

# REGIONAL IMPLEMENTATION DIALOGUE: INTERNATIONAL GUIDELINES ON HUMAN RIGHTS AND DRUG POLICY

# SOUTH AND SOUTHEAST ASIA FINAL REPORT

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HARM REDUCTION  
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# 1. Summary of the Regional Dialogue

The second regional Dialogue on the Implementation of the International Guidelines on Human Rights and Drug Policy took place virtually on the 26th and 27th of November 2020, bringing together over 80 participants from government, international organisations and agencies, civil society, and academia to discuss how to take the Guidelines forward in South and Southeast Asia.

The two-day event was hosted by the International Centre for Human Rights and Drug Policy (HRDP), the United Nations Development Program (UNDP), Harm Reduction International, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Global Partnership on Drug Policies and Development, the German Federal Ministry for Economic Cooperation and Development (GIZ), and the Swiss Federal Department of Foreign Affairs.

The objectives of the regional Dialogue, which was part of an ongoing process of regional consultations for the implementation of the Guidelines, were to discuss and map out challenges and opportunities for implementation of the Guidelines in national and regional settings of the participating countries. The Dialogue also presented the opportunity to broaden the coalition of national, regional and international actors working to turn the Guidelines into concrete actions and help ensure their effective implementation.

## 2. Setting the Scene: Panels and Plenary Discussions

### 2.1 Welcome Messages

Welcome messages were delivered by UNDP, UNAIDS, GIZ, and International Centre for Human Rights and Drug Policy. The speakers noted the high numbers of participation and participants' diverse backgrounds from government representatives, civil society organisations, and regional/international organisations.

The speakers highlighted the importance of the Dialogue on the Guidelines in the South and Southeast Asian region. They reiterated that a human rights-based approach to drug policy no longer exists on the sidelines of policy or advocacy discussions and there is growing recognition of this linkage at international and national levels.

### 2.2 Panel 1: The International Guidelines on Human Rights and Drug Policy: Tool for Change

This panel, made up of representatives from civil society, academia, and UN bodies discussed the Guidelines broadly as they address a catalogue of rights and specific groups including, women, children, Indigenous Peoples and people deprived of their liberty. The Guidelines are aimed as a tool for constructive engagement on drug policy reform, in which they will evolve as discussions on human rights continue. The Guidelines align with the UN 'Common Position on the implementation of the international drug control policy through effective inter-agency collaboration' of March 2019, where all UN entities acknowledged that the international drug conventions and human rights treaties are complementary and mutually reinforcing.

Speakers highlighted the existing 'drug-free' paradigm that has cost many lives and been plagued by an insufficient investment of funding. Asia remains the region with the most punitive drug control in the world, with harm reduction seen only as part of preventing HIV. As a result, there is a widespread conviction that health problems related to drug use are over once HIV incidence and prevalence rates among people who inject drugs decrease or stabilise. This has led to a significant decline of the already low investment in harm reduction, the closure of essential services such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST) sites, and even removing critical programmatic indicators in national HIV responses.

The 'drug-free' paradigm has exacerbated the view of drugs as evil and vice versa. Many politicians in the region have successfully evoked a sense of danger to national security, justifying (or reigniting) drug wars in the name of protecting society. While considering drug policy issues through a human rights lens often continues to be disregarded due to the false belief that it is a Western imposition, the challenge remains how to contextualize human rights to address the rhetorical strategies mobilised by politicians. One possible way is by engaging deeply with the health sector as allies.

The panel also discussed the number of ways in which the Guidelines have been used to introduce and produce human rights-based drug policy. In Brazil, the Guidelines are used as a reference for national guidelines on social protection for pre-trial detention. At the time of the consultation, the Colombian government had already made references to the Guidelines in two of its Constitutional Court decisions. Albania and Brazil also have plans to use the Guidelines as part of judicial training in their countries and are working with the International Centre on Human Rights and Drug Policy, UNDP, OHCHR, and GIZ to design and organize these trainings.

