



UNITED NATIONS  
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Regional Centre for East Asia and the Pacific

# Eastern Horizons

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*Demonstration of an anti-narcotic operation by the Thai Naval Command on the Andaman Sea, May 2004*

## TREATMENT WORKS



# Message from the Representative

In my message for the last issue of the *Eastern Horizons*, I emphasized the importance of “networking” in our work, which is cross-sectoral in nature. Since I assumed my present function half a year ago, such cross-sectoral linkages are becoming increasingly evident, i.e., those cross cutting issues involving, in one way or another, drug trafficking, human trafficking and migrant smuggling, HIV/AIDS, organized crime, corruption, terrorism, money laundering, among other things. We will continue to focus on necessary networking in our activities and will reflect such developments in the *Eastern Horizons*.

At the same time, in each issue of the *Eastern Horizons*, we will now have, where feasible, a thematic focus, also continuing to cover other areas of work relevant to the Regional Centre. The

theme of this year’s International Day against Drug Abuse and Illicit Trafficking is “Treatment Works”, and we have chosen that as the thematic focus for this issue.

In addition to highlighting the topics of today in the magazine, we will also try, from time to time, to dig out stories from the past – those that were forerunners of what we face today, particularly those related to East Asia and the Pacific. They may give us further insights to the issues we are facing. We start such a series with the present edition.

We hope that the current and future editions will provide the readers with useful and interesting reading and look forward to getting any feedback from them in the hope to further expanding the horizons in this region.



Mr. Akira Fujino  
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# The Treatment of Drug Abuse and Dependence : A Challenge to Health Care Workers

By Hamid Ghodse, MD, PhD, DSc, FRCP, FRCP(E), FFPH, FRCPSych, President, International Narcotics Control Board

Drug use of one sort or another probably has been happening ever since the time that early man, eating the plants that grew around him, found that some had medicinal properties and that some made him feel different. Since then, abuse has been part of the human life style, and many of the drugs that are abused today have been around for centuries. Alcohol, opiates, cocaine, cannabis and tobacco all come into this category, although the modern illicit as well as prescribed psychotropic drugs have added a new dimension to the problem.

Given man's long involvement with non-medicinal drugs, what has changed? Why are drug abuse and drug dependence now seen as so worrying that their treatment has become one of the major challenges of the decade? One factor is the question of the scale of the problem, with a veritable explosion of all types of drug abuse in recent decades.

According to an estimate by the UNODC there are, in the world, an estimated 15 million opioid abusers (including 9 million who take heroin); about 14 million cocaine abusers, and there are, perhaps, 30 million amphetamine-type stimulant (ATS) abusers. Cannabis abuse involves about 150 million individuals but no reliable figures are available for sedative/hypnotics, hallucinogens, khat and solvents. There are, in addition, millions who have drinking problems and are addicted to tobacco.

The global picture of drug abuse has at least two major components which used to be quite distinct, but which are now largely merging. There is the traditional form of drug abuse using crude plant material which contains only a low concentration of active drug. This type of abuse, by adults, of opium, cocaine and cannabis has been going on for centuries and continues today in the areas where the plant is grown. In addition, there is the abuse of highly potent, synthetic or semi-synthetic substances mostly by young people in industrialised countries who often abuse several different types of drugs. It is this latter type of drug abuse that has been spreading rapidly worldwide and has been given back to the countries where the traditional use of the parent drug originated. Thus countries in Asia now have a major problem with heroin

and ATS abuse, and countries in South America with cocaine abuse.

This, therefore, is the second cause for concern about the modern epidemic. The drugs involved, especially heroin, cocaine and amphetamine-type stimulants, are widely available in a highly pure state. They have powerful reinforcing properties and hence a high dependence liability. They are causing large numbers of people to become severely dependent so that their lives become totally disrupted. Indeed, in some countries the political and economic stability of countries has been undermined by drug-related crime.

It is this combination, of the severity of drug abuse problems and the scale on which they are occurring, that is providing the unique and particular challenge today – a challenge that has become all the more urgent because of the added, and unforeseen complications of AIDS.

The treatment and rehabilitation of drug abusers are key elements of demand reduction strategies. The importance of demand reduction, including treatment, was realised by the international community over thirty years ago, and the idea was translated into the provisions of the 1971 Convention, followed immediately by the amendment of the 1961 Convention, by the 1972 Protocol and further reinforced by the 1988 UN Convention. The issue was highlighted and its importance reinforced in the Thematic Review conducted by the International Narcotics Control Board (INCB) in 1993 and subsequently in the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the General Assembly at its Twentieth Special Session in 1998.

Now, more than ever, there is considerable interest in treating drug abuse, because it is recognised that drug abusers are likely to be an important route of infection of HIV, hepatitis and other blood-borne infections, into the general, heterosexual population. It should be appreciated however that although drug abusers who inject are at the greatest risk, oral drug abuse is not risk-free. The "acid house"/ "rave" culture, for example, is illustrating very clearly how the altered mental states that result from abuse of psychoactive drugs may make promiscuous sexual behaviour and HIV/AIDS transmission more likely and, of course, there is nothing new about prostitution as a way of earning money to finance a drug habit. The prevention of AIDS, therefore, involves much

more than preventing the sharing of injection equipment.

Apart from the comparatively recent threat of HIV/AIDS, there are many reasons why treating drug dependence is important – it offers opportunities for research and for monitoring, for example, as well as playing an important role in prevention – an ex-addict will not introduce another to addiction. More importantly, the existence of treatment offers the possibility of recovery; it is a statement to the addict that he/she is not incurable, that there is hope. Thus the existence of treatment is a clear statement that the individual is worth helping, that he/she is not rejected by society. This is an important statement for the large number of young drug-dependent individuals today who should not be condemned as incurable nor rejected as worthless.

The aim of treatment for drug dependence is simply stated – to help the drug dependent individual to lead a full life, integrated into society without the need for drugs – but it is not simple to achieve. Whilst it is a comparatively straightforward procedure to achieve drug withdrawal, continued abstinence is much more difficult – because drug dependence is a chronic condition lasting for years rather than months – and with a natural history of relapse and remission.

Very few drug-dependent individuals achieve permanent abstinence the first time they try and, of those who eventually achieve it, the majority have had several, often numerous, attempts. It is sometimes assumed that this cycle of abstinence and drug-taking is a consequence of treatment and its subsequent failure, but a similar pattern of behaviour is reported by addicts attending drug dependence treatment centres for the first time. A careful history usually elicits an account of at least one, and often several, episodes of abstinence achieved on the individual's personal initiative and with no professional intervention.

It is very important that all who work or have contact with drug dependent individuals understand the fluctuating nature of the condition. Resumption of drug-taking after a period of abstinence is then not perceived as failure, but as an indication of the underlying addiction, and it becomes the cue, not for recrimination, but for a more energetic attempt to induce another remission. Furthermore, the natural cycle of relapse

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# Beyond the Barrier: Finding Your Own Way Out!

By Sonia Bezziccheri, UNODC, Bangkok

**H**elen Barnacle, served the longest known prison sentence for a female on a drug-related charge in the state of Victoria, Australia. She has gone on to successfully initiate a programme based on the arts for female juvenile offenders and young women in the community who are having difficulty with drug abuse. Ms. Barnacle, who is now a psychologist and highly regarded drug counselor in Melbourne, in the State of Victoria, Australia, works as an 'arts facilitator' combining her psychology, counseling and arts-based skills in music, writing and performing. Her project focuses on young women in Melbourne's juvenile detention centre.

Her programme is based on the precept that young people do not respond well to conventional counseling which requires them to sit in an office for an hour and verbally articulate their 'problems'. It is well documented that this approach is not effective in engaging young people in 'treatment'. It is therefore useful to try other mediums like the arts as a forum for young women to express their feelings and to feel they have a voice during the performances. Although this is not 'drug treatment' in the formal sense, these young women certainly explore the issues that may have led them to abuse drugs.

Ms. Barnacle decided to use workshops in drama improvisation, performing, music, and dance as a way to have fun and, at the same time, explore one's own self in an exercise of pushing through personal boundaries and perhaps the barriers and stereotypes of 'drug abusers' in society. The program is being researched by Kiersten Coulter from the University of Melbourne. The data is highlighting some very positive results in terms of the young women's rehabilitation. The University under the Risky Business Research Project (<http://www.sca.unimelb.edu.au/riskybusiness/>) is excited by the positive outcomes and continues

to fund the program with juvenile justice partners. The University offers its fully equipped theatre space for public performances by the young women twice a year.

Most of these girls had not had an opportunity to perform, to be recognized and think and talk about their own dreams prior to their period in detention; Ms. Barnacle has realized, as a psychologist, that to be pursuing one's own dreams is part of any recovery and of finding the will to live, to love and to cope with life's hard circumstances.

To write a song the girls commence with a simple question such as: 'What does love mean to you?' or 'What do you wish to accomplish in your life?', and, 'How do you envision realizing these dreams/wishes?' and from such content, a song is born. Below is an example of two verses of a song.

*'The first time, heroin is just for fun,  
But in the end, it's your oxygen.  
Later, you keep on forgetting everyone,  
Heroin is No. 1, it becomes your sun.'*

*Drugs become a black hole, you can't  
find your own way out,  
Considering another life, constantly  
in doubt.  
With love and guidance you finally  
find your way,  
To touch heroin again, you wouldn't dare.'*

The young women also write dialogue and monologues to perform using the same process.

*'How can that little bit of heroin change  
your life forever?  
How can that little bit of heroin become all  
you think about, your first priority, your  
whole life?  
How can that little bit of heroin come first  
over your family and friends?  
How can that little bit of heroin control  
EVERYTHING you do?*

*How can that little bit of heroin make you do  
something big – like armed Robbery?'*

One young woman wrote and performed a piece about her life threatening experience of overdose. She finishes with the words;

*'I stopped using heroin for a while, but then I  
started again. And now I'm locked up again.  
My mum doesn't understand why I went  
back to using heroin. I don't even understand  
why I went back... Why go back... Why?'*

There is also strong evidence to suggest this may be a multi-model approach affecting change across a broad needs spectrum. Participants who chose to engage with the programme explored the consequences and underlying causes of their drug abuse.

Unfortunately, because the drugs these young women abuse are illegal they are forced to commit crimes in order to pay for them. It is a shame that people have to be locked up to finally deal with their addiction, its causes and its solutions. Given the age of these young offenders they are often not ready to address the issues that led them to abuse illicit drugs and therefore drug treatment outside of prisons is often not effective. There is a case to argue for more arts-based and 'adventure – outdoor experience' drug treatment programs for this age group. These programs also have to be flexible because heroin addiction in particular involves relapse which needs to be an accepted part of any treatment program. To be able to re-enter treatment upon subsequent relapses, motivational periods and positive experience in rehabilitation is crucial for success in the long term.

To restore a sense of hope, perseverance cannot be underestimated.

**For more information please visit the Risky Business Research Project at [www.sca.unimelb.edu.au/riskybusiness/](http://www.sca.unimelb.edu.au/riskybusiness/)**

and remission must be borne in mind in any assessment of treatment outcome, just as it is in the evaluation of other fluctuating conditions.

Despite the scale and severity of drug-related problems today, there are grounds for optimism. There is a clear evidence base that drug treatment is effective in reducing complications and problems to individual drug abusers and communities and is truly cost effective in terms of health economy.

