

## Viewpoint

# Southeast Asia in focus: stemming the reawakening of prohibitionism

Fifa Rahman<sup>§,1</sup> and Adeeba Kamarulzaman<sup>2</sup>

<sup>§</sup>**Corresponding author:** Fifa Rahman, Malaysian AIDS Council, No. 12, Jalan 13/48A, Sentul Raya Boulevard, Kuala Lumpur 51000, Malaysia. Tel: +601 0256 6097. (fifarahman@outlook.com)

**Received** 7 June 2016; **Accepted** 13 June 2016; **Published** 26 June 2016

**Copyright:** © 2016 Rahman F and Kamarulzaman A; licensee International AIDS Society. This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 Unported (CC BY 3.0) License (<http://creativecommons.org/licenses/by/3.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

In the past decade, harm reduction has slowly but steadily spread throughout the Association of Southeast Asian Nations (ASEAN) region, largely in response to the growing HIV epidemic among people who use drugs (PWUD) [1,2]. More recently, there has been a nascent realization among Southeast Asian governments of the lack of health, criminogenic and socioeconomic benefits of compulsory drug detention centres (CDDCs) [3]. These are a distinctive form of response in the name of treatment for PWUD commonly found in Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam [3]. CDDCs are often run by public security personnel, do not have opioid substitution therapies and have up to 90% relapse rates [4]. Measures that are undertaken to treat people who use drugs within these centers run counter to accepted norms and evidence-based practices and often times violate human rights principles [4]. A recent systematic review of the scientific evidence on the effectiveness of compulsory drug treatment showed that these centres do not lead to improved outcomes with some studies suggesting potential harms associated with it [5].

Pursuant to this realization, elements of voluntary, community-based drug treatment centres began to emerge and continue to be piloted and assessed in a number of countries across Asia [3]. In addition, the visibility and/or availability of Asia-specific evidence is increasing, including studies on the return of investment and cost-efficacy of harm reduction [6] and critical analyses on the failure of compulsory drug treatment centres to address the harmful effects of drugs [7,8].

Against these positive developments, of late, a number of more punitive and prohibitionist policy changes are emerging throughout Southeast Asia, threatening to destabilize communities gaining from voluntary efforts. In Malaysia, for example, the National Anti-Drugs Agency (NADA), which implemented the lauded voluntary Cure & Care clinics, has reverted to punishment and detention of PWUD. Most recently, on 16 May 2016, the Malaysian parliament debated a legal amendment to the Dangerous Drugs Act 1952 that would enable NADA to have the same pre-trial detention powers as police [9].

NADA recently provided an illustration of its services for women who use drugs, that is, compulsory detention, and within the CDDCs, religious, cooking and hairdressing classes intended to address their drug dependence [10]. This is

counterintuitive to established research on women who use drugs, including their increased risk of HIV infection due to structural, biological and behavioural reasons; traumatic child separation; multiple comorbidities; and transgenerational familial instability [11,12]. These factors suggest the need for a more nuanced, gender-sensitive and multifactorial approach to addressing their drug dependence. In 2014, 20% of new HIV infections in Malaysia were reported in women [13].

In the Philippines, the national presidential elections on 9 May 2016 resulted in a troubled political leadership, which could have implications on the current stance of Philippines being a death penalty abolitionist nation. The president-elect, Rodrigo Duterte, is a known proponent of death squads and extrajudicial killing of "criminals." Of late, reports of killings of drug offenders are being accompanied by police assertions of the legality of their actions [14].

Meanwhile, at the time of writing, Indonesia is preparing for the next round of executions of drug offenders, despite being booed for its defence of the death penalty for drugs at the UN General Assembly Special Session on Drugs in New York in April 2016 [15]. At the same time, Indonesia continues to submit appeals for its citizens on death row for drug offences abroad, actions that seem incongruent with domestic drug policy [16]. This apparent policy incongruence has also been seen to a lesser extent in the Philippines, with Duterte stating *Wala akong magawa* (I cannot do anything) about persons sentenced to death for drug offences overseas. However, in the same interview, with regard to Mary Jane Veloso, a Filipina on death row in Indonesia, he stated that he would attempt to ask for a reprieve [17].

To prophesize catastrophic regression may be premature, but these are certainly concerning developments that academicians, the civil society, PWUD, government drugs bodies, HIV organizations and programmers and families of PWUD must take note of. These should motivate them to adopt policies that not only make economic sense but also reduce the harmful effects of drugs, improve the functionality and stability of PWUD and, above all, respect basic human rights.

