the rural component of ATS drug use in this region. With regard to the large number of users it is remarked that there is a need to promote mental health treatment and prevention for drug users.

## *Session II*

### ***The outcomes of ICAD and opportunities to mainstream Alternative Development in the region***

#### ***Introduction***

Some of the recommendations of the International Conference on Alternative Development (ICAD) workshop<sup>5</sup> which took place in Chiang Rai in November 2011 were endorsed by the Political Declaration<sup>6</sup> adopted at the ICAD High Level meeting in Peru in November 2013. This declaration and the annexed international guiding principles on Alternative Development have been presented and adopted at the CND in March 2013. Unfortunately the text adopted in Peru does not include all the recommendations coming from the Chiangmai ICAD workshop. It still includes reference to key human rights principles and a reference to the importance of using evidenced-based human development indicators, but the language on proper sequencing (no eradication till sustainable alternative livelihoods are in place) has been changed, and the wording on monoculture now only asks to *consider* multiple-cropping.

Then the discussion turned to China's opium substitution programmes in Northern Laos and Myanmar. In 2004, the Yunnan provincial party wrote a letter to the President and the Prime

---

<sup>2</sup> The History of Ephedra (ma huang), MR, Lee, Royal College of Physicians Edinburgh, 2011, [http://www.rcpe.ac.uk/journal/issue/journal\\_41\\_1/lee.pdf](http://www.rcpe.ac.uk/journal/issue/journal_41_1/lee.pdf)

<sup>3</sup> Burmese Fishermen Hooked On 'Asean', The Irrawaddy, April 5, 2011, [http://www2.irrawaddy.org/article.php?art\\_id=21080&Submit=Submit](http://www2.irrawaddy.org/article.php?art_id=21080&Submit=Submit)

<sup>4</sup> Kratom in Thailand: Decriminalisation and Community Control?, Pascal Tanguay, TNI, 2011, <http://www.tni.org/briefing/kratom-thailand-decriminalisation-and-community-control>

<sup>5</sup> A report can be found on: <http://icad2011-2012.org/reports/>

<sup>6</sup> The text of the declaration can be found on:

[http://www.icadperu2012.com/documentos/TextoGuidingprinciplesLima\\_finalized2November2012.pdf](http://www.icadperu2012.com/documentos/TextoGuidingprinciplesLima_finalized2November2012.pdf)

Minister of China pointing out that the flow of drugs from the Golden Triangle to Yunnan Province still continued to increase. The spread of HIV/AIDS, mainly related to unsafe practices of injecting heroin users, followed suit. The drug problem turned into a big national security concern and China decided to adopt a national drug strategy. This included an opium substitution programme which was meant to eradicate opium cultivation in the Golden Triangle. But the agribusiness companies profiting from the opium substitution programmes may not always contribute to the successful achievement of the goals of the programmes. Some participants felt that Chinese companies and local authorities in Myanmar and Laos the main beneficiaries. They also felt that the programmes have negative environmental consequences and is pushing small holder farmers of their land. Chinese companies need to fulfill more social responsibilities and ensure that the local population profits. Some Chinese companies have been removed from the list of permitted companies working in northern Myanmar and Laos, as they did not qualify to be a part of this programme as they did not meet certain standards and created problems with the local people. A legal analysis of China's substitution programmes where companies are involved shows there have been some shortcomings, so for the next plan which started in 2011, China intends to improve the implementation of opium substitution programmes in northern Laos and Burma.

In 2007 the Chinese and Myanmar governments signed a MoU on remote sensing for opium cultivation and AD. But the MoU on AD between Burma-China has not yet been "fully implemented". A Chinese agency is now planning a demonstration AD programme in Burma.

The Chinese government feels that mainstreaming China's substitution programme has been successful in reducing poppy in the areas that the companies are operating in over the past several years. According to the Chinese government they also brought about increasing development, including increased rural incomes, and infrastructural development. The rebound of poppy cultivation in the region has multiple reasons. The poppy substitution programme is only one of the approaches to address opium cultivation in the golden triangle. China's programme has limited responsibilities in this and cannot cover all the areas and be the sole agency responsible for eliminating opium in the region.

The Chinese government is said to be happy with the Lima declaration based on the ICAD process and with the document to be submitted at the CND in Vienna. At the negotiations in Lima there was no one from the major opium cultivating countries in the region - Laos and Myanmar – China however actively participated in all the ICAD meetings in Peru and Thailand.

