Of earlier operations which targeted cocaine and heroin chemicals. What has been essential is “networking” for real time information exchange for both regulatory and law enforcement agencies, and with competent international bodies.

On the abuse side, among other things, drug abuse particularly by injection has linkages with the spread of HIV/AIDS. This, too, requires multi-agency approaches and UNODC together with other UN agencies, continues to address this threat, especially when, for instance, HIV/AIDS prevention and care services have reached only a very small number of injecting drug abusers, risks for infection in prisons are unacceptably high, and the nexus between trafficking in human trafficking and the spread of HIV/AIDS is yet to be properly addressed. What is needed here is again a multi-agency approach through appropriate “networking” between international bodies, competent national authorities and civil societies.

Until recently UNODC’s work mainly confined to drug control with emphases on both demand and supply reduction activities. Two new developments have emerged: the relation between drug trafficking and organized crime, and the impact on terrorist financing. There is a priority need for integrated approaches towards drug control, crime prevention, counter terrorism and corruption. INCB, in its latest annual report, also highlighted the impact of drugs, crime and violence and their relevance to drug control. Cross linkages between those relevant activities are needed in order to join forces when limited resources, human, financial or otherwise, are available.

The approach to work at the UNODC Regional Centre for East Asia and the Pacific will be issue- and result- oriented, focusing on cross sectoral and inter-regional linkages. These will be reflected in the areas of: (a) supply and demand reduction activities, law enforcement and regulatory issues; (b) integrated approaches to drug and crime issues, and (c) networking, building consensus and establishing necessary working mechanisms and procedures to that end. In addressing emerging issues in the region, we will aim at regional responses, with cross-regional views, also with further forging partnerships, including civil societies.

The Regional Centre will continue to work together with national authorities, and competent regional and international bodies, and also closely with relevant non-governmental agencies. I shall make every effort to further expand and strengthen necessary “networking” in various areas of common concern. I look forward to expanding our horizons in the region.

Akira Fujino, UNODC Representative, Regional Centre for East Asia and the Pacific
Highlights of the United Nations Convention against Corruption

“It is a Convention with strong enforcement power, a true global response to the global challenge posed by corruption.” Antonio Maria Costa, Executive Director of UNODC.

The Ad Hoc Committee established by the General Assembly to carry out the negotiations on the first United Nations Convention against Corruption began its work in January 2002 and completed negotiations in December 2003. At the core of the process was the desire of all delegations to find a balance between prevention,criminalization, international cooperation and asset recovery.

Convention Highlights

PREVENTION. Measures such as the establishment of anticorruption bodies and enhanced transparency in the financing of election campaigns and political parties address both the public and private sectors. Requirements are also established for the prevention of corruption in the judiciary and in public procurement. The Convention calls on countries to actively promote the involvement of nongovernmental and community based organizations, as well as other elements of civil society, to raise public awareness of corruption.

CRIMINALIZATION. Countries are required to establish criminal and other offences to cover a wide range of acts of corruption. This includes not only basic forms of corruption, such as bribery and the embezzlement of public funds, but also trading in influence and the concealment and “laundering” of the proceeds of corruption.

INTERNATIONAL COOPERATION. Countries agree to cooperate in the fight against corruption, including prevention and investigation activities, and the prosecution of offenders. The Convention also binds countries to render specific forms of mutual legal assistance in gathering and transferring evidence for use in court and to extradite offenders. Countries must also undertake measures to support the tracing, freezing, seizure and confiscation of the proceeds of corruption.

ASSET RECOVERY. This is an important issue for many developing countries where high-level corruption has plundered the national wealth, and where resources are badly needed for reconstruction and the rehabilitation of societies under new governments. Measures include the prevention and detection of transfers of illicitly acquired assets, the recovery of property, and the return and disposition of assets.

IMPLEMENTATION MECHANISMS. The Convention needs 30 ratifications to come into force. A Conference of the States Parties is established to review implementation and facilitate activities required by the Convention. UNODC has produced two new video spots in conjunction with the Signing Conference for the United Nations Convention against Corruption. The video spots are designed to raise global awareness about corruption, its social and financial costs, and of the need for the public to refuse to accept it. The spots focus on the provision and procurement of public services, such as health, water, roads and electricity, and on the judiciary— areas where people worldwide perceive that corruption flourishes, according to the Transparency International Global Corruption Barometer Survey 2003. The spots will be distributed in early 2004 to international networks, and to national television partners. Prevention and awareness campaigns are core actions for raising public awareness about the negative impact of issues like drug abuse, human trafficking and corruption.

Excerpted from UNODC UPDATE Magazine 4 December 2003.

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“Corruption hurts the poor disproportionately—by diverting funds intended for development, undermining a government’s ability to provide basic services, feeding inequality and injustice, and discouraging foreign investment and aid.”

Kofi Annan, United Nations Secretary-General in his statement on the adoption by the General Assembly of the United Nations Convention against Corruption
INCB Calls for Community-Based Interventions: To Address Issue of Drug Trafficking and Related Crime and Violence

Law enforcement needs to be more sensitive and recognize the importance of community participation

The impact of drug abuse on crime and violence at the community level is the focus of the first chapter of the Annual Report of the Vienna-based International Narcotics Control Board (INCB), released on 3 March 2004. While recognizing the macro level political and security implications of transnational organized crime syndicates dealing in drugs, the Board also urges Governments to give special attention to micro-trafficking—i.e. community level drug abuse and related crime. Besides violence and its immediate consequences, depletion in social capital, security and support structures, are just some of the effects of drug abuse at the community level that are highlighted in the Report.

Leaving these concerns unattended while focusing on macro level drug flows leaves societies vulnerable to a long term decline in safety and living standards. “The very fabric of society is challenged by the continued presence in communities of drug-related crime. Communities that suffer disproportionate levels of violent drug-related crime also suffer from higher levels of other criminality and the disruption to civil society associated with it,” says the Board. While the Board clarifies that most crime related to drug abuse is non-violent and petty, it stresses that the impact of illicit drugs, crime and violence is highly damaging to local communities at the micro-social level. The relationship between violence and illicit drug abuse is highly complex and has to be examined keeping a range of factors in mind. Giving concrete instances of the extent of drug-related crime, the Report cites the case of Brazil, where drug-related violence poses a particularly serious challenge that negatively impacts on communities. Of almost 30,000 homicides registered annually, a high proportion are linked to drug abuse and illicit drug trafficking. Street children, acting as couriers for drug traffickers, play an important part in this illicit market, and are frequently killed because they know too much, steal too much or are caught in the crossfire between gangs and dealers.

The Report maintains that a demonstrable link to violence and crime exists in that some drug addicts resort to violence either to fund their habits or indeed as a result of the psycho-pharmacological impact of some illicit drugs. However, based on controlled laboratory-based experiments, INCB stresses that it is very difficult and misleading to suggest a direct causal link between violence and illicit drug ingestion. This link has to be examined with reference to culturally and socially situated factors that, in turn, influence an individual’s behaviour.

However, the Board also seeks to draw the attention of Governments to drug abusers who are victims of violence and crime, both at the hands of criminal elements and sometimes, of law enforcement. A number of studies have concluded that drug abuse leads to a heightened risk of victimization. Drug abusers are also exposed to situations where violence, and the use of guns in connection with drug trafficking is normalized. Female drug abusers suffer disproportionately from sexual assault. The INCB calls on Governments to implement comprehensive drug demand reduction policies, paying special attention to drug abuse prevention in combination with a range of social, economic and law enforcement measures—if the problem of drug-related violence is to be successfully combated. Governments and the international community need to recognize the severity of the problem, and grass roots level interventions, including community-based drug abuse prevention programmes and community policing are critical, says the INCB.

“Only with the introduction of a comprehensive demand reduction programme will we see real progress being made to address the multiple problems that illicit drugs inflict on their communities,” says the Board. The Board specifically notes that sometimes, local administrations and law enforcement efforts that do not take into account the peculiarities of local circumstances lead to inadequate measures which can be counter productive in terms of worsening the long-term crime situation. The Report notes: “Local administrations have often been characterized as responding to problems related to drug-related crime and violence based on a process of denial, overreaction and misidentification.”

