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Introduction

The United Nations Office on Drugs and Crime (UNODC) is the principal UN agency to deal with the global challenges of transnational organized crime and corruption as well as the implementation of the universally accepted criminal justice standards, such as the fair treatment of prisoners. UNODC’s mandates are mainly enshrined in five United Nations Conventions, namely the three UN Conventions on Drug Control (1961, 1971 and 1988), the UN Convention against Transnational Organized Crime (2000) and its three Protocols on Trafficking in Persons, on Smuggling of Migrants by Land, Sea and Air and on Illicit Manufacturing of and Trafficking in Firearms and the UN Convention against Corruption (2003).

UNODC’s practical work rests on three pillars, i.e. (i) research, (ii) support to the implementation of the five Conventions and relevant resolutions and (iii) capacity building with a commitment to human rights, the rule of law and the construction of effective, transparent and accountable systems. With its Headquarters in Vienna, Austria, UNODC operates in more than 150 countries around the world through its network of field offices and projects.

UNODC is present in South Asia since 1988, with a Regional Office based in New Delhi, India. The Office covers the countries of Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka. UNODC’s current work in South Asia with governments and the civil society focuses on the following thematic areas:

- Drug use prevention, treatment and care
- Prevention of HIV and AIDS among drug users and in prison settings
- Drug law enforcement and precursor control
- Prevention of human trafficking
- Prevention of smuggling of migrants
- Anti-corruption

While this brochure describes the work that UNODC is currently undertaking in South Asia at the national and regional level, UNODC is also increasingly working towards addressing emerging crimes and threats, such as the production and trafficking of new drugs, wildlife crime, financial and cybercrimes, maritime piracy as well as terrorism. All of these present a serious threat to the security and livelihoods of a region, which is home to almost one-fifth of the world’s population. Even as countries in the region have made progress in handling drug and human trafficking, there are major challenges with regard to understanding the impact of associated crimes like money laundering and extortion. Addressing these challenges with a holistic, systematic and regional/cross border approach with the respective international cooperation mechanisms is important for countries in the region.

While UNODC remains committed to continue its present work, especially in the areas of health and livelihoods for drug users, the prison population and the survivors of human trafficking, UNODC also considers it paramount to work with governments in the region to address newer challenges to security, justice and rule of law for the benefit and safe future of the South Asian people.

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Drug use prevention, treatment and care and prevention of HIV and AIDS

Promoting universal access to health and support services to prevent and treat drug dependence and drug-related HIV
The harmful use of psychoactive substances or simply 'drugs' leads to a number of physical and psychosocial problems in an individual's life. The repeated use of drugs can lead to a 'dependence' syndrome, commonly referred to as 'addiction'. The symptoms include a strong desire to take the drug (craving), difficulties in controlling its use (loss of control), continued use despite harmful consequences, higher priority given to drug use than to other activities and obligations, increased tolerance, and a withdrawal state (physical and/or psychological).

In South Asia, commonly used illicit drugs include cannabis, opium and products derived from opium such as heroin. The proximity of this region to some of the illicit opium growing countries has led to increased availability and consequently use of illicit opiates among the population in South Asia. In addition to the use of cannabis and opium, there is evidence of increasing use of other drugs such as stimulants (e.g. cocaine and Amphetamine-Type Stimulants [ATS]) as well as of synthetic pharmaceutical preparations.

Apart from using drugs through inhalational and

Common Terminologies

**Psychoactive substances**: Drugs or substances which act on the brain and alter the mood, consciousness or sensations of a person, which may lead to impairment of judgement and motor performance.

**Dependence syndrome**: A cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value.

**Opium**: Opium means the coagulated juice of the opium poppy. "Opium poppy" is the plant of the species Papaver somniferum L.

**Opiate**: One of a group of alkaloids derived from opium poppy, such as morphine and codeine, including their derivatives such as heroin.

**Opioid**: A generic term applied to opiates and their synthetic analogues, with actions similar to those of morphine.

**Heroin**: Heroin is a semi-synthetic opiate synthesised from morphine.

**Pharmaceuticals**: A pharmaceutical drug is a substance or various preparations therefrom, manufactured by the pharmaceutical industry, or prepared and dispensed in a pharmacy for medical purposes.

**ATS**: Amphetamine-type stimulants are a group of synthetic drugs with powerful stimulant action on the central nervous system, which includes many substances exclusively encountered on the illicit market and a large number of drugs with medicinal use. Most commonly abused drugs in this group are amphetamine, methamphetamine, methcathinone and ecstasy.

**Cannabis**: A generic term used to denote several psychoactive preparations of the marijuana plant (Cannabis sativa). They include leaf (in street jargon: grass, pot, dope, weed or ganja), and hashish (derived from the resin of the flowering heads of the plant), and hashish oil.

**Cocaine**: An alkaloid obtained from coca leaves or otherwise synthesised from the chemical compound ecgonine or its derivatives. Cocaine is a powerful central nervous system stimulant and used non-medically to produce euphoria or wakefulness.

Source:
1. Demand Reduction, A Glossary of Terms, UNODCCP, 2000
2. Terminology and Information on Drugs, UNODC, 2003
oral routes, many users also inject drugs. The sharing of contaminated injection equipment leads to transmission of blood borne viruses such as HIV, Hepatitis-B and C not only among drug users, but also their sex partners, compounding other health-related problems.

Drug dependence has been recognized scientifically as a chronic, relapsing disease similar to other diseases such as diabetes and hypertension, which require long term treatment, including both medical treatment and psychosocial support. Drug dependence inflicts a heavy toll on users and their families, with the most vulnerable and marginalized groups being the hardest hit. It is also a challenge for health care and criminal justice systems, especially in low- and middle-income countries.

It is important to recognize that there is help available for drug users and that their drug dependence can be treated. With proper treatment and care, drug users can recover and become fully contributing members of their community. It is possible to prevent HIV among drug users, prisoners and other vulnerable groups by guaranteeing universal access to the full spectrum of prevention, treatment, care and support.

Investing in prevention, treatment, care and support for drug users lowers health-care costs and contributes to social cohesion and development.

Studies show that people who inject drugs (PWID) also often practice high risk injecting and sexual behaviour. In South Asia, the HIV prevalence among drug users varies from country to country, but is generally high as compared to the general population as well as to other most-at-risk populations. Three countries in South Asia (Bangladesh, India and Nepal) have a documented presence of a large number of PWID as well as of high HIV prevalence among PWID. Additionally, assessments from Maldives reveal the presence of injecting drug use not only among drug users, but also among sex workers and men having sex with men.