Participants felt a discussion is needed to decide how the guiding principles and code of conduct can be implemented by all the country signatories. China would like to play an active role in this. There is a need to mainstream the AD approach for the drug agencies and development agencies in the region. China's AD approaches also need to be discussed, different approaches to AD should be looked at in order to get a better common understanding on what AD in the region is and how it should be designed. The guidelines will be ready to be implemented next year so there is a lot of work to be done.

### Discussion

Some participants expressed their dissatisfaction with the final document<sup>7</sup> that came out of the ICAD process. For some the process was unsatisfactory, especially for civil society, experts, and farmers' associations who had been participating. They would like to follow the motto "nothing about us without us." Specifically farmers involved in drug-linked crops need to be a part of this process. There have been spaces in other countries during various international treaties negotiations that have brought in civil society voices and that should have been happening here too. The weakness of the lack of a participatory process itself needs to be directly addressed for future work. Others stressed that this was the best that could have been achieved considering the obstacles and rather conservative positions of Member States in the final phase of the negotiations.

Thailand and Peru are going to try to get more international recognition of the document. But first strive towards more participation from member states and relevant agencies, as well as farmers and members from civil society. Thailand would like to have another open discussion about the declaration at the CND. Some of the participants of the Dialogue observe that it will be difficult to make any more progress on the final ICAD declaration in Vienna. They feel the outcome could even be worse if the document is opened for negotiation again at CND. It was also remarked that it would be bad to adopt UN guiding principles of rural development without the active participation of other UN agencies involved in rural development, especially FAO and UNDP. Perhaps ECOSOC<sup>8</sup> can decide to include a consultations with these UN agencies before sending the Guiding Principles to the UN General Assembly.

It can also be argued that 28 member states were involved in the negotiations in Lima which means there was good participation.

The question was raised how to work with the guiding principles on the ground in Southeast Asia? It was suggested to broaden the participation to include UN agencies and not just rely on the diplomats who are watering things down and are unaware of the AD debate. It was suggested to call for two platforms - one for diplomatic opinions and one for the experts to work on the implementation. There are differences within the region that need to be included. Ways to ensure the implementation is tailor made, could be the installation of an expert group, or the adoption of a regional plan of action. In a regional plan of action you can get more concrete and technical details that are absent in the Vienna document. For example, AD in Indonesia mostly focuses on marijuana, which is a traditional medicine there. They don't call marijuana an illegal drug since it is a traditional medicine in Aceh. The Indonesian government needs permission to have meetings with local authorities in Aceh since they have autonomy. The Indonesian government tries to convince the local population to do AD with them, such as growing alternative crops like coffee. Confidence and trust by local population is needed first, and that way they are able to reach to the grassroots level. At the same time the Indonesians believe that AD is only for countries that have opium cultivation and not for other drugs.

Also the Laos government will continue to practice and push for AD in the future. The root cause of poppy production is food insecurity and poverty, and so AD is very much rural development. For a household it is not a choice of whether or not to grow poppy, but whether they can feed the family. Without investment in rural physical infrastructure AD is going to be very difficult. There is a need for integrated rural development.

---

<sup>7</sup> The final report, declaration and guiding principles can be found on:  
<http://www.un.org/Docs/journal/asp/ws.asp?m=E/CN.7/2013/8>

<sup>8</sup> The next step in the procedure towards international guiding principles on AD will be a discussion at the UN Economic and Social Council.

It is remarked that proper sequencing of interventions is an important part of this. International best practices on AD include having a development-led approach, and not carrying out eradication before alternative livelihoods are in place, as well as ensuring that development aid is not be made conditional on reductions in opium cultivation.

