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**Title of paper:**  
**“ASEAN DRUG FREE 2015”, DRUG FREE COMMUNITIES TO ENSURE THE  
REALIZATION OF RIGHTS OF CHILDREN FROM ILLICIT DRUGS AS  
STIPULATED IN ARTICLE 33 OF THE CONVENTION ON THE RIGHTS  
OF THE CHILD (CRC)**

**By**  
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**1. DEFINITIONS**

“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. (Alcohol and tobacco are also drugs and are legal in most countries, but they are not usually included as “drugs”, although alcohol can be abused or misused. Thus the actual substances called “drugs” vary from country to country, depending on its legislation and 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 (not exhaustive):

a) Narcotic drugs, which are controlled by governments, which have acceded to the UN Single Convention on Narcotic Drugs (1961). These are:

- 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 include psychotropic substances such as amphetamines, methamphetamine (meth, speed, ice, crystal), amphetamine-type stimulant - ATS, barbiturates, hallucinogens (LSD, ecstasy, ketamine), etc. These drugs are controlled by governments under United Nations Convention on Psychotropic Substances (1971). Man-made synthetic or designer drugs are derivatives of approved drugs so as to circumvent existing legal restrictions. ATS 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. A drug dependence or addiction is a compulsive desire to experience the psychic effects of the drug.

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 international or UN conventions, hence they are called “illegal or illicit or controlled drugs” or taken “illicitly”.

## **2. WHY CONTROL BY THE AUTHORITIES?**

Drugs are chemicals that produce an immediate and intense brain reward commonly resulting in addiction. They are “psychotropic” and “highly addictive” and are thus self-destructive. The person cannot get on with their daily demands, responsibilities of life except on how to get their drugs of addiction. As most are unemployed, they resort to illegal measures to get them. The ASEAN Heads of State/Government at the 20<sup>th</sup> ASEAN Summit in Cambodia in April 2012, in their ASEAN Leaders’ Declaration on Drug-Free ASEAN 2015, recognized that the international drug problem remains one of the main security concerns of all ASEAN Member States. Apart from the suffering caused to individuals and families, infection to the HIV/Aids virus, accidents at the workplace and highways, violence, illicit drug abuse and trafficking is also inextricably linked to arms smuggling, money laundering, human trafficking, terrorism, other international crimes, organized crimes and degradation of the natural environment. Illegal drugs are usually produced in lawless areas, remote from government control. War creates areas where rebels can produce narcotics and use the money to buy weapons. Thus the narcotics industry prolongs civil wars and conflicts.

Now the threat in the developed and developing countries is the growing number of new synthetic drugs specially developed to avoid anti-drug laws and drug tests. These drugs are sent by post and are made in places like China. In USA, in the last two decades also saw prescription drug abuse, mainly opiates and drug overdose deaths exceeded the number of motor vehicles fatalities. Prescription drugs are easy to get and the main sources is internet shopping and doctors prescription.

## **3. HISTORY AND CURRENT USE OF ILLICIT DRUGS IN ASEAN**

a) The infamous “opium trade” of the 19<sup>th</sup> century between the British and China showed its ugly after-effects when in 1987 as head of the newly established Anti-dadah Unit of the government I went on a study tour in Singapore. I went with the Central Narcotics Bureau of Singapore and went to the 3<sup>rd</sup> floor of the building of the back alleys of Chinatown and saw the paraphernalia of opium taking of some very elderly opium addicts. “Kesihan”, I said to myself and reflected on the wasting of their lives.

The global current modern illegal drugs abuse and its associated global problems is rooted in the cultural changes led by the media and entertainment industry encouraging impulsive pleasure-producing behaviors. All these have swept the world in the mid 1960s. Before that there was the infamous “opium war” of China and Britain. 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.

b) With increased globalization, communication, tolerance of drug use, acceptance of the harm-reduction movement and legalization, there are now over 230 million people estimated to use an illicit drug last year globally according to the UN Annual World Drug Report. While global production and use stabilized in 2011, the report predicts that the number of illicit drugs users will grow 25% by 2050 and underlines 2 trends that will have major consequences for ASEAN.

First, the global number of amphetamine-type stimulants (ATS) users now exceeds that of heroin and cocaine users combined. While seizures of heroin and cocaine grew by 50% and 65% respectively during the past decade, a 300% boost was observed for ATS, a surge largely attributed to the growing numbers of users in East and South-East Asia, which now has the greatest number of ATS users in the world and produces half of the methamphetamines seized internationally.