Admittedly, drug dependence is a serious

and chronic condition; some people die from it; others remain addicted. Nevertheless, a good proportion do become drug-free, with earlier international studies suggesting that at least 10% of opiate-addicted individuals are drug-free after one year, 25% after five years and 40% after ten years. More recent studies demonstrate that improvements in drug abuse are largely maintained at four to five years after treatment, with 47% of those who had attended any additional rehabilitation services and 35% of those who had

attended community drug treatment, reporting abstinence from illicit opiate use.

Certainly, there is now more interest than ever before in treating drug abuse and dependence, and a growing realisation that it is a problem that, for the good of society as a whole, must be tackled rather than ignored.

**For further reading: Drugs and Addictive Behaviour: a guide to treatment. 3rd edition, Cambridge, Cambridge University Press, 2002.**

# 26 June 2004: International Day against Drug Abuse and Illicit Trafficking



A common misconception exists that 'once a drug abuser, always a drug abuser'. This attitude and the stigma associated with drug abuse and drug dependence hinders society from being proactive in meeting and treating the needs of drug abusers. In truth, drug abuse treatment is effective and can have a dramatic impact on individuals, families and society.

That is why this year's message for the International Day against Drug Abuse and Illicit Trafficking is simple and clear: "Drugs: Treatment Works". With this theme, UNODC hopes to diminish the stigma attached to drug abusers and highlight the fact that they can successfully undergo treatment and lead productive lives.

There is no question of the need for treatment services. UNODC is releasing this year's World Drug Report. In that Report, the total number of drug abusers worldwide is estimated at some 185 million, equivalent to three per cent of the global population or 4.7 per cent of the population aged 15 to 64. The information confirms that cannabis is the most widely abused substance (close to 150 million people), followed by amphetamine type stimulants (about 38 million people). In terms of health impact, as measured by the demand for treatment services, opiates remain the most serious problem drugs in the world.

"Drugs: Treatment works" is really a two-fold message – it is a promise of help and hope for a better future for drug abusers and their families, and it is an assurance of long-term benefits to society.

Backed by scientific knowledge accumulated through 40 years of systematic research, the promise of treatment is real. Through the process of developing the year-long campaign that will carry the "Drugs: Treatment Works" theme, UNODC has received countless stories of people who have left their drug dependent lifestyles behind and either started or resumed productive livelihoods, have become committed mothers and fathers, and have found a value to their lives that they had no idea existed.

Drug abuse treatment programmes also relieve society of some of the most devastating social ills – crime, the transmission of infectious diseases, loss of productivity, and family and social disorder. Robust research and confirmed clinical experience have repeatedly proven that drug abuse treatment is effective in helping drug abusers achieve abstinence, in HIV/AIDS prevention and care, and in improving people's lives and increasing their contribution to society.

Studies indicate that treatment can reduce criminal activity by up to 80 per cent and decrease hospital visits by 30 to 50 per cent. According to the US Office of National Drug Control Policy, drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment.

Additionally, making the effort to treat and rehabilitate drug dependent individuals is the least costly alternative. Depending on the modality, the money spent per person per year for treatment is estimated at between one-fifteenth and one-third of the cost of putting

that drug abuser in prison or leaving he or she untreated.

For every US dollar invested in treatment, the cost of drug-related crime is reduced by US\$ 4-7. If health care savings are added in, total savings can exceed costs by a ratio of 12 to one.

Drug abuse treatment works best when it is a continuum of care, using an appropriate combination of pharmacological and psychosocial therapies for an adequate period of time – understanding that every person has different needs. Most effective drug abuse treatment systems offer treatment in the early stages of drug abuse, involve the family and the community, and work with employers and criminal justice authorities to help the drug dependent person become a fully functioning, integrated member of society.

Treatment does work, but there are many things that we can do better. Even under the most favourable conditions only half of the adults who need treatment actually receive it. The coverage is far worse for adolescents – in some countries, only 20 per cent of youth in need get treatment.

We need to have realistic expectations about treatment outcomes. Treatment for drug dependence is a long-term process, just as for any other chronic health condition, like diabetes or hypertension. Treatment will not permanently correct the underlying causes of drug dependence, but as long as it is long-term, with ongoing support and consistent follow-up, it can reduce the severity of symptoms and improve personal function – which is the most we expect from the treatment of any chronic illness. We should also promote quality standards and professional training for drug abuse treatment, just as we do in other areas of health care.

The best thing we can do is prevent drug use and abuse before it happens. While that is a worthy goal, the reality is that there are those who abuse drugs, and they need help and attention. Investing in drug abuse treatment is a positive and effective way to restore dignity to the lives of drug abusers so that they become valuable members of society.



## A Wife's Gratitude and a Husband's Lament

By Jason Eligh UNODC, Ho Chi Minh

**G**iang Thi Chi walked four kilometers into this tiny highland village to express her thanks. It was raining, but that didn't dampen her spirits. A thirty-year-old Giay woman, she was here to give thanks for the opportunity her husband has received to participate in a unique community-based drug abuse treatment programme funded by the Danish government and being implemented by the UNODC in her small highland community. Most of the residents in this remote, mountainous outpost are from a variety of ethnic minority groups, and they have shared a long tradition of both opium cultivation and consumption.

In recent years the Government of Vietnam has successfully eliminated the drug's domestic supply, though this has left a rising demand in its wake, a demand that is increasingly being met by heroin trafficked over the border from the Lao PDR. Older drug abusers, perhaps through habit or through a sense of tradition, tend to spurn this 'new' drug; but the lives of their sons increasingly are becoming strangled by it.

"My husband learned it [smoking opium]



from his father, and [his habit has been] encouraged by his friends", Chi remarks. "I didn't want my sons to follow their father. And I was scared what they might learn from their friends".

"Opium is scarce", adds another woman, a friend of Chi's whose husband is also a member of the programme. "But some people still find

ways to get it. Others who can't find it use something else [heroin]. It is so hard to stop".

However after the recent establishment of the pilot programme in this remote community, things have begun to change. In the words of Chi and her companions, this change has been sparked by many local fathers, husbands and sons beginning to take action against their addictions.

"My husband never wanted to go [to seek treatment] before. We had tried to convince him but the only centre was so far away. When they would come to ask if he wanted to go, he would run into the forest and hide until they went away. He was scared to go so far away because he's never been away [from the village] before", Chi recalls. "But when we heard of the new centre here he said 'yes, I am ready'.

The place is so close for us. We can still see each other every week. He's doing so well now, and he's happy too. And it is much better for our family. No more money or things [livestock, household goods] go to pay for his pipe".

Chi reflects on the changes she and her family has gone through in the past two months, and offers her hands.

"I want to say thank you for my family, and for my husband. And also for my sons,"

she says softly. And at that, she walks away briskly up the path toward the centre entrance to see her 'new' husband once again.

Quang Van Hinh relates another side of the treatment story. He lives in a small highland village in Dien Bien province on the Vietnam-Lao border and has been drug-free now for nearly five years. He is of Black Thai ethnicity, and has spent his entire life in his small, remote commune. Hinh is a poet and an elder in his community, and is also an active peer outreach worker for the

"I smoked for fifteen years," he says, "Opium. At first it was for medical reasons, but soon I was addicted. My family tried to get me to quit so many times. I had become a bad husband, a bad father. Lazy. Always looking for money to get a hit. I was disgusted with myself. I tried to quit five times, with the help of my family and brothers. It was with their patience, love and support that I was successful. A father is a mirror to his sons, and I wanted to start to be a good example to mine"

For the last year Hinh has been active in spreading this message throughout his small highland community. He no longer can stand to watch others fall into the same trap he tried so desperately to escape.

"Treatment can work", he states matter-of-factly. "Quitting the pipe was one of the best things I have ever done for myself, and for my family. I'm much stronger now. My family is not so poor. I've just started a new job in my village as a police man, and now I'm working [as a UNODC peer worker] to try and educate others in my village of the harms of drug abuse, especially HIV. People know I abused to smoke a lot but quit, so they know that I know what I'm talking about".

It is this knowledge that makes others listen to what he has to say. He is non-judgmental in his approach. After all things are changing rapidly around him, and it is becoming more important than ever to keep up his work

"Opium is not so easy to get anymore so more people are using heroin," he laments. "I know that some are now injecting drugs. Many youngsters are using heroin now instead of opium, like their fathers."

The complexity of these remote drug abuse environments is growing in its severity, and the absence of other ODA organizations in these areas is significant; however, with the aid of Danish funds the UNODC has made significant progress. The small community-based drug treatment programme initiated earlier this year has experienced great initial success and received the approval of all government agencies involved.

However, and most importantly, it has received universal approval from local drug abusers and their families alike; and in the end, it is they who are the ultimate judge of whether Treatment does indeed Work. And here, in this case, the answer is a resounding YES!

## Treatment Works - The Story of Chue Hoang Duong



By Claudia Steiner, UNODC, Ho Chi Minh

This is the story of Chue Hoang Duong, an ex-drug abuser from Ha Noi City, Vietnam. I met Duong at a 'B93 Club' meeting and he agreed to share his story with me. Duong began attending the 'B93 Club' meetings in 2001, after making the decision to try to change his life as a drug abuser and begin a new life.

Duong had been injecting heroin since the age of 19 when he returned from his compulsory National Military training. His life was mundane and tiresome as he moved from one temporary job to the next. With no solid grounding, drugs seemed to Duong to be an escape. His friends were all doing it and he was looking for a way to find some new excitement in his life. Gradually Duong began to take heroin more regularly and eventually became dependent on the drug.

However after two years, Duong knew that he did not want to spend the rest of his life in this way, living in need of drugs and relying on the generosity and support of his family to feed his habit. At this time, Duong came to the realization that only he could change his life and it was his own will that was the driving factor in giving up his addiction. Duong had heard about the newly opened Kim Ma 'B 93 Club' and began attending weekly meetings. It was with the help of the Club, in particular the enthusiasm and dedication of the Club's Manager, Mr. Viet Van that Duong has been able to resist the temptation of drugs and has remained drug-free for three years.

For Duong and many others, the Club is like a second family and has become an important part of his life. He enjoys spending time

at the club and helps Mr. Van with organizing activities. Duong feels that he is able to contribute to the Club and feels useful in his role in helping new members with rehabilitation.

The 'B93 Clubs' are an extension of a UNODC supported demand reduction project B93 on drug treatment and rehabilitation. The project was implemented in 1998 and undertaken for a period of two years. The project has proved to be a success in initiating effective community-based treatment and rehabilitation in Ha Noi. Mr Nguyen Vi Hung, Deputy Director of the Hanoi Department for Social Evils Prevention said about the project "it provides us with an inspiration to adopt a new approach in rendering after-care and support to former drug addicts".

The success of this new approach to rehabilitation can be measured by the growing number of B93 Clubs in the area. There are currently over 90 clubs in Ha Noi city and all the club members are recovering drug abusers who volunteer to carry out peer education and drug/HIV prevention activities in their community. Each Club runs differently, depending on the number of members and how often it meets (usually once a week). The Clubs focus on helping to find employment for the members and works closely with the Ministry of Labour, Invalids and Social Affairs (MOLISA) in job creation and training. Many ex-drug abusers are now able to earn their living from the 'fish-rods' provided by the Club, working at motorcycle-repair garages or motorbike-wash stalls.

The B93 Clubs continue to change the lives of many young people like Duong. The implementation of community-based programmes is vital in the rehabilitation process for drug abusers in Vietnam.

# Screening and Assessment Techniques

By Corinne DelColle, Addictions Counsellor, and Irene Gladue, Counselling Supervisor, Residential Treatment, AADAC Youth Services, Edmonton

## Adolescent Screening and Assessment

Adolescent assessment tools are unique. At one time it was thought that adult drug and alcohol screening and assessment tools could be used with adolescents. Research has shown for some time now that adolescents need their own measures. Adolescents are in different developmental stages and abuse drugs and alcohol for different reasons than adults.