The Chinese approach claims it is a people-centric development approach. Various types of inputs are provided so that the population can be lifted out of the current situation that they are in - but the question is how far can they be lifted? Food security and poverty are the crucial factors for driving illicit crop production, so to address that is probably most effective. The Chinese call their programmes voluntary with tangible benefits. According to one of the participants the Chinese government will be investing more and more money in AD in the coming years. They will carry out more scientific research, with field exchange visits to Myanmar and Laos. The companies want to earn more money and the government wants to invest more in infrastructure in the rural communities to help the local economy. The Chinese government feels that the most important thing is to teach the peasants how to make a licit livelihood. This must be done sustainably, which will take time. China will set scientific indicators to supervise the companies. If they meet those criteria, then the Chinese national bank will provide funds. Chinese agencies will cooperate with Myanmar CCDAC in government controlled areas to set up demonstration projects following the spirit of the Lima declaration. These are the two main new approaches coming from China: 1) all the companies will be under an association that they must participate in, and they can monitor each other; 2) all companies which apply for financial support from the Chinese government will be screened. Every year the Chinese government will organize classes to teach companies how they should respect local cultures and how to take social responsibility. Up till now private companies from China are going to Laos and Myanmar with their own agenda. There must be a set of criteria to be met before they can come to Myanmar. But the central Myanmar government doesn't have access to all those areas. And the Chinese government works on government-to-government basis. China should set very good and high criteria for their work in Myanmar. At the moment, 172 Chinese companies are involved in 220 projects in both Myanmar and Laos combined. The newly developed Chinese criteria will not have any stipulations regarding the local parties the Chinese companies can work within countries. There is no evidence that Chinese companies are working with armed militias who are well known drug traffickers and producers, so this is not an issue that will be included in the new criteria.

Participants raised a number of questions regarding China's opium substitution programmes in Myanmar. Will Chinese companies practice the concept of 'free, prior and informed consent (FPIC)<sup>9</sup> with the programme in the areas they work in? And what are the selection criteria for the Chinese companies to participate? The companies must register at the Yunnan Bureau of Commerce, who have already developed criteria for companies to do opium substitution projects abroad. Of those that satisfy these criteria, the government only selects a small number. The companies will have to do a training class on how to plant and harvest rubber plants, for example. And the final point is that local farmers should be employed as local workers. A feasibility report must be submitted to the Yunnan provincial government, which will then be analyzed by an expert. If the report is deemed satisfactorily, the company will get permission to participate in an opium substitution programme. In 2009 more than 200 companies were investing in Myanmar and Laos. More than 30 companies have seen been removed from the list because they are not suitable to continue to invest. For example in Udomxai in Northern Laos there is a treatment center and some other development projects funded by the Chinese government. In the short term the farmers suffer from food insecurity until the

---

<sup>9</sup>'Free prior and informed consent' (FPIC), is the principle that a community has the right to give or withhold its consent to proposed projects that may affect the lands they customarily own, occupy or otherwise use. FPIC, for years advanced by FPP, is now a key principle in international law and jurisprudence related to indigenous peoples.



rubber matures for harvesting. The programme should have offered more work to meet the short-term food security of the local population. Rubber trees require six years before they start producing rubber. Tapping the rubber starts in the seventh year, and the investments should come back for the next thirty years, with a growing produce every year. Perhaps other crops can be encouraged, such as rice, maize, and sugarcane to better ensure investment returns without a seven year wait.

### **Session III**

#### ***AD Voluntary Guidelines, land tenure and community participation***

The main points of the FAO Voluntary Guidelines on land tenure and community participation were debated. These include the need to respect land rights, no demands for forced land confiscation or resettlement, follow FPIC, protect indigenous rights and customary practices, and recognize collective ownership. Alternative livelihoods need to be provided to local communities, not just plantation development by companies.

#### ***Implementation of AD projects in Northeast India, Laos and Thailand***

##### North East India

It was brought to the attention of the participants that India had adopted a Forest Rights Act<sup>10</sup> in 2007 before the FAO guidelines were released. According to this Act no forest dweller's land can be taken over, there can be no eviction and their ownership of forest produce should be upheld. Unfortunately the two main illicit opium growing states in the North East of India- Arunachal Pradesh and Manipur- have not implemented this Act.

Poppy cultivation in Northeast India has increased in recent years. An opium farmer from Northeast India shared her experiences. Her family is poor and they have few options to make a living. They earn a living by growing opium, but they would prefer to have the support of the government to gain access to alternative livelihoods, at the moment there are no AD projects available for communities to engage in. In the case of Northeast India, the infrastructure exists: roads to transport products to market and there is a school. But still there are very few viable livelihood options other than growing opium, because opium is a "bank in the hand." In some faraway places opium is still the only medicine available, and they also barter it for essentials like grain, cloth and kerosene oil. In early 2010 an opium survey<sup>11</sup> on cultivation and use in Arunachal Pradesh was carried out upon request of the Arunachal state Government. One of the recommendations that followed from the research was that the opium growing communities should be involved in the design of the policy responses. Demand reduction and treatment have to be made available before eradication is sustainable. But so far the Central Government can only think of enforcement and the State Government does not take responsibility.