## 2.3 Panel 2: Pathways to Implementation

This panel explored how the Guidelines can be implemented at the country and regional levels by examining the different roles of UN agencies, national human rights organisations, regional human rights bodies, and human rights experts with respect to their work on human rights and drug policy.

Speakers highlighted the importance of understanding the region's policies regarding human rights and/or drug policy. By doing so, civil society might be able to find the relevant hooks for their advocacy. For example, globally, there are a number of opportunities that can be used as an entry point in advocating for the implementation of the Guidelines and that may be adapted to the region. This includes legal environment assessments and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.

Civil society might also consider engaging and collaborating with the ASEAN Intergovernmental Commission on Human Rights (AICHR) and/or national human rights institutions (NHRIs) by approaching certain individuals and potential allies within those bodies. The initial steps could include introducing the Guidelines to the NHRIs. Later, civil society could advocate for NHRIs to adopt the Guidelines as part of their human rights monitoring work. Another potential collaboration is through investigating alleged human rights violations carried out in the name of the war on drugs.

This panel also touched on the intersectionality of participation, state accountability, and inequality when talking about human rights and drug policy. Existing legal barriers, stigma and discrimination hinder the meaningful participation of people who use drugs in public policy making. In addition, there are countries that lack any interest in accountability, and that simply do not care about what NHRIs have to say. Instead of using a human rights-based approach, certain countries implement penal approaches and military force to deal with drug issues. Harmful outcomes in these settings are exacerbated by economic inequalities, where the elite might be able to avoid criminalisation because of their privilege, while poor communities are disadvantaged by their very limited access to good quality legal representation. This is where strategic litigation becomes an important strategy.

## 3. Lightning Talks: Sharing Ideas and Experiences

### 3.1 Lessons Learned from Legal Environment Assessments About Ways to Promote Effective Stakeholder Engagement

The speaker shared some key lessons learned in carrying out legal environment assessments (LEAs), which aim to review laws, regulations, policies, and practices that might impact responses to drug-related issues. LEAs can be used to determine the extent to which existing legal frameworks protect rights, and promote enabling legal environments for the national response to drug-related issues, as well as further examine experiences of people affected by drugs to identify other laws, policies and practices that can have an impact on access to relevant services.

One of the key starting points is identifying stakeholders by looking at their role in developing and implementing relevant laws and policies. This may include the 'usual suspects', such as police, judges, lawyers, and some 'unusual suspects', such as health workers. People who use drugs and communities impacted by drug control laws, policies and practices, and their representative organizations, are also key stakeholders whose inclusion in the LEA process is essential. The speaker also highlighted that it is critical to identify allies and targets for advocacy. Another essential step is a validation meeting, where researchers can validate the essential findings, which could culminate into a national dialogue meeting. Key stakeholders may come up with a national action plan at the end of a national dialogue meeting.

### 3.2 Progressive Changes in Criminal Justice in Indonesia

The speaker shared his extensive experience of working with communities of people who use drugs. As a human rights lawyer, he first came in contact with the community of people who use drugs during the commemoration of the International Day in Support to Victims of Torture on June 26, which also happened to be the International Day Against Drug Abuse and Illicit Drug Trafficking.

While his work with the community of people who use drugs might not have put an end to all torture, the community is now fully equipped with legal knowledge, with a number of trained, well-informed and reliable community-based paralegals. On the death penalty for drug offences in Indonesia, the speaker acknowledged that the advocacy work carried out by many actors and organisations in the country has successfully discouraged the government from carrying out executions. Despite what he sees as the lack of progressive change in the issue of criminal justice and drug policy, he highlighted the importance of celebrating small victories.

