

A PROPOSAL FOR UNGASS 2016: THE MOMENTUM FOR CHANGE



Lembaga Bantuan Hukum Masyarakat (Community Legal Aid Institute), is a leading non-governmental organization that provides free legal services for victims of human rights abuses and marginalized communities including people who use drugs, LGBT people, people with mental illness, and people facing the death penalty/executions. LBH Masyarakat also promotes human rights based approaches to drug policy through research, analysis and policy advocacy.

United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, which will be held in New York on 19-21 April 2016, is a crucial occasion to bring the unsuccessful, violent, and expensive drug war to an end. Now is the time to create a more humane global drug policy.

On this occasion, LBH Masyarakat would like to put forward this submission to the UNGASS 2016.

As an organization that works closely with the most affected population, in Indonesia, of the current failed global drug regime, we demand the UNGASS to:

- 1. Ensure meaningful participation of civil society organizations throughout the processes of the Special Session.** Participation, in this regard, requires the UNGASS to actively involve civil society in the discussions, lobbying, and resolutions drafting. Consequently, civil society's participation should not be restricted to submitting views and recommendations. Civil society organizations are vital for representing and voicing the concerns of the people who are directly and negatively affected by the war on drugs. Also, the three major UN drug control conventions, and their implementation, are fundamental elements behind the notion of the war on drugs. Against this backdrop, the United Nations (UN) are obliged to meaningfully involve the civil society in the UNGASS processes, instead of leaving the fate of the most affected population solely to the States' representations.
- 2. Adopt harm reduction as a global drug policy approach.** The three pillars of the current drug policy: supply reduction, demand reduction and judicial system have worsened the global drug situation. It heavily focuses on the failed punitive approaches rather than recognizing the need for treatment and evidence-based drug policy. It lacks the awareness of understanding the condition of people who use drugs. In many parts of the world, civil society has implemented harm reductions programming, and has proven successful. Nevertheless, despite the mounting evidence and endorsement from various UN bodies, many governments refuse to adopt and implement such programs. The UN should push governments around the world to implement harm reduction that embodies public health strategies and human rights norms to address drug use situation in their respective countries.

- 3. Call for decriminalisation for drug possession and personal drug use.** In most countries, personal drug use and possession of small quantities of drugs are criminalized. Criminalization pushes drug users away from treatment because they are afraid of police arrest and thus prosecution. It has been widely documented that the consequences of this draconian policy resulting in mass incarceration, overcrowded correctional facilities and over-burdens the state budget, which could be allocated to public health programs.
- 4. Urge the closure of forced rehabilitation centres.** In Indonesia, and other ASEAN countries such as Cambodia, Thailand, Lao, and Viet Nam, people who use drugs undergo compulsory treatments. This model is costly and ineffective in addressing drug use problems. There is no plausible evidence that compulsory treatment leads to positive health outcomes among drug users or that it has any effect on decreasing drug use. In contrast, a number of studies have documented a plethora of human rights abuses, such as: arbitrary arrest/detention, physical and sexual violence, torture, inadequate access to drug dependency treatment, insufficient general health condition in detention, lacking access to HIV prevention and treatment, forced labour, and detention of non-drug users and children. The member states should instead pursue an intervention method which promotes voluntary access, client-centred approach, meaningful involvement of people who use drugs and civil society, comprehensive health and psychosocial care services, medical guidelines and oversight, drug policy reform and leadership, and coordination with law enforcement.
- 5. Push the abolition of the death penalty for drug offences and halt executing drug offenders on death row.** There are at least 32 countries in the world that still retain the death penalty despite the UN Human Rights Committee's assertion that drug offences do not meet the threshold of "the most serious crime" to which the death penalty may be imposed. Indonesia itself has imposed death sentences for drug offences and carries out executions for drug offenders, yet the number of drug crimes have not plummeted. We call the UN to urge all member states to abolish the death penalty for all crimes, including for drug offences, and implement moratorium of execution.
- 6. Endorse the use of controlled substances as medical means.** The UN Single Convention on Drugs 1961 guarantees the use of controlled substances for medical purposes. Many States are still reluctant to provide controlled substances for medical purposes, such as opioid substitution therapy or palliative care. Modern research has demonstrated that many controlled substances have medicinal values that can benefit society. We urge UNGASS to support the use, or at least, the research of those drugs as medicine.

7. Ask Member States to consider development aspect when implementing their national drug policy. When exercising the failed and ineffective war on drugs, many States often neglect the aspect of development. The eradication of coca, opium, and marijuana fields has badly affected the lives and incomes of farmers. We urge States to support initiatives aimed at protecting the marijuana, coca, and opium farmers so they could have sustainable lives. Additionally, we call the States to provide capacity building in vocational education, technical skills, or entrepreneurship for people who use drugs which in some cases have difficulties to access job opportunities. If this succeeds, it will increase the livelihood of millions of people who use drugs.

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