United Nations Office on Drugs and Crime

Eastern Horizons

News on the fight against drugs and crime in East Asia and the Pacific

No. 16
December 2003

"Don't Do Drugs" Cambodia's up and coming star, Rotha Yuok, is the new young face of the country's youth oriented anti-drug campaign.

Live and Let Live: World AIDS Campaign 2003

New UN Convention against Corruption

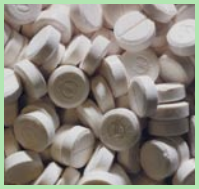
FIFA and UNODC: Joint Offence against Drugs

Synthetic Drug Use on the Rise

INTERVIEW WITH LEADING EXPERT ON **THAI CORRUPTION**

UNITED NATIONS
Office on Drugs and Crime
Regional Centre for East Asia and the Pacific

CONTENTS



Message from the Representative

Dr. Sandro Calvani's message on his reassignment

The time to leave a duty station after years of service to a country or region might be a sad moment – possibly even the saddest one can expect in a career with the UN.

Leaving Bangkok after four years for my reassignment to Bogotà, I realize that this is the seventh time I have been immersed in such a feeling. It is unique, however, in that my appointment to the Regional Centre was my first and only full mission on the Asian continent; my fourth continent in this line of work.

I leave many exceptional UNODC colleagues at the Regional Centre and the Region; they are the best professional team I have encountered thus far in my career. I will take with me all their friendship, smiles and human touch in my heart.

I leave many government colleagues, provincial and regional authorities. These people were excellent teachers of Asian values on top of being intellectually honest counterparts to UNODC planned activities decided by their consensus.

I leave my daily work here for thirty nations, numerous organized civil society groups and hundreds of individuals. These are among the most highly committed and creative institutional experiences I have encountered. Their drive to build greater human security in turbulent seas of change caused by the dark side of globalization experienced here in Asia is commendable.

I leave behind some of the most outstanding and innovative endeavours I have seen at the UN: the ACCORD Plan of Action; the Greater Mekong Subregion drug control programme; the computer based training programme; the cross-border drug control project; greater control of chemical precursors; the programme on HIV/AIDS vulnerability due to intravenous drug use; new projects for alternative development, demand reduction and ATS treatment among many others. Partnerships for advocacy and drug/crime awareness with civil society and the private sector have created a real network of participatory and sound responsibility in policy making. In practically all the above areas UNODC has shown itself to be a centre of excellence and an honest broker in facilitating dialogue, understanding and the sharing of best practices.

Unfortunately, I leave with only one regret. Despite my full commitment and dedication to the issue, I have failed to convince several governments of the urgency in changing their policies on HIV/AIDS vulnerability due to intravenous drug use. HIV/AIDS prevention policies unanimously advocated by eight UN agencies – cosponsors of UNAIDS and UNESCAP – are still little known nor well understood by governments. Reach-out services for drug users, substitution treatments and provision of clean needles are not implemented nor provided at appropriate levels. A sizable proportion of leaders and public service officers hide their confusion behind the generic respect of cultural values. The African continent has paid a hefty price in similar delays in their HIV/AIDS prevention policy with millions of innocent deaths; the Asian continent should learn from this historical lesson. Instead, with inaction, it may pay a much higher

price in terms of death, a reduced quality of life for a large percentage of their populations who must live with HIV/AIDS, and other dire social and economic disruptions.

I have faith, however, that the commitment of my United Nations colleagues in the region will continue my unfinished work and supply the East Asian and Pacific nations with the excellent advice and the best technical co-operation that can be achieved.

For the readers and partners who would like to keep in touch, the following is my new address:

Dr. Sandro Calvani

UNODC Postal: Apartado aereo 091369,
Bogotà, Carrera 4, No. 72-35
Bogotà, Colombia
Tel. 57 1 255 9333
Fax. 43 1 260607 4763
Email: sandro.calvani@unodc.org
Website: www.sandrocalvani.com

Season's greetings and best wishes.

Football Crosses Borders

By Mona Mangat, UNODC, Bangkok

The United Nations Office on Drugs and Crime (UNODC) and the Asian Football Confederation (AFC) teamed up to bring boys from Iraq, Kuwait, Jordan and Qatar together in the spirit of sport to promote peace, goodwill, leadership and living a healthy lifestyle. The Qatar National Olympic Committee (QNOC) hosted the camp in Doha on 16-20 October. Football without Borders also attracted the interest of international football officials and media representatives attending the FIFA Annual Congress in Doha on 19-20 October.

