



‘The Rights of the Child’ – A Pivotal Human Rights Issue for Drug Policy-maker
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Selamat Tengahari - Tuan-Tuan dan Puan-Puan , Esteemed Colleagues, Friends –

Introduction

As we know, global drug issues (including manufacture and trafficking of illicit substances) have been controlled through cooperative efforts of many countries, within the framework of the **United Nations Drug Control Conventions** for 100 years. They are designed to ensure that drugs are available only for legitimate medical and research purposes.

These are the:

- **1961, Single Convention on Narcotic Drugs.**
- **1971 Convention on Psychotropic Substances.**
- **1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**

Parties to these conventions are required to:

- First - take all practicable measures for the prevention of the abuse of narcotic drugs or psychotropic substances.
- Second - take steps *“for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved”*, who may have become dependent upon these substances.

Ladies and Gentlemen - 100 years of Drug Control has largely been a success.

- In 2007 drug control had reduced the global opium supply to 1/3rd the level in 1907.
- During the last decade world output of cocaine and amphetamines has stabilised; Cannabis output has declined since 2004; Opium production has declined since 2008.



About the United Nations Convention on the Rights of the Child

However, for our drug policies to be even more effective we must start at the core, within our own communities. We must re-visit a Convention that has already been endorsed by our governments. It is a Convention which is the most universally ratified of all Conventions and which unequivocally addresses our obligations to our future generations – those children and young people who will determine the health and viability of our world.

Esteemed colleagues, I am talking about the **United Nations Convention on the Rights of the Child or CRC**. It is this last Convention on which this presentation will concentrate.

Nowadays, much is being said about **Human Rights**. This presentation will put the case that even the most serious of human rights violations can be avoided, if the CRC is given top priority, at government drug policy level.

Most importantly, we will offer **working examples of how this can be achieved**.

Now, a little more background on the CRC.

According to UNICEF 'the Convention on the Rights of the Child is an international treaty that recognises the human rights of children, defined as persons up to the age of 18 years old' to include:

- the right to survival;
- to develop to the fullest;
- to protection from harmful influences, abuse and exploitation;
- and to participate fully in family, cultural and social life.

Ladies and gentlemen, while these rights are somewhat general, the CRC is very specific about the devastation caused by illicit drugs and the associated need for child protection. There are a number of sections (or Articles) which explicitly require Member States to focus their policies on how they will impact on current and future generations. In particular:

- **Article 33 states that they** : *“shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances”*.
- **Article 3 says:** *‘In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration’*.



- **Article 6 of the CRC states that** *“every child has the inherent right to life and that Member States shall ensure to the maximum extent possible the survival and development of the child”*
- **Article 27 states that** *Member States “recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development”.*

Most importantly, the CRC was ratified by the majority of Member States in 1989; thus the CRC is deemed to be the most universally accepted UN convention globally. In fact, Colleagues, the CRC directly complements the UN Drug Control Conventions and gives emphasis to the importance of protecting an emerging generation.

So ... we ask: ‘Why should we re-visit our obligations to the CRC and child protection?’

Firstly, and very unfortunately, for a number of reasons, its principles have been forgotten by some countries, or as we say in Australia – ‘put on the back-burner’.

Over time, this has resulted in drug policy that has become a ‘user-centred’ harm reduction model. This has brought with it an unintended consequence of a culture of ‘drug-use acceptability’ and an increase in drug use.

For instance:

- **In Australia**, in 2008, research compiled by the Australian Institute of Family Studies found that a substantial number of Australian children are living in households where adults routinely misuse alcohol and other drugs. The AIFS research further shows that in cases of substantiated child abuse or neglect, 33 per cent of parents experienced significant problems with substance abuse and 31 per cent with alcohol abuse. And disturbingly, it is estimated that 30 per cent of abused or neglected children go on to maltreat children in some way when they are adults. It also warns that existing data underestimates the impact of drug and alcohol abuse on children, because current national surveys do not collect information on parental status or child care responsibilities.
- **An AIHW report released in January 2011**, entitled , ***Child protection Australia 2009-10***, showed that - ‘In the last 12 months, the number of children on care and protection orders has increased by 7% to just over 37,700 and the number of children in out-of-home care has risen by 5% to around 35,900’. Aboriginal and Torres Strait Islander children remain over-represented in all areas of the child protection system, with Indigenous children almost 8 times as likely to be the subject of substantiations as their non-Indigenous counterparts.



- **A report from the Victorian State Government, released just two weeks ago** shows an alarming trend – which could well be a reflection of other communities and jurisdictions in Australia. Here is some of the information revealed:

'Child protection workers received a staggering 5828 complaints of neglect in 2010-11. In the worst substantiated cases, overworked investigators found children left in conditions so bad they had to remove their rotted teeth and teach them how to sit at a table. Shocking revelations of abuse included incidents of toddlers being left to starve among human waste, rat infestations and used syringes in their toy boxes

As we can see, the saddest reality of all is that there is **a correlation between child abuse and drug abuse – with a multiplier effect, which is now intergenerational**. This has HUGE ramifications for drug policy makers and our emerging generation.

According to a report compiled by **UNICEF Malaysia Communications** entitled **Drug abuse & its impact on children and young people (2007)**: 'Drug abuse by a family member will have a significant and enduring impact on the family dynamics and functioning.