### 3.3 Efforts to Reform 06 Drug Rehabilitation Centres in Viet Nam, Progress and Remaining Challenges

The speaker shared her experience in efforts to close down the compulsory rehabilitation centres for people who use drugs in Vietnam. Before 2013, Vietnam implemented a compulsory rehabilitation centre system, where the district authority could decide who was sent to the centres and mostly for how long. In 2011, about 110,000 people went through the compulsory rehabilitation centres in Vietnam, where, on average, they would spend up to four years of their lives. Besides the poor living conditions, people in those rehabilitation centres were also subjected to forced labour and serious physical punishment, including when they tried to rest before completing their work.

An international outcry and targeted advocacy by many actors and donors in 2014 brought some changes. By law, the decision to send people to compulsory rehabilitation can only be made by the court and for people over 18 years old. Yet thousands of people are still arbitrarily detained in these centres, and conditions

remain poor. The speaker also mentioned setbacks to this reform, where protests arose, and the government requested a return to the old policies. As part of the Center for Support to Community Development Initiatives' advocacy work, people who use drugs were trained in law, in order to protect themselves from people in positions of authority. People who use drugs are now more respected, and more and more centres adopt a different approach with their residents.

The speaker closed her session by reiterating that persistent advocacy efforts have led to better living conditions for and treatment of people who use drugs. The Vietnamese government also approved releasing a training curriculum on drug counselling.

### **3.4 The Experience of Alternative Development and Human Rights in Northern Thailand: The Doi Tung Case**

The speaker shared the experience of alternative development, drug policy and human rights in Northern Thailand. He highlighted the Foundation's Doi Tung Development Project's work with ethnic communities in the Doi Tung region's efforts (mostly non-citizens dependent on opium cultivation and related economies for their livelihood) to address the deep poverty affecting these communities, including lack of infrastructure, water, health care, and basic services, as well as adequate access to food supplies, housing and education.

He stated that the project helps the community gradually build their income through various industries, including cottage, handicraft, and tourism industries, as well as farming and planting. In recent projects that they have implemented, they also engage private sectors to provide support to speed up the development process by linking products directly to the market. These options are also available for younger generations, to ensure the transformation is holistic and does not only target adults.

He emphasised the importance of addressing the problem in a way that would remove the challenge and gradually move the community away from the illicit economy to sustainable livelihoods. One way this can be achieved is by engaging with, listening to, and involving the community in Doi Tung in the planning process. One of the key successes is to recognise and empower communities themselves.

### **3.5 The Successes and Challenges in Advancing Humane Public Health Responses to Drugs in Malaysia**

The speaker began her presentation by acknowledging that initially, the Malaysian government had a zero-tolerance and "cold turkey" approach with regard to people who use drugs. Government policy started to adopt a harm reduction approach when HIV prevalence in the country exploded in 2005. The speaker highlighted that the Health Ministry played an essential role as it evaluated existing methadone treatment programs in Malaysia and found a significant reduction in opioid use, relapse rates, and the number of HIV infections via injecting drug use. They also found that the use of methadone treatment reduced recidivism among those involved in the programme, and increased their ability to work and own a house. The speaker also highlighted the important role of academics as the focal points for sharing (scientific) data.

In 2011, Ar-Rahman mosque in Kuala Lumpur pioneered a spiritually enhanced drug addiction rehabilitation programme. Learning from the success of that programme, the speaker decided to implement a similar programme with more innovation. Her team operated a mobile methadone van to reach more people. She expanded her advocacy work to reach out to more ulamas, who later came together and said that methadone is halal.

Some key lessons learned include making sure that the government, including relevant ministries, believe that they are part of the positive change so that they are willing to support it, and the importance of engaging stakeholders from different sectors, including from faith-based organisations.

## 4. Implementation Workshops: Linking the International Guidelines on Human Rights and Drug Policy to National Priorities

The workshops were a definite highlight of the two-day event, with participants joining one session of their choice each day to discuss specific subjects addressed in the Guidelines and which had been identified as regional priorities. The topics covered health, women, criminal justice, children and youth, development and people in detention. The sessions, which were moderated by experts on each topic, aimed to identify and prioritise key project or implementation ideas around these topics. Summaries of each workshop are provided below.