---

<sup>10</sup> <http://tribal.nic.in/writereaddata/mainlinkfile/File1033.pdf>

And amendment: <http://tribal.nic.in/writereaddata/mainlinkfile/File1434.pdf>

<sup>11</sup> The report of the survey can be found on: <http://www.narcoinsa.com/pdf/arunachal-opium-survey-report.pdf>

## Laos

As regards Laos it is remarked that participatory land use planning is a method being used in the North. Land allocation, land tenure security and land rights are important elements of AD. People are also poor because lack of local employment. Before local communities used collective labor strategies, but now it's all about money –and the poor become poorer. Access to land, including grazing land, is very important. The outcomes of ICAD say that consultation, participation, and engagement is crucially important. States are encouraged to set up dialogue with civil society as stakeholders. This also includes the private sector.

## Thailand

In Thailand there is contract farming happening as part of rural development. There is a problem however if there is too much commercialization and local people are stripped of their land. Land is a central issue –and land tenure should be sustainable. An integrated development approach is needed: not only economic development, but also governance, environmental protection, sustainability, and social responsibility. At the Doi Tung project for example people also make handicrafts, etc. Infrastructural development needs to accompany AD or else the products can't get to market. At the same time urban areas rely on farmers to food production. But rural-urban migration is a major issue, no one wants to be farmers anymore in Thailand.

## **DAY 2**

### *Session IV*

*Towards a drug free ASEAN, containment, or managing the drugs market?*

### **Introduction**

The ASEAN drug free goal is ambitious, but is it attainable? The Asian Senior Officials on Drug matters (ASOD) is the drug policy making body for ASEAN, and responsible for the drug free ASEAN goal. According to ASOD 'drug free' means in this case a 'significant reduction in drug production, trade, and use', because no country in the world can be totally drug free. A review was done in mid-2012 on progress to reach this goal. The findings were both positive and worrying. Positive because each country has its own national strategy in place to combat drug trafficking. And worrying because many of the aspects which have been identified after 2007, remain unaddressed. Member states are combating these problems on their own, independently, not under the ASEAN framework. Transportation of drugs has become much more sophisticated, and is now using all forms of transport available for goods. Each member state has to take responsibility in dealing with the findings of the review report. The slogan of a 'Drug Free ASEAN' came out of 31st ASEAN ministerial meeting, which was only for diplomats, and they set an unattainable goal. At that time drug use was escalating in the region, especially with ATS, so there was strong political will to address this issue. How can we change this political rhetoric into positive change on the ground?

One participant notes that the region has an obsession with numbers - the amount seized, eradicated, indicted, etc. While this can be helpful to some extent, it should not be the only concern and policy indicator to focus on. HIV/AIDS prevalence among IDUs is very high in the region, and doesn't receive enough attention. The overcrowding of prisons is not adequately addressed, and this also has implications on the health of the prison population. There is too much focus on eradication and enforcement, which often times causes more harm than good to societies. There are estimates that only 10% of drugs is intercepted on the border. A development-led approach to address problems related to opium cultivation - AD - should not have a fast-track deadline, but needs to be based on a long-term and sustainable approach. There should be no arbitrary deadlines.

Policies need to be based on evidence. Now more harm often comes from drug policies than from drugs themselves. There should be long term and intermediate goals to achieve, not just a drug-free ASEAN. Eradicating the market is a very difficult objective. It makes more sense to focus on the social and health issues and indicators generated from the drugs market, and better use the limited human and financial resources available in selecting targets.

In India the anti-drug political rhetoric has been transferred into a legal rhetoric, which resulted in keeping the death penalty for drug traffickers. The political rhetoric on drug free ASEAN can be potentially dangerous. Is a drug free ASEAN even actually a desirable goal, is that something that we want and that is good to strive for? It is remarked that a drug free society can be viewed as a historical construct, and a complete distortion of what is happening in reality. Some drugs are accepted as being OK by society (i.e. alcohol, tobacco) while others have been criminalized.