Twenty boys, aged 12-14, were selected by the football associations in the four participating countries, with the boys chosen reflecting the ethnic and religious balance of their respective countries. Although the campers selected were good footballers, more importantly, they had proven themselves as potential leaders who would share their experiences at the camp with their peers at home.

Football without Borders builds on UNODC's previously successful sports-based camps. Those events used basketball to bring together 50 young boys from Slovenia, Croatia, Federal Republic (FR) of Yugoslavia, Bosnia and Herzegovina and FYRO Macedonia in 2001, and 50 boys from Greece and Turkey in 2002. Football without Borders will operate on the same principles as those previous camps but will use football as the centrepiece for the first time.

Once at the camp, the boys were divided into four multinational teams, irrespective of race or religion, using sport as a uniting force that transcends national borders. In addition to football instruction and competition, the young players shared living quarters with their new team mates, ate together and participated in workshops led by UNODC to help the campers develop leadership skills and the knowledge to make healthy lifestyle choices. International professional football stars and players from Middle Eastern countries also attended the camp and worked with the boys.

In 2001, UNODC brought together youth sports representatives from around the world to examine the potential of using sport as a vehicle for health promotion and substance abuse prevention, which resulted in the publication of Using Sport for Drug Abuse Prevention. Through this effort, UNODC found that sport has a great potential to contribute to healthy development and substance abuse prevention, but only under the right conditions:

"When the focus on winning is tempered by other values, such as a focus on the tasks of the sport, a sense of fair and ethical play, and a respect for the game, oneself, coaches, opponents and officials".

The UNODC workshops will be held as a complement to the football aspect of the camp, using practical experiences that arise in the camp to illustrate the principles of sport and their value in real life decision-making.

The football associations of the four countries were also asked to send three youth coaches each who participated in every aspect of the camp and will served as chaperones. The coaches received special training to better understand the qualities of sport that promote the overall development of young people. These coaches were selected based on their ability to return to their home countries and pass on what they learnt at Football without Borders.

The unique nature of the camp and the diversity of the participants made Football without Borders a major human interest, sport and international news story. Qatar Sports International (QSi), the marketing arm of QNOC, was responsible for the local coordination of Football without Borders.

Methadone Methodologies

By Robert Newman M.D., World Expert on Methadone Treatment

How does Methadone Work?

Methadone's effectiveness is a function of the fact that it is an opiate agonist – i.e., a medication that produces a similar set of pharmacological actions as heroin, morphine, codeine or any of the other opiates. However, methadone possesses some special features that make it particularly valuable as a means for treating opiate addiction: it is long-acting (24-36 hours), so that it need be taken no more frequently than once a day; it has a predictable and reliable effectiveness when taken by mouth, so that it need not be administered intravenously; and in oral formulation it has a slow onset of action, which renders it relatively undesirable as an agent for producing euphoria.

In doses of approximately 30-40 mg per day methadone reduces or eliminates withdrawal symptoms and the physical craving for narcotics. At higher dosages (80-120 mg per day or more), methadone also produces an extremely high level of tolerance to the effects of all narcotics, thereby precluding euphoria, respiratory depression or other effects even if patients take supplemental narcotics. In other words, patients who receive methadone maintenance treatment experience the enormous relief of not being obliged to take heroin in order to prevent withdrawal symptoms; those patients who do take supplemental opiates – provided they are being maintained at appropriate doses of methadone – experience no narcotics effect and generally stop taking them.

As for the specific physiological basis for methadone's effectiveness, it remains somewhat speculative. Presumably, it fulfills a physiological need for narcotics – reflected in craving – that so commonly leads to relapse in the abstinent former heroin user. The fact that the tolerance associated with constant daily doses precludes euphoria or other narcotic effects allows patients to live normal lives, and function in even the most demanding and hazardous employment situations.

Fundamental to an understanding and acceptance of methadone maintenance treatment is the concept that opiate addiction is a chronic, relapsing, incurable but eminently treatable illness. This, of course,

Dr. Robert Newman

is precisely the orientation that applies to diabetes, hypertension, coronary artery disease, etc., and that has been the universally accepted foundation for over a half-century of the approach to the disease of alcoholism. The objectives of methadone maintenance treatment follow from this orientation: to improve function, lessen symptoms and discomfort, and lower the rate of mortality associated with addiction. As measured against each of these key criteria, methadone maintenance is extremely effective.