Throughout the workshops, participants raised some common themes, including the need to translate the Guidelines into different languages, and into a simpler format, such as fact sheets; to involve relevant ministries and key affected communities in the work; and to continue the conversation in the countries as a way to better disseminate the Guidelines.

### 4.1 Health

This session began with a discussion around how drug-related issues in the region tend to be grounded in criminal justice rather than health (with the exception of Myanmar, according to one participant). This is because there currently exists a strong presumption in the region that drugs are evil and that anyone involved with them, either through personal use or criminal activity, is also evil. For these reasons, many of the ideas suggested focused on finding different entry points to begin talking about changing laws and shifting the focus to health, and how to work across different sectors/government ministries.

In terms of short-term ideas, it was suggested that, as a first step, it would be **useful to translate the Guidelines**, or fact sheets about the Guidelines, into different languages (including local languages) and to disseminate these at the country level. It was highlighted that this dissemination process needs to **increase dialogue between the different sectors (criminal justice, health, and rights)**. The need for concrete examples of how other countries have implemented the Guidelines was also highlighted as being very important. This could be in the form of a document that can be presented to governments, or organised as a sort of **'best-practice exchange'**, regionally/cross-regionally, whereby a country that had some good examples of how they have been using the Guidelines could be linked to a country in need of such examples. Again, it was stressed that having representation from a diversity of ministries at these exchanges was really important. Another short-term idea that was prioritised was to **integrate the Guidelines into the work of the UN Advisory group on Compulsory Detention Centres**.

Long-term ideas that were prioritised once again included the suggestion of **sharing best practices, but this time on a peer-to-peer level**. In particular, it was suggested that it would be valuable to hold discussions on the Guidelines with judges, another session with prosecutors, and another with law enforcement, to give people working in these fields the opportunity to learn from each other and have conversations about addressing legal and structural barriers. Another long-term idea that was identified as being a top priority was to continue working towards moving from compulsory drug-detention centres to voluntary centres and treatment. Finally, it was suggested that structural interventions between different government entities was essential to ensure that everyone was on the same page.

## 4.2 Women

This workshop began with a discussion about openings to advance drug policy in relation to women involved in the drug trade at the national level. Participants mentioned the following ideas: **training for women on human rights and advocacy** (Indonesia); the need for more focus on women's rights in drug policy advocacy (Myanmar); building alliances, especially with shrinking funding in the sector; the need for **more/better measurable indicators and data specific to women who use drugs**; as well as the **coordination/integration of services for women who use drugs**.

The discussion then explored ways in which the Guidelines could help open up needed discussions. **UN treaty bodies** such as the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination Against Women (CEDAW) were seen as good avenues, particularly CEDAW which has not yet mentioned them in any Concluding Observations but has taken up issues relating to women who use drugs following some community-based lobbying. Many participants stressed the need to **identify common ground, build bridges and collaborate with groups and movements** working on women's rights, labour rights groups, land rights and national human rights institutions in order to make women who use drugs more visible to other stakeholders.

Several participants brought up the fact that **globally women who grow illicit crops are so often overlooked and more needs to be done ensure their rights, views, interests and unique needs are taken into account**.

Ideas that were prioritised included addressing the scarcity of data on women who use drugs by **actively generating more community-based data and evidence, including best practices in the region**. Building alliances, ensuring multi-sectoral approaches and empowering community voices were deemed crucial, as was advocacy on **gender-specific alternatives to prison**, i.e. focusing on women deprived of their liberty for drug related offences.

## 4.3 Criminal Justice

This workshop began by exploring the importance of **translating the Guidelines into local languages** to persuade local governments and law enforcement agencies to use them in practice. Again, participants identified the need to find linkages and connect with other groups working on similar issues, such as health and women, to ensure that efforts are not siloed. Other ideas explored were the need to **highlight alternatives**, as well as the importance of different rights, to provide an opportunity to present drug policies in a more comprehensive manner. Using the **Guidelines to help strengthen the safeguard mechanisms in domestic jurisdictions** was also raised as a possibility.