The Board calls for specific attention to be paid to young people, (either individually or as part of gangs) as they are often involved in drug-related violence, either as perpetrators, or as victims. Citing instances of community-based interventions that have succeeded in suppressing the activities of youth gangs, the Board calls for preventative action.

Amongst the specific measures it advocates are early school-based intervention, sensitively targeted police intervention focused on problem areas and training programmes for school employees, criminal justice personnel, parents, community groups and youth workers. The comprehensive set of recommendations suggested by INCB to help communities deal with the problem include: creating a local environment that is not conducive to drug dealing and micro-trafficking; supporting local efforts at employment and licit income generation, educational programmes targeting socially marginalized groups; integrated as well as targeted intervention work with risk groups; information sharing between various agencies; community-based restorative justice intervention by people representing a cross-section of the community; and interventions taking into account gender, youth and minority affiliation. The Board also notes that programmes need to be sustainable in the long term in order to generate the desired impact.

See page 14 for INCB’s annual report.

Excerpted from the INCB Annual Report 2004. For more information visit the website: http://www.incb.org

The International Narcotics Control Board (INCB) is the independent treaty body with quasi-judicial functions to monitor the implementation by Governments of the UN international drug control conventions.
The first reports of ‘ice’ or crystalline methamphetamine (methylamphetamine) use emerged in Australia around 1999. By 2001 crystalline methamphetamine had made its mark on the Australian drug landscape, with its use being taken up by injecting drug users in the wake of a heroin shortage, and its popularity increasing among the ‘party’ drug scene. Over this time there had been a number of significant seizures of methamphetamine at the Australian border (see inset). Imported crystalline methamphetamine complemented an already existing market for domestically produced methamphetamine in Australia, where 9% of adults have tried this type of drug. Domestically produced methamphetamine is usually marketed as a low purity powder, pills, or a more pure wet or damp powder referred to as ‘base’. The introduction of ‘ice’ has brought a new dynamic to the Australian methamphetamine market, and also created concern about the potential impact of this very high purity form of the drug on society.

A need to better understand how ice fitted into the Australian drug scene and its impact on society were key factors prompting research on the emergence of ice in Australia. Funded by the Australian National Drug Law Enforcement Research Fund, this research is being carried out by the University of New South Wales National Drug and Alcohol Research Centre (NDARC) and is a collaborative effort between NDARC, the Australian Customs Service, and the New South Wales Police.

The methodology of the research involves analyzing existing information on the methamphetamine situation in Australia, interviewing health and law enforcement personnel about the impact of methamphetamine use, and conducting face-to-face surveys with 300 methamphetamine users. Information from these three components will be combined to produce a comprehensive perspective on the situation.

The first output from the project is a report on the methamphetamine situation in Australia, which is available through the National Drug and Alcohol Research Centre (http://ndarc.med.unsw.edu.au/ndarc.nsf/website/Publications.reports). This report documents the sharp increase in the number of stimulant psychosis cases seen in Australian hospitals over the past few years, along with other changes in people seeking help for methamphetamine dependence through hospitals and specialized treatment services.

Methamphetamine users are currently being interviewed for the project by NDARC researchers Jen McLaren and Erin Kelly. The interview takes about one hour to complete and includes questions on drug use history, the methamphetamine market, crime and methamphetamine psychosis. Interviews are conducted anonymously in public locations like shopping malls or cafés. Jen and Erin have now interviewed 88 methamphetamine users from a variety of locations around Sydney. Participants have reported an interesting range of characteristics related to their methamphetamine use, such as level of use (recreational through to heavy) and reasons for use (e.g., self-medication, social).

Most participants have been more than happy to be open and honest about their drug use, and there have not been any problems with aggression or hostility. The survey of methamphetamine users will provide information on patterns of methamphetamine use, the price, purity and availability of methamphetamine, as well as how the drug is marketed at a street level. It will also assess symptoms of psychosis that users have experienced, their contact with the criminal justice system and health system, and the relationship between methamphetamine use and violent crime.

Findings from the survey will be available in late 2004 through the National Drug Law Enforcement Research Fund http://www.nationaldrugstrategy.gov.au/igcd/ndlerf
The New Form of Yaba in Thailand

By Vichet Puthaviriyakorn, ONCB, Bangkok

Two new forms of Yaba have recently been encountered, after the Royal Thai Government declared the War on Drugs in January 2003.

The typical form of Yaba widely abused in Thailand is in tablet form with a round shape and WY logo. In a package of Yaba tablets generally traded on the black market, there are 200 Yaba tablets that are almost orange in colour, with 2 tablets in green colour. Each tablet generally contains 25% methamphetamine and 60-70% caffeine.

In July 2003, Narcotic Analysis and Scientific Technology, Office of the Narcotics Control Board (ONCB) acknowledged the first uncommon form of Yaba tablets. Yaba tablets in pentagonal and octagonal shapes with four different prints of WY logo were seized in four separate drug cases in Samut-prakan province. The tablets’ appearance was slightly different from the typical form of Yaba tablets mentioned above.

Scientific analysis conducted by ONCB drug experts focused on size and methamphetamine content of the seized Yaba tablets. The analysis confirmed that in comparison with the typical Yaba tablet (table 1), there were no significant differences in terms of size, logo, colour, and the methamphetamine content. The only significant difference in the new tablets was their shape. The new shape probably came from the re-tableting process of dampened Yaba tablets that were kept in secret storage underground during Thailand’s War on Drugs campaign.

The uncommon form of Yaba tablet was forwarded to the ONCB’s laboratory in the middle of October 2003. Fourteen plastic bags of Yaba, including 8 plastic bags of the drug in stick shape (so-called “Yaba Stick”) and 6 plastic bags of those in powder form (as shown in picture), and weighing a total of 9.127 kilograms, were seized in Chiang Rai province in Northern Thailand.

An impurity methamphetamine profiling study conducted on the seized Yaba found 15.38-20.09 % of methamphetamine, 35.96-44.71 % of caffeine and a huge amount of ethylvanilin. Upon analysis, these Yaba were shown to be similar to the Yaba tablet evidence seized in an Andaman drug case on 7 January 2001, with purity much lower than the typical Yaba tablet. It is possible that the seized Yaba were old Yaba tablets that were dampened through poor storage conditions and were later re-shaped by animal food processing equipment.

<table>
<thead>
<tr>
<th>Shape/logo (Centimeters)</th>
<th>The Methamphetamine contents</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>WY 0.25-0.3</td>
<td>25-30 %</td>
<td>0.6-0.7</td>
</tr>
<tr>
<td>WY 0.25-0.3</td>
<td>24-28 %</td>
<td>0.6-0.7</td>
</tr>
</tbody>
</table>

‘Ice’ Cool Detections by Australian Customs

By Robert Rushby, Australian Customs Service, Canberra, Australia

Since 1997-98 there has been a significant increase in detections of ice or ‘Crystalline Methylamphetamine’ at the Australian border. Detections have increased from less than one kilogram in that year to just over 233kg in 2003-04, the result of a single detection (and Australia’s largest ice seizure to date) that occurred in May 2003.

The 233kg of ice was detected in a shipping container carrying rice sticks from China that was selected by a Customs intelligence analyst for further scrutiny. The container was x-rayed at the new container examination facility in Sydney and subsequently placed under surveillance by the Australian Federal Police. This surveillance resulted in the arrest of two people. Importantly, further to this seizure, a combined national and state law enforcement operation resulted in subsequent seizures of totaling over 200kg.

Customs second largest seizure of ice occurred in July 2001 when 152kg of crystalline methylamphetamine was detected on board a small craft at Mooloolaba, Queensland. The seizure was the result of a long-term Customs investigation after a call to its community participation program, Customs Watch. In addition to the 152kg of ice, the seizure included Customs largest detection of methylamphetamine in tablet form (almost 260kg).
There are currently 24 Border Liaison Offices (BLOs) operating under the support of Project (AD/RAS/99/D91) at the high-risk border zones. There are more newly identified BLOs to be established particularly along Mekong route.

During the ‘Initial Needs Analysis’ conducted prior to the project implementation, the law enforcement officials at all the border zones expressed that they lacked knowledge and equipment in their efforts to identify the various drugs being trafficked in this region. They also expressed immense interest in the recent “Basic Intelligence Training” conducted in Chiang Mai by UNODC, in Thailand on 3-12 September 2003.