AADAC's adolescent assessment package consists of the Personal Experience Screening Questionnaire (PESQ), Adolescent Problem Severity Index (APSI) and Treatment Goals Checklist (TGC). The PESQ is an adolescent-specific tool; the APSI has been adapted from another instrument. These screening and assessment tools provide continuity and consistency across the province. AADAC is currently reviewing these tools and considering others.

Many AADAC counsellors have found that the present package works to engage youth in a conversation about their substance abuse. With the PESQ, for example, the client answers the questions, the counsellor scores the screening tool and the results are discussed. Discussing the results with a youth increases awareness of how their level of abuse compares with other youth. The client is encouraged to share if they agree with the findings or not. The screening tool is particularly useful in the precontemplation and contemplation stages of change when consciousness-raising is key.

The APSI assesses nine major life areas: family, school and work, medical, psychosocial, leisure, legal, spiritual, drug and alcohol abuse, and personal relationships. Counsellors ask a series of questions engaging the youth in a conversation about each area. Adolescents are then asked to assess each area and measure their need for treatment on a five-point scale. Asking the youth their perception of problem severity is important to the process. Sometimes counsellors find the time commitment of the APSI a challenge, especially when a client wants to attend the Intensive-Treatment Program. The APSI takes approximately three sessions. Yet the results of an accurate and thorough assessment guide the



work between a counsellor and adolescent and are key to an outcome.

It helps to approach the APSI as a process rather than an event. A careful assessment can support the change process, even urge it along. At the same time, disclosure of abuse, threats of suicide or threats of relapse take priority in the assessment process. Much can be learned and much progress can be made.

## Adult Assessment Tools: Current Realities

A number of years ago, AADAC adopted a systematic approach to screening and assessment. The Adult Screening Assessment Package includes the Alcohol Dependence Scale (ADS), the Drug Abuse Screening Test (DAST), the South Oaks Gambling Screen (SOGS) and the AADAC Adult Screening Assessment Form (ASAF).

Within AADAC, assessment is a collaborative process between client and counsellor. Clients come to our offices for a variety of reasons and in different stages of readiness for change. As a result, the Adult Screening Assessment Form (ASAF) is designed not only to gather accurate information but also to enhance clients' motivation for change, using a client-centred approach. Principles of the stages of change model (1) and the concepts

of motivational interviewing (2) are incorporated into the form. Clients in different stages of change are asked for the same information but in different ways.

As with any instrument, the counsellor's skill and care in the process is essential. The counsellor's skill brings the assessment tool to life. In the assessment interview, these skills include engaging the client's trust, sensing when he or she may be minimizing or maximizing the problem and drawing accurate conclusions based on the information gathered.

For example, a client may score low on the Alcohol Dependence Scale, report he drinks only occasionally causing no life problems and say he has no problem with alcohol abuse. He is here only because he received a first time impaired driving charge and his employer sent him as a matter of office policy. By engaging in friendly conversation, the counsellor notes other indicators: The client's wife is often "old-fashioned and nags" him about his drinking. His drinking patterns and consumption have changed over time. The client's father was "a real hard drinker." The client's children "give him space" when he's grouchy the morning after. The impaired driving charge is not the first time he has driven impaired, only the first time he got caught.

With this information, the counsellor concludes that the client's drinking problem may be more serious than he believes. There is evidence of increased alcohol tolerance and withdrawal, a family history of alcohol problems, and alcohol-related problems in the client's family, work and legal life. The counsellor provides the client some basic information on alcohol tolerance, tying that information to the client's own experiences, noting that the client appears genuinely interested in the information. As a result the counsellor concludes that although the client is seemingly resistant to alcohol treatment and in the precontemplation stage of change, he would likely benefit from more information about alcohol and alcohol-related problems.

A major drawback of the Adult Screening Assessment Interview Form is that it has not been tested for reliability and validity. AADAC is in the process of re-evaluating the ADS and DAST to see if there are now better instruments available. As the Commission grapples with choosing reliable, valid and standard assessment instruments, it is important to remember that counsellors remain AADAC's best assessment tool.



# Youth to Youth:



YAYASAN CINTA ANAK BANGSA  
for a drug free Indonesia

## Empowering the Scouts in Drug Prevention



The Scout movement is an important resource for drug prevention efforts. That is what the Indonesian NGO Yayasan Cinta Anak Bangsa (or loving the nation's children) found out after completing a project in conjunction with UNODC as a part of the Global Youth Network in 2003.

As YCAB's activities are primarily geared towards drug prevention among youth, the scouts were an excellent choice for this project. Every Indonesian student, male and female, must dedicate a certain amount of time to the scouts allowing the project to penetrate at the grassroots level.

The project entitled, "Drug Prevention and Empowerment for Indonesian Scouts," sought to assist scout leaders to design and implement their own drug prevention programmes by equipping them with proper management and organisational skills.

Among the project's many activities was a 3-Day Training Of Trainers workshop. In this skill-based event some 80 scouts - selected for their leadership skills and interest in drug prevention - were given training to facilitate them in designing their own programmes.

The days were packed full of activities for the scouts, who were given briefings on a wide range of topics to help them to become active in drug prevention. From the programme they have learned why prevention is important,

learned about communication skills, how to document their projects, budgeting, public speaking skills, project design and public relation Skills.

As a result of this programme, the scouts are capable of developing a pro-active life style which will help keep them away from drugs.

The scouts were broken into a total of 6 smaller groups, each tasked with implementing their programmes within two weeks to a different target audience. Funding was also provided to each group for the implementation of their action plan.

Of course, YCAB maintained a close supervision of the scouts and its activities throughout this process, and also spent much time evaluating the effectiveness of each team's programme so that successful ones could be maintained and duplicated in the future.

Overall the project had benefited the Scouts in many ways. It is not only have increased the awareness of drug issues within them, but also have encouraged the 'snowball effect' by helping the scouts to conduct similar programmes even after the main project is completed. This makes for an effective, sustainable and long-term project.

Other activities in this project included a 3-Day Scout Retreat, a workshop in drug

prevention, a Scout Outbound Day, and a Creative Day. All are broadly aimed towards giving training in drug prevention, promoting confidence in the participants to become better individuals and encouraging a pro-active lifestyle.

Founded by UNODC-Global Youth Network, the project has reached over 2000 scouts, and funded 5 various prevention activities. Those involved are still continuing the project.

YCAB has conducted many youth oriented projects in the past. The NGO was founded in 1999 with the intension of saving the lives of the Indonesian youth through education, awareness and primary prevention. It was the first NGO to offer systematic and long-term drug prevention in Indonesian schools, but also conducts various community-based programmes. The organisation has a 'be cool without drugs' philosophy, and draws on celebrity support for some of its programmes, while also supporting an anti-drug band, mass media campaigns, research department and operating a counselling hotline.

**For more information please contact YCAB at [ycab@ycab.org](mailto:ycab@ycab.org) or visit their website at [www.ycab.org](http://www.ycab.org)**

# Substitution Therapy Programs for Prisons: A New Way Forward

By Gary Reid, Senior Research Officer, Centre for Harm Reduction, Burnet Institute, Melbourne

In April 2004, UNODC, funded a study tour to Australia for the National Narcotics Control Commission, China. Nine delegates from various narcotic related departments visited the States of Victoria and New South Wales (NSW). The tour included various activities: over view of the Victorian Correctional System; Victorian Prison Opioid Substitution Therapy Program (OSTP); visit to two Victorian Prisons (a maximum security remand prison and medium security prison specializing in drug and alcohol programs); meetings with the Australian National Council on Drugs; overview of the NSW Prisons Drug Strategy; a tour of a women's prison that incorporates an alcohol and drug abuse program; and an overview of a primary healthcare service targeting drug abusers and sex workers of Sydney, NSW. The Centre for Harm Reduction, Burnet Institute, coordinated the Victorian component of the tour and this review examines the Victorian Prison OSTP, which generated much interest among the Chinese delegates.

## Social costs of drugs and crime

Drug and alcohol abuse is a major public health concern that causes significant social and economic costs to the community. In Victoria, the number of people dependant on heroin is estimated at a total of 27,000. Their cost to the Victorian society when including health care services, crime, social security costs and loss of tax revenue is conservatively estimated at Aus \$845 million per annum. This does not include the costs borne by the drug abuser such as the purchase of heroin nor of the long term health costs due to hepatitis C and HIV. Two thirds of all first time offenders who enter the Victorian criminal justice system report a history of drug abuse that directly relates to their offending behaviours.

Currently 3,600 prisoners are incarcerated in Victoria and a critical shortage of permanent beds has encouraged a need for prison system reform. The link between drugs and crime initiated the need for creative strategies to stem the flow of drug abusers entering the criminal justice system and to assist those from becoming entrenched into the drug using culture and criminal lifestyle. In meeting the needs of prisoners taking drugs in prison – often associated with high risk behaviours – and those released back into the community, the Victorian Prison OSTP was expanded.



*The Chinese Delegation at Victorian Corrections, Melbourne.*

## Benefits of opioid substitution therapy program

Over a period of time drug seeking behaviour may become compulsive, affecting a person's functioning and behaviour. Scientific research and clinical practice have shown that substitution therapy such as methadone and buprenorphine have multiple benefits: reduction in criminal behaviour to support their dependence; decreased cravings for illicit drug abuse; increased client retention in treatment; increased social and occupational functioning; and decreased morbidity (i.e., reduction of blood borne viruses) and mortality (i.e., reduction of overdose and premature death). The abuse of illicit drugs inside prisons is a reality that can not only result in violence, crime and corruption but also the spread of blood borne viruses through widespread sharing of needles. Dealing with these issues requires innovative approaches.

## Expanding the opioid substitution therapy program

The methadone program commenced in Victorian prisons in 1987 but restrictions applied. In June 2003 the expanded OSTP was implemented with greater innovation and comprised of two components. The maintenance program involves prisoners who enter prison while currently enrolled on a community methadone or buprenorphine program and with the option of continuing this treatment for the period of incarceration. The induction program is for sentenced prisoners and provides an opportunity to commence meth-

adone treatment inside prison. The focus is often for those at high risk to opioid related harm in prison or when released back to the community. Victoria has 13 prisons and of these, nine prisons offer the Maintenance Program (methadone/buprenorphine). Of the nine prisons, three prisons also offer the Induction Program (methadone only). Currently, remand prisoners are excluded from the Induction Program unless there are exceptional circumstances, but this is under review for broader inclusion.

As of April 2004, 275 prisoners were receiving an opioid substitution therapy dose per day (34% buprenorphine, 66% methadone). Since the Induction Program was introduced in June 2003, 56 prisoners have been induced onto the program. All prisoners enrolled into the OSTP receive regular clinical monitoring and review between correctional health staff, alcohol and drug treatment staff and operational management. Issues examined range from prisoner treatment goals to any difficulties arising from the treatment including side – effects. Mechanisms are in place to encourage prisoners to continue with treatment upon their re-entry to the community in order to reduce drug related offending and death by overdose. Extensive monitoring of the program is ongoing and soon an independent evaluation will be undertaken to determine its effectiveness to provide practical strategies and procedures that can be implemented by prisons.