Several ideas about how to remove drugs from the criminal justice sphere were floated. One idea was to make the issue about privacy and dignity. However, it was mentioned that in the context of Southeast Asia, privacy tends to give way to the common good. When this is combined with the general social expectation that people who use drugs are bad and should be punished, a focus on the private sphere might be really difficult to promote in the region. It was suggested that the focus could rather be on the dignity of the family unit, the idea that criminalisation or punishment of one member of the family can have a devastating impact on family and therefore the wider community. Another idea was to focus on prisons and the criminal justice system and how it is treating people, and asking whether or not incarceration is even compatible with human dignity. It was generally agreed that economic arguments would get more traction than human rights-based arguments, at least with government officials. In countries like Pakistan, where there is no regulation, it was suggested that focusing on who a drug user is and what they actually need might be one way to promote a public health response.

When it came time to prioritising ideas, the group agreed that a lot **more lobbying of the United Nations Office on Drugs and Crime (UNODC)** must be done to ensure that it gives more political support and is more visibly present as a co-sponsoring agency. It was argued that this could open a lot of doors and break down a lot of reluctance. It was mentioned several times that the **Guidelines needed to be community-owned in order to gain legitimacy**. One way to do this might be to incorporate the Guidelines into advocacy messages around the Support Don't Punish Campaign. While lawyers and courts must also get involved, the approach really needs to be bottom-up. And it was again suggested that the Guidelines should be made more accessible by translating them into **more languages, developing them into different products, such as infographics, and by updating the Guidelines website**.

In terms of longer-term ideas, it was suggested that more needed to be done to connect drug policy to human rights as the two continue to be seen as separate in the region. While the Guidelines flag that drug control is an issue that can legitimately be addressed through a human rights framework, this notion needs to be mainstreamed. Since it is a living document, it was suggested that it could be **communicated in different ways, for example by translating successes achieved at the national and local levels**. Finally, participants highlighted the importance of funding and of trying to get the **Guidelines mentioned in funding frameworks, such as the President's Emergency Plan for AIDS Relief (PEPFAR)**, going forward.

## 4.4 Children and Youth

This workshop explored several issues of importance in the region. One recurring theme was that there are many obstacles to providing services to this population and reducing harms, such as the fact that drugs remain a very taboo subject and the prevalence of mandatory drug testing, including as a prerequisite to accessing education in some countries like Indonesia. Participants recognised the importance of safeguarding the right to information for children, youth and families, as well as the need to provide services that are specifically tailored to the needs of children and youth. The gap between beginning to use drugs and accessing services was also highlighted, with one participant suggesting that young people do not necessarily need treatment, but rather access to accurate information and support. In this regard, it was highlighted that there is a need to **encourage and develop rights-based drug education for youth with a harm reduction element/component**.

When it came time to brainstorming and prioritising ideas, participants identified several which could be implemented in the short-term. For example, while there are **plenty of civil society organisations working on children's rights, many are not currently referencing the Guidelines**, so there is some work to be done in terms of familiarising them with the content. It was also suggested that **connecting parliamentarians in the region could spark national conversations on how to address issues around drug use and children/youth**. For example, discussions are underway in the Philippines to bring down the age of criminal responsibility from 15 to 12. If parliamentarians had more information and were familiar with the Guidelines, this might help sway the decision in a different direction.

With no programmes currently tailored to the needs of children and youth in the region, one participant pointed out that it might be best to **start by collecting and sharing evidence**. In Southeast Asia, for example, the age of initiation of risk behaviour is getting younger. From a health point of view, collecting and disseminating disaggregated data from all sectors should be prioritised. It was emphasised that there is often no way to translate the recommendations from the Guidelines, and that perhaps this could be addressed through the **establishment of a local implementation body**. Related to this, the importance of **monitoring implementation** of and respect for the Guidelines was raised, as well as the need to **develop minimum standards to help countries review their own policies**. Two different bodies of research were also highlighted as being important to explore: (1) **mapping existing interventions**, such as prevention information and random testing, and developing a framework for what rights-based prevention would look like; and (2) **a legal environment assessment**, which could include age of consent laws and

policies for accessing drug-related services, alongside a review of the evidence of impact of having a favourable legal environment.