Experience with Methadone Treatment around the World

One of the most striking characteristics of methadone treatment is the extraordinary consistency with this therapeutic approach throughout the world over the course of almost four decades. Among the hundreds of reports published in the professional literature, not one has provided data suggesting that methadone fails to improve the fundamental and defining problem of addiction: compulsive use of drugs under conditions associated with high likelihood of harm medically and socially. In other words, methadone in the treatment of addiction leads to a curtailment – if not total cessation – of illicit drug use for most patients.

This positive generalization applies not to methadone alone, but to other opiate-agonist medications as well: codeine (e.g., as used extensively in Germany prior to 1990); Buprenorphine, which is prescribed for some 70,000 patients in France; and, based on recent experience in Switzerland and The Netherlands, heroin prescribed under clinically controlled conditions. While the degree of improvement varies, effectiveness has been demonstrated in countries where methadone is provided primarily (or exclusively) by "programmes" (e.g., the United States and Hong Kong) or by community-based general practitioners (GPs - e.g., Germany, Scotland, Croatia); in association with extensive "ancillary services," but also where little more is provided other than the medication itself; where the primary route of administration of heroin is by mouth or by injection; where the addict population is comprised mainly of a socially disadvantaged minority population or by the mainstream of citizens; etc.

While there are some exceptions (e.g., some Eastern European and Central Asian nations), most countries where opiate agonist treatment has been introduced in the past decade have relied on general practitioners rather than on specialty "centres." As indicated, effectiveness has been associated with both, but a GP-based delivery system has some major advantages, not the least of which is the ability to reach a far greater segment of the addict population (Hong Kong is an exception to this rule, and the reasons will be discussed).

Obstacles to Introduction of Methadone Maintenance

There are major obstacles to methadone maintenance treatment that exist prior to its introduction in a community, and they can be described as general and local. Among the latter, there is a near-universal concern that a "specialty addiction centre" will bring in hordes of "dope fiends" who will terrorize the neighborhood and destroy businesses and property values. The rationale that is given for the opposition, however, varies according to the circumstances: a proposed site is not acceptable because it is in a residential setting – or because it is in a business district; it is too close – or it is too far – from transportation services; there are currently very few addicts and little criminality in the vicinity – or there are already far too many drug users and disproportionately high levels of crime; etc. Much of the concern over methadone treatment rests on the (incorrect!) assump-

tion that patients receiving such treatment fit the stereotype of the untreated street "junky."

On a broader level, opposition to introduction of methadone treatment often comes from those who provide other (e.g., "drug-free" and/or residential) services to combat addiction. The stated rationale is often a philosophical one ("maintenance just substitutes one drug for another"), but generally there is also fear of competition for both financial support and patients. Ironically, in countries throughout the world where methadone has been introduced this fear has not been borne out – and Hong Kong is a case in point.

As for political opposition, it mirrors the views and prejudices of the general population, which are rarely offset by advocacy for such treatment; addiction is not a disease that garners much popular support! Also, in those countries where opiate-agonist prescribing has hitherto been banned, local doctors – by definition - have no personal experience which might motivate them to lend their professional support to introduction of maintenance treatment.

These significant obstacles notwithstanding, there is a decidedly good-news aspect to this story. Specifically, there are dramatic instances where the barriers have been overcome and treatment made available rapidly and on a massive scale. The first such example is New York City in the early 1970's, when methadone treatment capacity rose from some 2,500 to over 30,000 in the course of 2-3 years. Then, just a few years later, on the other side of the world, Hong Kong developed a methadone treatment capacity that grew from a few hundred to over 10,000 in just twelve months. In Germany, methadone had been outlawed until the late 1980's, when it was introduced on a "pilot" basis in one State; within five years some 60,000 German opiate addicts were being prescribed this medication. And most recently, the number of addicts receiving opiate-agonist treatment in France grew from 50 (!) in 1995 to approximately 80,000 today! The common factor in all these geographically disparate examples, spanning three decades, has been a commitment to make treatment available promptly to every opiate addict who is willing to accept it. With comparable commitment, there is no reason why the same success can not be achieved anywhere!

Excerpted from speech given at UNODC's Methadone Workshop in Hong Kong, October 2003.