For further information contact Correctional Services Commissioner: [oooc@vdoj.vic.gov.au](mailto:oooc@vdoj.vic.gov.au)



# Who Dumps Needles and Syringes; and Why?

By Sonia Bezziccheri, UNODC, Bangkok

## What is 'safe disposal'? And how does one define the term 'safe': safe for oneself or for the community?

Safe disposal of needles and syringes is an emotional issue; to find syringes laying half visibly on a beach or in parks causes much emotion especially for fear of blood borne virus transmission, and in particular for small children that pick up anything from the ground. Needle stick injuries have provoked HIV infection to individuals that had nothing to do with the drug injecting scene; this has raised concern on the issue of safe disposal. Why is it that drug abusers jeopardise the security of their own community?

To shed some light upon this emotional question, the Australian Injecting and Illicit Drug Users League (AIVL) based in Canberra, funded by the Commonwealth Department of Health and Aged Care, was commissioned to conduct a national research project on disposal of injecting equipment, with particular emphasis on reasons for inappropriate disposal. AIVL was concerned that the voice of drug abusers had never been heard in regard to such debate; in this regard, the project is very important as it exemplifies the first time that AIVL, or any drug abuser group in Australia, has received direct funding from the government to conceptualise and commission its own research. The successful tendered for the study was the Centre for Harm Reduction, Burnet Institute, a well known public health research institute based in Melbourne, in partnership with AIVL's member organization in Victoria state, VIVAIDS.

## Objective of the study

The aim of the study was to understand better the issue of 'safe disposal' and especially the reasons why some drug abusers do not dispose safely of their syringes and needles.

## Key findings

The findings of the study were interesting especially as they came from the drug abusers' own perspective; that is what is actually happening in their thinking process that determine them to behave in one way instead of another.

The majority of the respondents (80%) reported disposing their equipment by returning them to Needle and Syringe Programmes; or using public disposal units (86%). The reasons for such choices were 'convenience' and 'safety concerns'. The majority of drug abusers indicated 'having their own children' as raising heightened awareness on disposal issues; they also indicated safety for others in general and small children in particular. Respondents additionally identified 'convenience of location and operating hours of Needle and Syringe Programmes' as a major factor in being able to dispose of equipment rapidly, discretely and safely. Drug abusers and some stakeholders participating in the study indicated the media as the major responsible agent to disseminate negative perception about their behaviours.

## Barriers to safe disposal

Hence, if drug abusers tend to usually safely dispose of their injection equipment in a way that is socially acceptable, why do they sometimes break these moral rules that they say they respect?

The majority of respondents indicated that barriers to safe or appropriate disposal was caused by 'specific situations and circum-

stances'. One of the dominant themes to emerge in relation to leaving needles/syringes in public places was fear of the police (32%). Respondents clearly indicated that sometimes they had to choose from doing the right thing in terms of safe disposal or escape arrest; self preservation, clearly, comes first.

Other barriers to safe disposal included: apathetic attitudes (of other abusers) (20%), inadequate services (16%), stigma (8%) and fear of disclosure (13%).

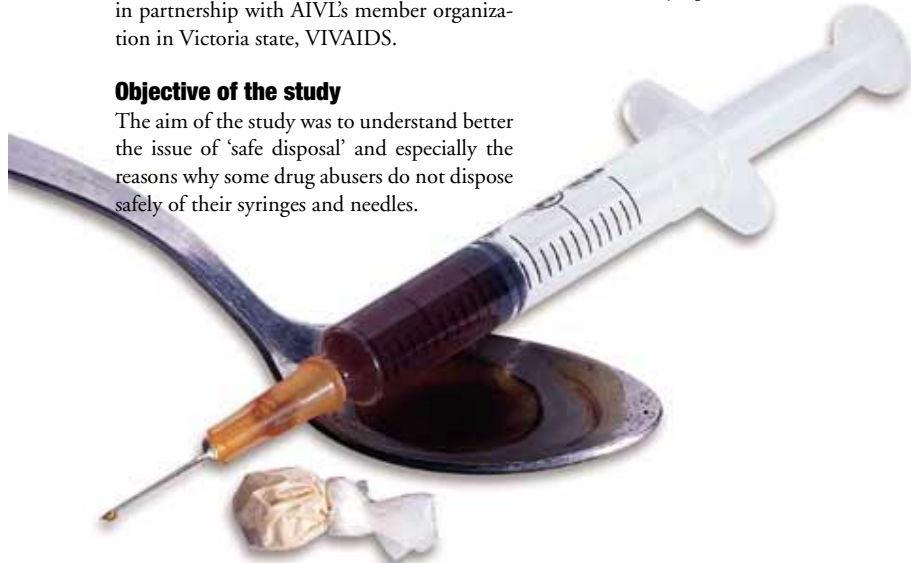
## Recommendations

Some of the most important recommendations of the study include:

- Need to develop more education on safe disposal and its proper definition for injecting drug abusers;
- Funding of Needle and Syringe Programmes is essential to disseminate a safe disposal education. Such services, if useful, need to be user-friendly (eg. Easy to get to; flexible hours; comprehensive range of services available; and no fear of police around the centres);
- There needs to be a comprehensive review of the roles and responsibilities of local government and councils in relation to the safe disposal issue;
- Environmental issues such as disposing in sanitary disposal units, drains, toilets, etc. also need to be further investigated;
- The study showed that the majority of drug abusers are very confused about whether their rights in legally carrying used injecting equipment and safely dispose of it;
- The study also clearly highlighted that 'fear of police' was the major obstacle when deciding on safe disposal.

## Conclusions

The AIVL National Injecting Equipment Disposal Study demonstrated that the majority of injecting drug abusers dispose safely of their injecting equipment. Indeed, of the over thirty million needles and syringes distributed to injecting drug abusers every year in Australia through Needle and Syringe Programmes, less than 1% are reported as inappropriately discarded by Needle Clean Up Hotlines across the entire country. On the other hand, given the findings of the AIVL's study, attention should be turned toward the barriers that prevent injecting drug abusers to safely dispose of their syringes and needles.





# Methamphetamine and Youth: Prevention and Treatment

By Marilyn Mitchell, Alberta Alcohol and Drug Abuse Commission, Canada

## Introduction

In this article, methamphetamine, including the specific features of crystal methamphetamine, and the fear that the increased use this drug has aroused is explored. Discussed, is how communities can work together to address this fear and ensure both prevention messages and treatment protocols are addressed.

## The Drug

Methamphetamine is a stimulant. It is one of the amphetamines, a group of chemicals related by their molecular structure and content. Different parts of the world are currently experiencing a rise in the use of methamphetamine, and an even greater rise in fear about its smokable form, commonly known as crystal meth. The drug is not as new or as different as we may think: because it is one of the amphetamines, almost everything that can be said about the effects of amphetamines are also true of methamphetamine.

Crystal methamphetamine can be made from ingredients bought in local drug and hardware stores, which can alter the chemical composition depending on the specific ingredients.

## Why It's Popular

People who use crystal meth experience a prolonged high compared to other stimulants. Crystal meth can be smoked to give a rapid high. Taken orally, it produces a high within 30 to 60 minutes. If snorted, the person can be high within 2 to 5 minutes. If the drug is injected or smoked, there is an instant high. Since this drug can be manufactured in unregulated, illegal labs with everyday ingredients, it is easy to find, cheaper to buy and does not need to be imported.

## Desired Effects

The instant high produces high levels of energy, lack of fatigue, wakefulness and enhanced performance, all of which appeals to some

younger people. Feelings of joy, sense of power, success, and high esteem are additional positive effects for the user. An increased sexual desire and interest adds to the list of the highly desired effects.

## Acute Problems

Some of the commonly experienced problems for users are nausea, vomiting, diarrhea, itching, and welts on the skin, and uncontrolled body movements. The extent and seriousness of these problems are dependent on the amount of use, use patterns and the duration of use.

Some users experience delusional thinking, paranoia, and violent behaviour. Using this drug, which can put even young people at risk for heart problems and stroke, causes increased blood pressure, heart rate and high body temperatures. In some cases, there can be seizures.

When the users are coming “down” from the drug there is an increased sense of paranoia, confusion, agitation, and possible violence.

## Chronic behaviour problems while under the influence of this drug

Users experience disturbed sleep, irritability, nervousness, distractibility, and difficulty focusing and remembering. This can be followed by extreme depression and suicide. There is some evidence to suggest that nerve pathways in youth have been changed, resulting in youth experiencing confusion.

## Treatment Implications and Interventions

The research has found no magic treatment for methamphetamine problems. The research does indicate that, generally speaking, recommended treatment for these problems is similar to other stimulants like cocaine.

Engagement in the treatment process is important for most clients seeking help. It is critical for crystal meth abusers to have quick and easy access to treatment. They need to feel safe, comfortable and they need to be in

an environment that is able to provide some basic interventions prior to entering more formal treatment. Crystal meth users will need to be assessed for acute health issues, for example, blood pressure should be monitored and body temperature should be taken. If blood pressure is too high and the body temperature is high, the person should be taken to a hospital or medical facility. Likewise, if the person is displaying out of control violent behaviour, putting themselves or others at risk of harm, they should be referred to a medical facility for possible sedation. Additional health concerns may include infection of open sores and/or generally run down physical condition.

The next stage of stabilization is to provide an opportunity for the young person to sleep, drink fluids, and eat healthy meals. During the “crash” period of stabilization, a planned sleep intervention has proven to be successful in assisting people through this period. Planned sleep suggests allowing the person to sleep for 4 hours, gently waking them and providing fluids, then allowing them to sleep again for 4 hours – repeating the same pattern. Meals should include lots of fresh fruit, vegetables, herbal teas, water, simple digestible protein, and natural sugars (i.e. apples, carrots).

During this period of crisis stabilization, which can last from 2-4 weeks, behaviour management is an issue. Youth can experience paranoid thoughts/feelings and exhibit violent behaviours in response to their confusion and paranoia.

Steps that can be taken to work effectively with young people in this period:

- Keep the environment simple and quiet with low stimulus
- Maintain a safe distance (7 to 10 feet) because closeness may be threatening
- Keep voices lowered, remain calm
- Speak clearly but slowly
- Reassure the person that this experience is a normal part of withdrawal
- Try to avoid jerky movements, and keep hands visible

The early sessions of methamphetamine treatment need to focus on early recovery skills (for example, acquiring abstinence and the skills necessary to stabilize abstinence; identification of triggers and the development of strategies to address the triggers). These early sessions should match the person's attention abilities. This could mean offering sessions that are shorter in length but offered more often. This will be helpful because the client may have difficulty retaining what they learned over many days. Treatment sessions should be structured. There should be a topic for each session so both the counsellor and young person know what to expect. Repetition in the treatment of meth users is helpful due to their reduced attention span and cognitive skills.

Motivational interviewing and relapse prevention approaches have proven to be of value in working with methamphetamine users. Other elements of successful substance abuse treatment also make sense for methamphetamine treatment: (a) relationship with the counsellor (b) disassociation from those with a drug-based lifestyle, (c) attendance and follow-up with support groups.

Community Response to Crystal Methamphetamine Drug Use

One of the most effective ways to address an emerging illicit drug problem in the community involves bringing individuals and organizations together to work as a group. Prevention best practice suggests that both youth and adults need to work collaboratively to build a plan of action to address a youth drug problem. Working together as a community group allows the partners to take advantage of the resources that already exist in the community and access the skills, knowledge and energy of those willing to work together. Issues surrounding crystal methamphetamine use involve all major life areas and it makes sense to include as many partners as possible that are concerned with the health and safety of communities. Community partners could include (but are not limited to) youth, parents, teachers, children's authorities, health services, police/law enforcement, religious organizations, media, concerned citizens, local businesses, and politicians.