From these examples, it can be gleaned that, overall, there is a burgeoning growth of punitive sentiment in the region, creating a hostile environment for further scale up of HIV prevention, treatment and diagnostic services. Progress

gained in terms of an enabling environment for key affected populations with HIV via harm reduction modalities are giving way to demagoguery and injustice, and at the most difficult time, when HIV funding is dissipating. Effects of this sentiment have already seen the cancellation of operational research in Cebu, Philippines, which had a needle-and-syringe exchange programme component, due to political perception that harm reduction is "pro-illegal drugs" by placing too much importance on the reduction of HIV transmission, thereby sabotaging drug control efforts [18].

In consideration of such circumstances, would it be overly fatalistic to predict the inability to achieve the 90-90-90 goals to end AIDS? Without dogged determination to end criminalization, to scale up harm reduction and to introduce drug policy success metrics that reflect the science and human experience of key affected populations, this outcome is imminent.

The Johns Hopkins-Lancet Commission on Drug Policy and Health recently critically analyzed international drug policy and its impact on public health, making crucial and important recommendations. These included the need for countries to decriminalize minor non-violent drug offences like use and possession, and the need for countries to include health, development and human rights indicators in metrics to judge success of drug policies [19]. Evidence-based metrics was broken down into minute detail in a 2015 report by the Igarap Institute, which recommends that states adopt these output indicators, among others: the number of companies/firms that promote employment opportunities for former drug offenders/users; the number of media articles that attribute positions to credible scientific evidence; the number of deaths related to long-term health problems directly associated with drug use; the number of persons entering prevention/harm reduction programmes; and the number of reported cases of torture and cruel, inhuman or degrading treatment of PWUD [20].

Throughout Southeast Asia, drug policy success continues to be measured based on increased arrests of PWUD, which, if anything, only proves that there are more drug harms, more instability, more barriers to accessing HIV services, increased HIV transmission rates and more problematic drug use, as individuals remain in situations where they are in contact with law enforcement and are unable to seek voluntary treatment and welfare services.

Southeast Asian governments attending the ASEAN meetings continue as a whole to promote the futile ASEAN drug-free target, despite all evidence that eradication of all drugs is impossible [21]. The ASEAN meetings have been a unifying platform for the continuation of ineffective and expensive drug policies that have been proven to drive HIV infections. A roadmap towards constructive engagement with Southeast Asian governments is necessary to reverse the prohibitionist tide. In the spirit of the International Day against Drug Abuse and Illicit Trafficking on 26 June, there is an urgent need for the United Nations agencies, in particular the United Nations Office on Drugs and Crime (UNODC) and WHO, to think about engaging Southeast Asian nations and ASEAN as a body with these concise, evidence-based messages in a persistent and multi-pronged manner.

#### Authors' affiliations

<sup>1</sup>Policy Department, Malaysian AIDS Council, Kuala Lumpur, Malaysia; <sup>2</sup>Faculty of Medicine, Centre of Excellence for Research in AIDS (CERiA), University of Malaya, Kuala Lumpur, Malaysia

#### Competing interests

The authors declare that they have no competing interests.

#### Authors' contributions

FR took the primary role in drafting the manuscript, whereas AK critically reviewed the manuscript and added intellectual content. Both authors approved the final manuscript.

#### Funding

AK received funding from the Ministry of Higher Education-University of Malaya High Impact Research Grant (HIRGA E000001-20001).