Understanding the HIV/AIDS Epidemic in Asia and the Pacific

APLF
ASIA PACIFIC
LEADERSHIP FORUM

Almost one million in people in Asia and the Pacific newly acquired HIV in 2002, bringing to an estimated 7.2 million the number of people now living with virus – a 10% increase since 2001. A further 490,000 people are estimated to have died of AIDS in the past year. About 2.1 million young people (aged 15-24) are living with HIV. Aside from Cambodia, Myanmar and Thailand, national HIV prevalence levels remain comparatively low in most countries in the region.

However, in vast populous countries like India, Indonesia, and China low national prevalence blurs the picture of the epidemic. Both China and India are experiencing serious localized epidemics that are affecting many millions of people.

India's national adult HIV prevalence of less than 1% offers little indication of the serious situation facing the country. An estimated four million people were living with HIV at the end of 2001 – the second highest figure in the world, after South Africa. HIV prevalence among women attending antenatal clinics was higher than 1% in Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu. New behavioral studies in India suggest that prevention efforts directed at specific populations (such as female sex workers and injecting drug users) are paying dividends in some states, in the form of higher HIV/AIDS knowledge levels and condom use. However, HIV prevalence among these key groups continues to increase in some states, underlining the need for well-planned and sustained interventions on a large scale.

The epidemic in China shows no signs of abating. Official estimates put the number of people living with HIV in China at one million in mid-2002. Unless effective responses rapidly take hold, a total of 10 million Chinese will have acquired HIV by the end of this decade – a number equivalent to the population of Belgium. Officially, the number of reported new HIV infections rose to about 17% in the first six months of 2002. But HIV incidence can soar abruptly in a country marked by widening socioeconomic disparities and extensive mobility (an estimated 100 million Chinese are temporarily or permanently away from their registered addresses), with the virus spreading along multiple channels. Focused interventions alone will not halt the epidemic. More extensive HIV/AIDS programs that reach the general population are essential.

Throughout the region, IDU (injecting drug users) offers the epidemic huge scope for growth. Upwards of 50% of IDU's already have acquired the virus in parts of Malaysia, Myanmar, Nepal, Thailand and in Manipur in India, while HIV infections among Indonesia's growing population of IDU's is soaring. Virtually unknown in Indonesia just a decade ago, drug injection is now a growing phenomenon in urban areas. Official estimates suggest that between 124,000 and 190,000 Indonesians are now injecting drugs.

Data from the largest drug treatment centre in Jakarta reveal HIV prevalence rising very steeply in this population. National estimates indicate that some 43,000 injecting drug users are already infected with HIV. Very high rates of needle sharing have been documented among users in Bangladesh and Vietnam along with evidence that a considerable proportion of street based sex workers in Vietnam also inject drugs. If the epidemic is to be stemmed, it is vital that injecting drug users gain access to harm reduction and other prevention services.

Excerpted from the Asia Pacific Leadership Forum (APLF) on HIV/AIDS and Development.

DANGER

DRUGS IN SOCIETY

Drink-Spiking Danger

The issue of 'drink spiking' has been in the media spotlight recently. This important community safety issue requires ongoing attention from the Media, Governments and Liquor companies if preventative measures are to be effective.

'Drink Spiking' is the term given to unattended drinks being laced with drugs either to sedate or over-stimulate a person. Female bar patrons are most commonly targeted as potential victims and the resultant assaults perpetrated on the patron are of great concern to the community, government and responsible members of the industry. The number of incidents now being reported in the press may unfortunately be the tip of the iceberg. As these headlines are being picked up interstate and overseas, fallout for the industry includes a tarnished image for many countries as tourist destinations. In Queensland Australia, to increase patron and staff awareness of the problem, the Liquor Licensing Division initiated an awareness campaign in 2002 in selected late-trading licensed premises. The campaign highlighted the following issues:

- What happens to victims (i.e. sexual assault, rape, death).
- How patrons can reduce the risk of becoming a victim (i.e. watching their drinks, partying with trusted friends).
- What staff can do to prevent an incident and the action they can take to help a patron if an incident occurs.

The five-month campaign was finalized in October 2002 and involved the placement of awareness posters in the targeted premises and the distribution of a brochure for staff training. This targeted initial campaign was to ensure the material produced was effective and revised where necessary. The licenses of these premises voluntarily offered their full support for the campaign. Using funding provided by Queensland Health, researchers from the Queensland

University of Technology evaluated the campaign and other related issues.

