

**“DRUG – FREE” FAMILIES IS THE WAY TO ENSURE RIGHTS OF CHILDREN  
TO BE PROTECTED FROM ILLICIT DRUGS  
(ie NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES)”.**

(What ASEAN, intergovernmental commissions/agencies, governmental bodies (GOs) and NGOs have done to ensure drug - free family, community, work place, schools, environment, nations)

by

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## **1. Definitions**

1. “Drugs” are chemical substances with a capacity to affect the central nervous system by producing a state of intoxication or a similar change in mental functions. “Drugs” encompass narcotic drugs, psychotropic substances, volatile solvents, doping agents, etc. (Alcohol is legal in most countries, but it is not usually included as “drugs”, although alcohol can be abused or misused. Tobacco is a legal psychoactive substance and is dealt under WHO FCTC which most UN countries have ratified. Thus the actual substances called “drugs” vary from country to country, depending on its legislation and professional tradition. For Brunei being an Islamic country, alcohol is forbidden for Muslims).

Thus “drugs” are controlled by governments and UN Conventions and are called controlled drugs. These are (amongst others):

- a) Narcotic drugs, which are controlled by governments, which have ratified the UN Single Convention on Narcotic Drugs (1961). These include:
  - cannabis, (marijuana, hashish/ganja, cannabis extract, THC);
  - opium (morphine, heroin, codeine, methadone), synthetic opiates (for example, fentanyl);
  - central nervous systems (CNS) stimulants include coca leaves and cocaine;
- b) Synthetic CNS stimulants including psychotropic substances such as amphetamines, methamphetamine (meth, speed, ice, crystal), ATS, barbiturates, hallucinogens (LSD, ecstasy, ketamine), etc. These drugs are controlled by governments under UN Convention on Psychotropic Substances (1971). Man-made synthetic or designer drugs are derivatives of approved drugs so as to circumvent existing legal restrictions. ATS (amphetamine-type stimulants) has been flooding the ASEAN region since the 90s.

“Drug Abuse” is the term for any non-medical use of a controlled substance which is outside a medical prescription or use contrary to good medical practice or “scientific” purposes. A drug dependence or addiction is the compulsive desire to experience the psychic effects of the drug. “Prescription drugs” are now being misused and abused and is a rising problem.

In 2012, the term “substance use disorders” is being more frequently used instead of “drug abuse”.

Therefore drugs are controlled items by the country and by UN or international conventions. Hence they are called “illegal drugs” or taken “illicitly” or “controlled drugs”.

(Note: The morbidity and mortality rate from the abuse of illicit drugs is significantly lower than tobacco and alcohol. More than 100,000 people die each year through the abuse of illicit drugs, and this figure continues to rise).

## **2. Why do we need to control illicit drugs?**

These illicit drugs are highly addictive and self-destructive. The person can not get on with their daily life demands/responsibilities of life except on how to get their drugs. As most are unemployed, they resort to criminal elements to get them. Imagine if the person is a child.

## **3. History**

The global current modern illegal drugs abuse and its associated global problems is rooted in the cultural changes that have swept the world in the mid 1960s. Since then, children and adolescents are exposed to a large and still growing list of powerful drugs of abuse. These drugs are taken by highly strong routes like snorting, smoking and injecting. And with increased globalization, communication, tolerance of drug use, there are now over 200 million people estimated to use illegal drugs globally, but is a small hint of the potential for the use of these powerful drugs.

#### **4. Challenge**

The search for new and improved drug prevention and treatment strategies is one of the great challenges of our time. There is no simple formula to solve the problem of illicit drugs and it continues to defy various efforts to control it. However this requires sustained, collective and long term holistic solutions and approach involving not only government agencies, intergovernmental agencies, but also families, civil society organizations.

We cannot change the effects of globalization but we can immunize our children by spiritual and moral values, educate and equip them with knowledge on life-skills so that they will not be exploited in abusing or trafficking illegal drugs. The community and family represent the primary wall of protection for them and hence its vital role in primary prevention.

#### **5. Policy**

The two poles of illicit drug policy are articulated in the striking different works in the 90s of American Alfred Lindesmith (who advocated treating heroin addiction by having physicians “prescribe” heroin and other abused drugs to addicts) and of Swedish psychiatrist Nils Bejerot (who championed drug-free treatment linked to strong law enforcement against both drug traffickers and drug users).