The continued increase of global opium poppy cultivation since 2009 is a great cause of concern. Households involved in opium cultivation are: Myanmar (246,000), Afghanistan (191,000) and Laos (14,150). On February 2013, the Brunei daily newspaper Media Permata reports that there are 90 treatment centers in Afghanistan, treating 16,000 individuals of which, 27 centers are for women and children. Children are addicted to opium as young as 3 years of age to 12 years. This is due to parents' ignorance of the addictive effects of these drugs but also due to poverty and availability of opium.

#### **4. CHALLENGE**

The search for new and improved cost-effective drug prevention and treatment strategies is one of the great challenges of our time. These strategies must be compatible with contemporary laws and values that reverse these trends and protect the people especially children and youth from substance abuse. 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, communities, civil society organizations, NGOs.

Alternate development to substitute poppy plants with other cash crops are bringing success.

We cannot change the effects of globalization, poverty, ignorance but we can immunize our children by love, spiritual, religious, moral values, education in equipping them with knowledge on life-skills so that they will not be exploited in abusing or in trafficking illegal/illicit drugs. The community and family represent the first primary wall of protection for them. It is the responsibility of parents and grass-root leaders to give the proper guidance and ensure safe and drug-free environments for children to grow.

#### **5. POLICY**

The two poles of illicit drug policy are articulated in the striking different works in the 60s of American Alfred Linesmith (who advocated treating heroin addiction by having physicians 'prescribe' heroin or other drugs) and Swedish psychiatrist Nils Bejerot (who championed drug-free treatment linked with strong law enforcement against both drug traffickers and drug users).

Now according to the position statement from the International Harm Reduction Association, 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. Harm reduction accepts that many people who use drugs are unable or unwilling to stop using drugs. These users are prescribed their drugs of addiction so that they do not resort to criminal activities to get their drugs.

There is no dispute in the "harm reduction strategy" of giving free needles and syringes to injecting drug users which help to reduce significantly the spread of HIV viruses and AIDS. But harm reduction supporters want to extend the concept and want to legalize marijuana even heroin on the excuse that if these drugs are made legal, then their price will be low and affordable. There will be no more illegal trafficking and drug users will continue taking drugs.

The internationally well-respected 12-step fellowship of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have concluded based on decades of experiences that only sustained abstinence provides stability for the addict. Abstinence includes all non medical drug use including alcohol, not just abstaining from the first primary drug being abused. In other words, an alcoholic needs to stop using other drugs like marijuana, not only alcohol to be in full recovery. 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 in a drug- free environment, together with meaningful character

development, leading towards the fulfillment of higher goals of life like healthy participation in family and 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 and prevent your own children/people, from ever taking these drugs?”

## **7. “HARM REDUCTION” STRATEGY IN REJECTING TRADITIONAL PREVENTION METHODS?**

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 illicit drugs in particular they reject the drug-free goal in both prevention and treatment and the traditional “eradication” of crops, destruction of seized drugs and clandestine manufacture, control of essential chemical precursors, transnational cooperation in all aspects (including anti money-laundering) by the government and the government law enforcement agencies which are effective in removing available drugs from the streets. Provision of sustainable livelihood to former illicit-crops producing farmers are supported by various UN agencies.

The harm reduction strategy shockingly argues that they are working under the banner of human rights. The human right they seek to protect is the “right” of people to use or to continue or to take illicit/illegal/controlled drugs, mainly the current “users” of illicit 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 in its Article 33. Protecting against illicit drugs is unquestionably a human rights issue. CRC Article 33 says 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 should 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 principal 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?

Therefore in order to conform to the human rights standard set out in Article 33 of the CRC, 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 acceded the UN Convention, the CRC. All of them after having ratified or acceded are now obligated with the responsibility of protecting children.

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

## **9. CHILDREN AS FUTURE STAKEHOLDERS OF HUMANITY**

Children are the most vulnerable segment of any population to the devastating effects of illicit drug use of their parents and other caregivers. This includes them being neglected and live in homes of irresponsible parents or caregivers.

Drug abuse most commonly starts in childhood. The adolescent brain, as shown by modern brain research has confirmed the unique vulnerability of the child's brain. When drug use starts early, it is commonly associated with negative effects on learning, on education, and later on employment together with other negative social consequences.

Thus there is a universal human rights objective of protecting children from illicit drug use, production and trafficking as stipulated by Article 33 of the CRC, the only core human rights treaty that specifically deals with the issue of illicit drugs. Protecting children from illicit drugs is not an option it is a moral and legal obligation.