The UNODC Regional Centre, the six MOU countries (Memorandum of Understanding) participating in this project, and the DEA agreed that developing training on “Drug Identification” and “Drug Testing Kits” would be advantageous in empowering and equipping BLO’s with proper equipment and knowledge, thus responding to their urgent needs.

Training objectives were established as follows:
- To enhance existing and newly selected BLO staff in drug identification
- To demonstrate the use of “Drug Test Kits” to all participants
- To provide “Drug Test Kits” to all BLOs for their daily operations
- To promote better cooperation among BLOs participants from all six MoU countries

The training was conducted in two groups: in the first group 47 participants from Cambodia, Laos and Thailand participated, conducted in Champasak Province, Laos on 27-28 January 2004. Group Two, 43 participants from China, Myanmar and Vietnam, were trained in Yangon, Myanmar on 11-12 February 2004.

Each delegation consisted of National Project Coordinators and/or Assistants, and all BLOs, newly selected BLO staff representing drug law enforcement agencies from high-risk border zones attended.

Trainers and Drug Specialists from the U.S. Drug Enforcement Administration (DEA) trained all 90 participants. LCDC, Laos and CCDAC, Myanmar, provided the drug samples. The DEA provided more than 2000 Drug Test Kits to all participating BLOs.

Some participants had opportunity to attend field trips to Voun Khăm BLOs (Laos) and Dongkalor (Cambodia); to newly identified ‘hot zones’ such as Chong Mek (Thailand) and Pone Thong (Laos). The visits highlighted the difficulties each BLO encountered from each country. However, heightened willingness and commitment to cooperate in fighting against drugs and other transnational crimes at the border zones, were expressed and agreed upon amongst the BLOs.
Following the establishment of a computer-based training (CBT) center by UNODC Sub-regional Action Plan Project AD/RAS/97/C51 (Enhancement of drug law enforcement training in East Asia) within the Secretariat of the National Authority for Combating Drugs (NACD) in Phnom Penh, trainees from a range of Cambodia’s law enforcement agencies have passed through the NACD-managed facility during 2003. The results have been dramatic.

A total of 271 students from the Cambodian anti-drug police, military police, customs, NACD, Camcontrol and the Police Department responsible for foreigners undertook a total of 3,500 hours of multimedia Cambodian language study in various basic modules of drug law enforcement techniques at the Phnom Penh center throughout 2003. The overall average increase in knowledge was a massive 327%, a reflection of the clear need of all components of Cambodia’s law enforcement community to learn how to control illicit drug trafficking in the country. It also shows that the relatively small investment made in developing the training center at the NACD Secretariat is paying huge dividends.

The knowledge gained by law enforcement personnel who attended the CBT center in Phnom Penh ranged from an average of 170% for staff of the Foreigner Department of the National Police to 577% for those at the Anti-Drug Office. Senior officials in the law enforcement community in Cambodia have welcomed the results of 2003, compiled by the NACD CBT Centre managers with the technical support of UNODC national Project AD/CMB/01/F14. Whilst they recognize the very low level of knowledge and capacity of most law enforcement personnel in the fight against drugs in Cambodia, they wholeheartedly agree that the training supplied by the UNODC, and managed by the NACD, is achieving results.

Secretary-General of the NACD, Lt. Gen. Teng Savong, is quoted as saying, “The results for 2003 show that we have a long way to go to be able to effectively fight drug trafficking into, and through, Cambodia. We call on the international community to help us establish more of these training centers around Cambodia and to also help equip our law enforcement with the equipment to put into practice the knowledge that they are gaining from such training. With the knowledge, combined with suitable equipment, we will be able to demonstrate our commitment to fighting against illicit drugs.”

The UNODC has assisted the NACD in establishing CBT Centres at the deep-sea port of Sihanoukville and has facilitated the setting up of another Centre in the northwestern regional hub of Battambang with the support of the Royal Canadian Mounted Police liaison office in Bangkok, Thailand. NACD, in collaboration with UNODC national Project CMB/F14, opened a fourth CBT Centre in February 2004 in the northern town of Siem Reap, close to the ancient mystical temples of Angkor Wat. More Centres will be established elsewhere in Cambodia when funds become available and will target those areas of the country where the trafficking of illicit drugs, especially heroin and methamphetamine, is rampant, such as along the River Mekong.
By Paulina G. Padmohoedojo, National Narcotics Board, Jakarta

More than 350 high-level senior officials from 25 National Narcotics Board (BNN) drug-related ministries, and representatives from 31 Provincial Narcotics Board (BNP) throughout Indonesia met in Jakarta on 28 and 29 January 2004, for a two-day coordination meeting, hosted by the Ministry of Finance, to discuss ways of enhancing national cooperation on drug control. Representatives from the UNODC Regional Centre in Bangkok also attended as observers.

The meeting was unique because it was the first time BNN held a meeting with the Provincial Narcotics Board (BNP) and non-governmental organizations since BNN’s inception in 2002. The theme for this 4th BNN monthly meeting was “Community Participation in Pursuit of a Drug-Free Indonesia by 2015” which implies the need for participation of all BNN’s related line ministries and agencies, Provincial, District, Municipal Narcotics Board, and non-governmental sectors including the community in tackling the drug problem at its roots. For two days, delegates deliberated on ways to strengthen the capacity of Provincial, District and Municipal Narcotics Boards to respond to the rising problems of illicit drug production, trafficking and abuse in Indonesia. General than ever before, the challenge of national drug control cooperation remains a high priority. Drug abuse appears to be rapidly increasing, particularly ganja, heroin, ecstasy and methamphetamine (sabu) amongst youth. The most serious aspect of drug abuse in Indonesia is the rapidly rising incidence of HIV/AIDS among injecting drug users. Illicit drug production and trafficking continue to rise, as shown by the increased seizures of illicit drugs, seizures of laboratories producing amphetamine-type stimulants (ATS) such as methamphetamine and ecstasy, and increased seizures of precursor chemicals for production of synthetic drugs.

Recognizing the need to intensify cooperation among BNN and BNP members for the purposes of sharing information and expertise and providing technical assistance to those in need, the delegates recommended that meetings be held at least twice a year. At the end of the two-day meeting, computers were distributed to each province as part of BNN’s vision to establish a national drug information network.

Partnership in Drug Control a Major Priority

Da’i Bachtiar, Chief of National Narcotics Board, Indonesia, opened the meeting reiterating the importance of strong political commitment and cooperative response to the drug threat in Indonesia.

With Indonesia now facing a more serious illicit drug and organized crime problems...
The history of clandestine production of ATS (amphetamine-type stimulants) in East and South-East Asia is marked by dynamics unseen in other parts of the world. Long before the emergence of Myanmar and China as today’s major regional sources of illicit methamphetamine, Republic of Korea, the Philippines and Taiwan Province of China have, at different times, been recognized as the origin of much of the methamphetamine trafficked and abused in the region.

The rapid increase in ATS manufacture, trafficking and abuse in China recent years has affected an increasing number of countries. Today’s laboratory operations are characterized by an international sharing of expertise to develop a more sophisticated “commercial” production capacity and the wider involvement of criminal organizations with diverse interests.

While tablets are typically manufactured in areas bordering the countries of the Golden Triangle, crystal methamphetamine is manufactured mainly in the southeastern provinces of Fujian and Guangdong, close to Hong Kong SAR. In 2001, Chinese authorities reported the dismantling of 44 clandestine ATS laboratories, up from 26 in 1995. It is noteworthy that no such manufacture was reported before 1990.

Fujian and Guangdong provinces are among the most developed and modern provinces in the country – aside from having burgeoning and vibrant economies, they have a long history of trade and useful links with neighboring countries which aid these provinces. Today, large quantities of ATS are smuggled out of these provinces to neighboring countries and beyond. Japan and the Philippines are the main recipients where methamphetamine use has reached alarming proportions.

There are several reasons for the worrying development of rampant ATS manufacturing in South China: the lower manufacturing cost of ATS, its greater gains and a simpler production process being some of them. Traffickers take advantage of the convenient transportation and communication system in these two provinces, and increasing demand from users in China and neighboring countries gives criminals incentives to produce. Additionally, Chinese legislation regarding the manufacture of ATS is not wholly comprehensive and new methods of producing ATS are continuously found.