2. UNGASS country reports, 2010
3. NA – Not available
UNODC's drug use prevention, treatment and rehabilitation efforts focus on decreasing vulnerability among at-risk groups, including women, youth, prisoners, people who have been trafficked and people living with HIV and AIDS.

UNODC supports drug treatment that emphasises the need for a supportive environment. Its work on drug treatment and rehabilitation is guided by the following goals:
- Raise awareness of policy makers regarding the need and advantages of investing in drug use treatment
- Support national authorities in developing legislation, policies and standards of care which enable the implementation of state-of-art treatment methods
- Strengthen capacities of staff and care providers working in drug treatment and rehabilitation centres
- Diversify and expand services for drug users and make them more accessible to different population groups, taking into account gender-specific requirements
- Facilitate sharing of best practices and dissemination of knowledge
- Support the scale up of existing drug treatment and rehabilitation services

To address the transmission of HIV amongst people who inject drugs (PWID), UNODC supports the implementation of a comprehensive package of services for drug users, which has been jointly developed by UNAIDS, UNODC and the World Health Organisation (WHO).
What is the comprehensive package of services for HIV prevention, treatment, and care for injecting drug users?

- Needle and syringe programmes (NSPs)
- Opioid substitution therapy (OST) and other drug dependence treatment
- HIV testing and counselling (T&C)
- Antiretroviral therapy (ART)
- Prevention and treatment of sexually transmitted infections (STIs)
- Condom programmes for IDUs and their sexual partners
- Targeted information, education and communication (IEC) for IDUs and their sexual partners
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis (TB)

Key Interventions

In South Asia, UNODC’s initiatives on drug prevention, treatment and care as well as HIV prevention are implemented in collaboration with national government counterparts, especially home and health departments/ministries and in partnership with civil society organisations. The following pages describe some of the key activities in each country.
UNODC works in close collaboration with the Department of Narcotics Control (DNC), Ministry of Home Affairs, Government of Bangladesh. In 2008, UNODC undertook a Rapid Situation and Response Assessment (RSRA) of drug users in the country. A second assessment specifically on 'Female Drug Users and Female Sex Partners of Male Drug Users' was conducted in 2010. UNODC also provides comprehensive services to female drug users through four drop in centres, which are exclusively open for the female drug using population and so far has reached out to 862 women. In 2010, the first ever Opioid Substitution Therapy (OST) programme using Methadone was initiated in Dhaka, which is presently catering to 100 clients.
Opioid Substitution Therapy (OST)

“I started with cannabis at the age of 18 and by the age of 25, I was a hard core heroin addict,” says Abdul, an OST client in the Maldives. “But internally I wanted to quit heroin at all costs. I tried many treatments for addiction and relapse prevention, nothing was helping me. At a time when I lost my wife, my job, my reputation and everything seemed dark and hopeless, Methadone came as a ray of hope into my life”. Opioid Substitution Therapy (OST) using methadone was started in the Maldives in 2008.

OST is widely accepted as a harm reduction and treatment strategy for opioid dependent individuals. It involves the administration of an opioid medication (like methadone or buprenorphine) to an opioid dependent drug user under medical supervision, along with psychosocial support, which helps the client in weaning off drugs.

Abdul started visiting the clinic regularly for nearly three months to get his prescribed dose of methadone. “My withdrawal symptoms started becoming much milder and I started noticing the benefits of the treatment. Today I don’t think of heroin and I am leading a normal and active life,” says a relieved Abdul. “Methadone has given me a new life!”

Client receiving OST medication (Methadone) at a drop in centre
UNODC supported the Bhutan Narcotics Control Agency (BNCA) to develop operational guidelines and build capacities of government and civil society partners to implement programmes on drug prevention as well as treatment and care of drug users. It also supported the BNCA in its first ever ‘National Baseline Assessment (NBA) of Drugs and Controlled Substance Use in Bhutan’ in 2009. With the available data, the Bhutan Government is reinforcing action in the area of drug use prevention and treatment. UNODC supports three drop in centres for drug users and has reached out to 447 drug users till date.

Queen Mother of Bhutan participating in a drug awareness programme
UNODC is actively engaged with the National HIV/AIDS programme through the National AIDS Control Organisation (NACO), Government of India to reduce HIV among drug users. UNODC, through 15 Opioid Substitution Therapy (OST) sites using buprenorphine demonstrated the effectiveness of OST in preventing HIV transmission, reducing drug related harm and improving quality of life of the drug users. The findings from this pilot initiative have provided evidence for the further scale-up of OST in the country. UNODC is also a technical partner for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Round 9 component for providing HIV prevention services to injecting drug users (IDUs),

India

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through which capacity building activities for Targeted Intervention (TI) NGOs under the National AIDS Control Programme will be supported.

UNODC, through its work within joint UN initiatives, supports HIV prevention activities among injecting drug users in the North East of India. Four drop in centres, one each in the states of Manipur, Meghalaya, Mizoram and Nagaland, reach out to female injecting drug users and female partners of male IDUs providing comprehensive package of prevention, treatment and care services. Till date, UNODC has reached 227 female injecting drug users and 459 partners of male IDUs. UNODC has also supported awareness generation programmes, such as the 'Red Ribbon Youth Icon' music talent hunt and the Red Ribbon Inter Village Football Tournament in the state of Mizoram. Both these campaigns organized by NACO, were designed to spread the message of drug use prevention and HIV and AIDS, especially amongst the youth.

UNODC, in collaboration with the Ministry of Social Justice and Empowerment, initiated a drug prevention programme across fifteen States and Union Territories of India. Implemented over six months, the initiative, which included the 'I decide – I will not take drugs' mass media campaign, reached out to more than sixty thousand school children and fifteen thousand adults with education on substance abuse. A comprehensive report on 'Beliefs and Practices on Substance Use - A perspective from different states in India' was prepared as part of the programme. A report on "Empowering School Children and the Teacher Community to say, 'I decide - I will not take drugs'," was also developed, which revealed facts and trends on drug use among the youth in India.
Twenty two year old Chawngmawii from Aizawl in North East India left home when she was sixteen. Living with her friends or on the streets, she started injecting drugs. She got into sex work to support her drug habit and soon discovered that she was HIV positive. Even though she started visiting drop in centres (DICs) for HIV and drug treatment, they were not very helpful as the services provided were very male centric.