### ***Cambodia***

Cambodia is becoming a production point for ATS which are then smuggled out for higher profits. There have been some related arrests. Native tree oils (saffron oil from cinnamon trees) can be used as precursors for ATS, the trees are cut and refined into oil in remote mountainous areas of Cambodia. There are lots of open spaces along Cambodia's borders, upland communities are poor, and rely on shifting cultivation and forest-based resources. Climatic and edaphic studies in the region can help to better determine which licit crops should be grown where. Market research should assist to get those licit crops to market more easily and effectively. Cambodia has been working with international bodies and national enforcement agencies to comply to international standards on dealing with accused drug traffickers and users. As a result some work has been done on community-based drug treatment centers.<sup>12</sup>

### ***ASEAN and cooperation with China***

Under the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD)<sup>13</sup>, four task forces have been set up by China and ASEAN to tackle drug issues in the region. At the beginning of this agreement China didn't know about harm reduction methods, but now they have learned from ASEAN countries and have been working on this in their own country with increasing number of methadone clinics. Law enforcement cannot solve the drug problem. China feels anti-drug education, especially targeting youth in schools, is the most important way to solve the drug problem in the region. In China heroin use is now very low, which the government feels is due to aggressive Chinese anti-heroin education. But there is no education on anti-ATS drug use, which needs to happen in order to decrease ATS drug use. China would like to refresh the ACCORD mechanism.

---

<sup>12</sup> More information can be found on: <https://www.unodc.org/southeastasiaandpacific/en/2012/02/cbtx-cambodia/story.html>

<sup>13</sup> For more information on ACCORD see: <http://www.accordplan.net/>

## *Session V*

### ***Treatment and harm reduction strategies for amphetamine-type stimulants (ATS)***

#### ***Situation in Thailand***

In Thailand, drug use in prisons is increasing. Organized crime is increasing as well. Compulsory treatment has high relapse rates. Thailand needs to reassess its drug approach. There should be more focus on health, and there is a need for more voluntary treatment and in particular for injecting drug users and users in prisons.

#### ***Situation in Myanmar***

ATS is prominent as a drug of choice in Myanmar, especially amongst laborers in mines, drivers, and sex workers etc. A lot of the ATS that is locally consumed is produced in Myanmar, especially in border areas. With the political and economic changes that are coming to Myanmar, the government feels it must also consider new drug interventions in our country. ATS enhances sexual activity and risky behavior, which increases the risk of HIV/AIDS and sexually transmitted diseases. Most research and services focus on heroin users, and very little on ATS use, especially in relation to HIV/AIDS infection. There is a lack of proper and adequate response to problematic ATS use. A social and health perspective is needed in the intervention rather than an enforcement orientation.

#### ***General***

ATS is moving from a working men's drug to a recreational drug. At the moment there are hundreds of thousands of ATS users forcibly treated/detained for drug use. Compulsory treatment is resulting in very high relapse rates. In March 2012 the UN issued a joint statement<sup>14</sup> calling for the closing of all compulsory treatment centres.

TNI has organized two regional drug use workshops on ATS since 2010<sup>15</sup>. From these meetings, the main recommendations were highlighted. These include that the incarceration of ATS users in compulsory drug treatment/detention centers is ineffective. There is ample evidence of serious human rights abuses and relapse rates are extremely high upon release. Community-based interventions based on prevention, early intervention, harm reduction and treatment offer a more effective and humane alternative. Furthermore, there is an urgent need for donors and governments to introduce harm reduction measures to counter the effects of rising methamphetamine use. Alternative policy options could include offering less harmful alternatives to ATS, such as plant-based stimulants like Kratom in Thailand.

The evidence of effectiveness of education campaigns (primary prevention) on drug use in the region appears to be very limited. Global evidence on drug dependence says that 10% of drug users develop dependence. That is an important distinction in terms of drug use interventions. The experience of a harm reduction center for ATS users in Chiang Mai should be taken into account when considering ways to address ATS use.

#### ***Discussion***

It is noted that there are three to four million IDUs in Asia, the UN advocates for a comprehensive package for these IDUs. Still few IDUs have access to alternative drugs and health care to help them deal with their drug use. In the end, what is the aim: criminalize drug users or prevent harm to themselves and the society they live in? If the aim is to prevent harm, we should use the evidence that is available to pursue different policy, approaches, and services for these different drug use

---

<sup>14</sup> UN calls to close compulsory drug detention and rehabilitation centres without delay

See: <https://www.unodc.org/southeastasiaandpacific/en/2012/03/detention-centres/story.html>

<sup>15</sup> The reports of these meetings can be found on:

populations. Drug use treatment should be voluntary. And we must recognize that there are different degrees of drug use, from experimentation to dependency.