FINDINGS

Of the interviewed patrons:

- 24% believed their drink had been spiked at some time in the past
- 54% knew someone who thought their drink had been spiked in the past
- The majority of patrons believed their drinks could be spiked in the future
- The posters have had a minor but positive impact on the level of patron awareness

From these findings, it is clear many patrons believe they may be a victim of drink-spiking in the future and that awareness posters alone are only a small part of the overall response required. The prevalence of drink-spiking and the resigned attitude of many patrons has prompted the Division to develop awareness material that gives a clearer message and might alert patrons into taking some responsibility to reduce the risks of being a drink-spiking victim.

This material consists of a revised poster, drink coaster, unattended drink card and revised brochure for staff. The poster and coaster show the outline of a glass half-full and says:

"Left it? Don't drink it. Unattended drinks can be spiked with dangerous drugs. Watch your drink at all times."

This message will be backed up by an unattended drink card which licenses will be encouraged to place over unfinished drinks that patrons have left unattended. The unattended drink card will feature a cut-out that will allow the card to be slipped over the drink. This will keep the card in place and make it easy for staff to use. The card will say:

"You left it. Don't drink it. Staff noticed your drink was left unattended. It could have been spiked with a dangerous drug. Drink-spiking victims have been robbed, assaulted, raped, and killed." It is hoped the use of this card will drive home to patrons just how dangerous it is to leave drinks unmonitored.

LATE NIGHT HAZARD

There are other strategies that patrons can use to limit their risk, such as going out with trusted friends, but the most practical and basic strategy is for them not to leave their drinks unattended at any time. All licenses are encouraged to use this material, but especially those that trade after midnight. It had been found that drink-spiking incidents are more likely to occur in premises that trade after midnight. Importantly, licenses are asked to treat all complaints of spiking seriously and inform staff of alleged occurrences.

Of course, they may receive bogus call from time to time, but if the alertness of their staff can prevent one assault, then vigilance will be rewarded. Queensland Health is continuing to work with government and NGO's to address other related issues such as information gathering, evidence procedures and public awareness strategies that are not directly aimed at the patrons of licensed premises; their proactive philosophy is not only sound policy, but actually may save lives.

Reproduced with permission from 'Drugs in Society' Magazine March 2003 Issue.

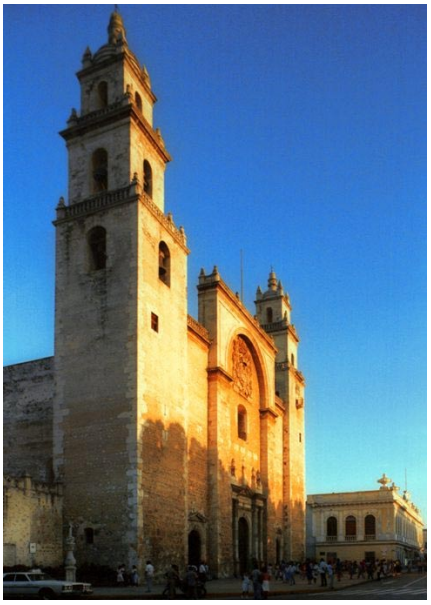
Consensus Reached on UN Convention against Corruption

By Fumio Ito, UNODC, Bangkok

On October 1st, after almost 2 years of negotiations, member states of the United Nations finalized the text of a new international treaty; The UN Convention against Corruption. The Convention was agreed on by an Ad Hoc Committee, established by the General Assembly in December 2000.

The Committee was serviced by the UNODC. It will be submitted to the General Assembly in Mérida, Mexico from 9-11 December 2003, and thereafter at UN Headquarters in New York. The Convention will enter into force with ratifications by 30 countries.

UN Secretary-General, Kofi Anna, said "This Convention can make a real difference to the quality of life of millions of people around the world." He urged member states to continue demonstrating their commitment by their signatures. The agreement shows the international communities' determination to do something concrete against corruption. "It has strong enforcement power, a true global response to the global challenge posed by corruption worldwide," commented Antonio Maria Costa, Executive Director of UNODC. He proudly told the press that the Convention had teeth, because it contained many binding aspects and strong language. He also described the Convention as well balanced because it embraced provisions not only on law enforcement and criminal justice but also on prevention and technical assistance.



Merida, Mexico.

At the core of the UN discussions was the search for an appropriate balance in addressing key issues such as definition of scope, prevention, criminalization, technical assistance and monitoring mechanisms, asset recovery and international cooperation. The result in as instrument that will improve the ability of member states to prevent and fight corruption.

The Convention requires states parties to cooperate with one another in law enforcement cooperation, joint investigation, special investigative techniques, mutual legal assistance, extradition, and transfer of sentenced persons. States parties are also required to undertake measures to support the tracing, freezing, seizure and confiscation of the proceeds of crime.