Chawngmawii found new hope when a female specific DIC was set up by Agape Home, an NGO supported by UNODC. She enrolled herself as a client and started visiting the DIC every day. “I go and rest, have a bath and fill my belly in the DIC for the day, which I could never do in the other DICs as there were too many male clients. This is a safe haven and I really feel at home,” she says.

The staff in the DIC, including doctors, counselors and peer educators, are all women. They not only provide services such as needle/syringe exchange and counselling, but also address gender specific requirements such as pregnancy termination services, pre-post natal care and even income generation services.

“Over the past few months, I can see the change in my behaviour,” says Chawngmawii. “No condom, no sex, is what I tell my clients. I also use the clean needles and syringes, which are available at the DIC free of cost. The staff at the DIC is very particular that I exchange the used syringe for a new one. The love and support I receive here has given me hope and I know that some day I will be able to lead a life which is free from drugs.”
In view of growing concerns about increasing drug use in the Maldives, which is affecting almost every household in the country, UNODC provided for the first time in 2008, technical assistance to the Government of Maldives, to develop the first national "Drug Control Master Plan 2008-2012." At the same time, UNODC also started supporting the implementation of the comprehensive package of services for HIV prevention among drug users, through three community-based drop in centres. Since October 2008, the Department of Drug Prevention and Rehabilitation Services (DDPRS), Ministry of Health and Family, with support from UNODC, is running an Opioid Substitution Therapy (OST) programme using Methadone. Since 2010, UNODC has expanded its scope of work towards strengthening the technical capacities of the DDPRS and civil society to effectively manage drug prevention, treatment and care programmes in the country. Through a specific project, some thirteen NGOs are being supported to increase and improve access to aftercare and support services for recovering drug users, their sex partners and families throughout the country, which comprises hundreds of islands. UNODC is also assisting the DDPRS to establish a national 24/7 drug helpline, a women's drug treatment centre as well as a comprehensive drug treatment centre in the country. Equally important, UNODC is supporting the Government of Maldives to carry out the country's first ever drug use survey and also plans to implement drug use and HIV prevention and treatment services in prisons along with a comprehensive aftercare network, considering the high number of inmates imprisoned for drug-related offences.
In support of Nepal's national HIV/AIDS policy, UNODC in collaboration with the Government of Nepal supports organisations that provide services for drug users. Three Opioid Substitution Therapy (OST) centres using methadone are presently operational. UNODC is also working with sixteen NGOs, two networks and three Government Hospitals to provide HIV prevention, treatment and care services for drug users in ten districts and has covered 22,900 male drug users till date. UNODC is also supporting a project targeting female drug users, female prisoners and women living with HIV and AIDS, which has so far reached out to 1,162 female drug users. Along with seven female specific drop in centres, two care homes have been established which provide services to women living with HIV and AIDS.
Low cost community based care and support camps for drug users

Tushara, a nineteen year old boy from Sri Lanka, started using heroin when he was seventeen. Even though he was desperate to give up drugs, he did not know how. His life changed when he accidentally met the director of ECDIC, an organisation which works with drug users. He soon joined one of their low cost community based care and support (LCCS) camps.

The LCCS camps, supported by UNODC, reach out to drug users in areas where treatment services are unavailable or limited. The two-week long camps focus on detoxification followed by counselling and other psychosocial support. The camps are conducted by qualified personnel and the local community is involved to mobilise resources such as food and other logistics. They also educate the clients about high-risk practices in terms of sexual behavior or injecting drug use. After the camp, the clients are supported with follow up services for about eighteen months, through linkages with other service providers in the area.

It took Tushara nearly six months to recover from drug use. Today, he is continuing his education, conducts English speaking classes and works as a peer volunteer with ECDIC. "My friends laugh at me when I tell them that I have given up using drugs. I always encourage them to come to our organization and try to give up drugs. Some are even undergoing treatment. I am hopeful that they will be able to give up drugs in the near future."
In Sri Lanka, UNODC collaborates with the National Dangerous Drugs Control Board (NDDCB) and provides technical assistance on HIV prevention and care among drug users and among vulnerable groups in prisons. Currently the comprehensive package of services is provided to drug users and their female sex partners through seven drop in centres, which have reached out to 2,420 drug users till date.
Selected UNODC tools and publications on drug use prevention, treatment and care and HIV prevention

- Counselling in Targeted Intervention for Injecting Drug Users, 2011
- Reaching Out to Female Sex Partners of Injecting Drug Users – A training manual for service providers, 2011
- Advocacy Strategy – Removing barriers to scale up of HIV/AIDS prevention and care programme for injecting drug users and oral opioid users in South Asia, 2011
- Opioid Substitution – Buprenorphine in India – A study report, 2010
- Female Drug Users and Female Regular Sex Partners of Male Drug Users in Bangladesh, 2010
- Training module on Positive Living – HIV care and support in the context of drug use with a focus on women, 2009
- National Baseline Assessment of Drugs and Controlled Substance Use in Bhutan, 2009
- Drug Use Situation and Responses in Schools and Communities - A Rapid Assessment in Phuentsholing, Bhutan, 2009
- Drug Use Prevention for Out of School Children, 2009
- Preventing Drug Use and HIV amongst Street Kids – An outreach worker’s handbook, 2008
- Women and Drug Use in India - Substance, Women and High Risk Assessment Study, 2008
- Legal and Policy Concerns Related to Injecting Drug Use (IDU) Harm Reduction in SAARC Countries, 2007
Female drug users, women living with HIV and female prisoners belong to one of the most hidden and marginalized groups of women in society. On the occasion of the centenary celebrations of International Women's Day in 2011, UNODC in association with the NGO FAITH Nepal organized 'Buddhana' (symbolizing the enlightened female Buddha) – a series of art therapy workshops for female drug users, women living with HIV and female prisoners together with seven renowned artists of Nepal. Through unfettered strokes of pencil and brush, the women from the different focus groups reflected on their lives and expressed their thoughts and feelings through drawings and paintings. The artists, who interacted with the women, also produced a series of paintings which depict the realities and concerns of the women's lives. All the art works were exhibited on 18 March 2011 at an event in Kathmandu, which was attended by several hundred people, thus raising awareness and compassion for the situation of the women.
Prevention of HIV in prisons

Promoting universal access to support services to prevent HIV in prison settings
Worldwide, there are approximately 10 million inmates in prisons. Overcrowding, inadequate food and nutrition and poor infrastructure make prisons a high-risk environment for the transmission of infections such as HIV and tuberculosis. Drug use and injecting drug use in particular, as well as unsafe sexual behaviour also increase the risk of HIV amongst prisoners. Lack of knowledge and education about the risks of contracting and transmitting HIV, along with the absence of protective measures and proper health services, makes prisoners extremely vulnerable to HIV and AIDS.