## **10. CHALLENGE – CAN WE CREATE DRUG-FREE ENVIRONMENT?**

This means drug - free family, community, work place, educational institutions, schools, etc. Here let's re emphasize again that when we say "drugs", we are referring to illegal/illegal/controlled drugs under international or UN conventions and national control, not medicinal drugs to cure or treat medical problems.

Thus to protect children, we must create drug-free families, schools, work-place, society, environment. A drug-free society is possible and the promising interventions that have made significant progress needs to be supported, expanded, monitored and evaluated. Drug legalization is not a silver bullet to solve the global drug problem but rather that research, advocacy, capacity building, information sharing and dissemination and networking in all areas of illegal drugs control of prevention, treatment, law enforcement, international cooperation, research should be the cornerstone in curbing drug abuse.

## **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", initiated by the City of Stockholm in 1994. It is Europe 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)) ([www.drug-freeworld.org](http://www.drug-freeworld.org)). It aims through legal means to create a drug-free Europe and bring a culture that refuses the use or promotion of drugs. It produces booklets, documentaries, public service announcements. 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. It carries out grass-roots activities in France, Belgium, the Netherlands, Germany, Switzerland, Italy, Iberia peninsula, UK, Czech Republic, Hungary, Russia.

d) In 2004, participants of the First International Conference on ASIAN Cities Against Drugs, made the "Melaka Declaration" which reaffirm their collective wisdom that to achieve DRUG-FREE ASIA, that cities play in assisting their respective governments to implement and enforce existing drug legislation.

## 12. ASPIRATIONS FOR “ASEAN DRUG-FREE 2015”

a) In 2007 the 6<sup>th</sup> Ministerial Meeting on Transnational Crime (AMMTC) on 5-8 November 2001 in Brunei, agreed that in achieving DRUG-FREE ASEAN 2015 within the broader ASEAN community, cross-sector 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.

b) In 2011, chairperson of ASEAN Senior Officials Meeting on Drugs (ASOD) was invited by President ASEAN Inter-parliamentary Assembly (AIPA) at the 8<sup>th</sup> Meeting of AIPA Fact Finding Committee. He said that the vision of a drug-free ASEAN 2015 is to successfully and effectively control illicit drugs and mitigate its negative consequences to society. These include significant reduction in:

- \* illicit crop cultivation
- \* illicit manufacturing and trafficking of drugs and drug-related crimes
- \* prevalence of illicit drug use.

c) In April 2012, the national leaders at the 20<sup>th</sup> 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 by

- \* tasking relevant Ministries to speed up the implementation of the ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use 2009-2015 and the Roadmap for an ASEAN Community (2009-2015) on a drug-free ASEAN by 2015
- \* tasking relevant ministries of the ASEAN Sectoral Bodies through the ASEAN Coordinating Council to make annual reports to the ASEAN Leaders on the progress of the implementation of the ASEAN political-security Community Blueprint in the area of drug-free ASEAN
- \* enhancing cooperation and coordination in a comprehensive manner with ASEAN’s Dialogue Partners and external parties to eradicate illicit drug production, processing, trafficking and use in the ASEAN region by 2015.

d) On 10<sup>th</sup> July 2012, the Chairperson of the 9<sup>th</sup> Meeting of the AIPA Fact Finding Committee to Combat the Drug Menace, said that as ASEAN has declared to create a drug-free ASEAN by 2015, therefore Parliament has a significant role in their efforts to realize this goal.

e) As recently as 31 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 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
- \* 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 a fore-mentioned ASEAN Leaders Declaration into action-lines to be taken into account by implementation by ASEAN National Drug Control focal points, relevant ASEAN sector bodies under

- \* the ASEAN Political-security Council and
- \* the ASEAN Socio-cultural Council

\* as well as concerned agencies in the ASEAN Member States.

f) On 16 - 33 September 2012, the Brunei Speaker of the Legislature Council during the 33<sup>rd</sup> General Assembly of AIPA, with theme “Strengthening parliamentary roles towards ASEAN Community 2015” in Lombok, Indonesia said “It is worthy to note that ASEAN needs the participation of the people – especially from the grass roots level – and AIPA shall be the mechanism in this. We representing and promoting the legitimate interests and aspirations of the various communities, must always portray our best in responding to the needs of the people through law making.....it is incumbent upon AIPA to continuously support ASEAN’s initiatives towards the realization of the ASEAN Community based on the 3 pillars...by 2015.”