To address this urgent problem, the UNODC in partnership with the Chinese government have suggested a project idea on the suppression of production and trafficking of ATS in South China, with the key goal being the suppression of the rampant increase of production and trafficking of ATS in namely Guangdong and Fujian provinces.

In this regard, the UNODC Regional Centre Law Enforcement Adviser and an intern visited Xiamen City, capital of Fujian province, to hold a needs-assessment workshop. There, they met with Chinese officials of the National Narcotics Control Commission (NNCC), the drug enforcement counterpart in China, and also with Guangdong and Fujian provincial drug enforcement officials. They heard presentations on the current ATS situation in all of China and specifically in Fujian and Guangdong provinces. They also discussed possible solutions to alleviate the problem – namely better understanding and cooperation between regional governments in addressing ATS trafficking in areas such as information sharing and analysis as well as more training (especially via computer-based methods) for Chinese officers.

The project will likely begin in mid-2004 for the duration of one year, subject to full funding pledged by donors. Together UNODC and the NNCC of China plan on greatly diminishing the scourge of ATS production and trafficking and the grave threat it poses to the country and East and South-East Asian region.

Article based on information from the Ecstasy and Amphetamines Global Survey 2003, published by UNODC Vienna International Centre.
The Human Rights Based Approach

Developing Cooperation Toward a Common Understanding Among UN Agencies

By Wayne Bazant, UNODC, Bangkok

Drug Abuse Flourishing in a Vacuum of Human Rights

Stigma, discrimination and other human rights issues relating to HIV-AIDS and drug abusers are key issues currently under the scrutiny of UNODC Regional Centre as it proceeds into the second year of executing a regional initiative for the reduction of HIV vulnerability from drug abuse.

Partnership with the Bangkok Office of the High Commissioner for Human Rights and other regional UN entities, the UNODC Regional Centre is advocating a review of the current regional situation with drug users, since they are a clearly identified vulnerable group in the transmission of HIV. The results of the review will be discussed and transformed into a set of recommendations for advocacy, training and guidance to governments to support their efforts in tackling HIV-AIDS among all of the most vulnerable groups. A major consultation with UN agencies and its partners is scheduled for 23 and 24 March in Bangkok.

In part, this work relates to global UN and civil society concern for a human rights based approach to development cooperation and a common understanding among UN agencies, advocated by the United Nations Development Group.

The United Nations is founded on the principles of peace, justice, freedom and human rights. The Universal Declaration of Human Rights recognizes human rights as the foundation of freedom, justice and peace. The unanimously adopted Vienna Declaration and Programme of Action states that democracy, development, and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing.

In the UN Programme for Reform that was launched in 1997, the Secretary-General called on all entities of the UN system to mainstream human rights into their various activities and programmes within the framework of their respective mandates.

Since then a number of UN agencies have adopted a human rights-based approach to their development cooperation and have gained experiences in its operationalization. But each agency has tended to have its own interpretation of approach and how it should be operationalized. However, UN interagency collaboration at global and regional levels, and especially at the country level in relation to the Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF) processes, requires a common understanding of this approach and its implications for development programming. What follows is an attempt to arrive at such an understanding on the basis of those aspects of the human rights-based approach that are common to the policy and practice of the UN bodies that participated in the Interagency Workshop on a Human Rights based Approach in the context of UN reform 3-5 May, 2003.

This Statement of Common Understanding specifically refers to a human rights based approach to the development cooperation and development programming by UN agencies.

Common Understanding

1. All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.

2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.

3. Development cooperation contributes to the development of the capacities of ‘duty-bearers’ to meet their obligations and/or of ‘rights-holders’ to claim their rights.

A set of programme activities that only incidentally contributes to the realization of human rights does not necessarily constitute a human rights-based approach to programming. In a human rights-based approach to programming and development cooperation, the aim of all activities is to contribute directly to the realization of one or several human rights.

Human Rights principles guide programming in all sectors, such as: health, education, governance, nutrition, water and sanitation, HIV/AIDS, employment and labour relations and social and economic security. This includes all development cooperation directed towards the achievement of the Millennium Development Goals and the Millennium Declaration. Consequently, human rights standards and principles guide both the Common Country Assessment and the UN Development Assistance Framework.

Human rights principles guide all programming in all phases of the programming process, including assessment and analysis, programme planning and design (including setting of goals, objectives and strategies); implementation, monitoring and evaluation.

Consequently, human rights standards and principles guide both the CCA and UNDAF.

The Following Elements are Necessary, Specific, and Unique to a Human Rights-Based Approach:

a) Assessment and analysis in order to identify the human rights claims of rights-holders and the corresponding human rights obligations of duty-bearers as well as the immediate, underlying, and structural causes of the non-realization of rights.

b) Programmes assess the capacity of rights-holders to claim their rights, and of duty-bearers to fulfill their obligations. They then develop strategies to build these capacities.

c) Programmes monitor and evaluate both outcomes and processes guided by human rights standards and principles.

d) Programming is informed by the recommendations of international human rights bodies and mechanisms.
Welcome to the ACCORD Website:

Phase One of a milestone in the fight against drugs

The establishment of the ACCORD website is a major milestone in the regional fight against drugs. The site serves not only as an information portal for all relevant drug control information in the region but also as the gateway to a regional on-line data collection mechanism. It is anticipated that the site will serve as a 'one-stop' location for all relevant regional drug control information.

On the home page:
About ACCORD presents an overview of the various ACCORD mechanisms, including the Plan of Action itself, the Task Forces and the Regional Cooperative Mechanism to Monitor and Execute the ACCORD Plan of Action.

Plan of Action details the actions and timelines of the Plan’s four pillars, provides information and reports from the annual Task Force meetings and gives further information on UNODC’s ACCORD Regional Cooperative Mechanism project.

Partnerships provides background information on ACCORD partners, a dynamic version of the ACCORD Business Plan detailing national/regional strategic priorities and resource needs and basic information about UNODC Regional Centre’s Partnership Unit activities.

ACCORD Monitoring will measure national and regional progress in implementing the Plan of Action as well as present relevant drug control data collected from ACCORD partner countries. It is expected that this section of the website will be live by summer 2004.

The Resource Centre is a repository for ACCORD related documents, relevant regional drug control reports, publications and links and updated press summaries from throughout the region.

Headlines is the gateway to weekly updated press summaries from throughout the region.

Features and What’s New highlight relevant, up-to-date activities and announcements from throughout the region.

Regional Events serves as a calendar of relevant events throughout the region and beyond.

It is important to note that the site is a work in progress and there remain holes and under construction notices throughout. The holes will be filled and the notices removed as Phases Two and Three progress.

- **Phase One**: initial live phase you are viewing. To be constantly upgraded, updated and expanded.
- **Phase Two**: data collection and monitoring. Involves consultations and training missions in support of the regional data collection mechanism to all ACCORD partner countries. Expected to be completed by June 2004.
- **Phase Three**: on-going services. National/regional data collection, analysis and reporting as well as in-depth measurement of progress against the Plan of Action.

Challenges are expected in any such complex regional undertaking of this type; upgrading and updating the site will be rough and patchy for the next couple of months. Together all of the ACCORD partners will overcome the challenges, and over the next year, realize the benefits: transparency, cooperation, engagement and good will is all that is required.

For more information visit: http://www.accordplan.net

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**ACCORD National Consultations and Data Collection Network Training**

The Regional Cooperative Mechanism has created a sophisticated regional on-line data collection and reporting network to monitor progress as well as exchange information and analysis on national/regional drug control trends. Data is collected under all four pillars of the Plan of Action - Civic Awareness, Demand Reduction, Law Enforcement and Alternative Development. ACCORD partner countries are able to update and share this information on-line via the ACCORD web site as well as use powerful GIS mapping and other graphic data display tools for their own reporting needs.

In December 2003 Regional Cooperative Mechanism staff began consultations and data collection training with the national ACCORD counterpart drug control agencies. Existing national data collection systems were reviewed and national staff trained on the ACCORD on-line regional data collection network. It is anticipated that all eleven national ACCORD counterpart agencies will have been training by April. A follow up to the Regional Data Collection Inception Meeting is planned for the third quarter to discuss the utility of the system and other data collection and sharing issues.
A two-day seminar on "Improving ATS Data and Information Systems" held in Jakarta, Indonesia on 30 January 2004, was attended by more than 60 senior officials from various ministries, including the National Narcotics Board (BNN), and 31 Provincial Narcotics Boards throughout the country to assess the current ATS situation. Alongside UNODC officials, efforts were made to recommend ways to improve information networking and ATS data collection and the reporting system.