The prevalence of HIV among prison populations is usually higher than in the general population. Prevention and treatment of HIV in prisons is critical, not only to protect the health of the inmates, but especially to curtail the spread of the infection in society after the prisoners are released into their community.

UNODC’s baseline KAP (Knowledge Attitude and Practice) survey (2008), in select prison sites of India, Nepal and Sri Lanka revealed the following:

- The number of married inmates is high, entailing a greater risk of HIV transmission to partner/spouse
- Age of initiation into drug use and sex is as early as 15 years
- Knowledge/information about HIV transmission is significantly low
- Presence of high risk behaviors like unprotected sex, consumption of drugs, injection of drugs and sexual harassment
UNODC’s response to HIV in prisons in South Asia

UNODC assists countries in implementing the United Nations Standard Minimum Rules for the Treatment of Prisoners to ensure that all inmates enjoy the right to health care, including HIV prevention, treatment and care, without discrimination and equivalent to those available in the community.

UNODC’s interventions aim at enhancing institutional and technical capacities of government institutions, prison departments and civil society partners to provide effective and comprehensive HIV prevention interventions in prison settings. The overall objective is to encourage behaviour change among prisoners and empower them to engage in positive health behaviour with regard to drugs and HIV during incarceration and after release. Through advocacy and

Peer volunteer training for inmates in Watareka Prisons, Sri Lanka
capacity building, UNODC assists countries in incorporating elements of the comprehensive package of services (including Opioid Substitution Therapy for drug dependents) in prisons. This has been done in incremental steps through evidence-based interventions, trust-building and implementation of services, which are acceptable and doable in the country-specific legislative, administrative and cultural contexts.
Key Interventions

UNODC has been working in 21 prison sites in Bangladesh, Bhutan, India, Nepal and Sri Lanka specifically through the following activities:

- Advocacy and evidence generation
- Sensitization and capacity building of prison managers and other staff, prison welfare officers, medical professionals and civil society partners to implement the comprehensive package of services for HIV prevention, as per site preparedness
- Educating prisoners and their families on the basics of drug use and HIV, high risk behavior and HIV prevention using a peer-led approach
- Providing health services for prisoners related to Voluntary Counselling and Testing (VCT), Anti Retroviral Therapy (ART), Tuberculosis (TB) & Sexually Transmitted Infections (STIs)
- Establishing a post-release support system for social re-integration of prisoners through referrals and link up with treatment and rehabilitation services available in the community

To date, UNODC's prison interventions have reached out to nearly 30,000 inmates. Some 4,000 prison officers and 400 peer leaders have been trained on drug use and HIV prevention in prisons.

India: Opioid Substitution Therapy (OST) in prison settings

In 2008, UNODC initiated the Opioid Substitution Therapy (OST) programme for drug dependents in the Tihar prisons, India - South Asia's largest prison. This pilot initiative, the first of its kind in prison settings in South Asia, is a collaborative effort with the All India Institute of Medical Sciences (AIIMS) and the Tihar administration.

Since its initiation, the OST programme has shown considerable progress with the voluntary enrolment of more than 117 clients, with nearly 30 persons on OST at any given point in time. OST has helped clients to lead more stable and productive lives with decreased dependency on drugs.

Through the programme, UNODC is working with the prison administration to collect systematic data and study the feasibility and effectiveness of using buprenorphine as medication for treating opioid dependence in prison settings. Based on the study, a protocol for implementing OST programmes (with buprenorphine) in prison settings is being developed in collaboration with AIIMS, which can be adapted to specific prison contexts.
Nepal: Providing HIV prevention services for female prisoners

The number of females in Nepal’s prisons is lower than the number of males, but the proportion of drug users among female inmates is higher than those among male inmates. Injecting drug use is particularly prevalent among female prison populations, along with a higher prevalence of HIV among female prisoners than male prisoners. Female prisoners also face more health problems (in number and severity) than male prisoners, resulting from lives of poverty, drug use, family violence, malnutrition and poor preventive health care.

In Nepal, UNODC in collaboration with the Government of Nepal and civil society organisations, is implementing prevention programs aimed at reducing drug use and HIV-related high risk behaviour among female prisoners. The initiative is being carried out in four jails in Kathmandu, Kaski, Morang and Jhapa districts. Female inmates have been oriented on HIV/AIDS, harm reduction, sexually transmitted infections (STIs), drug use prevention, treatment and care. So far 263 women have been reached through Behaviour Change Communication (BCC) programmes. UNODC, through its partner NGOs, has also trained and mobilized 42 inmates as peer educators to create greater awareness about HIV prevention, drug use and other health issues such as reproductive health in prison settings.

A Voluntary Counselling and Testing (VCT) site for HIV and STIs has been established within the Central Prison premises in Kathmandu. This has made it easier for the inmates to access counselling and testing services within the prison complex itself. Similar VCT services have been initiated in two other (district) prison sites in Nepal. Preparations are underway to introduce such services in other prison sites also.
Selected UNODC tools and publications on prevention of HIV in prisons

- Ray of Hope – a film on OST in prison settings, 2010
- Faces of Shadow – a film on female drug users, female prisoners and women living with HIV in Nepal, 2010
- HIV in Prisons: Situation and Needs Assessment Toolkit, 2010
- From Coercion to Cohesion: Treating drug dependence through health care, not punishment, 2010
- Women’s Health in Prisons: Correcting gender inequity in prison health, 2009
- Technical paper for HIV testing and counselling in prisons and other closed settings, 2009
- Policy Brief: HIV testing and counselling in prisons and other closed settings, 2009
- Our work in South Asian Prisons - The journey so far...2008
- Module for Prison Intervention: South Asia – Preventing Drug Use and HIV among Incarcerated Substance Users, 2007
- Peer Guide for Preventing Drug Use and HIV among Incarcerated Substance Users, 2007
Drug law enforcement and precursor control

Providing technical assistance and promoting international cooperation to address drug trafficking
For many years, South Asian countries have been seen exclusively in the light of the risk of heroin coming from Afghanistan and Myanmar transiting India and more recently Pakistan, to Sri Lanka and of late the Maldives. In addition to the threat of heroin, South Asia is also home to licit and to some extent, illicit poppy cultivation, as well as to illicit cannabis cultivation and wild growing cannabis.