The key steps would include:

- Forming your community group.
- Setting your vision.
- Finding out your community needs.
- Clarify the nature and the extent of the problem.
- Determine your goals and objectives.
- Identifying the key stakeholders.
- Development and dissemination of researched accurate information. The information could be distributed by mail-out, presentations, information calls, media, displays and consultations.
- Identify and support community resources,

which increase the protective factors.

- Develop an action plan, which will increase awareness, provide opportunities for youth to develop education skills, life skills, employment skills, recreational and leisure skills.
- Assist the communities to develop the awareness to recognize the problem and/or issues.
- Developing an evaluation, this measures the impact of your activities and the ability of the community partners to the issues of crystal methamphetamine.

Examples of community capacity building to address the issue of crystal methamphetamine include: Schools taking a lead role to provide age-appropriate information in their lesson plans for students. Parent advisory groups meeting to learn about the properties of the drug and provide good parenting tips. Health care facilities provide medical atten-

tion to address physical side effects of the drug and referral to appropriate services. Addiction agencies provide addiction treatment in collaboration with local Children Services who provide the safe and positive living environments. Local social and recreational agencies provide after-school groups, social clubs, and recreational opportunities.

In summary, developing an ongoing plan of response to emerging illicit drug problems empowers the community to take preventive action, which support the goal of maintaining healthy communities and healthy youth. It is important that the community develop ownership of not just the problem but also the solution and the community response. Building the capacity of the community to respond proactively both through ongoing prevention initiatives and a coordinated treatment response has been found effective in working with youth in relation to crystal methamphetamine problems.

### WHAT ARE AMPHETAMINES/METH?

Amphetamines are psychoactive drugs that attract users because of their stimulant effects on the central nervous system. Users feel alert and over-confident, with raised levels of energy and stamina. Amphetamines also decrease appetite and the need to sleep. Methamphetamine is more potent than amphetamine.

### WHAT DO THEY LOOK LIKE?

Amphetamine is usually in a powder form, varying in color from pink to off-white to light brown; it may also come as liquid, tablet or capsule. Methamphetamine comes as a powder, tablet or as crystals resembling shards of glass.

### HOW ARE THEY USED?

Ingested, snorted, smoked or injected.

### RISKS:

- \*Long-term use may cause damage to certain brain regions, which may result in serious depression and memory loss.
- \*Affects the ability to make good decisions, increasing the risk of unprotected sex and the spread of diseases such as HIV and hepatitis.

### DURATION OF EFFECTS:

Depending on how it is taken, effects can start as early as a few seconds after taking the drug and can last up to several hours.

### NEGATIVE EFFECTS:

- \*Bizarre, erratic and sometimes violent and aggressive behaviour;
- \*Psychological dependence;
- \*Malnutrition and anorexia;
- \*Restlessness and insomnia;
- \*Fast or irregular heartbeat, increased blood pressure and very high body temperature;
- \*Excessive doses can lead to convulsions, seizures and stroke;
- \*Nausea, cramps and vomiting; and
- \*Coming down can make users feel weak, tired and depressed.



# Cambodia Grapples with Treating Mounting Drug Crisis

Slumped across a bag of rubbish near a busy Phnom Penh market as he awaits his first heroin hit of the day, Yim is one of a soaring number of drug addicts in Cambodia.

He is the human face of a crisis threatening to unwind development progress in this war-scarred society.

Wearing a long-sleeved shirt covering his track-marked arms, long pants and plastic thongs encrusted with dirt, the 23-year-old street dweller says he began injecting the drug three years ago with friends.

“It made me feel good and sleepy. Now I want to stop but it’s difficult. I’m not patient enough,” he said.

For now he endures his habit, scavenging to earn the five-dollar price tag of three or four hits per day, or stealing when the opportunity arises.

A doctor and counselor from non-government organization Mith Samlanh (Friends), the only agency in Cambodia running a comprehensive drug programme, check on his health and chat with him and a dozen other children hanging around.

Because of the group’s intensive harm reduction efforts, Yim has stopped sharing needles and knows how to safely inject. Remarkably, he reveals track-marks that show no sign of infection.

Addicts like Yim were non-existent in Cambodia just a few years ago, with substance abuse largely limited to older men smoking marijuana or opium, said Friends technical assistant David Harding.

But in 1998, when decades of war here finally ended, solvent abuse first emerged. A year later Friends began annual surveys of the street-living population which have shown evidence of “skyrocketing” drug abuse, Harding said.

Methamphetamines, mostly originating from Myanmar but now produced locally as well, overtook glue as the drug of choice last year.

Heroin, also trafficked in from Myanmar, arrived three years ago and is growing in popularity among the estimated 25,000 street-children in Phnom Penh.

An increasing number of middle and upper-class children are moving onto the streets due to their drug habits, with some becoming gangsters and using their well-connected families to protect them from prosecution.

According to Friends’ 2003 survey, 70.4 percent of the street-living population were regular drug abusers, around 15 percent of



**MITH SAMLANH FRIENDS**

មិត្តសម្លាញ់ / ហ្វ្រេនដ៍

whom are injecting, mostly heroin.

“What effectively you’re talking about is zero to a pandemic in seven years,” Harding said, adding that addiction patterns were also highly accelerated compared to the west due to the ease of procuring the drugs and a near complete lack of education on their dangers.

“You’re seeing 14-year-old kids who have been using heroin for two years injecting six or seven times a day who don’t have any veins left apart from their groin. You don’t see that chaotic process in most other countries,” he said.

Of particular threat is the spread of HIV-AIDS.

“We have the establishing of injecting drug abuse, we have a very well-developed sex industry here and we have the highest prevalence of HIV infection in the world outside of Africa,” Harding said.

“The combination of those three factors could be disastrous.”

The reason for the explosion in drug usage are complex, but one major explanation is simply boredom: As aid-dependent Cambodia struggles to rebuild its infrastructure, spending on services for young people is non-existent.

Playing computer games or snooker, gambling, going to a brothel or taking drugs are

the main options, Harding said. “And really, taking drugs is the most cost effective. It’s very cheap and it’s becoming cheaper all the time.”

Cambodia’s health system is unprepared for the crisis, meaning families of addicts have nowhere to go to seek help, said UNODC’s Graham Shaw.

“If you are a destitute young person there are one or two NGOs you may be able to get assistance from.

“If you have a family with a lot of money, there is one private treatment and rehab clinic. But for all those in between, the vast majority, there is nothing,” he said.

The government, which signed a contract with Friends for it to provide support for new projects in two provinces last month, is at last recognizing the gravity of the issue but donors need to step up to the plate, noted Shaw.

“We would like to see the international donor community recognize the severe threat of drug abuse to social and economic development,” he said, noting the billions of dollars they have poured into Cambodia in recent years.

“All of that development is going to be undermined and destroyed if the country does not get to grips with the drug problem.”

# On the Streets of Phnom Penh

By Nigel Watmough, Freelance-writer, Bangkok

To the tourist passing through Phnom Penh for the first time, enjoying a drink at a bar on Sisowath Quay, the constant attention of street kids hustling for small change, either selling papers or shining shoes, may be an occupational hazard or just local colour. For us it's just another stop on the gap year tour of the third world, but the Khmer smile masks a serious problem involving the lives of this vulnerable section of Cambodian society.

Mith Samlanh, a non-government aid organisation which offers a programme for street children to help provide drug education and work placement, estimates that around 150 young people a day attend their drop in centre, averaging about 700 per month, of whom most are drug abusers.

A combination of high injection levels among street abusers and casual drug abuse in the local sex industry gives rise to the highest HIV infection level outside Africa.

For this reason in June 2003 Mith Samlanh instigated a programme of clean needle provision for abusers to reduce infection risks from needle exchange.

Allowing for the inexperience of the Cambodian government in dealing with the drug issue and slow response of the media, the problems of drug abuse among street kids in Phnom Penh tends to be ignored or dealt with purely from a judicial point of view.

60% of the population are under 24, facilities in the cities for alternatives such as sport and leisure programmes are limited, and for many years legal pharmaceutical substances were not available in Cambodia, leaving vulnerable groups unaware of the dangers of abuse.

With the recent clampdown on drugs in Thailand and border areas round the Golden Triangle, it is not surprising that criminal gangs have sought out other markets and targeted Cambodia.

Until the early 90's cannabis was grown in rural areas and was legal, classed as a cooking ingredient. The U.N., under pressure from the United States made the local drug illegal, although it is still grown in some rural areas. This had the effect of leaving a vacuum which dealers filled with other drugs.

With the effective clampdown by the Thai government on drug smuggling in the Golden Triangle, organised crime is now looking for other smuggling routes for its heroin traffic and Cambodia has become the preferred transit country.

Since 2003 there has been an increase in ya ba (methamphetamine) usage, mainly by

young people in urban areas, and of production in clandestine labs in rural areas. Also ya ba is trafficked over the border from Thailand through border crossings at Poipet and Koh Kong province.

Drugs and precursors for drug production transit from border regions of Laos, Burma and Yunnan province over the borders of southern Laos into N.E. Cambodia. From there, they are transported down the Mekong to Phnom Penh and on to Bangkok, Singapore, Vietnam and ultimately, on to United States and Australia.

Wherever there is drug trafficking there tends to be a fall-off, and this low quality heroin, detritus left from production in Yunnan, ends up on the streets of Phnom Penh. The presence of a mobile population moving between cities is the final link in the network.

NGO's like Mith Samlanh seek to raise awareness among young drug abusers of inherent dangers, but without the publicity and information generated by such campaigns, there is likely to be a great increase in HIV/Aids infection through the use of shared needles.

The agency estimates that whereas full chronic dependency on heroin normally occurs

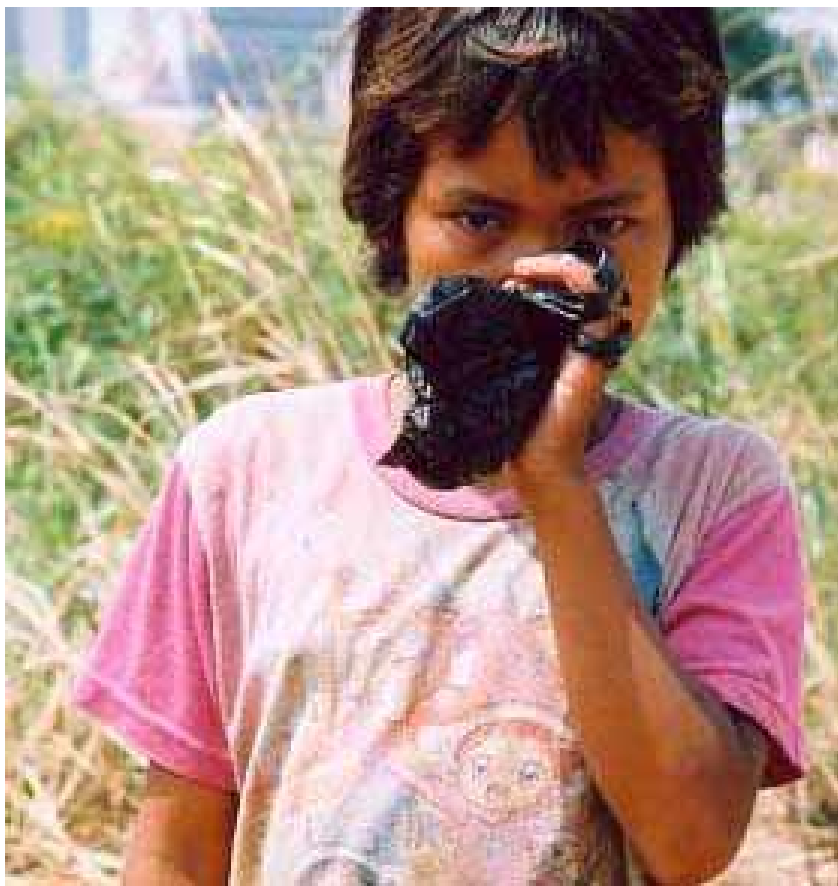
after five years, in Cambodia it can be as little as two years.