In terms of longer-term ideas, participants identified the following: **developing a unified strategy on dissemination and implementation of the Guidelines; developing and sharing more case studies and research on how drug policies impact children; and strengthening campaigns and communication strategies on human rights, drug policy, and children and youth.**

## 4.5 Development

This workshop began by exploring many interesting issues and ideas relevant to the region. Participants discussed the need to support the millions of people growing opium to survive in Asia. It was pointed out that they are not often represented in drug policy and human rights discussions and forums, often because of the issue of technology, and that more needs to be done to ensure their voices are heard. Another conversation focused on the need to develop more links (beyond drug use and development) to work on the intersectionality of drugs and development. It was suggested that this should include thinking about the negative consequences of repressive drug policies on development. While some work on this has started in Indonesia, the Philippines and Vietnam, there are currently very few interventions on these cross-cutting issues and most are small-scaled. More evidence is needed to show these issues are linked. Participants also highlighted the need to evolve with the times. For example, with Amphetamine-type stimulants (ATS) now widely used in the region, there is a need to start addressing this issue, including from a development perspective.

When it came time to prioritising issues, participants identified three short- and long-term ideas. The first was a suggestion that **training be conducted on how the Guidelines can support integrating gender and health issues into drug policy.** Another suggestion was to **explore opportunities to engage on prevention from a development angle.** Finally, both a short- and long-term idea was to **promote development-led support on policy levels and with donors (etc.) to provoke and take conversations forward on farming rights-based development as a means to reduce violence and conflict.**

## 4.6 People in Detention

This workshop began with a fruitful discussion exploring some of the main issues around people in detention in the region and how the Guidelines could be used to address these. Overcrowding, for example, was highlighted as a serious problem and it was suggested that a joint position for the region should be developed focusing on imprisonment, especially for 'petty crimes', as well as diversion and (community-based) alternatives to incarceration. With a large proportion of the prison population in the Southeast Asian region made up of people who use drugs, alongside the lack of harm reduction, treatment and continuity of care for this population, **the Guidelines could be used as a tool to help integrate drug policy into discussions on incarceration and overcrowding.**

The widespread use of compulsory drug detention centres (CDDCs) across the region was mentioned, and it was suggested that the **Guidelines could be used as a basis for renewed movement around their closure, particularly during and in post-COVID times.** The issue of women in detention was raised, as well as other vulnerable groups such as transgender persons, elderly persons, young persons, etc. It was suggested that their specific (health) needs must be looked at from an intersectional perspective, and **that organisations working on their rights, as well as governmental actors running CDDCs, should be engaged and made aware of the Guidelines.** Another issue that was raised was the widespread

use of mandatory pre-trial detention, and that it would be useful to think about how to bring this issue within conversations and activities around the Sustainable Development Goals, and SDG 16 on peace, justice and strong institutions, with regard to reducing prison populations in pre-trial detention in particular.

The presumption of guilt was highlighted as a serious problem. It was suggested that **drug laws, definitions of crimes, quantities and sentencing should be independently assessed vis-à-vis the human rights standards elaborated upon within the Guidelines to address this issue, alongside engagement with the legal community.** Finally, as was the case in many other workshops, it was suggested that **showcasing how the Guidelines have been used in other countries** could help give them a more realistic appeal.

In terms of prioritising short-term ideas, participants identified the 10-year anniversary of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) adopted in 2010, as an important opportunity to address some of the above-mentioned issues and raise awareness about the Guidelines. Similarly, Human Rights Day (10 December), as well as the upcoming Commission on Narcotic Drugs (CND) (April 2021), were also identified as good opportunities to raise some of these issues. In particular, the upcoming CND marks five years since UNGASS 2016 and a mid-term implementation review will be undertaken, providing an important opportunity to assess human rights compliance on drug policy, using the Guidelines as a reference. Finally, it was suggested that the pandemic could be leveraged to advocate for early release of people who use drugs from detention settings, in light of additional health risks, and for reducing arrest and incarceration in the first place, using the Guidelines as the normative framework.