Moreover, the region has become vulnerable to the illicit production and trafficking of synthetic drugs as shown by the rise in illicit manufacture, trafficking and abuse of Amphetamine-type stimulants (ATS). ATS drugs can be manufactured in clandestine laboratories using locally available ingredients and formulas and hence are difficult to detect. The availability of precursors for ATS and its proximity to markets in South East Asia and the Middle East is another factor that makes the region vulnerable to ATS production and trafficking. Controlling precursors is a special challenge, as they are used for both licit and illicit use. Precursor control strategies therefore need to strike a balance by preventing diversion of precursors from legitimate trade, while ensuring that they are available for legitimate use.

An equally serious problem which affects South Asia is pharmaceutical abuse – the prime reason for which is the easy availability of pharmaceuticals (Eg: codeine-based cough syrups, diazepam and proxyvon) without prescription. The use of internet pharmacies for the trafficking of narcotic drugs and psychotropic substances is also part of the problem.

*Chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*
UNODC’s response to drug trafficking and diversion of precursors

Over the years, UNODC has been assisting Governments in the region to assess and estimate the extent of drug trafficking and analyze emerging trends, such as the scale and transnational impact of drug trafficking, the linkages between drugs, crime and insurgency and their impact on health, security, development and rule of law.
In India, since 2008, the National Academy of Customs, Excise and Narcotics (NACEN), India and UNODC are collaborating to strengthen drug law enforcement in South Asia, by creating a core group of law enforcement personnel and developing the training and consultation capacity of law enforcement institutions in the region, resulting in the stock taking of precursor regimes in the region, identification of legal and operational gaps and pursuit of focussed strategies.

### Key Interventions

UNODC has been working with policy makers and drug law enforcement personnel to strengthen precursor chemical control mechanisms in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, resulting in the stock taking of precursor regimes in the region, identification of legal and operational gaps and pursuit of focussed strategies.

#### South Asia: Highlights of the Precursor Control Programme

- 700 law enforcement personnel trained on precursor chemical control through 19 training programmes
- 86 chemists trained in analysis of drugs/precursors through 11 training programmes
- Establishment of Laws, Standard Operating Procedures and Working Mechanisms
- Establishment of national databases on precursors
- Promoting cooperation amongst law enforcement agencies and the precursor chemical trade and industry by developing a Model Voluntary Code of Conduct (VCC) to prevent diversion of precursor chemicals from legitimate trade
- Promoting international, regional and bilateral cooperation

In India, since 2008, the National Academy of Customs, Excise and Narcotics (NACEN), India and UNODC are collaborating to strengthen drug law enforcement in South Asia, by creating a core group of law enforcement personnel and developing the training and consultation capacity of law enforcement institutions in the region.

So far 52 law enforcement personnel from Bangladesh, Bhutan, India, Maldives, Nepal, and Sri Lanka have been trained as master trainers under 'Training of Trainers' programmes, who have further trained over five hundred
law enforcement personnel under two regional and seventeen national training programs. These officers are now better equipped to interdict drugs and precursors. The knowledge products prepared by UNODC have been widely disseminated and are being used by law enforcement personnel and training academies in the region.

Seminars have also been conducted to understand the nature and extent of the use of pharmaceuticals across the region, leading to the formulation of the first ever regional report, which contains a comprehensive strategy to address the issue.

In August 2010, NACEN and UNODC signed an agreement to implement the Computer Based Training (CBT) developed by UNODC for drug law enforcement officers in the region. In India, the CBT has been installed in the NACEN Headquarters in Faridabad and in its Regional Training Institutes in New Delhi, Mumbai, Chennai, Bangalore, Kolkata, Hyderabad and Kanpur. About 30 CBT managers have been trained in the use of the CBT modules as well as in training methods. In the future, UNODC aims to train an additional 400 personnel from customs, police, excise and the coast guard.

The CBT on drug law enforcement has also been rolled out in the Maldives, where law enforcement personnel have started using it. Similar plans exist for the other countries in the region.
UNODC developed Computer Based Training (CBT) for Drug Law Enforcement

The Computer Based Training (CBT), developed by the UNODC Central CBT Unit based in Bangkok, comprises more than 100 hours of learning for drug law enforcement officers covering topics such as interdiction techniques at airports and seaports, land controls, intelligence, precursor chemical control and anti money laundering. With high quality voice, graphics, interactions, simulations and student tests, it is a training tool based on global best practices that uses a problem-solving and interactive approach. The important feature of this course is that it provides personalized training, allowing users to learn at their own pace. The CBT is already used in over 52 countries and in 300 established CBT centres worldwide.
Selected UNODC tools and publications on drug law enforcement and precursor control

- Illicit Use of Prescription Drugs in South Asia, 2011
- Standard Operating Procedures (SOPs) on Precursor Chemical Control, 2010
- Curriculum on Drug Law Enforcement, 2009
- Guidelines for Trainers on Drug Law Enforcement, 2009
- Training Manual on Drug Law Enforcement, 2009
- Precursor Control at a Glance, 2006
Prevention of human trafficking

Strengthening capacities to address human trafficking, improving victim protection and support and increasing prosecution
It is estimated that 300,000 to 450,000 people are trafficked within Asia each year. More than half of this is estimated to take place in South Asia. Men, women and children, particularly girls, are trafficked within countries, to other countries within and across the region as well as to other continents for exploitation in various forms. There are no precise statistics on the extent of this form of organized crime.

Many South Asian countries share either open borders or easy access to each other. Countries of the region are both source, transit and destination points for human trafficking. Bangladesh, India, Nepal, Pakistan and Sri Lanka are the main source countries. Destination countries include India and Pakistan, and also countries beyond South Asia, such as Europe and the Middle East.

Human trafficking is driven by multiple factors such as, (i) economic vulnerability (ii) social and gender-related inequalities, as unequal power relations in society make certain groups, especially marginalized communities and among them women, more vulnerable to human trafficking. Human trafficking is a violation of human rights as it strips the victims of their freedom and many other human rights, including the access to redressal. Human trafficking also has specific health implications, especially when commercial sexual exploitation is involved and victims become exposed to the risk of HIV and other sexually transmitted infections.