Their training centre seeks to educate kids about the dangers of drug abuse and integrate them into the school system. It also provides vocational training and job placements, and encourages pupils to develop skills and set up businesses.

To the outsider one of the most obvious symptoms of drug abuse among street kids is the prevalence of solvent abuse among children between five and twelve years. They can be found on streets around Wat Phnom, outside city restaurants, and in market areas sniffing glue from plastic bags and hustling for change.

According to Mith Samlanh statistics the figure of 0% solvent abuse among drug abusers in 1997 showed its emergence by the end of 1998, not just on the street but among school children as well. This was symptomatic of a young population with nothing to do.

Any efforts to neutralise the grip of organised crime on this particularly vulnerable society should be encouraged locally and internationally. For, when faced with the blank stare of a child sniffing glue on the corner of Norodom Boulevard, you realize there is a long way yet to go.





# Harm Reduction in Australia

By Sonia Bezziccheri, UNODC, Bangkok

As part of the activities of UNODC Regional Centre for East Asia and the Pacific (Bangkok) Project Reducing HIV Vulnerability from Drug Abuse, a delegation of nine Chinese officials from the National Narcotics Control Commission (NNCC), the drug control agency of China, were sponsored to visit and explore harm reduction service centres in prisons and in the community in Melbourne and Sydney, Australia, on 26-30 April 2004.

As part of the Study Tour, which was organized by the Centre of Harm Reduction, Melbourne, Australia, the Chinese delegation also visited the Kirketon Road Centre (KRC) which is considered the most progressive model of harm reduction in Australia. Located in the heart of 'Kings Cross', a well-known area where prostitution, drug using and dealing abound, in Sydney, KRC offers health care services to marginalised populations in a very effective and approachable manner. Its success lies in the approach which is friendly as well as professional and comprehensive and does indeed fully meet the needs of the target populations it is meant to serve: injecting drug abusers, sex workers and street youth in general.

The KRC was born in 1986 with the aims to provide "complete sexually transmitted disease (STD) screening, diagnosis and treatment: plus contact-tracing, counselling, contraceptive advice and treatment, Pap smears and general health services... To make the centre as fully accessible and acceptable to prostitutes and other persons who live and work in the inner city as possible." On 6 April 1987, the Kings Cross Centre multi-purpose health care centre – which was renamed 'the Kirketon Road Centre', was officially opened by the State Minister for Health, the Hon. Peter Anderson, MP.

If originally the Centre was to serve sex workers, it soon became accessible to all kinds of street youth including injecting drug abusers; and by 1988, KRC introduced Needle and Syringe Programmes.

KRC aims at preventing and minimize HIV/AIDS and other transmissible infections in 'at risk' youth, sex workers and



*Mr Li Yuanzheng, Deputy Secretary General of NNCC and a worker at KRC*

injecting drug abusers; as well as provide treatment, care and support to clients with HIV infection and other transmissible infections.

KRC rests on the primary care philosophy encompassing the concepts of acceptability, accessibility, affordability and equity of health care provision as illustrated by World Health Organization (1978) banner 'Health for All.' In this regard, health should indeed be accessible, equitable, empowering, socio-culturally sensitive and affirmative in action.



KRC believes that 'at-risk' youth, sex workers and injecting drug abusers have traditionally mediocre access to health care and that health is a basic human right. For this reason the centre has an eclectic approach to the health care needs of its clients thus respecting their life style's choices. The Centre accepts street life as an understandable solution for some people; and in acceptance of such 'choices', KRC operates also by a bus, a sort of mobile and fully equipped clinic, that tours the neighbourhood on a regular basis to outreach clients that otherwise would not access the Centre, or any other health care provider.

With regard to the statistics of the KRC, the Centre now serves more than 32,000 clients – who are currently registered with KRC. On a daily basis, more than 400 clients attend the Centre and its services while 80,000 are contacted each year. More than 1 million needle/syringes are dispensed from KRC every year.

The Chinese delegation was very impressed and interested in knowing the operational technicalities of the Centre and its excellent community and cooperative-based comprehensive approach. As China is opening to methadone substitution treatment and other services that reduce the harm from drug abuse, the Chinese delegation was particularly keen in studying such models to stop the spread of the epidemics of HIV and Hepatitis C through drug abuse. In China, HIV among injecting drug abusers has reached prevalence rates greater than 80% in Xinjiang and Yunnan Provinces.

China, as the rest of South East Asia, is in need of comprehensive health care centres such as KRC that especially target and fully meet the needs of marginalised population such as injecting drug abusers, sex workers and street youth in general – the most at risk.

As South East Asia strives to cope with the rampant triple epidemics of HIV, Hepatitis C and drug abuse, centres such as KRC provide applicable, adaptable and comprehensive models for long term solutions.

*The NNCC delegation in front of the KRC in Kings Cross, Sydney, Australia*



# Reaffirming Drug Control Cooperation

## Six Countries of the Greater Mekong Subregion and UNODC

By Narumi Yamada, UNODC, Bangkok

The Government of Thailand hosted the meeting of Senior Officials of the signatories of the Memorandum of Understanding (MOU) on Drug Control, namely Cambodia, China, Laos, Myanmar, Thailand and Vietnam, and the United Nations Office on Drugs and Crime (UNODC) in Krabi Province from 17 to 19 May 2004. H.E. Mr. Phongthep Thepkanjana, Minister of Justice of Thailand, presided the opening ceremony.

The MOU on Drug Control was signed in 1993 by the Governments of China, Laos, Myanmar, Thailand and UNODC, and in 1995 Cambodia and Viet Nam also became parties to the MOU. This year's meeting marked the start of the second decade of cooperation. In his opening address, H.E. Mr. Phongthep stated "...This significant cooperation shows the world our great endeavour to overcome the drug problem in this sub-region, and it can be the exemplary to sub-regions in other parts of the world to fight against illicit drugs in their own regions... The problem of Amphetamine-

Type Stimulants (ATS), particularly methamphetamine, remains serious as well as the problem of heroin production and abuse still exists...". He encouraged further cooperation of the countries in the region so that "...the experience that we learned from the sub-regional projects should be applied in our national programmes...".

The participants reviewed, exchanged views and experiences on the progress made and issues faced in the implementation of the Subregional Action Plan (SAP) Programme. The programme currently comprises 15 ongoing and pipeline projects covering drug demand reduction, alternative development and law enforcement. This year the MOU signatory countries signed off a new project entitled "Regional Collaboration on Community-based Alternative Development to Eliminate Opium Production in Southeast Asia." The project aims to continue to strengthen regional cooperation and establish institutional linkages to share innovative approaches and best practices on participatory alternative



development and illicit crop elimination.

The participants also reviewed, as matters of priority, responses to ATS abuse and HIV vulnerability in custodial and community settings as well as judicial and prosecutorial capacity building. They agreed to develop, through participatory project formulation exercise, the project ideas on "Improving Youth Access to Effective ATS Abuse Treatment" and "Enhanced Judicial and Prosecutorial Drug Control Capacity in East Asia".

In 2003 the six MOU countries and UNODC signed a unique project, cost-shared by the participating partners, to further strengthen the MOU consultative process and the development of and the implementation of the rolling Subregional Action Plan. This project followed an equally pioneering agreement concluded by the six countries and UNODC in the previous year – "Addendum on partnership to the MOU" through which the countries are committed to contribute, not only through human and in-kind resources but also financially through sharing the project funds, to the Partnership project and new subregional projects to be launched under the Subregional Action Plan. This year the countries agreed to participate in a project design and management workshop, where the two prioritized project ideas will be taken up as concrete case studies. Myanmar volunteered to host such a workshop under the MOU Partnership project in September or October. This workshop will be followed by a participatory project formulation workshop, which

China volunteered to host, later this year. It is anticipated that the six MOU countries and UNODC will have two projects for consideration in 2005, which have been formulated by the participatory exercise. Furthermore, the above-mentioned new alternative development project will be the first one to be contributed by the MOU countries as agreed in the Addendum on Partnership.

At the MOU Senior Officials Committee meeting, the countries also reported on their progress made and further plans towards achievement of the targets established by the 1998 United Nations General Assembly Special Session (UNGASS).

After the Meeting, the Thai Office of the Narcotics Control Board (ONCB) arranged for the MOU participants a field visit to observe an anti-narcotic operation (inspection of a drug smuggling vessel) demonstrated by the Third Naval Area Command, one of the Naval Area Commands established by the Royal Thai Navy. It is the main unit on the sea to conduct operations against drug trafficking on the Andaman Sea, which are largely conducted based on intelligence. Recent drug suppression cases included seizures of about 7.8 million tablets of ATS and 116 kg of heroin by a joint operation by the Third Naval Army Command and the Narcotics Control Office in January 2001. During the observation trip, the Myanmar delegation and the Thai counterparts exchanged views and renewed their commitment to increase cooperation on the sea.

# Community Oriented Policing and Harm Reduction

By Richard Dickens and Wayne Bazant,  
UNODC, Bangkok

The UNODC Regional Centre for East Asia and the Pacific recognizes and supports the improvement and sustainability of partnerships among police agencies and community leaders in the prevention of drug related HIV transmission. The community policing concept is seen as an important framework for the development of those partnerships in East Asia.

At the 15th International Conference on the Reduction of Drug Related Harm, the concept was described through a presentation by Mr. Richard Dickens, a retired Assistant Commissioner of the Royal Canadian Mounted Police and former senior advisor to UNODC on law enforcement matters.

Supported by the regional project for reducing HIV vulnerability from drug abuse, the presentation drew from theory, practice and personal experience of Mr. Dickens. The basic tenets of the community policy approach, and core elements of the presentation are reflected in the following summary of philosophy and management.

“Community Policing is a philosophy and management approach that promotes community, government and police partnerships and proactive problem solving to address the causes of crime, fear of crime, and other community issues.

Community Policing is not a program or project, it is a philosophy, a way each department member from the top to bottom, sworn to non-sworn, paid to volunteer, view their job. This philosophy must permeate the entire organization, local government and community, not just the “community policing officers” or the patrol division for example.

Community Policing requires a leadership and management approach which supports decision-making at the level closest to the problem or issue being addressed; where department members are provided the permission, authority, and accountability to approach problem-solving with non-traditional, and often creative methods. As the private sector realizes, traditional bureaucratic, top-down decision-making many times impedes creative problem solving and effective customer service, two important aspects of community policing.

Community Policing recognizes that crime is not just a police problem but a community problem and long term, effective solutions



require involvement by all of those involved – the community, local government officials/agencies, and the police.

Community Policing endorses a structured process for identifying, analyzing, and developing solutions to community problems which provide the best opportunity for long-term resolution.

In addition to dealing with crime problems, community policing also recognizes that often times community members are more concerned with community issues or fear of crime problems than actual crime itself. These



include such matters as abandoned cars, burnt-out streetlights, and other quality of life issues. Research tells us that if we effectively deal with these issues, the community’s perception of and support for the police increase and they often feel safer in their community.

The key elements to Community Policing focus around three interrelated core components. These vital components are community partnerships/engagement, problem solving and organizational change, in addition to crime prevention.