### **13. ENSURING “DRUG - FREE ASEAN 2015”**

The strategic objective of ensuring DRUG - FREE ASEAN 2015 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 ( ie street children, sex workers and employees in labor-intensive occupations) through preventive measures;
- to increase access to treatment, rehabilitation and aftercare services to ensure the full reintegration into society;
- to increase and enhance partnership between the public, private sectors and CSOs.

(Actions to ensure a DRUG-FREE ASEAN is enclosed as Annex 1)

### **14. GIVE SUPPORT**

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

### **15. WHAT CAN NGOs or CSOs DO?**

History has shown that the involvement and acceptance of NGOs or CSOs in global affairs which affect peoples’ 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 level 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 our lives are owed to CSOs advocacy, lobbying and pressure.

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

Government agencies and the various formal institutions like UN bodies and ASEAN bodies consistently benefit from and valued the input, advice and experiences of CSO in addressing and assessing various issues. All these years we have seen CSOs’ contribution to the development of social and community consciousness.

### **16. ROLE OF CSOs IN MONITORING IMPLEMENTATION OF CRC (IN PARTICULAR ARTICLE 33 IN THIS ISSUE) IN STATE PARTIES**

Upon ratification of or accession to the UN CRC, each state party is requested to submit an initial report within 2 years and a periodic report on progress on implementation of the CRC every 5 years.

Reports and state party performance will then be examined by a UN Committee of experts, Committee on the Rights of the Child, in Geneva.

The CRC Committee stresses the role of CSOs for effective follow-up monitoring and implementation of the Concluding Observations of each report of a state party to the CRC.

### **17. ROLE OF PREVENTIVE AND ANTI-DRUG NGOs/CSOs**

BASMIDA has always taken the stand of the importance of prevention of illicit drugs use. Its campaign to the protection of children from illicit drugs are taken at national and regional and international level. BASMIDA membership consist of youths, dikir groups, RAKAN BASMIDA (who are ex-users). BASMIDA accepts ex-users who had undergone treatment and rehabilitation and accommodate them in its anti-drug activities.

As prevention practitioners and as volunteers, BASMIDA members accept “RAKAN BASMIDA” as they are and avoid being judgmental on them. BASMIDA asked the employers not to stigmatize them when they come for job interviews and encourage open dialogue.

The Singapore Anti-Narcotics Association’s (or SANA) mission since 1972 is “to mobilize our community against drug abuse and strive towards a drug-free Singapore. Engaging youth, bonding families, rebuilding lives”.

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

World Federation Against Drugs (WFAD) in Sweden is a multilateral community of non-governmental organizations and individuals that work for a balanced and restrictive drug policy. WFAD participated as an NGO observer and arranged a side event at the yearly CND-meeting in Vienna in March 2011 “the Right of the Child to be protected from Narcotic Drugs and Psychotropic Substances”.

### **18. CURRENTLY, NOT ENOUGH BEING DONE BY UN ENTITIES, ASEAN ENTITIES, NATIONAL ENTITIES**

Roxana Stere and Stephen Dahlgre are ardent supporters of the rule of law. They stated in their major landmark book in human rights and international drug policy, “The protection of children from illicit drugs – a minimum human rights standard. (2012)” are alarmed by the failure of several UN entities and agencies to meet the minimum human rights for children to be protected from illicit drugs. 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.

# In the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (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 there is no mention of protecting children living in homes where the parents/caretakers are taking illicit/illegal drugs.

### **19. HUMAN RIGHTS OF CHILDREN**

Protecting human rights is the reason we are involved with drug prevention and treatment. The World Federation Against Drugs (WFAD) of Sweden provides global leadership to the world’s NGOs as they develop better drug policies for the future. Children’s human rights-based approach is



calling for a child-centered philosophy. Many reputable international entities are however promoting a drug-user centered philosophy.

## **20. CONCLUSION**

The rights of children to be protected from illicit drugs as exemplified in CRC article 33 is being largely ignored in the international drug policy debate inspired by the call for harm reduction which support the policy to tolerate illicit drug use and to be seen to seek 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 thus becomes a political and personal tool of convenience.

Therefore in order to conform to the minimum human rights standards as set out in the CRC article 33, 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 a country must promote “drug-free” that is free from illicit drugs in the family, society, workplace, schools, nations, environment to create the protective environment for children that CRC prescribes.

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 free from illicit drugs use. This is their vital central human rights.

END

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## ANNEX 1