Under the United Nations Protocol on Human Trafficking – which complements the United Nations Convention against Transnational Organized Crime – human trafficking has been defined as:

- “The recruitment, transportation, transfer or harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

- This exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

*Human Trafficking and HIV: Exploring Vulnerabilities and Responses in South Asia, UNDP, 2007*
UNODC's response to human trafficking in South Asia

In 2000, the United Nations General Assembly adopted the United Nations Convention against Transnational Organized Crime (UNTOC) and its Protocol to Prevent, Suppress and Punish Trafficking In Persons, Especially Women and Children, marking a significant milestone in international efforts to stop the trade in people. The UN Human Trafficking Protocol is the key international instrument addressing human trafficking, supplementing the UNTOC.

Key Interventions

In India, UNODC has worked with the Ministry of Home Affairs to strengthen the criminal justice responses to human trafficking. Under a partnership project, capacity building measures were carried out for law enforcement personnel in five states i.e - Andhra Pradesh, Bihar, Goa, Maharashtra and West Bengal. Main elements of this project included the training of police officials and prosecutors, setting up Anti-Human Trafficking Units (AHTUs), establishing networks among law enforcement agencies and civil society partners as well as developing appropriate resource tools including protocols, manuals, Standard Operating Procedures (SOP), compendiums and

Training of police officers on anti-human trafficking, India

The UNTOC and its Protocol on Human Trafficking is comprehensive in addressing human trafficking by focussing on the so-called three Ps:

- Prevention
- Protection of survivors thereby ensuring rehabilitation of survivors and the restitution of their rights and
- Prosecution of trafficking offenders
Outreach (2007-2010)

- AHTUs initially established: 9
- Training programs conducted for police and prosecutors: 411
- Police officers, judges and prosecutors trained: 14403
- Nodal training cells set up in project states: 10
- Tools and publications developed on anti-human trafficking: 14
- Caregivers from government-run shelter homes in India received psychosocial training: 1570
- Children from government-run shelter homes received career guidance training: 450
- Survivors of trafficking received vocational training and livelihood support: 1350

India: Government institutes Anti-Human Trafficking Units (AHTUs)

An AHTU is a special Task Force, constituted within the Police department with the partnership of several stakeholders, including officials from the departments of prosecution, welfare and health, agencies that run shelter, protective and children's homes, as well as from civil society partners and the media. The ATHUs also seek to strengthen inter-departmental collaboration amongst the police and all other government agencies and departments, such as women and child, labour, health, etc to comprehensively address human trafficking.
Another important element in comprehensively addressing human trafficking is to provide protection and assistance to survivors of human trafficking, including physical, psychological, social and legal assistance to the survivors. In India, UNODC in collaboration with selected state governments and NGOs has contributed to the following interventions:

- Provided livelihood and psychosocial support to survivors of trafficking in shelter homes, especially women and children
- Conducted capacity building programmes for the staff in Government-run shelter homes for women and children in five Indian states (Andhra Pradesh, Tamil Nadu, Kerala, Karnataka and Uttar Pradesh) to promote minimum standards of care and protection and undertook training of care givers on psychosocial support for women and children in shelter homes
- Provided career counselling for children from government-run shelter homes in the states of Kerala, Tamil Nadu and Andhra Pradesh
- Supported initiatives to raise community awareness about human trafficking, especially in high source areas through sensitisation programmes, village vigilance committees and communication-education initiatives such as community radio, film and street theatre
In collaboration with the National Institute of Mental Health and Neuro Sciences (NIMHANS), a renowned mental health institution in Bangalore, India, UNODC has developed a manual titled, “Psychosocial Care for Women in Institutions”, to be used as resource material for capacity building of staff working in institutions for women in India. UNODC has also collaborated with NIMHANS to develop a model to improve the quality of life of children with mental disabilities who reside in government-run shelter homes.
In 2007, UNODC launched a multi-year initiative aimed at addressing human trafficking called the United Nations Global Initiative to Fight Human Trafficking (UN.GIFT). In South Asia, UN.GIFT has contributed to the following outcomes:

**India:** Drafting and launch of a National Code of Conduct for Safe and Honorable Tourism, together with the Ministry of Tourism, Government of India, along with the Pacific Asia Tourism Association (PATA) and Save the Children, India. Launched on the 1st of July 2010, the Code lays down a set of guidelines for the travel and tourism industry, urging them to undertake tourism activities in India in a manner that protects the dignity, safety and right to freedom from exploitation of both tourists and the local population. The Ministry of Tourism and UNODC are working to develop state level interventions to sensitise and train tourism agencies on safe and honorable tourism.

**South Asia:** Development of a “Legal and Policy Review on Anti-Human Trafficking Laws for Bangladesh, India, Nepal and Sri Lanka.” This review analyzes existing legislation with respect to human trafficking and identifies the gaps, especially in the context of the United Nations Convention against Transnational Organized Crime (UNTOC) and the UN Trafficking Protocol.

In addition, UNODC has developed a joint regional programme with a focus on strengthening criminal justice responses to human trafficking in the region. The objective is to build capacities of criminal justice officials to ensure increased prosecutions and convictions of traffickers. Under this initiative, UNODC together with the International Organisation for Migration (IOM) will develop tools based on specifically identified needs of countries, thereby providing them with means to effectively implement their domestic laws and foster cross-border co-operation in identification of victims, investigation of human trafficking cases, implementation of victim-witness protection measures, repatriation of victims and extradition of criminals through bilateral mechanisms between countries.
Selected UNODC tools and publications on anti-human trafficking

- Journey of Hope, 2011
- Psychosocial Care for Women in Institutions, 2011
- Anti-Human Trafficking Manual for Criminal Justice Practitioners, 2009 (UN-GIFT)
- Compendium on Best Practices on Anti-Human Trafficking by Non-Governmental Organizations, 2008
- Training Manual for Prosecutors on Confronting Human Trafficking, 2008
- Compendium on Best Practices on Anti-Human Trafficking by Law Enforcement Agencies, 2007
- Protocol on Inter-State Rescues and Post-Rescue Activities Relating to Persons Trafficked for Commercial Exploitation, 2007
- One Life No Price – a film on anti human trafficking (DVD)
India: Improving psychosocial care for women in shelter homes

Domestic violence, social ostracism and human trafficking can render women homeless. After being rescued from such stressful situations, they may be transferred to Government-run shelter homes, where they usually face numerous physical, psychological and social problems, which affects their overall recovery and development. Often, the staff and the caregivers in the homes are not skilled enough to provide them with quality care because of the large number of residents and the lack of adequate manpower. Also, they often do not have the necessary capacity or knowledge to understand and address the psychosocial needs of the women in distress.