Community Policing recognizes that police work is not an isolated activity performed in a social vacuum. Even traditional police work, including preventative patrol, rapid response, and apprehending offenders, cannot be performed without the regular cooperation of the citizens.

Community Policing also recognizes that while traditional arrests may often be necessary, and will continue to be necessary, there are many situations in which other less traditional alternatives may be more effective in dealing with the problem long term. Frequently these methods are merely follow up measures of traditional policing procedures.

Community Policing requires a department to be flexible and open to change. This involves nearly every aspect of the organization, including, but not limited to, resource allocation, performance appraisals, information flow, recruitment, selection, promotion, and the overall mission of the department.

The intent and purpose of these programs, projects, and activities would be to provide our citizens and society with the information and knowledge necessary to deal with today’s problems, teamed with the confidence and comfort of working together with the officers of this department to accomplish this objective. The Community Oriented Policing/ Problem Solving philosophy can be instilled into the department and community, while maintaining traditional policing practices. The results will be a win/win situation benefiting both the people and the police.

Police departments must maintain an open-minded objectiveness and be able to flex to the needs of the community, without the fear of change. Social trends and concerns change constantly, and so must the development of effective solutions. Police officers and citizens alike need the perceptive vision and skilled desire to ‘colour outside the lines’ in the search for community quality enhancement.”

# Public Security Interest in Harm Reduction Heats Up in Melbourne

By Wayne Bazant, UNODC, Bangkok

Public security officials from East Asia and the Pacific are taking a greater interest in a comprehensive approach to harm reduction as the result of their participation in the 15th International Conference on the Reduction of Drug Related Harm at Melbourne on the 20th to 24th of April this year.

Responding to the increasing importance of partnerships in harm reduction between public security and public health sectors, the conference organized two of its 10 programme paths around law enforcement and harm reduction, and harm reduction in closed settings.

The paths provided new regional insights about international good practices for effective intervention and treatment of drug related HIV vulnerabilities in closed settings such as prisons and compulsory drug treatment and rehabilitation facilities. A special session on partnerships with police also offered new information about the concepts of community policing and its potential benefits in



Permanent pyro display near Melbourne Conference Centre

contributing to effective community based approaches toward harm reduction services.

Interventions in the Iranian prison system

also figured prominently in the presentations, demonstrating that significant reduction in HIV transmission can be accomplished through national policy and programme development with the support of international agencies such as UNODC.

Public security officials across Asia made up for almost one tenth of the 1100 registered participants, many of whom were directly supported through the regional project for reducing HIV vulnerability from drug abuse in Southeast Asia, executed through the UNODC Bangkok office.

The Australian conference venue also provided an opportunity for extended study of local harm reduction programmes at Melbourne and Sydney with logistics provided by the Centre for Harm Reduction under direct support from UNODC. Study tour delegations from China and Cambodia took full advantage of the preplanned consultations and site visits with senior police officials, prisons and community based health services to build a knowledge base for further national policy and programme development.

## 2004 ACCORD Task Force Meetings Schedule

The ACCORD Task Force meetings are a crucial component of the Plan of Action process. The four ACCORD Task Forces - Civic Awareness, Demand Reduction, Law Enforcement and Alternative Development – meet annually to exchange information on progress made under the Plan of Action and share future work plans. Delegations from all eleven ACCORD countries

(ASEAN + China) attend the meetings as well as invited observers, UNODC and the ASEAN Secretariat.

The Regional Cooperative Mechanism to Monitor and Execute the ACCORD Plan of Action has been working closely with the 2004 Task Force Chairs regarding the upcoming meetings.

An on-line 2004 ACCORD Task Force

Meeting Resource Centre is available on the ACCORD website at [www.accordplan.net](http://www.accordplan.net). Up-to-date information regarding the meetings as well relevant background materials and reporting and presentation guidelines are available for download. For more information about the upcoming ACCORD Task Force meetings please contact the host agencies directly or visit the ACCORD website.

2004 ACCORD Task Force Meetings Schedule			
Task Force	Chair/Vice-Chair	Date/Venue	Contact
Task Force I Civic Awareness	Chair: Singapore Vice-Chair: Philippines	Date: July 29 - 30, 2004 Venue: Singapore	Mr. David Lim E-mail: david_lim@cnb.gov.sg Tel: +65-632-56672
Task Force II Demand Reduction	Chair: Vietnam Vice-Chair: Brunei Darussalam	Date: July 6 - 7, 2004 Venue: Hanoi	Mr. Nguyen Duc Long E-mail: sodc-vietnam@hn.vnn.vn Tel: +844-734-0965
Task Force III Law Enforcement	Chair: Malaysia	Date: August 2-3, 2004 Venue: Kuala Lumpur	Ms. Savithri Devi E-mail: savithri@adk.gov.my Tel: +603-888-683-69
Task Force IV Alternative Development	Chair: Myanmar Vice-Chair: China	Date: August 16-17 2004 Venue: Yangon	Mr. Hkam Awng E-mail: ccdac@mptmail.net.mm Tel: +951-549-221 to 8

**For the latest on the ACCORD Plan of Action as well as relevant drug control updates, news and information from throughout the ACCORD region please visit:**

[www.accordplan.net](http://www.accordplan.net)



# Drug Abuse and HIV/AIDS Vulnerability

## Multi-Sectional Task Force Meeting in China



By Wayne Bazant, UNODC, Bangkok

Cooperation and practical arrangements for further policy and programme development were the key themes of the second full meeting of the National Task Force on Drug Abuse and HIV/AIDS vulnerability when it met in Beijing in February 2004.

Led by Mr. Yang Fengrui, Deputy Permanent Secretary General of the National Narcotics Control Commission, the task force reviewed national trends and current responses to drug abuse related HIV transmission in China.

Task force members are concerned about the continuing rise in the number of registered cases of drug abuse, now cumulatively numbering at 1.05 million. That trend also reflected more general regional concern about the ongoing growth of amphetamine type stimulant abuse and heroin abuse by injection, reported to the meeting by UNODC.

Updates were provided on the progress of community based methadone pilot programmes and needles/syringes social marketing

programmes being introduced in Guangdong Province and Guangxi Autonomous Region.

A review of the Yunnan Provincial initiative for extension of compulsory treatment and correction recovery times also prompted critical appraisal by some task force members who emphasized a reciprocal priority need for greater voluntary intervention at the community level through outreach services.

Outcomes of the meeting included a number of strategy recommendations:

- A need to better respond to and understand factors that contribute to the rising trends in drug abuse and HIV transmission, reflected in task force support to the China Drug Abuse Surveillance Centre in its development and implementation of a national survey;
- Government departments and their task force representatives should more clearly define their roles and obligations toward the alleviation of the drug related HIV trends;
- A working mechanism should be estab-

lished to facilitate the ongoing exchange of information of task force members during the interim periods between meetings;

- In departmental drafting of related policies, the task force members should make full use of the taskforce platform in raising suggestions to the respective departments;
- Annual meetings of the task force should prioritize its activities for the subsequent year.

The National Task Force consists of 12 participants from the government, NGOs and national research centers. The group was initially established with advocacy from the UNODC Regional Centre for East Asia and the Pacific, and with the support of UNAIDS and the China Theme Group on HIV/AIDS. Continuing support of the task force and its agenda is provided by NNCC and UNODC through its regional initiative for reducing HIV vulnerability from drug abuse, often referred to as the G22 project.



# Development Fuels Jungle Sex-Trade

**The “progress” invading the lives of Laos hill tribes seems sure to kill many of their daughters, reports Henry Hoenic from Udomxai, northern Laos.**

A historic trading outpost, Muang Xai, as the locals call this crossroads town, has long been a place where ethnic minority hill tribes come to sell tree bark and bamboo shoots and whatever else they can gather from the jungles of this rugged region.

Now it is also where young hill tribe girls come to sell sex. As daylight fades, trucks line up along the main strip. Inside a karaoke club at one of the town's several Chinese hotels, Noy - not her real name - a pretty, shell-shocked 14-year-old, braces herself for another night of work.

Like everyone else in her Kamu village, Noy had never heard of HIV/AIDS before she arrived in town a few months ago. She first heard it mentioned, she said, after being forced to sell her body to up to 10 Chinese and Lao truck drivers and businessmen a night. She has no idea how a person gets infected.

Many experts fear that if Noy catches HIV she will have plenty of company. They use phrases such as “unseen epidemic” and “wholesale destruction” to describe the dangers facing the hill tribes of northern Laos, who make up 90 per cent of the area's population.

Udomxai is the most dangerous of several potential HIV/AIDS “hot spots” identified by the United Nations. No one really knows how many people in the area now have HIV but the number is believed to be rising quickly. The only statistics are so outdated they are dismissed as nearly irrelevant.

A more comprehensive study is now being conducted, but so far a lack of money for testing has made it a guessing game.

The hill tribes' isolation has so far protected them from the AIDS epidemics in neighbouring countries.

But under plans financed by the Asian Development Bank and individual member countries, this remote area is emerging as something of a commercial land transport hub, one that eventually will link Kunming, China, to Bangkok and ultimately Phnom Penh and Ho Chi Minh City; Hanoi to northern Burma and ultimately Rangoon.

“There is potential for some of these groups to be physically and culturally wiped out”, says David Feingold, UN co-ordinator.

As a matter of geographical fate, all these routes will intersect in Udomxai, bringing to town large numbers of men from regions with some of the world's worst AIDS epidemics, men who frequently engage in high-risk sex.

It will further fuel the sex trade and create “enormous potential for the rapid spread of HIV”, a UN Development Project report says. “We really need to work hard and fast,” said Lee-Nah Hsu, manager of the UNDP's South-East Asia HIV and Development Project, who went so far as to compare the situation to sub-Saharan Africa before catastrophe struck.

“(HIV/AIDS) is there, but it will take time before we can get some concrete numbers out. By the time the information gets out, it might be too late.”



These roads will have implications for the spread of HIV as far away as Singapore, but the hill tribes in northern Laos are especially vulnerable, the poorest and most isolated people in a poor and isolated country. Many are already enduring tremendous upheaval, including forced relocation as part of Government efforts to eradicate opium growing and slash and burn agriculture.

They are being dragged from a subsistence living into a cash economy, but have few ways to earn additional money. One result has been an increase in the prostitution and trafficking of hill tribe girls both in northern Laos and to China and Thailand. Commercial sex has become commonplace as tens of thousands of foreign workers, mostly Chinese men, have crossed the border in recent years to work on new dams and roads, and the number of Chinese and Lao truck drivers carrying Chinese goods across the border has increased.

Yet AIDS awareness is low, and the area's few hospitals would provide little comfort - never mind retroviral drugs - to AIDS sufferers, were a widespread outbreak to occur.

At this point, local health care officials said, those in Udomxai who are known to have contracted HIV generally were told so only after appearing at the hospital with their first AIDS symptoms. Then they simply returned home to die.

“There is the potential for some of these groups to be both physically and culturally wiped out, because you are dealing with small populations,” said anthropologist David Feingold, a co-ordinator for regional anti-trafficking and HIV/AIDS prevention projects with the UN's Educational, Scientific and Cultural Organisation's Bangkok office.

NGOs have been scrambling to get the message out in the north but there is almost no mass media - most villages don't have electricity - and the literacy rate is about 20 per cent.

So instead of airing TV ads they are performing skits on public buses and driving into remote mountain villages with battery-powered VCRs.

Still, progress has been made, and the Lao-tian Government has been given high marks for its willingness to tackle the problem. Buses and taxis are covered with stickers touting Number One condoms. Old men walk down the street wearing new baseball caps emblazoned with the Number One logo. Unlike a year ago, most people in Udomxai have at least heard of condoms.