In Thailand authorities pay much more attention to supply prevention than demand prevention, which is a problem. The prevention strategy is unclear, and the effectiveness is unknown. Most money is spent on education, anti-drug exhibitions, etc. There have been domestic and international studies of the compulsory system in the region and its effectiveness. There is a need for more investment from regional governments into the effective interventions such as voluntary treatment. Drug users should have a choice on whether they are treated and how they are treated. There should be no consequences or conditions with being treated, or relapsing. People don't come if they feel there are conditions in place, or if the treatment is not good and effective. Also drug enforcement agencies have to be informed and cooperate. Very few people actually need in-residence treatment, as most people who need treatment can be treated in their communities with support from their family and community support group.

#### *Session VI*

#### *Drug law reform initiatives in Southeast Asia*

Asia has the world's most strict laws and enforcement against drugs; this has not changed. The latest state of affairs on drug legislation in the region was discussed.

#### **Thailand**

Thailand's drug laws are being reviewed. The law enforcement authorities have the power to test anyone for narcotics in the blood through urine test, under the new law a person who tests positive can be brought to a (compulsory) medical facility rather than being sent to jail. Still according to Thai drug law a drug user is a criminal. Harm reduction programmes in Thailand have the stigma that they lead to an increase in drug use, but mental health and social aspects of drug use should not only be considered but should also be acted upon.

#### **Malaysia**

The state is operating methadone clinics in Malaysia. Private practitioners take care of those who want to remain anonymous. The compulsory centers are largely being transformed into "cure and care centres", though some compulsory centers remain. The compulsory centers use forced labor and 'water treatment', are harmful and in breach with human rights. At the "cure and care centres" people can only get methadone for three years and the centres don't offer needle and syringe exchange. The urine sample must be clear of heroin in order to be admitted, nevertheless the centers have full waiting lists. Heroin arrests have been increasing in Malaysia this year - although that is not necessarily due to increasing heroin use but could also be increase in police arrest quotas. Only two of the prisons in Malaysia have in-house care clinics, the rest have to be sent outside to find care but only if the warden agrees. There is no condom distribution in prisons.

#### **India**

Civil society in India is not involved in discussions on the drug laws at all, although this is now changing a bit. India's 1985 Drugs law has been amended twice so far. Now criminalization is based on quantity of drug possession. This causes problems because of inconsistencies. Harm reduction was eventually included in India's drugs laws. Overall drug law reform has been ad hoc and based on government's response to an issue, rather than any unilateral direction or long-term strategy. The push for decriminalization for drug users has sympathy in general but does not have legal backing. There is also a sense that drug users and poppy farmers are victims, but this is not translated in law reforms. Due to political elite intervention, morphine is now legally available for scientific purposes under strict control.

## ***Myanmar***

Initially resistance against harm reduction existed in Myanmar. First a trial with harm reduction services was initiated in Lashio, northern Shan State. Since then drug users in Myanmar have had a few more services available to them, as well as more awareness and prevention programmes for drug users and the general public about drug use and associated health risks. Drop-in centers for drug users and needle exchange programs and condom distribution is now becoming more common. In the drop-in centers the patients do not need to give their name or any other information, no questions are asked. This practice is slowly spreading throughout the country, harm reduction networks are being formed and trained to increase the outreach throughout Myanmar. However, the quality and quantity of services are still inadequate to address the scope of the problem.

## ***General***

There is no evidence that harm reduction programmes or decriminalisation lead to increased drug use, but it has been proven to be difficult to pass supportive legislation. One participant remarks that if production of currently illicit drugs were regulated, there would be no more trafficking. A frank and new initiative on decriminalization of drug use in the region is necessary - enough talking has happened. Perhaps it should come from the bottom-up, as to wait for the politicians may take a very long time.

## ***Session VII***

### ***International drug policy developments***

In this session an overview of the drug policy developments elsewhere around the globe was presented.