General Togar Sianipar, Executive-Director of BNN, opened the meeting emphasizing the importance of a multi-source, integrated drug information system to better understand and more effectively address the national drug problem. He further stressed that, "Indonesia is currently faced with an amphetamine-type stimulants (ATS) problem which emerged in the mid 90’s, but the full extent and magnitude of this problem remains unclear. Indonesia is now moving ahead and taking initiative in improving its drug databases with the recent undertaking of a national drug abuse survey (of high school and university students) to be followed up by a series of extensive drug surveys in the coming year."

While database and information management in Indonesia on drug abuse and ATS is under developed, reports from a number of government agencies and institutions indicate a significant increase of illicit drug abuse, production and trafficking of psychotropic substances. In April 2002, a clandestine ecstasy laboratory was seized in West Java and dubbed "one of the world's largest drug laboratories." This escalating trend of ATS abuse is a serious threat to Indonesia's national well-being, due to the majority of victims being the country's youth and members of the labor force.

Other speakers in the seminar-workshop included UNODC experts who presented an overview of the “regional cooperative mechanism to monitor and execute the “ACCORD Plan of Action” and on “Improving ATS Data and Information Systems.” Presentations from the Ministry of Health and the National Police on the current recording and reporting systems in the treatment and rehabilitation facilities and various law enforcement jurisdictions guided the group discussion.

Delegates from 31 provinces shared their views and experiences gathered from the fields. Provincial concerns basically focused on the limited ATS data and information to cover the management needs such as programme planning and policy making by each related agency. The total ATS users and trend of ATS use in each province, with the exception of Jakarta, still remains unknown. The need to standardize drug reporting forms was a key issue due to the variables in information gathering that make comparison of basic measures between countries challenging. The next concern was the need to develop an ATS data and information network mechanism in Indonesia that includes district levels and national levels using standardized reporting forms.

As a result of the deliberations, the seminar-workshop ended with the approval and adoption of standard recording and reporting forms for treatment and rehabilitation facilities and law enforcement and, with an ATS Coordinator for each province clearly designated.

For more information on ATS in the region visit: http://www.apaic.org
The impact of drug abuse on crime and violence at the community level is the focus of the first chapter of the Annual Report of the Vienna-based International Narcotics Control Board (INCB) released 3 March 2004. The Report will also review world wide illegal drug production, trafficking and abuse trends. Harm reduction policies, on-line drug trafficking, abuse of synthetic drugs and the uneven distribution of opiate based painkillers for legal consumption are also among the highlights of the Report.

The Role of INCB

The International Narcotics Control Board (INCB) is the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. INCB collaborates with the UNODC and also with other international bodies concerned with drug control including the Commission on Narcotic Drugs, WHO, the International Criminal Police Organization (Interpol) and the World Customs Organization.

The international drug control treaties require INCB to prepare an Annual Report on its work. The Annual Report contains an analysis of the drug control situation, draws attention to gaps and weaknesses in national control and in treaty compliance and recommends improvements at both national and international levels. The Reports are based on information provided by Governments and international bodies to INCB. The Annual Report is supplemented by detailed technical reports on narcotic drugs, psychotropic substances and on precursor chemicals which can be used in the illicit manufacture of such drugs.

Regional Highlights

Asia

As a result of continued government efforts, opium poppy cultivation in Myanmar and the Lao People’s Democratic Republic is declining. In Myanmar, the second largest producer of illicit opium after Afghanistan, cultivation has declined by almost two thirds since 1996 while in the Lao People’s Democratic Republic, it has decreased by about 55 per cent since its peak in 1998. Over two thirds of the global seizures of methamphetamine take place in East and South-East Asia. Illicit manufacture of methamphetamine is taking place mainly in China and Myanmar, but more recently also in the Philippines, where significant seizures of the precursor chemical ephedrine were reported in 2003. Methamphetamine is the most widely abused drug in Japan, the Republic of Korea and Thailand.

Heroin remains the main drug of abuse in China, including the Hong Kong Special Administrative Region of China, greatly contributing to the spread of HIV/AIDS. Despite the armed intervention and the political change in Afghanistan and the fight against terror, illicit cultivation of and trafficking in opiates has grown which may result in more political instability. Opium cultivation in Afghanistan continued on an even larger scale in 2003. Drug crop cultivation has also resumed in Pakistan, mainly in non-traditional poppy-growing areas. Opiates from Afghanistan continue to be smuggled on a large scale into other countries in West Asia, mainly destined for Europe.

The so-called Balkan route (through the Islamic Republic of Iran, Turkey and Balkan countries) as well as, increasingly, more recent alternative routes through Central Asia and the Russian Federation, continue to be used.

INCB notes with concern that links between drug trafficking, organized crime and terrorism have reportedly become more prominent in recent years. Governments of countries in South Asia assume that drug trafficking is one of the major sources of funds for terrorist groups. The main drugs of abuse in Central and West Asia remain cannabis and opiates. Additionally, ATS, in particular Ecstasy, have become increasingly available. INCB is concerned about a possible increase in drug trafficking to and through Iraq, although this is not yet reported as a serious problem in that country.

Oceania

Australia and New Zealand remain among the main destinations for shipments of heroin and ATS from South-East Asia. Both countries have strengthened legislation and action aimed at detecting and preventing the clandestine manufacture of ATS and to intercept consignments of such stimulants and their precursors. Large-scale hydroponic cannabis cultivation continues to be reported in Australia. Significant cultivation also takes place in Fiji and in Papua New Guinea.

Though cannabis abuse has declined, it is still at a high level. Cannabis continues to be the drug of choice in New Zealand and Australia, where 72 per cent of all drug-related offences relate to cannabis. In recent years, successful law enforcement operations in Australia have led to a sharp reduction in the supply of heroin to illicit markets.

In contrast, there has been an increase of abuse of cocaine and ATS, which have continued to be widely available despite record seizures at the borders. Both in Australia and in New Zealand, local illicit manufacture, distribution and abuse of ATS have increased. New, inexpensive psychotropic substances have become popular party drugs in Australia.

For the complete report visit: http://www.incb.org

The International Narcotics Control Board (INCB) is the independent treaty body with quasi-judicial functions to monitor the implementation by Governments of the UN international drug control conventions.
Drugs and Pregnancy

By Alan Ogborne, PhD, Canadian Centre on Substance Abuse

The use of alcohol, drugs and tobacco during pregnancy can threaten the health of both the mother and her baby. It is therefore good to know that with appropriate care many female adolescents who use drugs before becoming pregnant stop using at the start, or during the early stages of pregnancy. A recent Canadian Centre on Substance Abuse (CCSA) study suggests almost all teenage women attending public prenatal clinics used at least one substance (usually cigarettes or alcohol) in the six months prior to becoming pregnant, but that majority discontinued use during their first trimester.

Research conducted in Australia also suggests that many pregnant adolescent girls stop using drugs before or during early pregnancy when receiving care in obstetric hospitals. This research involved 456 teenage antenatal patients who were interviewed and asked to complete questionnaires to establish their pattern of non-prescription drug use before and during pregnancy. The results indicated that many of these girls were former drug users who stopped using drugs when they found they were pregnant.

However, education can contribute to the prevention of unplanned adolescent pregnancies and reduce the use of psychoactive substances among adolescents who become pregnant. Educational and other programs are therefore needed to prevent pregnant girls from using psychoactive substances during pregnancy and to help those who do.

Adolescents who do continue to use drugs during pregnancy often have a variety of social and psychological problems such as conduct disorders, depression, physical health problems, problematic family and peer relationships, poor social skills, limited education and vocational achievements and poor use of leisure time. A history of physical and sexual abuse is also common. If unresolved, or compounded by poverty and the consequence of being a single mother with a drug habit, these problems can contribute to prostitution, drug dealing, welfare dependence and child neglect.