A major breakthrough in the negotiations was the agreement on the return of assets obtained through corruption. This is now a fundamental international principle. "The Convention spells out the measures for prevention and detection of proceeds stolen from a country because of corruption", Mr. Costa said. The Convention will engage the crime prevention and criminal justice system of all countries. The treaty recognizes that the problem of corruption goes beyond crime. Corruption impoverishes countries and deprives their citizens of good governance. It destabilizes economic systems, even of whole regions. Organized crime, terrorism and other illegal activities flourish.

In many countries, corruption erodes basic public functions and the quality of life of people. Bribery for example, is universally regarded as crime, but it also reflects socio-economics problems that require broad-based preventative measures and the involvement of society at large. The five highlights of the Convention included: Prevention, Criminalization, International Cooperation, Asset Recovery, and Implementation mechanisms.

Based on a Oct. 2nd report from the UN Information Service Vienna. (UNIS)

Indonesia Joins Regional ATS Project

In yet another example of international cooperation in drug control, the National Narcotics Board of Indonesia (BNN) has recently joined the regional UNODC project 'Improving ATS Data and Information Systems'. Noting the significant benefits from the development and good management of drug related data, BNN officials declared their interest to UNODC and officially committed the project in late August 2003.

Recent observations shared by BNN staff point to the significant value of national and regional data sharing as countries struggle to keep up with the rising consumption and production rates of ATS. In fact, BNN staff noted that data developed in neighbouring countries are highly relevant to their national drug control strategies, now and in the future.

For further information on the Improving ATS Data and Information Systems project reference www.apaic.org or contact Jeremy Douglas at jeremy.douglas@unodc.un.or.th

States of Denial in Asia

Tackling AIDS in countries with extensive poverty, inadequate public health systems and a dearth of good communications networks is hard enough. But imagine adding threats from criminal traffickers, attacks on people trying to help the sick and the unwillingness of government leaders to recognize the needs – or sometimes even the existence – of the most vulnerable citizens, among them gay men, male and female prostitutes and intravenous drug users.

As Secretary General Kofi Annan's envoy for HIV/AIDS in Asia and the Pacific since last year, Nafis Sadik has been traversing Southeast Asia and the expanses of South Asia – the Indian subcontinent from the Himalayas to the Indian Ocean – and been shocked at what she sees and hears.

Almost everywhere she goes, Sadik said in a couple of conversations between trips to the region, government ministers play down her message that parts of Asia are becoming new epicenters of HIV/AIDS. Leaders tell her that Asians are different.

"I've heard this sentence – 'Our Asian values protect us' – so often that I think they really start to believe it themselves," said Sadik, a physician born in India and raised in Pakistan. When she begs to differ, they tell her she has been away too long and has lost touch with Asian culture. We aren't Africa, they say. It can't happen here.

"I'm telling the Asians," she said, "the Africans said the same things to me. It's like a nightmare being repeated."

The Asia-Pacific region, with more than 7.2 million cases of HIV/AIDS at the end of 2002, ranks second to Africa, which has over 28 million infections. More than half of Asian cases are in India.

Sadik, who holds the rank of an undersecretary general at the United Nations, is known worldwide for her revolutionary work as executive director of the U.N. Population Fund from 1987 to 2000, when she turned the agency into an advocate for women's reproductive rights. She has always been a straight talker who can look a prime minister in the eye and say "condom" without flinching. It annoys her to no end to find candor in such short supply in too many Asian countries, where homosexuality as well as prostitution is often illegal.

Nafis Sadik

When the Economic and Social Commission for Asia and the Pacific, known in the United Nations as ESCAP, met last month to discuss HIV/AIDS, it heard a powerful speech from Festus Mogae, president of Botswana, where the disease has savaged society and lowered life expectancy dramatically. He warned Asians of the lethal consequences of denial. Sadik also spoke to the audience in stark terms.

"But when the final recommendations were being drafted," Sadik said, "they would not even allow the term 'vulnerable groups' to be used because, they said, if they recognized them as vulnerable they would have to do something about it."

Asian leaders often acknowledge only that infections happen in what they call "deviant populations," she said. Yet it is well known that sex industries across the region attract men from every level of society, and that gay people cannot be wished away.