There is a great difference between teaching sex workers about condoms and empowering them to demand that reluctant customers use them.

Officials are worried about Highway 3, which runs from Luang Namtha, near China's Yunnan province, south to Huay Xai, just across the Mekong River from Thailand's Chiang Rai province. For most of its 160 kilometres it is little more than a dirt track hacked through jungle, flanked by hill tribe villages as yet mostly untouched by the changes seen in Udomxai.

But the road has been designated a major corridor between China and Thailand. Construction has been scheduled to begin and small armies of workers are due to arrive any day. One Kamu head man said he looked forward to the highway's completion. He spoke eagerly of cheaper bus fares and shorter travel times to see relatives. “Also, we want to see it,” he said of the highway. “We have never seen such a thing before.”

# Report Published on ATS Trends in the East Asia and Pacific Region

By Eduardo Hidalgo, UNODC, Bangkok

To deal with the limitations of national drug information systems in the region, UNODC Regional Centre project Improving ATS Data and Information Systems developed the Regional ATS Questionnaire (RAQ) for systematic collection and comparison of existing ATS data provided by participating countries in the region and monitoring of the development and capacity of national drug information systems. The 2003 RAQ was completed by twelve countries: Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.

To document and analyze the national responses to the 2003 RAQ, Project F97 produced the report Amphetamine-type Stimulants in East Asia and the Pacific – Analysis of 2003 Regional ATS Questionnaire: Regional and National Overviews of ATS and other Drug Trends and Related Data Collection Systems. The two principle aims of the report are to (1) establish a baseline of information on ATS abuse in the region, and (2) provide insight into what types of data collection mechanisms are currently established in the region, and which data mechanisms require further development. This information can then be used to gauge what type of information countries in the region can provide on their drug situation, while guiding resources toward development of areas where there is currently a lack of information. In the



broader context, the report is intended to supply national governments with available information to provide opportunities for collaboration and development of coordinated policy decision-making in the region.

This report is noteworthy because it is the first time an in-depth regional analysis has been conducted on the rapidly changing ATS situation in the region. One of the important outputs of Project F97 will be to facilitate completion of the RAQ on a yearly basis, and ensure that the results are collated, analyzed and published.

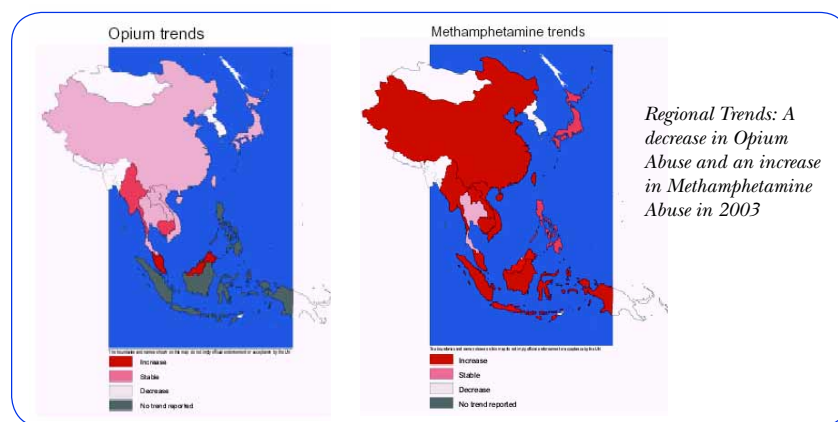
The 2003 report is divided into two sec-

tions. The first section provides a regional overview of drug abuse trends and drug-related data collection systems while the second section provides country reports summarizing national data and elements of drug information systems. The publication also includes the 2003 RAQ as an annex.

## Regional Trends

The report describes the major regional trends that have occurred over the past year:

- ATS, cannabis and opioids dominate drug abuse in the region.
- Treatment data indicates that heroin remains the main drug problem for the majority of countries although levels of ATS abuse have risen rapidly over the past few years.
- Methamphetamine is the major drug problem in Brunei Darussalam, Japan, Philippines and Thailand.
- Heroin abuse increased over the past year whereas abuse of opium has declined.
- Methamphetamine is the main type of ATS abused in the region, and has increased over the past year, except in those countries where its abuse is established as the major drug problem.
- Crystalline methamphetamine was the most common form of ATS abused in Japan, Philippines, Brunei Darussalam, Singapore and Malaysia.
- Methamphetamine tablets were the most common form of ATS abused in the mainland countries of Cambodia, Lao PDR, Myanmar, Thailand, Vietnam, and also in Indonesia.
- Ecstasy abuse and Ketamine abuse increased in selected countries in the region, although their abuse is less widespread than for other drug types.



To learn more about the regional and national ATS situations in the East Asia and Pacific region, please read the report, available on-line at the F97 project website, [www.apaic.org](http://www.apaic.org). To request a hard copy, please contact the F97 Regional Project Coordinator, Mr. Jeremy Douglas at [jeremy.douglas@unodc.org](mailto:jeremy.douglas@unodc.org)

# Stories from the Past Series I: Lost in the Past - Early 1900's

By Akira Fujino, Representative, UNODC Regional Centre

*China Press, 1 October 1930: "The Cross-Roads of Life and Death – The plantation of poppy brings famine. The importation of drugs causes economic distress. If we do not eradicate these evils, the race will perish. The nation can only be saved by the suppression of drugs." Wang Kyung-Chi, President of the National Anti-Opium Association (translation of the poster)*

It was in 1909 that the first international opium conference was held in Shanghai and, in 1912, the first international drug control treaty was adopted. The international community, however, had to wait until 1925 to see an international treaty which provided for binding control measures. In the meantime, traffickers were busy with their business. Letters from the time tell us:

*Letter, dated 7 November 1922, sent from Amoy, China, to London: "... It was unfortunate that Mr. T[...] would meet the accident in Hong Kong. We found that he had some mistake in his part by bringing the thing himself. According to our strength it is to be done by ship, as we have full power to land it when it reaches our ports. This was first time he went to Europe and might not understand the condition of different places so it was hard for him to keep his action secret on his way home in hotels or with interpreter and carriers that caused great suspection as Hong Kong authority had prepared to seize him before his arrival." ... "This case was settled. He was sentenced to be in prison for six months and the remainder of 12 months may be ransomed by paying from 50 to 60 thousand dollars. We are now arranging for his coming out sooner."*

The "thing" means morphine or heroin (they never mention the substance in their communications) licitly manufactured by pharmaceutical companies in Europe, to be diverted into Asia. Their "full power to land it" and "ransom" hint corruption. That letter continues:

*... "All the codes and contract you gave to M. T[...], have been taken by Hong Kong authority so we wish you to strike out our former code and contract and not to use them for future business." "Please prepare the new codes for future send us as quickly as possible" ... "Here after if you are going to send us letters we wish you to send all to the address as following. [...], Osaka, Japan."*



**BETWEEN LIFE AND DEATH** Picture shows China bonded by local produced opium and foreign imported narcotics. The man represents China and the bigger snake locally produced opium, while the smaller one stands for imported narcotics.

So the reply went to Osaka, but this time from Paris, instead of London:

*Letter, dated 31 January 1923, sent from Paris to Osaka: "I was very sorry to hear of the misfortune that befell your friends, but was not very greatly surprised as this business requires very careful attention, and absolute quietness, and cannot be talked about. I of course had the information two days after the incident had happened. ... I have received your various telegrams some of which arrive mutilated and we cannot read them. the A.B.C. Code is a very Bad code, the better I am sending you under separate cover a Copy which I hope you will use in future. I am also sending you herewith a Private code to be used between us ..."*

Other related communications showed that the codes then used included numbers such as: "53762 Propose to receive the goods as personal, it will not be for company's account.", "55195 Propose to send from Shanghai to Amoy.", etc. Their private codes included: "Boeringer Morphia Muriate POWDER packed in 1 lb tins ..... WYVAV", "WINKS HEROIN packed in 25 ounce tines ..... WYVUB", "Mercks COCAINE

FLUFFY CRYSTALS packed in 25 oz tins ..... WYVWE", etc. And their "useful phrases to be used in the code" showed packing in strawboard, coal tar, printers ink, French wine, sugar of milk, quinine.

That indicates that trafficking was well organized and the traffickers did not need to clandestinely manufacture drugs to smuggle; they just needed to get hold of those drugs licitly manufactured by pharmaceutical companies and then "divert" them into illicit traffic. The above reply from Paris continued to note:

*"Now I would like to say that I have a perfect organization, I have many friends amongst Customs etc and I understand the business very thoroughly, in fact I do not believe that there is anyone who has a better control, in addition to this I am known to many of the buyers in Japan, and have sold very large quantities ... this business is a business of confidence and the Manufacturers are personal friends." ... "I can arrange delivery at Vladivostok very easily if this is of interest to you. I am not using the Firms printed stationery but you understand caution is necessary. ... I want to make it absolutely clear to you that I can deliver the goods right into your hands in any Private Warehouse or place that you may desire in Shanghai, but I must have your financial assistance owing to the heavy expenses incurred in protecting myself against the same fate that overtook Mr. T[...]. in other words I must PAY FREELY to get the goods FREE OF CONTROL".*

All these indicate that traffickers were diverting, then later smuggling, the drugs from licit channels into illicit traffic through different routes and destinations; that they could alter the routes easily; that they themselves operated from various countries, often from countries not their own; that they successfully bribed corrupt officials and company personnel; and that the trafficking at the time was already highly organized involving well-thought methods of concealment, forgery of documentation, and coded communications.

In this column in future issues, we will further look into such cases and how they led to the development of, among other things, international drug control.

*N.B. All the quotations reproduced as is, except where individual names are withheld.*

# TRANSNATIONAL CRIME & TERRORISM

The University of Adelaide is responding to the increase in global terrorism and transnational crime across the world by offering a three-week summer course entitled "Transnational Crime and Terrorism".

Designed for Australian and international law and non-law students, the course is from January to February and includes international and domestic criminal law, criminology, human rights, and immigration and asylum law.

The course is concerned with the criminalisation of transnational criminal and terrorist activities, and national, regional and international efforts to investigate such crime and prosecute offenders. The course examines the opportunities and limitations of international law.

Dr Schloenhardt says, "The focus of this course is with the criminology of transnational crime and terrorism, including the background and how we can prepare for it. It is vital for our nation to combat transnational terrorism."

Dr Schloenhardt is a member of the general advisory committee of the Centre for Transnational Crime and Terrorism, and the Centre for Transnational Crime and Terrorism. He is also a member of the advisory committee of the Centre for Transnational Crime and Terrorism.

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## Intensive Program 2004 Bangkok, Thailand

30 August -10 September 2004

UNODC - United Nations Office on Drugs and Crime  
Regional Centre for East Asia and the Pacific

Dr Andreas Schloenhardt

### Contents

- Transnational Organised Crime
- Drug Trafficking
- Migrant Smuggling
- Trafficking in Women & Children
- Terrorism
- Money Laundering
- Law Enforcement and Judicial Cooperation
- Role of International Organisations
- UN Crime Prevention & Criminal Justice Program
- and more

### Teaching and Training

- 9 sessions @ 4 hours (36 contact hours), Legal research and internet training
- Training in presentation skills and PowerPoint
- Working Group Projects

### Assessment

- Participation 20%
- Working Group Project Presentation 40%
- Assignment (research or discussion paper) 40%

### Applications

Further information can be obtained from  
The University of Adelaide Law School General  
Office or Dr Andreas Schloenhardt  
email: andreas.schloenhardt@adelaide.edu.au

**Applications close 19 August 2004**

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