Now, “harm reduction” ideas inspired by Lindesmith, together with the anti-prohibition movement, and the International Harm Reduction Association states that “harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.”

The internationally well-respected 12-step fellowships of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have concluded that only sustained abstinence provides stability for the addict. Abstinence means all non-medical drug use including alcohol not just abstaining from the primary drug of abuse. In other words, an alcoholic needs to stop using marijuana and a heroin addict needs to stop drinking alcohol to be in recovery. The goal of treatment is recovery which requires abstinence from all drug use that is DRUG-FREE and meaningful character development. This leads towards the fulfillment of higher goals of healthy participation in family and in community life.

#### **6. Which policy, drug-free or harm reduction?**

The ultimate questions we must ask the harm-reduction proponents are “Would you allow your children to initiate taking illegal/illicit drugs, knowing that these drugs are addictive and will destroy their future. Do you want to protect your own children/people?”

#### **7. Human rights?**

So many people are confused by the harm reduction strategy and the anti-prohibitionist movement. These latter groups reject the more than 100 year-old global consensus to protect people from taking illicit drugs. In particular, they reject the drug-free goal in both prevention and treatment. Shockingly they do this under the banner of human rights. The human rights they seek to protect are the “rights” of people to use or take illicit/illegal/controlled drugs.

#### **8. The United Nations (UN) Convention on the Rights of the Child (CRC) and its Article 33**

CRC is the only core human rights treaty that specifically deals with the issue of illicit drugs at its Article 33. Protecting against drugs is hence unquestionably a human rights issue. CRC Article 33 states that “State parties shall take appropriate measures, including legislative, administrative and educational measures to protect children from the illicit use of narcotic drugs and psychotropic substances, as identified in relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances”. This statement shall be read and understood

alongside the overarching principle in CRC Article 3 that states “In all actions concerning children whether undertaken by public or social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be the primary consideration”. Therefore when discussing any drug policy, this statement, ie Article 33 from CRC must be taken into highest consideration. How can a harm reduction policy, which legalizes drugs, be able to protect children.

In order to conform to the minimum human rights standard set out in CRC Article 33, State parties must adopt national drug policies directly promoting a “drug-free society” in order to create the protective environment for children that CRC prescribes. National drug policies have to be child-centered and focused on achieving this goal.

Most nations have ratified the UN Convention, the CRC. All of them after have signed are obliged to the responsibility of protecting children.

All member states of ASEAN had bound themselves to the provisions of CRC and CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). Recently ASEAN reaffirmed its commitments to human rights of its women and children by establishing AICHR (ASEAN Intergovernmental Commission of Human Rights) and ACWC (ASEAN Commission for the Promotion and Protection of Rights of Women and Children).

### **9. Children as future stakeholders of humanity**

Children are uniquely vulnerable to the devastating effects of illicit drug use by their parents and other caregivers. This includes them being neglected and irresponsibility from their parents and caregivers. Even worse is when children take illicit drugs. The developing brain, as shown by modern brain research has confirmed the unique vulnerability of the child’s brain. When drug use starts early, it is associated with negative effects on learning, education, and later employment and other negative social consequences.

There is a universal human rights objective of protecting children from illicit drug use, production and trafficking as stipulated by the CRC, the only core human rights treaty that specifically deals with the issue of illicit drugs. Protecting children from illicit drugs is thus not an option. It is a moral and legal obligation.

### **10. Creating DRUG-FREE environment (this means drug-free family, community, work place, educational institutions, schools, nation, etc)**

Here let's emphasize again that we when we say drugs, we are referring to illegal/illicit/controlled drugs and psychotropic drugs under international UN conventions and national laws, and do not include medicinal drugs to cure or treat medical problems.

Thus to protect children, we must create drug-free families, schools, work-place, society, environment.

### **11. Aspirations for “DRUG-FREE”**

- a) The theme for the 14<sup>th</sup> IFNGO Conference, Kuala Lumpur, 1992: “Together: Strive for Drug-Free Society”.
- b) “European Cities Against Drugs”, was initiated by the City of Stockholm in 1994. It is Europe’s leading network for cities promoting a drug-free Europe and represents millions of European citizens.
- c) “Foundation for a Drug-free Europe”, was formed on 24<sup>th</sup> March 2004 in Brussels ([www.ecad.net](http://www.ecad.net)). Its firm purpose is to prevent and stop drug use through educating non-users and finding existing users to programs that help them achieve abstinence for life.