UNODC, in collaboration with the National Institute of Mental Health and Neuro Sciences (NIMHANS), a renowned mental health institution in Bangalore, India, initiated a series of capacity building programmes for caregivers in Government-run shelter homes for women. The initiative was carried out in the South Indian states of Karnataka, Tamil Nadu and Andhra Pradesh, where top level Government officials were first sensitized about the need for improved psychosocial care and support in shelter homes for women. They, in turn, selected officials like superintendents and probation officers of the shelter homes, who were trained as trainers to further provide training to the personnel working in the shelter homes - like caregivers, counselors, medical officers, NGO staff and security guards.

The staff not only learned about practical techniques such as active listening, counselling and psychosocial care interventions, including para-legal aid, livelihood and educational support, but also learned to identify and deal with mental health problems and medical emergencies. They were also sensitized about stress management techniques to handle their own fatigue in an undoubtedly demanding job.

The trainings have resulted in a shift in the perceptions and mind-sets of the caregivers, who are now more sensitive and supportive to the needs and concerns of the women. They have learnt to respond proactively to problems and propose practical solutions - something they were not used to doing earlier.

Above all, the trainings have enhanced the psychological well-being of the women residing in these homes, who are grateful for a listening ear or soothing hand which extends them empathy and dignity.
Prevention of smuggling of migrants

Strengthening capacities to address migrant smuggling
In a rapidly globalizing world, legal and safe migration has become increasingly complex. Lack of effective migration management can lead to irregular migration or even smuggling of migrants. Migrant smuggling affects many countries either as origin, transit or destination country. It is recognized as a serious crime, which costs the lives of many people every year.

Evidence shows that a majority of smuggled migrants transiting through Central Asia come from South Asia, especially from Afghanistan, Bangladesh, India, Pakistan and Sri Lanka. Recently, there has been increasing evidence of unsafe/irregular migration taking place from or through South Asia to especially, but not exclusively the Gulf States, particularly in connection with young men seeking work abroad.

Although there are no precise statistics available about the number of people who are smuggled each year, the news of fatal tragedies underscore the high risk it involves for the “interested migrant” who becomes vulnerable to criminal methods and groups. Migrant smuggling is a highly profitable business, where the smugglers provide services to irregular migrants to evade national border controls, migration regulations and visa requirements. As border controls improve, migrants are deterred from attempting to illegally cross borders themselves and resort to the assistance of profit-seeking smugglers. The modus operandi of migrant smugglers is diverse. Highly sophisticated and expensive services rely on document fraud or ‘visa-smuggling’. Contrasted with these are low cost methods which often pose fatal risks for migrants. The constant change of routes and modus operandi by the smugglers in response to changing circumstances makes its investigation difficult.

Smuggled migrants are vulnerable and exposed to life-threatening risks, victimisation and abuse. When they enter foreign countries, they may risk their lives and freedom. Trapped in the “smuggling deal,” they might also get drawn into crimes, such as drug trafficking.
UNODC's response to smuggling of migrants in South Asia

With the objective to improve evidence-based knowledge on migrant smuggling in India, UNODC commissioned two studies on the smuggling of migrants from India (Tamil Nadu and Punjab/Haryana states) to Europe, and in particular to the UK. The two studies have been used by the Ministry of Overseas Indian Affairs, Government of India and the members of the European Union (EU) to discuss the various facets of irregular migration and strengthen respective national and regional responses to prevent irregular migration and promote safe mobility.

With an aim to systematize information, increase information sharing and contribute to policy responses on migrant smuggling, UNODC has been assisting in data collection and analysis on migrant smuggling from India, Maldives and Sri Lanka in the framework of the Bali Process on People Smuggling, Human Trafficking and Related Transnational Crime, an intergovernmental dialogue among Asia and the Pacific and Australia.

To further strengthen responses to migrant smuggling in South Asia, UNODC seeks to:

- Promote the ratification of the United Nations Convention against Transnational Organised Crime (UNTOC) and the Protocol on Migrant Smuggling
- Generate awareness among relevant authorities and citizens that migrant smuggling is a criminal activity
- Generate further evidence and data on the nature and trends of migrant smuggling from South Asia
- Strengthen criminal justice and law enforcement responses to better handle investigations, prosecutions and trials related to migrant smuggling
- Strengthen mechanisms for international cooperation and mutual legal assistance between countries of the region

Under the United Nations Protocol on Migrant Smuggling, which supplements the United Nations Convention against Transnational Organized Crime, smuggling of migrants has been defined as:

“the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.”
UNODC Studies: Smuggling of Migrants from India to Europe, and in particular to UK

Highlights from the study on Punjab and Haryana, India

- Every year, more than 20,000 youth from Punjab attempt irregular migration.
- Out of the total cases related to irregular migration, an average of 47% seek to reach destination countries in Europe.
- Agents charge more than US$ 50,000 for USA and Canada; from US$ 15,000 to US$ 30,000 for countries in Europe and from US$ 22,500 to US$ 30,000 for UK.
- Migrants often stay indebted for long periods of time unable to pay back high-interest loans and hefty fees that agents demand.

Highlights from the study on Tamil Nadu, India

- Almost one fourth of the total of 169 cases reported on irregular migration related to destination countries in Europe.
- Chennai, the capital of Tamil Nadu, is emerging as a hub of irregular migration, even for Sri Lankan nationals.
- Out of the total 169 cases recorded at Chennai airport in 2007, 23 percent of the cases related to irregular migration of Sri Lankan nationals.
Selected UNODC tools and publications on smuggling of migrants

- The Global Review and Annotated Bibliography of Recent Publications on Smuggling of Migrants (Global Review), 2011
- Toolkit to Combat Smuggling of Migrants, 2010
- UNODC Model Law against Smuggling of Migrants, 2010
- Basic Training Manual on Investigating and Prosecuting the Smuggling of Migrants, 2010
Promoting accountability, integrity and transparency in the public and private sector
Over the years, there has been increasing awareness that corruption undermines social and economic development as well as the moral fabric of societies. As a result of corruption, money and resources are diverted from what they should serve, i.e. socio-economic development, justice and security. Corruption also erodes the rule of law, the observance of human rights and allows organized crime, terrorism and other security threats to flourish. While corruption is generally considered as ethically unacceptable, there is a great need for comprehensive, collaborative and persistent action against corruption. Also, people often do not fully understand the consequences of corruption and believe that little can be done or even accept it as a way of life.