Stories of abuses crowd Sadik's impressions. "In some of the Southeast Asian countries, there's this huge demand for virgins, and now that demand is being fueled also by this myth, quite prevalent in Africa, that if you have sexual relations with a virgin you'll be cured of sexually transmitted diseases and HIV and AIDS," she said.

With U.N. help, Cambodia had significant early success in cutting Asia's highest HIV infection rate to about 2.8 percent from about 4 percent of the population (still small compared with prevalence rates of 20 percent or higher in some African countries). But now a thriving sex industry threatens to reverse gains. Trafficking in women, sometimes with powerful political protectors, is more lucrative than drug smuggling, Sadik was told in Phnom Penh, the Cambodian capital. Nongovernmental organizations find it hard to work in safety.

"I met an NGO woman trying to rescue girls lured to the city within Cambodia, and also those who had been abducted and brought from neighboring countries, like Vietnam and even from Thailand," Dr. Sadik said. "She was telling me how she is in danger of her life. Her house had been burned down. She always travels with security guards because she's been threatened. This is big business. There are many senior officials, even in the police, quite involved in this."

"The situation of girls and women in South Asia and Southeast Asia is really still so bad in this day and age, and the HIV/AIDS problem just exposes it and brings into sharp relief how vulnerable girls and women are to infection – not because of their behavior but because they have no control over their own lives," Sadik said. "They cannot negotiate anything. I know in some cases that even when they know that the spouse is infected, they cannot insist that he use a condom. They have no rights." Brothels intimidate or throw out women

who insist on condom use, she said.

There are exceptions. In Thailand and Sri Lanka, for example, HIV infections have been reduced or prevented in part because women have more rights, are better educated and are more active in campaigns against the disease, and against trafficking. But in Pakistan, India, Nepal and Bangladesh, women have less education and a lower social status and are often married young to a man chosen by relatives. Many of these men will have had their first sex experiences with prostitutes. Others who are gay have likely had sex with men before being forced to conform and marry. In either case, innocent women pay with their lives.

"In the subcontinent in particular

women are very protected," Sadik said. "The girls have their first sexual encounter with their spouses. Now they're finding that some of these spouses have already got HIV. There are many cases that are documented [where] women find out either when they're tested during pregnancy or when the husband dies or become ill. The irony is that in some of the cases I was told by the family, 'Well, she's the one who has brought it in.' Poor woman. She's stigmatized even when she's not done anything." Sadik sees some positive signs. Though leaders don't want to talk publicly about AIDS and deny that it is a problem, they are beginning to recognize that the disease could be a future threat, she said. She urges officials to support many programs run by NGOs and to think more about protecting whole populations from a potential epidemic, starting with prostitutes. AIDS has already made the leap into the general population in Asia, and government leaders are aware of this.

"They realize in their heart of hearts – or they know in their minds, even – that what I'm saying is correct," Sadik said.

Excerpted from the UN Wire, Oct. 20th Edition.

Live and Let Live

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

The World AIDS Campaign 2003 continues to focus on stigma and discrimination under the slogan *"Live and Let Live…"*

HIV and AIDS can touch raw nerves in all our communities. The stigma of HIV and AIDS relates to deep taboos within society. For many the disease has a strong association with prolonged illness, death, sex and drug use – issues that many of us find difficult to talk about openly. Along with general discomfort about discussing these 'taboo' issues, many communities are also dealing with high levels of ignorance, denial, fear and intolerance about the disease itself. This potent combination can lead to rejection and even aggression against people living with HIV. As a result, people with HIV have been disowned by their families, fired from their jobs, asked to leave their homes. They can face discrimination in receiving medical care. In extreme cases they have even been physically attacked.

Stigma and discrimination can lead to depression, lack of self-worth and despair for people living with HIV. But people living with the disease are not the only ones endangered by this fear and prejudice.

Negative attitudes about HIV can create a climate in which people become more afraid of the stigma and discrimination associated with the disease than of the disease itself. When fear and discrimination prevail, people may choose to ignore the possibility that they may be HIV-positive - even if they know they have taken risks. And people may decide not to take measures to protect themselves in fear that in doing so they could be associating themselves with HIV. All of this helps to create an environment in which the disease can more easily spread.