Appropriate interventions can, however, benefit this population. A notable study from Australia also involved about 90 girls who used marijuana throughout their pregnancies and about a third of these also used other drugs. Those who used illegal drugs were more likely to also use cigarettes and alcohol and to have other social and psychiatric problems. Those using multiple drugs were more likely to have infections. While those using drugs more likely to experience threatened pre-term labour, there were no effects on birth weight, birth weight ratios or pre-term birth. The authors concluded, “Good antenatal care may be able to ameliorate many adverse pregnancy outcomes in teenagers who use illegal drugs throughout pregnancy”. However they also cautioned that “High levels of coexisting psychosocial morbidity are a concern for future mothercrafting”.

It was found that female adolescents who used drugs during their pregnancies – and their children – benefited from a three month program that offered educational, vocational, and parenting classes; social and drug rehabilitation; and infant day care while the mothers attended a half day school. Upon enrolment in the program both the mothers who had used drugs during their pregnancies and their children had inferior scores on a variety of behavioural and biochemical measurements when compared with others. However, three months after the program these mothers and their infants were similar to the others in their interactions and by six months, they looked similar on virtually every commonly used measure. At 12 months, and in comparison with a control group, the drug-exposed infants whose mothers had been in the rehabilitation program had superior sores on measures of social communication and mental health, as well as significantly greater head circumference and fewer pediatric complications. Their mothers also reduced their use of drugs, had fewer additional pregnancies and increased their participant in school or in the workforce.

So, it is important that education and treatment programs that target adolescents at risk for pregnancy and substance abuse need to be developed and supported. However, many issues need further research. Research that mainly involved pregnant adults who use drugs suggests that the following issues should be given special attention with respect to adolescents:

- Matching clients to treatment
- Increasing treatment enrollment and participation
- Determining the role (if any) of legal and other forms of coercion in treatment engagement and compliance

Males also have an obvious role to play on this issue, so programs and research involving adolescent and adult men who get young girls pregnant are also needed. There is evidence that male adolescents who get girls pregnant have higher than expected rates of cocaine use and other ‘risk’ behaviours, such as multiple sexual partners, drinking and driving and being injured in fights. These characteristics may be especially prominent among men who impregnate girls who use drugs. These men therefore need educational and other programs that target their sexual and drug use behaviours.

For more academic research and published studies on International trends in Adolescent drug abuse go to: http://www.medadvocates.org/marg/adol/drugs.html
Gender Disparities
In spite of differences in political and economic development, a number of countries face a similar problem of gender inequality. Women and men are not equally represented as participants of, and benefits from development programs. Women are counted for a little more than half of the world population and have longer life expectancy at birth than that of male counterpart, yet they do not share equally in the advantages from economic growth and national development. Comparing human development indicators in the target UNODC countries: China, Lao, Myanmar, Thailand, and Vietnam, Thailand has a better ranking (59 rank) on the human and gender development index (HDI and GDI), while other countries are at the rank of over one hundred. However, the ranking of gender empowerment measurement in Thailand (66) is still lower than that of China (33). Information on gender empowerment, however, is not available in Myanmar, Lao and Vietnam. Despite economic growth in recent years, and women found in numerous labor forces in various sectors, their participation in the economy is still primarily in low skill and low paying jobs. The actual contribution of women in development was seldom recorded in official data.

Inclusion of women in existing programmes and activities do not reflect gender and development (GAD) approach. The perspective of gender and development beg a closer look in gender relations, one which is socially, culturally, and economically constructive within the power relation set between the sexes. Gender relation shape the way we value men and women, and assign different roles to them. Gender role is not dictated by nature, but rather is a product of the nurturing process. Gender relations are usually asymmetrical. Roles differ greatly for males and females where certain roles are based on biological requirement, but mostly the roles are socially constructed which more likely put women in a disadvantageous position. Through the socialization process, we learn to accept these roles to be natural and thus take it for granted. As discovered in this regional study, gender role considerations in alternative development have not been fully implemented. The absence of gender based data reveals a lack of understanding of gender issues as a key element in alternative development in this region.

Opium cultivation is largely done by women both in sowing the seeds to nurturing and harvesting the crop...
Success for crop replacement is not only a matter of selecting the right kind of cash crop to substitute opium, but also appropriate crops that people can master and maintain through proper knowledge training in new technologies. Considering the gender role issue, in an area where women are the primarily responsible partner of agricultural process, the knowledge and technological training program should also be geared to women. Studies show female participa-

ation heightens sustainable success in alternative crops cases in places like Vietnam, China, and Laos. Income generation activities often emphasize the traditional role of women such as handicrafts, textiles, and cooking. These activities seem to enhance a woman’s role in income generation of the household, yet it de-emphasizes the asymmetrical gender relation. It could in fact put more burdens on women to generate income, on top of working in the field and domestic child rearing chores. It would be of greater benefit if their needs are assessed prior to the introduction of projects, and a more gender sensitive activities to the community are applied.

In applying gender perspective to alternative development, the program should take gender inequality into consideration, so that the activities which are introduced to the community would not endorse and further amplify such inequality. In awareness of gender disparities, programmes need to introduce activities that will empower both men and women respectively to their needs. In the case of project planning and initiative, participation of both women and men is needed to maximize success by sharing their ideas and potentials.

The five countries under UNODC alternative development projects reveal a complex and unique situation of gender relation in each country. Gender disparities within these countries are further complicated by ethnicity and socio-economic status of the people. There are the poor ethnic minorities who could be rank as the most vulnerable group in the area. Each ethnic group has it own cultural specificities of practices in division of labor, gender relations, gender roles and expectation which are rarely explored in earlier research.

National activities in developmental programs have varying agendas, whether for integrate and/or control the population for the benefit of the majority, or for humanitarian purposes. Therefore, some programs do not make any linkage of their contribution for human development to gender inequality in relation to drugs. Using gender analysis gender impact assessment prior to the initiation of AD programmes, during the implementation and evaluation stage would be helpful in bringing out the ambiguity of social benefits to men and women participating in the programmes.

Gender Analysis and Benefits

Gender analysis is needed in bringing light to formulating new development programs. Studies reveal how equal accessibility, control, and utilization of assets and productive resources between the sexes is key to this strategy. Using the gender lens, we can see a different picture of the benefits of alternative development, and understand how inequality and inequity became significant matters of unsustainable successes in the past.

Moving Beyond Having Women as Passive Participants

Having women participate in a programme is not sufficient enough to attribute success to a project, the level of participation and women’s contribution in the decision-making process is invaluable to long-term success of the programmes. Women’s potential and capacity needs to be uplifted from the usual lower skill set they are related to. Numbers of incidents shows that when given opportunity, women rise to the occasion and perform beyond expectations. Women therefore need to become more than passive beneficiaries of the programmes and get actively involved as agents of change: through gender empowerment they can exercise their new found right and capacity to self-determination to enhance their livelihood.

Keys to Success and Recommendations

Countries that have done well in respect of gender empowerment are the former socialist communist countries where male and female counterparts were regarded as equal partners for national development from the very beginning of their reform. From documentation, they showed considerable efforts to promote gender equality and equity. National women’s organizations play key roles in uniting and coordinating such programs. Success also comes with multi-sectoral cooperation in sustaining equality.

Women’s participation in planning and decision making of the projects’ design and activities are important to their empowerment which guarantees the continuity of the project. Male participation in various activities also increases appreciation and recognition of women’s situation, needs, and abilities that nurture a willingness to share the burdens and cooperate with one another as a team. However, currently there is not enough documentation available in terms of evaluation of the program from participants and stakeholders, or responses from ethnic minorities, who should all equally share the benefits of the programs, to make a final conclusion. More qualitative research needs to be done to document the complete benefits of gender empowerment ideologies.

For more information on learning how to apply the gender and development (GAD) approach, please contact Dr.Suvajee Good at Suvajee.g@chula.ac.th
Taboo HIV/AIDS Problem in Pacific May Explode

More than 7000 people in the Pacific Islands are estimated to be infected with HIV/AIDS - but the real number is likely to be four times higher.

And if the situation doesn’t improve over the next decade, the taboo HIV/AIDS problem in the Pacific could explode. With limited testing and ‘silent sufferers’, accurate figures are hard to come by.

Papua New Guinea is already on the brink of an epidemic with at least 5000 people suffering the disease. The World Health Organisation (WHO) says this figure is more likely to be 15,000, and for each person infected, another nine are affected. Fiji, a hot holiday destination for many travelers, has seen the number of reported cases more than double in the last two years.