#### References

1. Crofts N, Azim T. Harm reduction in Asia and the Pacific: an evolving public health response. *Harm Reduct J*. 2015;12:47. doi: <http://dx.doi.org/10.1186/s12954-015-0074-x>
2. Chatterjee A, Sharma M. Moving from a project to programmatic response: scaling up harm reduction in Asia. *Int J Drug Policy*. 2010;21(2):134-6. doi: <http://dx.doi.org/10.1016/j.drugpo.2009.12.004>
3. Tanguay P, Kamarulzaman A, Aramrattana A, Wodak A, Thomson N, Ali R, et al. Facilitating a transition from compulsory detention of people who use drugs towards voluntary community-based drug dependence treatment and support services in Asia. *Harm Reduct J*. 2015;12:31.
4. Kamarulzaman A, McBrayer JL. Compulsory drug detention centers in East and Southeast Asia. *Int J Drug Policy*. 2015;26(Suppl1):S33-7.
5. Werb D, Kamarulzaman A, Meacham MC, Rafful C, Fischer B, Strathdee SA. The effectiveness of compulsory drug treatment: A systematic review. *Int J Drug Policy*. 2016;28:1-9. doi: <http://dx.doi.org/10.1016/j.drugpo.2015.12.005>
6. Osornoprasop S, Dahlui M, Kamarulzaman A, Kerr C, Nanning H, Ng C-W, et al. 2014. Return on investment and cost-effectiveness of harm reduction program in Malaysia. *Directions in development; human development*. Washington, DC: World Bank Group.
7. Baldwin S, Thomson N. Compulsory "rehabilitation" in Asia: problems and possible solutions. In: Rahman F, Crofts N, editors. *Drug law reform in East and Southeast Asia*. Plymouth, MD: Lexington Books; 2013. p. 139-49.
8. Amon JJ, Pearshouse R, Cohen JE, Schleifer R. Compulsory drug detention in East and Southeast Asia: evolving government, UN and donor responses. *Int J Drug Policy*. 2014;25:13-20.
9. Parliament of Malaysia. Amendment to the National Anti-Drug Agency Act 2004 [Internet] [cited 2016 May 16]. Available from: [http://www.parlimen.gov.my/files/billindex/pdf/2016/DR/D.R.4\\_2016\(bm\).pdf](http://www.parlimen.gov.my/files/billindex/pdf/2016/DR/D.R.4_2016(bm).pdf)
10. Number of female drug addicts on the rise, says NADA [Internet]. *Free Malaysia Today*, 2016 Feb 12 [cited 2016 May 28]. Available from: <http://www.freemalaysiatoday.com/category/nation/2016/02/12/number-of-female-drug-addicts-on-the-rise-says-nada/>
11. Loeliger KB, Marcus R, Wickersham JA, Pillai V, Kamarulzaman A, Altice FL. The syndemic of HIV, HIV-related risk and multiple co-morbidities among women who use drugs in Malaysia: important targets for intervention. *Addict Behav*. 2016;53:31-9.
12. Rahman F, Lall P, Iqbal S, Vicknasingam B. Pain, instability, and familial discord: a qualitative study into women who use drugs in Malaysia. *Harm Reduct J*. 2015;12:52. doi: <http://dx.doi.org/10.1186/s12954-015-0086-6>
13. Ministry of Health. *Global AIDS Response Progress Report Malaysia 2015* [Internet]. [cited 2016 Jun 10]. Available from: <http://www.aidsdatahub.org/malaysia-global-aids-responseprogress-report-2015-hivsti-section-ministry-health-malaysia-2015>
14. Duterte death squad fears rise as Philippine police kill eight. *Free Malaysia Today* [Internet]. 2016 May 27 [cited 2016 May 31]. Available from: <http://www.freemalaysiatoday.com/category/world/2016/05/27/duterte-death-squad-fears-rise-as-philippine-police-kill-eight/>
15. Lamb K. A year after the Bali Nine executions, Indonesia prepares firing squads again [Internet]. *The Guardian*, 2016 Apr 28 [cited 2016 May 31]. Available from: <http://www.theguardian.com/world/2016/apr/28/indonesia-firing-squads-year-after-bali-nine-executions>
16. Sapiie MA. Government to submit appeal for Indonesian on death row in Malaysia [Internet]. *The Jakarta Post*, 2016 May 30 [cited 2016 May 31].

Available from: <http://www.thejakartapost.com/news/2016/05/30/govt-to-submit-appeal-for-indonesian-on-death-row-in-malaysia.html>

17. Aquino T. Watch | Duterte on drug mules on death row abroad: 'Wala akong magawa. Sorry' [Internet]. InterAksyon, 2016 May 20 [cited 2016 May 31]. Available from: <http://interaksyon.com/article/128010/watch-duterte-on-drug-mules-on-death-row-abroad-wala-akong-magawa-sorry>

18. Gita RA. Sotto: syringe distribution in Cebu promotes drug dependency [Internet]. SunStar Manila, 2015 May 11 [cited 2016 June 10]. Available from: <http://www.sunstar.com.ph/manila/local-news/2015/05/11/sotto-syringe-distribution-cebu-promotes-drug-dependency-406947>

19. Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, et al. Public health and international drug policy. *Lancet*. 2016;387:1427–80.

20. Muggah R, Aguirre K, de Carvalho IS. Measurement matters: designing new metrics for a drug policy that works [Internet]. Instituto Igarap, 2015 Jan [cited 2016 May 31]. Available from: [https://igarape.org.br/wp-content/uploads/2015/05/AE-12-Measurement-matters-07h-jan\\_.pdf](https://igarape.org.br/wp-content/uploads/2015/05/AE-12-Measurement-matters-07h-jan_.pdf)

21. Chairman's statement. The 4th ASEAN Ministerial Meeting on Drugs [Internet]. 2015 Oct 29 [cited 2016 May 31]. Available from: <http://asean.org/the-4th-asean-ministerial-meeting-on-drug-matters-2/>