Longer-term ideas that were prioritised were focused mainly on **targeting and engaging specific sectors and actors to raise awareness of the Guidelines**, including peers, prison staff, judges, and independent oversight mechanisms. In this respect, it was suggested that **the relevant standards/information in the Guidelines could be condensed to make them more accessible**, and that highlighting what these sectors/actors are doing in other countries would be useful in terms of showcasing the opportunities that implementation brings.

## 4.7 Burmese Speaking Group

This group was created to accommodate Burmese speaking participants. It explored issues specific to the Myanmar context, including how there have been many important collaborative developments related to drug policy in the country, and how the international system has had an important role to play in these developments. Participants explained that while a new National Drug Control Policy was adopted in 2018, the COVID-19 pandemic had diverted attention/resources away from and stalled its implementation. While the policy document is in the books, there is still no regulation of its implementation, so participants discussed how the Guidelines might be used to inform this next step.

In the first instance, like most other groups, it was highlighted that the **Guidelines needed to be translated into Burmese/local languages and summarised, including in ways that are relevant to the local context, in order to make them more accessible.** It was suggested that these documents should mainly target specific sectors and ministries - including, law enforcement, police, and judges - some of which were represented at the Dialogue and present in this workshop. Participants thought it would be best to integrate training and sensitisation on human rights and the Guidelines into existing training and activities, while harm reduction implementation partners could help in providing awareness raising at the sub-national level, after being trained themselves. Importantly, it was highlighted that human rights remain a really sensitive topic in the country and that **some technical assistance would be required.** It was mentioned that in order to be sustainable, a project like this would need funding. In this regard, participants thought long-term relationships

would be important and that it should be under a government agency. Some ideas floated included GIZ, CDDCs in Myanmar and The Colombo Plan, a regional inter-governmental organisation focusing on economic and social development of Asia and the Pacific countries.

Several short-term ideas were suggested, mainly around **translating/condensing Guidelines and other relevant documents, and compiling examples of best practice**. Most tangibly, it was suggested that the **video (on the Guidelines website) about the first Regional Implementation Dialogue which was held in Mexico could be translated into Burmese to show how the Guidelines are being used in Latin America**. In terms of longer-term ideas, participants suggested **training** (or integrating into existing training) law enforcement, health and rehabilitation administrations on the Guidelines to help these become integrated into their activities.

## 5. Concluding Reflections

The speaker giving concluding reflections began by thanking the team who organised the event, as well as the participants for their commitment and for sharing their views and so many ideas.

He then shared an inspiring story from Switzerland, where the country realised the traditional punitive approach to drugs had failed when in the 1980s, they experienced one of Europe's worst drug crises. Instead of adopting harsher punishments or building bigger prisons, Switzerland adopted a pragmatic and comprehensive evidence-based approach to address the issue, with human beings at its centre rather than drugs, with very positive results. He reminded participants that the Swiss approach remains far from perfect and cannot be exported; national context remains important and adaptive solutions are required. He stressed that these types of changes are not just about human rights, public health or ethical imperatives – they are also successful from a public health perspective.

Finally, he emphasised that the Guidelines are not actually very ambitious, at least legally speaking. The standards and recommendations are very well-grounded in international human rights and drug policy obligations adopted by all states. The challenge will not only be developing new ideas and tools to generate positive change, but rather escaping from old ideas. He reminded participants that political will and narratives are key, and shared his optimism that empirical and scientific evidence will prevail. He closed his remarks by sharing his belief that the International Guidelines on Human Rights and Drug Policy will be instrumental on the road to modern, evidence-based approaches to drug policy.