A lack of resources has meant most island governments have ignored the AIDS problem, says the founder of the Pacific Islands Aids Foundation (PIAF), Marie Bopp Dupont, who spoke at a Pacific Islands Media Association (PIMA) conference in Auckland.

“Mostly they don’t want to know. They’re too scared. Because if they find out how many cases they have, then they have to deal with the question of treatment,” she says.

Tahitian born Bopp, 28, has been campaigning for AIDS since she publicly announced, at a media conference in Papeete five years ago, that she had contracted the HIV virus.

As a 28-year-old journalism graduate from the University of the South Pacific, she says she was as ignorant about AIDS as any other Pacific Islander. The difference though is that she had the courage to put a face to the disease that no-one talked about.

By setting up PIAF, a non-government organisation based in Rarotonga, Cook Islands, she hopes to work with governments, businesses and other sectors of society to find ways to combat the disease while improving the quality of life for those living with HIV/AIDS and their families.

There are a number of factors that make containing the disease in the Pacific difficult such as mobile populations, a high incidence of teenage pregnancies, poor access to remote areas and almost no affordable medication.

Heterosexual sex is the main cause of HIV in the Pacific [followed by Injecting Drug Use], with an increasing number of young women contracting it through their husbands and boyfriends, says Bopp. Although sex is more freely talked about now, it is still a taboo subject which makes it hard for AIDS workers to track the source of infection and stop it spreading.

HIV/AIDS carries not only a death sentence in the Pacific but a life sentence as well and Bopp says the media need to play a role in changing people’s misconceptions about the disease.

“Stigmas and discrimination are killing the people before the virus kills them,” she says.

People in her own village didn’t want to be near her after she went public, her friends didn’t know what to do with the crockery she ate off and a recent trip to the dentist almost saw her leave with no treatment. She wants PIAF, which is funded by Cook Islands Red Cross and Nelson Mandela Foundation, to work with the media, training them to focus on the issue, not the individuals involved.

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Heterosexual sex is the main cause of HIV in the Pacific [followed by Injecting Drug Use], with an increasing number of young women contracting it through their husbands and boyfriends...
“Mission accomplished” was the mantra of the closing ceremonies at the first Asian Pacific Regional Adolescent Health Congress held on the Hong Kong Polytechnic University campus from 10-12 January 2004. (8 March) would focus on Women and HIV/AIDS.

One special case in the Asia-Pacific region is the story of HIV-AIDS activist Maire Bopp Dupont; a 28-year old journalist from French Polynesia, who has been actively working to raise awareness of HIV/AIDS among Pacific island communities.

Her crusade started in December 1998 when, still a university journalism student in Fiji, she broke a taboo in her community by revealing that she was HIV-positive during a Pacific Islands News Association (PINA) conference in Tahiti. Following her graduation, Maire joined Tahiti’s Radio Tefana as a journalist in May 1999. Five months later, she won PINA’s Pacific Freedom of Information Award for her outstanding efforts in the promotion and defense of freedom of information and expression in the region.

In 200 she also won the UN Race Against Poverty award. She has since been touring the islands to speak to communities, schools and non-governmental organizations (NGOs) about the epidemic. She is currently president of a Tahitian NGO that promotes HIV/AIDS awareness in French Polynesia. ‘Maire’ the documentary is Maire’s account of learning she has AIDS, deciding to go public about her status, and dealing with other people’s reactions. It is also the stand of a courageous and powerful young woman who has dared to shatter the silence, challenges, myths and fears about HIV/AIDS.
Cambodia Launches Media Campaign on AIDS Awareness

Cambodia has the highest number of AIDS cases in Asia. To keep the disease in control, Cambodian authorities recently launched a media campaign to highlight the disease among its citizens.

By Graham Shaw, UNODC, Phnom Penh

The campaign is jointly organised by Cambodia’s National AIDS Authority, with the help of the United Nations Development Programme.

The aim is to raise awareness among Cambodians that AIDS is not just a health issue but a major concern that could hinder the country’s development.

For two months, an advertisement will be aired on television, radio, as well as at cinemas.

More than 164,000 Cambodians have contracted HIV AIDS, and 80,000 have died from AIDS-related illnesses since 1991.

And the death toll could reach 230,000 by 2010, if the rate of infection is not curbed.

Official statistics showed that as many as 100,000 children could be orphans if their parents succumb to the disease.

And organisers hope that it would help Cambodians confront their social norms and break the silence about AIDS. This is also why “The Truth about AIDS” was chosen as the theme during celebrations marking this year’s 140th World Red Cross Red and Crescent Day.

Organisers said talking about the disease would also help the public not to discriminate against AIDS patients.

The Cambodian Red Cross has also chosen to include AIDS education as one of its priorities in 10 provinces, for the next five years, at a cost of US$48,000.

Cutting the Fuse on the Drug-Related HIV/AIDS Time-bomb!

By Wayne Bazant and Graham Shaw, UNODC, Bangkok and Phnom Penh

The clock is ticking. All indicators suggest that illicit drug use in Cambodia is rapidly increasing and more and more young people are experimenting with drugs. Many other countries, including Cambodia’s neighbours, have seen a dramatic escalation in HIV/AIDS transmission rates through intravenous drug use (IDU) and unsafe sexual practices whilst under the influence of narcotics. It is likely that Cambodia will be no different. Time is up!

Rapid action is what is required to raise awareness of the drug-related HIV/AIDS risk in Cambodia. And a rapid response is what the UNODC has given Cambodia’s law enforcement, health and social service personnel at all levels both governmental and non-governmental.

In a partnership between UNODC national project (Strengthening the Secretariat of the National Authority for Combating Drugs (NACD) and the National Drug Control Programme of Cambodia) and Sub-regional Action Plan Project (Reducing HIV Vulnerability From Drug Abuse), UNODC sponsored the first-ever meeting of senior officials from the National Authority for Combating Drugs (NACD) and the National AIDS Authority (NAA) in early January 2004 culminating in the signing of a memorandum of understanding (MOU) that maps out a joint response to drug-related HIV/AIDS risk in Cambodia.

The NACD and NAA leadership also agreed to establish a technical working group (TWG) comprising core governmental and non-governmental agencies to develop policy guidelines and effective programming and projects to address this time-sensitive issue. The TWG has been nicknamed the DHA – Drug and HIV/AIDS working group – and will meet every one or two months under the joint leadership of the NACD and NAA.
By Graham Shaw, UNODC, Phnom Penh

The Office of the Cambodian Deputy Prime Minister and Chairman of the National Authority for Combatting Drugs (NACD), H.E. Sar Kheng, has signed an authorization for the local non-governmental organization (NGO), Mith Samlanh/Friends, to undertake a one-year pilot project during 2004 supported by German Agro Action.

The pilot project is aimed to trial harm reduction interventions amongst people living on the street - especially youth - in the Cambodian capital, Phnom Penh. Of particular note is the attempt by Mith Samlanh/Friends to pilot needle and syringe exchange as part of the harm reduction programme.

David Harding, who provides technical support to the Cambodian staff of this pilot project, explained that the objectives are,

“To provide education and awareness on substance use to the children in the streets and to provide them with support, entertainment and alternatives to substance use in the streets and/or in specific centers - a drop-in center in Phnom Penh and Camp Sabay Sabay in Kampong Speu Province to the west of the capital. Children using substances are taught harm reduction strategies to protect themselves and their friends.”

Much of the harm reduction work being undertaken by Mith Samlanh/Friends is outreach in nature and seeks to access those young people who are unwilling or unable, to go to drop-in centers or other structured support services. Of great concern is the increasing incidence of middle-class youth mixing with those living on the street in order to share their drug taking habits.

In its first-ever drug control master plan for Cambodia (2004-2009), the NACD has adopted harm reduction as an appropriate strategy to try to reduce drug-related HIV/AIDS transmission. In addition, the NACD is seeking to amend the existing drug control law so as to leave no confusion as to the legality of harm reduction activities provided they are conducted under license by the NACD. The master plan is awaiting final acceptance by the Cambodian cabinet.