Here are just a few:

- ❖ A child's basic needs - diet and nutritional intake, health and schooling - may become neglected if a parent is more preoccupied with drugs.
- ❖ A child is at risk of emotional and physical neglect as they grow. These children also risk developing emotional and social problems later in life.
- ❖ A child could be the victim of violence – both physical and mental from a family member who is abusing drugs.
- ❖ A child may lose out on childhood to adopt adult responsibilities having to provide both practical and emotional care for their parents who abuse drugs. This includes protecting their parents from harm.
- ❖ Older siblings may be expected to look after their younger brothers and sisters – to ensure they continue to go to school, to keep the home in order.
- ❖ A child may develop drug problems as a result of being exposed to drug culture in the family.

Ladies and Gentlemen, it is true that, in many developed countries there is now greater awareness of the need for child protection, but, unfortunately, all too often, the priority has reverted to intervening with protective measures AFTER instances of abuse have been identified. In too many cases, this is far too late – and has had very serious repercussions. It is like the scenario of placing an ambulance at the bottom of a cliff, instead of a fence at the top to prevent the fall in the first place.

A second reason to re-visit the CRC is the very concerning reality of the lack of robust and consistent reporting in child abuse cases in many regions.



For instance:

- The World Health Organization (2002) estimated that worldwide, 57,000 children were victims of homicide in 2000, but stated that many child deaths were not routinely investigated (WHO, 2002). and more recent data are not available. (*Source National Crime Prevention Council (NCPC) Resource Sheet, December 2010*)
- According to Australia's National Crime Prevention Council (NCPC) 'It is difficult to obtain accurate statistics about the numbers of children who die from child abuse or neglect in Australia because comprehensive information is not currently collected in every jurisdiction' It appears that some states in Australia are making good progress in their reporting on the correlation of drug abuse and child abuse, while others are not doing so at all.

We put to you, that if drug policy gave priority to implementing the principles of the CRC, we would put effective protective factors in place much earlier.

So ... Down to the practicalities – What are some of the evidence-based solutions to these critical issues?

Firstly, review drug policy so that it becomes child-centred, with a focus on demand reduction, prevention and early intervention of initial uptake of drugs.

A good place to start would be at the strategic level – with the country's national drug strategy. Ensure that the spirit of the relevant Articles in the Convention on the Rights of the Child are documented in a prominent place, preferably in the introduction, and then detailed in relevant sections. Where national Child Protection strategies are in place, ensure that similar principles are cross referenced. Where such national strategies are yet to be established, ensure that this becomes a high priority.

At operations level (whether national or under a regional jurisdiction)

Step 1 – Review all existing drug policies.

Step 2 - highlight all areas in existing illicit/illegal drug policy that relates to children.

Step 3 – Ensure that the articles within the spirit of the CRC are included as a matter of priority.

There are some very good examples already in place. One of the best remains that of Sweden's efforts in drug prevention.

The combination of resources for preventive activities such as information to school children, different types of treatment programs, both community based and in correctional institutions, and an efficient control policy within the Criminal Justice system, has resulted in Sweden having one of the lowest per capita drug use rates in Europe.

The Swedish Action Plan on Narcotic Drugs 2006–2010 states that 'Children, young people and parents will be given special priority as target groups in the coming years'.



In particular, preventive work in schools is a top priority. School is one of the most important environments in the community for promoting the health of children and young people and preventing drug abuse and other risks to which young people are exposed. The National Institute of Public Health was assigned the task of spreading knowledge to decision-makers and civil servants in local authorities and to schools concerning effective methods of strengthening anti-drug efforts in schools.

Earlier this year, in March at the UN's Commission on Narcotic Drugs, Maria Larsson, Swedish Minister Children and the Elderly, confirmed Sweden's commitment to the CRC. To quote part of her speech: 'Children and young people must be our focus. Prevention directed towards young people is a key to a successful drug-policy. The Convention on the Rights of the child is a commitment we all share, as well as useful tool in this work'.

Since then a stronger alliance has formed between Sweden and a number of countries including the United States, to find common ground in drug policy priorities.

A second example which looks extremely promising is that of the new UK Drug Strategy - 2010 :

This strategy has taken a new direction with its completely new focus on drug prevention and the special needs of young people. One of its overarching objectives in its current drug strategy is: '**Reducing demand. It also recognises that** young people's drug use is a distinct problem and can have a major impact on young people's education, their health, their families and their long-term chances in life.

The Drug Strategy in the UK has specific and measurable objectives are in place that will aim to:

- break inter-generational paths to dependency by supporting vulnerable families;
- provide good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse;
- intervene early with young people and young adults;
- consistently enforce effective criminal sanctions to deter drug use; and
- support people to recover under the 'Building recovery in communities' initiative.

The second important initiative which is needed is to ensure more robust national and ideally, regional mandatory reporting mechanisms, with effective and timely follow through.

Conclusion

Now is the ideal time for each and every country to re-confirm their commitment to the CRC.

In our host country Malaysia – IFNGO has a stated policy through the leadership of Datin Masni: 'The best interest of children shall be a primary consideration when discussing illegal drugs policy of any country.



The perspective shall be child centred, not adult centred nor user centred. The interest of children to protection from illicit use/production/trafficking of drugs is not an option for state parties. It is an obligation. Since the CRC is more or less universally ratified, the obligation is universal’.

When you leave here today, we urge you to take this message home to your governments and community leaders. We need you to ensure that preventative drug policy gives the **rights of children in every community a central focus**. Drug policy that prevents harms caused to children, including the unborn, can be the much needed circuit-breaker in the escalating demand for drugs world wide.

What can WFAD offer? Through its regional networks, WFAD would like to offer assistance governments and their staff with this task. In particular we offer to mentor staff in strategy review workshops and to share proven and robust early intervention reporting mechanisms used in countries where the success rate is high.

Terima kasih, thank you.