The participants were reminded that over the past hundred years large amounts of money have been spent on drug control, but with limited results. Global drug production and trade is perhaps the third most lucrative illicit industry in the world. Prisons are packed with convicted drug users and the drug problem is shifted around as result of the so-called 'balloon effect'. The USA drug czar has finally admitted that there is an over-reliance on incarceration, they need to invest more in social and health services for drug users, and they no longer use the phrase 'war on drugs'.

Most countries in the world (thirty now) have adopted some form of decriminalization for drug use. However, the Asian countries still are lagging behind. There is a need for a system where drug users feel safe to step forward to receive treatment. Global evidence shows that decriminalization does not lead to higher incidences of drug use. In Brazil a case study shows that drug use doesn't increase after decriminalization, but that the number of problematic drug use cases decreases because these people more often get help with their drug use related problems. The incarceration of small drug traders and couriers is a problem, these people are often small fish in desperate situation - in some EU countries the prison terms for these cases have been decreasing. Many EU countries are now evaluating their incarceration policies.

Latin America used to be known for their old-school hard-line approach on drugs, often including military-led eradication of crops. But now they are taking the lead in decriminalization of drug use and possession. Latin American countries are readdressing the issue of coca cultivation and use. In Uruguay, a new cannabis law is being drafted- which includes medical and non-medical use with dispensaries for the general population as long as they are registered. These progressive legislative reforms are creating some tensions with international drug agencies, however.

One view is that the extreme drug related violence in Latin America is the result of the existing drug enforcement model. Therefore, the presidents of some Latin American countries are saying these policies are not working, and are looking for a new model in order to decrease the high levels of

violence. Colorado and Washington State in USA also voted to legalize recreational cannabis use in the USA. What does this all mean for this region - can we apply some of this momentum in Latin America to the ASEAN region?

### **Discussion**

The situation in Thailand is discussed. For at least 400 years Thailand had strict prohibition of drugs. Then 110 year ago this changed to adopt a softer approach due to global (British) and domestic (strong Thai drug cartel) politics. Then this changed again when Thailand became a modern state. So Thailand already has historical experience on decriminalization. The Thaksin regime introduced a big change in national drug policy with the war on drugs. Thailand is now trying to reform their drug laws and policies further by studying many approaches - trying to learn from best approaches from neighboring and global community. However, the political space under the current government for less repressive approaches is limited.

Though the views of the participants on the drug policy reform process in Latin America differed and some were more skeptical on the scale and direction of this progressive change, there was general agreement on the direction of the reforms. It was also noted that there is a big difference between prohibition and legalization. It remains to be seen if the cannabis legalization push from Latin America and the USA will come to Asia. The new discourses on drugs need to develop roots in this region before it can dig in, rather than just piggy back on what is happening in other parts of the world.

One participant observes that it is not good if drug policy makers are drafting drug laws without knowledge on the effects of drugs, and the reasons behind drug use. It is important that active and ex-drug users are part of the decision making process in drug legislation, they understand the issue deeply and on a personal level.

### *Session VIII*

#### ***Feedback/Suggestions***

The following feedback and suggestions were made to improve future informal drug policy dialogues:

- At a next Dialogue a wider array of participants should be invited – including more government officials, representatives from specific ministries, and opium farmers.
- The Dialogue offers a rare opportunity for many different types of people to talk with one another informally and frankly, this is important as these occasions seldom happen.
- Some participants suggested involving international donors, it would allow them to learn more about the drug trends emerging and where they should spend their funds on. At the same time however, there was some hesitation to inviting donor community to the meeting. It could change the informality and frankness of the conversation. Perhaps a separate meeting with donors afterwards to inform them of what was learned from the informal dialogue could be a way to include them.
- It is also suggested that perhaps a next informal dialogue could have a special theme to allow the participants to focus more exclusively on one or two issues rather than such a broad array. For example a dialogue specifically focused on AD, with all relevant agencies and people. Another way of doing this could be to organize an expert meeting on a specific topic before or after the informal dialogue. In that case the dialogue could still address a

broad range of topics. This also broadens the perspective and the networks of the participants.

- Since China is an important player in the drug policy in Southeast Asia, Chinese participants should be included in future dialogues
- TNI and GIZ announce they plan to have a workshop on possibilities of the implementation of the AD guidelines in SE Asia.

**Rapporteurs Kevin Woods, Tom Kramer and Ernestien Jensema**

**June 2013**