- d) In 2004, participants of the First International Conference on ASIAN Cities Against Drugs, declared the “Melaka Declaration” which reaffirm their collective wisdom that to achieve DRUG-FREE ASIA, cities play in assisting their respective governments to implement and enforce existing drug legislation.
- e) On 5-8 November 2007, the 6<sup>th</sup> Ministerial Meeting on Transnational Crime (AMMTC) in Brunei, agreed that in achieving DRUG-FREE ASEAN 2015 within the broader ASEAN community, cross-sectoral linkages among existing regional and extra regional mechanism need to be strengthened and coordinated. Specific areas where this should be done include strengthening regional framework, mainstreaming drug concerns in other relevant ASEAN Bodies, and supporting and sustaining alternative development efforts.
- f) On April 2012, the national leaders at the ASEAN Summit held in Phnom Penh agreed to the Declaration on a DRUG-FREE ASEAN 2015, which is to make ASEAN DRUG-FREE by 2015.
- g) on 11 to 12 July 2012, the ASIA DRUG-FREE 2015 Seminar was held in Melaka, Malaysia, organized by Historical City of Melaka and Drug Advisory Program of Colombo Plan.
- h) As recently as 30 August 2012, the special Ministerial Meeting on Drug Matters, held in Bangkok recalled the ASEAN Leaders’ Declaration on DRUG-FREE ASEAN 2015, adopted at the 20<sup>th</sup> ASEAN Summit in Phnom Penh, where leaders have declared to intensify concerted efforts to realize vision and goal of DRUG-FREE ASEAN by 2015 as a high-priority agenda of ASEAN by tasking relevant Ministers to speed up the implementation of the ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use 2009-2012 and the Roadmap for an ASEAN Community (2009 to 2015) Ensuring a DRUG-FREE ASEAN by 2015. Building upon the momentum of the ASEAN Leaders Declaration on DRUG-FREE ASEAN by 2015 and the concern of those emerging trend of illicit drug trafficking, production and use, the Meeting has come up recommendations concerning the translation of the elements contained in the aforementioned ASEAN Leaders Declaration into action-lines to be taken into account of implementation by ASEAN National Drug Control focal points, relevant ASEAN sectoral bodies under the ASEAN Political-Security Council and the ASEAN Socio-Cultural Council as well as concerned Agencies in the ASEAN Member States.
- i) In Brunei Darussalam, the Narcotics Control Bureau (NCB or BKN) is the lead agency in coordinating all matters pertaining to the eradication of abuse of drugs and intoxicating substances. The theme of this year International Day Against Drug Abuse and Illicit Trafficking - 26<sup>th</sup> June 2012, is “Together towards a drug-free workplace”. NCB organized with Brunei Shell Petroleum and the companies under its management awareness talks, forum, and exhibition. Other objective of this program are to disseminate information about Al-Islah Centre (treatment and rehabilitation centre under NCB) and to promote awareness on precursor chemicals.

## **12. “ASEAN DRUG-FREE 2015”**

(This paper only covers ASEAN as a regional intergovernmental organization, and mentions only briefly other UN entities/international organizations like UNICEF, UNODC, WHO, UNAIDS).

The strategic objective of ensuring DRUG-FREE ASEAN is to reduce significantly the overall prevalence of illicit drug abuse in the general population, in particular students, youth and those in high risk and vulnerable groups through preventive measures and by increasing access to treatment, rehabilitation and aftercare services to ensure their full reintegration into society as well as through enhanced partnership between the public and private sectors and civil society organizations.

(Actions to ensure a DRUG-FREE ASEAN can be downloaded at [www.asean.org](http://www.asean.org)).

## **13. Support**

Let us respond to the call for and support the drug-free policy for “DRUG-FREE ASEAN 2015”. This inspirational principle is as relevant and valid as humanity’s other aspirations: a world free of poverty, hunger, unemployment, human rights abuse and vision for a world of peace, social justice and “Health for all by 2020”. We need such aspirations to provide us with goals for action.

#### **14. What can NGOs or CSOs do?**

History has shown that the involvement and acceptance of NGOs or CSOs in global affairs which affects people's lives have become an alternate source of "soft" power and hence their social, economic and political relevance. In the last few decades, the rapid proliferation of CSOs and incredible ability of these CSOs to have their voices heard at the global and national levels is due to the development of new ICT media such as email, facebook, twitter, and search machines such as google. Many decisions and initiatives affecting the betterment of our lives are owed to the advocacy, lobbying and pressure of CSOs.

