



Regional Office for South Asia

SOUTH ASIA REGIONAL PROFILE 2005

The UNODC Regional Profile is at the core of the organization's reporting on drug and crime matters in the region covered by the Regional Office for South Asia. The profiles include relevant information and analysis on drug and crime trends and are prepared on the basis of a joint Headquarters-Field Office effort. The views of key stakeholders in the Member States are sought during this process. The Regional Profile serves as the basis for programme planning, in consultation with the countries served by the Field Office. This programme planning is contained in the Strategic Programme Framework. Some key elements of the drug/crime situation are given below:

BANGLADESH

- Consumption of both opium and cannabis are traditional.
- Significant smuggling, diversion and abuse of pharmaceuticals originating from India and a new heroin trafficking route has opened up from the north central states of India.
- There are approximately 20,000 - 25,000 IDUs in the country. A commonly injected drug is buprenorphine.
- Bangladesh is considered a "low prevalence, high risk situation" for HIV/AIDS.
- Bangladesh is a source country for women and children being trafficked.
- An estimated 20,000 women and girls were trafficked annually out of the country. There is internal movement within the country to urban centres.

BHUTAN

- No reliable figures are available on drug abuse patterns and trends in Bhutan.
- Rising drug use in the capital Thimpu and in the south, particularly of amphetamines is suggested in anecdotal reports.

INDIA

- India is wedged between the world's two largest areas of illicit opium production, the Golden Crescent and the Golden Triangle.
- Sentinel surveillance data 2003: Rise of 7.4% to 14.4% in HIV prevalence amongst IDUs in New Delhi.

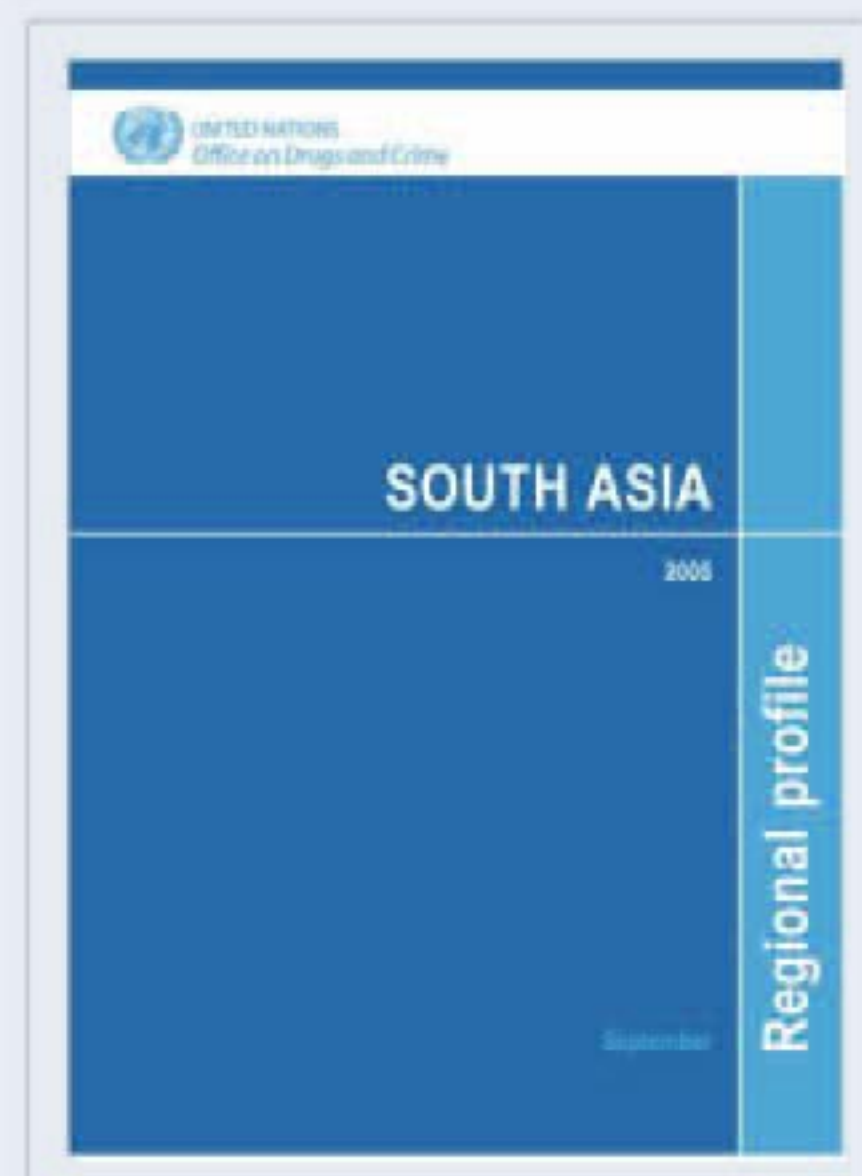
- Smuggling of pharmaceuticals from India, especially codeine-based cough syrups, dextropropoxyphene and injectable buprenorphine.
- India is the only country currently producing licit opium gum.
- However, a portion of India's licit opium crop (approximately 400 metric tons in 2005) is diverted into illicit channels.
- Amphetamine trafficking and abuse is of growing concern.
- A sizable number of crimes against women go unreported due to the social stigma.
- India serves both as a source, transit and destination country for trafficked persons.

MALDIVES

- Heroin and hashish are the most frequently used drugs. About 8% reported IDU and half of these had started injecting before the age of 17 years. A variety of sexual risk behaviours are reported.
- The risk perception of drug-driven HIV epidemic is high.
- The country is vulnerable as a point for the illegal shipment of precursor chemicals and illicit drugs destined for other countries through its international airport and sea ports.
- Seizures of heroin by Indian and Sri Lankan authorities destined for the Maldives are eight times the average annual seizures within the country.

NEPAL

- Free flow of goods and people is used to conceal trafficking in drugs and human beings.



- There are multiple reports of high drug-related HIV.
- The impact of current harm-reduction initiatives has not been assessed.
- Nepal is a significant source country for human trafficking into India.
- HIV prevalence is high among sex workers who return to Nepal from India.

SRI LANKA

- There is illicit cultivation of cannabis and trafficking of heroin from India for local consumption.
- Currently there are an estimated 45,000 regular users of heroin and about 600,000 users of cannabis in Sri Lanka.
- Sri Lanka is a low HIV-prevalence country.
- There are rising levels of crime.