For more information contact: David Harding or Programme Director Ms. Ly Sophat Tel: +855-23-220 596, #215, Street 13, P.O. Box 588, Phnom Penh, Cambodia, e-mail: friends@everyday.com.kh or visit their web site: www.streetfriends.org or Graham Shaw, UNODC, Phnom Penh at: www.unodc.org.kh
Opium’s History Explored

Tracing the History, Trade and Cultivation of the Opium Poppy

A British clipper ship hauls bales of opium to emaciated Chinese addicts as sailors sing out old songs. “What a wonderful world,” sings Louis Armstrong among stark images of movie stars, musicians and other celebrities cut down by drugs in the prime of life.

These multimedia tableaux form part of a harrowing and ultimately moving museum set in the very heart of the Golden Triangle, origin of more than half the world’s heroin and a haven for traffickers.

Set in a lush, mist-streaked forest, the museum, which has yet to be officially opened, may well be the country’s finest. It is already attracting thousands of school-children along with Thai and foreign tourists to this Mekong River village where the frontiers of Thailand, Myanmar and Laos converge.

Paveena Viriya Prapaikit, the project’s director, hopes the $10-million US steel-and-concrete Hall of Opium will also become a leading international centre for research into opiates.

Visitors enter through a 140-metre tunnel, its dim lighting, eerie music and bas-reliefs of wraithlike figures evoking both suffering and easing of pain, as well as the Triangle’s danger and mystery.

The exhibits end with the Hall of Reflection, a sunlit room of Zen-like simplicity inscribed with sayings in praise of moderation and humanity’s striving for good. “Our greatest glory is not in never falling, but in rising every time we fall,” reads one from Confucius.

In between, the story of opium and its derivatives, morphine and heroin, is told in vivid set pieces, video films, photographs and written commentary.

The cargo hold of an 18th century British ship carrying opium, an early 20th century opium den in Thailand and scenes from the Opium Wars of the 1840s in China are carefully reconstructed. More recent times furnish exhibits of how smugglers stuff drugs into teddy bears, soak shirts in heroin or swallow condoms packed with narcotics.

Exhibits depict the Golden Triangle’s warlords, corruption and bloodshed, but the displays also make clear that narcotics came to the region relatively recently and are not inextricably linked to the impoverished hill tribes that grow the opium poppy.

The museum’s historical section notes that the first written mention of opium is found in Sumerian texts going back 5,000 years. The Egyptians indulged in it for pleasure and some ancient Romans used toxic doses to poison their enemies. Indian moguls fed it to their war elephants to calm them in battle. Before anesthesia and aspirin, produced in 1900, opium and morphine relieved the physical agonies and minor pains of millions. Morphine, for instance, is still used today for medicinal purposes and pain management prescribed by physicians worldwide. The evolution of this plant into narcotic is well traced and worthy of a venture into the notorious region of the Golden Triangle.

For more information contact, The Hall of Opium, Sop Ruak village, Chiang Saen, or the Mae Fah Luang Foundation in Bangkok, tel.: (66 2) 254 2225, or visit the web site www.goldentrianglepark.org
UNODC and Civil Society

Reaching Vulnerable Groups Affected by Drugs and HIV

By Sonia Bezziccheri, UNODC, Bangkok

Under the framework of UNODC Regional Project ‘Reducing HIV Vulnerability from Drug Abuse’, UNODC Regional Centre for East Asia and the Pacific, Bangkok, supported the Health Messenger Magazine Special Issue on Drug Related Problems published in December 2003 and widely distributed across the Thai and Burmese border. It is the intention of the Regional Project to also highlight and support particularly effective regional practices in the area of demand reduction with special concern to HIV/AIDS prevention initiatives by civil society, of which the above magazine is an example.

The Health Messenger is a bilingual magazine translated into Burmese and English. It is published on a quarterly basis by Aide Medicale Internationale (AMI) to provide information and ‘distance learning’ especially for health workers such as medics, nurses, midwives and lab technicians; as well as community health workers, representatives and teachers in Thailand and in Myanmar.

The 7000 copies of the magazine are distributed through NGOs and specialized programmes as follows: 50% within the refugee camps in Thailand; 35% inside Myanmar; and 15% among the Burmese migrant communities in Thailand. These groups represent exceptional vulnerable populations in regard to HIV infection through injecting drug abuse. This is mainly due to their remote geographical location as well as proximity to drug production and trafficking areas, where precarious or absent health care facilities add a special concern in regard to these populations’ general wellbeing.

The objectives of the Health Messenger Magazine Special Issue on Drug Related Problems December 2003 were to raise awareness about health and social threats caused by drug abuse, and to show the linkages between HIV/AIDS and drug abuse. Furthermore, the Special Issue aimed at providing health workers with practical tools to implement harm reduction and rehabilitation programmes as well as at equipping them with appropriate medical knowledge related to physical challenges resulting from practices and frequency of injection of heroin in particular.

UNODC Regional Centre supported a trip of the Health Messenger Magazine team to the Drug Demand Reduction Centre in Mong Pawk in the Wa Region, United Wa State Army cease fire zone. To produce the Special Issue on Drugs, the research team – under the guidance of UNODC Yangon – gathered information and interviews with local ex-drug abusers and drug treatment providers to illustrate that even in the most difficult geographical areas, drug demand reduction programmes can succeed and change lives.

In a simple but comprehensive and effective manner, the Special Issue tells about a whole range of helpful issues related to drug abuse; it opens with general information about drugs and their effects, including amphetamine-type stimulants, heroin, solvents, etc. It then explores the reasons why people take drugs and the implications of drug addictions: mental and physical craving. A whole section follows to illustrate – through simple to understand but imaginative cartoons – the physical dangers of injecting drug abuse such as vein damage, thrombosis, overdose as well as psychosis. HIV volunteer counselling and testing as well as ‘harm reduction’ strategies for injecting drug abusers, including methadone maintenance, are then offered as available services to reduce the harm associated with injecting drug abuse, especially HIV and Hepatitis C infections. Finally, a relapse management advice scheme and the ‘five steps of counselling for drug rehabilitation’ are explained.

First and foremost, as all patients, drug abusers need to be provided with a good counsellor; excellent professionals in this regard are effective and followed. This is the case of Drug Demand Reduction Centre in Mong Pawk in the Wa Region - a very remote area of the Eastern Shan State. The Centre is managed by UNODC Yangon and has had very fruitful results; for this reason, the Centre was selected by the Health Messenger Magazine team as a case study.

To illustrate, in 2003, just one year from the establishment of the Centre, 300 drug abusers were treated. As the word rapidly spread in regard to the ‘smooth detoxification’ at the facility, many drug abusers flocked to the centre to the point that some had to be turned away temporarily. The relapse rate reached 43%- excellent rate especially if compared with regional averages easily surpassing the 95 percentile! The centre testifies to the successes of adequate professionals and the need of drug abusers to have a reference point where to turn for medical assistance and a listener.

However, as illustrated in the Special Issue, pressures to accomplish a 30-day detoxification are considerable. The authorities charge drug abusers 15 silver coins (300 Chinese Yuan) following the first relapse and then double that amount after the second and last warning. Following the last warning, the death penalty is applicable.

Drug abusers in this part of the world face tremendous social and political pressures characterised by stigma and discrimination at many levels, (including denied access to antiretroviral treatment in some countries) combined with their own struggle to fight drug addiction – for which very little understanding exists. Reference points of information and support such as the Drug Demand Reduction Centre of Mong Pawk, are of foremost importance as in the midst of nothingness, hope, solace and medical expertise are provided.

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**Video Training On**
**Detecting precursor trafficking and clandestine drug laboratories**

Law enforcement personnel often do not possess sufficient knowledge to detect precursor trafficking and clandestine drug laboratories effectively because of the shortage of trainers and the high cost of traditional training.

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**Training Scope**
- **X** role of precursors in the manufacture of illicit drugs
- Illicit drugs manufactured in the region
- Key precursors for manufacture of heroin, methamphetamine and MDMA
- Common equipment for manufacturing illicit drugs
- Common methods to conceal precursors or equipment
- Signs of suspicious shipments of precursors and equipment
- Basic precautions to prevent chemical injuries
- Suspicious signs of clandestine laboratory activities
- What to do when a suspected clandestine laboratory is encountered.

Please contact UNODC if you would like to have more information on this video or the included handbook.

**Phone:** 6622882549  Fax: 6622812129

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