Corruption is of particular concern to South Asia, which is home to one-fifth of the world’s population, where countries are grappling with poverty and complex governance and security challenges. While the countries in the region have unanimously expressed their commitment to eradicate corruption and have implemented anti-corruption initiatives, gaps remain in their respective capacities to comprehensively address the issue. There is also a need to strengthen legal frameworks and institutional capacities for undertaking financial investigations, asset recovery and cross-border investigations.
UNODC's response to corruption in South Asia

In 2003, the world community adopted the United Nations Convention against Corruption (UNCAC), the first ever universal instrument against corruption. Through this Convention, Governments now have universally agreed upon and accepted comprehensive standards and measures to criminalise and prevent different forms of corruption such as bribery of public officials, embezzlement of funds, trading in influence, abuse of functions, illicit enrichment, laundering the proceeds of crime and the obstruction of justice.

As the guardian of the UNCAC, UNODC together with Governments, the corporate sector and civil society in the region, provides practical assistance and capacity building to develop anti-corruption policies and institutions.

Key Interventions

In South Asia, UNODC has focused on the following initiatives to address corruption:

- Awareness raising, for example through the UNODC – UNDP 'Your No Counts' campaign activities on the occasion of the International Anti-Corruption Day (9th December)
- Dissemination of UNODC tools and knowledge products, as well as providing technical support to practitioners for anti-corruption initiatives
- Support to anti-corruption measures in the corporate sector in coordination with the UN Global Compact and under the Siemens Integrity Initiative.
- Technical assistance for conducting self assessments for UNCAC compliance
- Anti-corruption technical needs and training needs assessments
- Support to the drafting of the National Anti-Corruption Strategy (NACS), India
- Support to the technical assistance project “Civil Society Empowerment for Strengthening of Democracy” in the Southern Province of Sri Lanka under the United Nations Democracy Fund (UNDEF)
Selected UNODC tools and publications on anti-corruption

- Comprehensive Self-Assessment Checklist on the Implementation of the United Nations Convention against Corruption (Omnibus software)
- Articles of the United Nations Convention against Corruption on Asset Recovery: Analysis of reported compliance and policy recommendations, 2009
- Management of Returned Assets: Policy Considerations, 2009
- Income and Asset Declarations: Tools and Trade-offs, 2009
- A Good Practices Guide for Non-Conviction Based Asset Forfeiture, 2009
- Commentary on the Bangalore Principles of Judicial Conduct, 2007
- Training Manual on Alternative Dispute Resolution and Restorative Justice, 2007
Partners

All the work described in this brochure would not be possible without the support of our funding partners:

- Australia, with AusAID
- European Union
- Germany, with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
- India
- Italy
- Nepal
- Norway, with the Norwegian Agency for Development (NORAD)
- Sweden, with the Swedish International Development Cooperation Agency (SIDA)
- United Kingdom, with the Department for International Development (DFID) and the British High Commission, India
- United States of America, with the United States Government Office to Monitor and Combat Trafficking in Persons (GTIP) and the United States Agency for International Development (USAID)
- Emmanuel Hospital Association, India
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Japanese Drug Abuse Prevention Centre
- Siemens
- The Tata Institute of Social Sciences, India
- UNAIDS
- United Nations Democracy Fund (UNDEF)
- United Nations Development Programme (UNDP)
- United Nations Global Initiative to Fight Trafficking (UN.GIFT)

Our deepest appreciation and gratitude to all Government counterparts, agencies and institutions in Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka, who are our committed partners in tackling the threats posed by drugs and transnational organized crime in the region.

We sincerely thank all our civil society partners, without whose continued efforts and unwavering commitment, our work on the ground would be impossible.

We also extend our acknowledgement to all UN sister agencies for their sustained cooperation and support in our endeavours.

In line with the overall efforts to harmonize UN operations at country level, UNODC participates actively in joint UN programmes, specifically in the area of HIV prevention, treatment and care among drug users, both at the regional level together with UNAIDS and WHO as well as in the Northeast of India in a joint UN programme comprising UNAIDS, UNDP, UNICEF and UNODC. UNODC is also part of the United Nations Development Assistance Framework (UNDAF) in all countries of the region.
## United Nations Conventions on Drugs, Crime and Corruption

The following UN Conventions underpin all the operational work of UNODC:


The United Nations Single Convention on Narcotic Drugs broadened the monitoring of drugs, which previously only covered opium and coca, to include cannabis and any substance with effects similar to those specified in the treaty. The Single Convention seeks to limit possession, use, distribution, importation, export, manufacture and production of drugs exclusively to medical and scientific purposes.

### Convention on Psychotropic Substances (1971)

At the end of the 60s, abuse of hallucinogenic drugs such as LSD, which were not covered by the Single Convention, increased. In response, the Convention on Psychotropic Substances was written so that almost any conceivable drug that could alter the mind would be included.

### Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

This Convention provides exhaustive measures against drug trafficking, including provisions against money laundering and the deviation of precursor chemicals. The treaty emphasizes international cooperation in areas such as the extradition of drug traffickers.


The Convention represents the great progress made in the fight against transnational organized crime and shows that Member States recognize the severity of the problems presented. The States that ratify this document are committed to taking a series of measures against transnational organized crime, including classifying it as a criminal offence in their national legislation, adopting a framework for mutual legal assistance, law enforcement cooperation, extradition and technical assistance, among others.

The Convention is supplemented by the following protocols:

- Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children
- Protocol against the Smuggling of Migrants by Land, Sea and Air
- Protocol against the Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components and Ammunition


The Convention creates the opportunity to develop a global language about corruption and a coherent implementation strategy. There are various international anti-corruption accords, but their application has been varied, or rather, moderately successful. The Convention against Corruption gives the international community the opportunity to face these limitations and to begin to establish points of reference for effective anti-corruption strategies. UNODC helps nations to effectively put the provisions of the UN Convention against Corruption into practice.