CSOs must show accountability, credibility, democratic legitimacy to the people that they represent.

Government agencies and the various UN bodies consistently benefit from and valued the input, advice and experiences of CSO in addressing and assessing various issues. We have seen the contribution of CSOs to the development of social and community consciousness.

"Foundation for a Drug-free Europe", ([www.drug-freeworld.org](http://www.drug-freeworld.org)) aims to pursue through legal means the creation of a drug-free Europe and bring about a culture that refuses the use or promotion of drugs. It produces booklets, documentaries, public service announcements and carries out grassroots activities in France, Belgium, the Netherlands, Germany, Switzerland, Europe, Italy, Iberian Peninsula, UK, Czech Republic, Hungary, Russia.

#### **15. Role of local preventive and anti-drug NGOs/CSOs**

BASMIDA of Brunei has always taken the stand of the importance of prevention of illicit drugs use. BASMIDA's campaign towards the protection of children from illicit drugs is taken at national and regional and international level. The Singapore Anti-Narcotics Association (or SANA) mission since 1972 is "to mobilize our community against drug abuse and strive towards a drug-free Singapore, by engaging youth, bonding families, rebuilding lives".

There is thus a huge potential of NGOs activism and lobbying in the current policy debate to ensure illicit drugs policy is child-friendly, not adult user-friendly.

#### **16. Not enough being done by UN entities, ASEAN entities, national entities**

Roxana Stere and Stephen Dahlgren in their major landmark book printed in 2012 in human rights and international drug policy, "The protection of children from illicit drugs – a minimum human rights standard" are alarmed by the failure of several UN entities (UNICEF for example) to meet the minimum human rights standard for children. They have identified many misguided NGOs and policymakers at the UN who are now seeking to put the rights of illegal drug users above those of the children's human rights to live in drug-free environment.

#UNICEF's full commitment to the CRC is clearly articulated in its mission statement and it is well placed to take the lead and translate into practical advice the right of the children to be protected from narcotic drugs and psychotropic substances. However, according to the above authors, UNICEF has not taken any initiative to address Article 33 of CRC in the last 20 years. Moreover, UNICEF Progress Report 2010 "Towards universal access: scaling up priority HIV/Aids intervention in the health sector" requests the removal of punitive laws for drug abuse and advocates for the decriminalization or legalizations of current illicit drugs.

(Due to time constraint, this paper does not include other UN entities like UNODC, WHO, UNCHR, UNAIDS).

#In the ACWC Work Plan 2012 – 2016, at its Consolidated Matrix as of Feb 2012, under thematic area “Child Protection System” mentioned about “comprehensive /integrative approach for children in need for special protection (example: victims of abuse and neglect, trafficking....etc)”. But I do not see any mention of protecting children living in homes where the parents/caretakers are taking illicit/illegal drugs.

## **17. Human rights of children**

Protecting human rights is the reason we are involved with drug prevention and treatment. The World Federation Against Drugs, an international NGO provides global leadership to the world’s NGOs as they develop better drug policies for the future, especially for children’s human rights-based approach and calls for a child-centered philosophy. The harm reduction movement and many reputable international entities are however are promoting a drug-user centered philosophy.

## **18. Conclusion**

The rights of children to be protected from illicit drugs as exemplified in CRC Article 33 is being largely ignored in the drug policy debate inspired by the call for harm reduction which support the policy to tolerate illicit drug use while seeing to mitigate one or another of the myriad of the ill effects of drug use. Such policy is user-centered and not taking into consideration the best interest of the child. Such a policy is not child-friendly, only adult user-friendly. Harm reduction is only a political tool of convenience.

Therefore in order to conform to the minimum human rights standards as set out in the CRC Article 33, the national drug policy of countries that are parties to the CRC must be child-centered and not user-friendly. Child-friendly policies ensure that children do not get in contact with illegal drugs. In order to achieve this, all national drug policy must promote and adopt “drug-free society” (family, schools, society, workplace, nations, environment) in order to create the protective environment for children that CRC prescribes).

CRC is the most accepted international human rights instrument and no country has made any reservation against the provisions stipulated by Article 33.

Article 33 of the CRC is a clarion call to the international community to rally around the goal of protecting children from illicit and illegal drugs, ensuring their environments are free from illicit drugs use. This is their vital central human rights.

## **END**

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