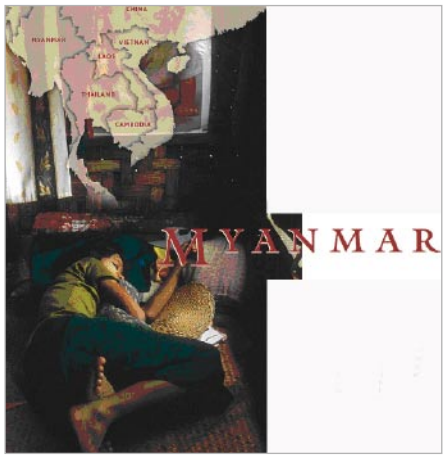
This year's World AIDS Campaign encourages both individuals and institutions to reflect on how they respond to those living with HIV and AIDS. With challenging posters and television images the campaign clearly shows how the most painful symptoms of HIV and AIDS are often the reactions of others. When someone feels safe within their own community, they are more likely to take responsibility for their HIV status.

This is why it is so important for communities to examine their own attitudes. We need to ask ourselves: are we helping to create an environment where people can take responsibility for themselves and others? Or do our attitudes contribute to an environment of shame, fear and denial that prevents people from taking action? Only by confronting stigma and discrimination across the world will the fight against HIV/AIDS be won.

Live and let live. Fight fear, shame, and ignorance worldwide.

Excerpted from UNAIDS 2003 Campaign. For more info visit: www.unaids.org

HIV Ravishing Myanmar



Each country, let alone each continent, faces unique problems when confronting HIV and AIDS. Myanmar, Thailand, and Cambodia have the highest rates of HIV infection anywhere outside Africa. Nearby Vietnam has a lower HIV prevalence than the United States. Yet, Vietnam has a raging problem with HIV and injecting drug use, and Cambodia does not. Myanmar and Thailand have much more similar epidemics, fueled by a potent mix of injecting drug use and commercial sex work. Without significant new prevention efforts, Asia will have more HIV infections by 2010 than sub-Saharan Africa does today, some modelers predict. It is the first in an occasional series on HIV/AIDS in Asia, leading up to the XV International AIDS Conference in Thailand in July 2004

HLAING THAYAR, MYANMAR- San San Min strolls through a cluster of wooden shacks perched on stilts above former rice paddies. In one shack, which serves as a daycare and feeding center, dozens of rail-thin children mill about or rest on the bamboo-slatted floor. A clinician in her 50s who has a knowing smile, San San Min crosses a footbridge to another shack in which a few dozen men and women who also have frighteningly skinny limbs and necks lie on wooden beds. Unlike the children, they need more than hearty meals and a place to spend the day: They have AIDS, and these shacks are their home.

This collection of huts is one of three clinics that San San Min runs for the Dutch branch of Médecins Sans Frontières (MSF) in this ramshackle town less than an hour from Yangon, Myanmar's once glorious and wealthy capital. The former names of familiar cities– the only names recognized by the military's opponents–are given in parentheses.

San San Min pauses to speak to a 33-year-old man sitting on a bed next to a prostrate, 28-year-old woman. A tank top hangs on the man's skeletal torso, revealing the bones of his rib cage and the scorpion tattoo that adorns his chest, a symbol of his stronger days when he worked in criminal intelligence. The woman keeps her eyes shut and clasps her hands over her stomach, tensing rigid with pain and then softly moaning. In an adjacent bed lies a 36-year-old woman, whose mother kneels on the floor, alternately fanning and feeding her ailing daughter.

As the mother scoops spoonfuls of soup into her daughter's mouth, her gums badly swollen from candidiasis, she thanks San San Min: "If my daughter wasn't here, she would die." Myanmar has one of the worst HIV problems in Asia. According to one controversial estimate, 3.46% of the adult population– some 687,000 people–is infected with HIV, a figure the government hotly disputes. The virus is spreading largely through injecting drug use and prostitution. And, as in many other poor countries, migrant workers–gem miners and loggers in Myanmar's case–are a major conduit into the general population.

The staggering obstacles that those doing battle against AIDS face here are abundantly apparent at San San Min's clinic, which is poorly equipped and began treating a few patients with antiretroviral drugs only this spring–the first clinic in the country to do so. Yet, there are some modest successes: When the clinic opened 3 years ago, "there was a mean survival here of 6 months," says San San Min. "Now people are living about 2 years."

Double trouble. The most conservative estimates suggest thatmore than 20% of both female sex workers and injecting drug users have become infected with HIV.

One difficult obstacle is the government. Myanmar is run by a military dictatorship that infamously crushed a democracy movement in 1988– and then changed the country's name from Burma. Its government has alienated much of the world, devastating this onetime Asian economic tiger. Not only does the military's iron-fisted rule isolate Myanmar and limit the willingness of wealthy countries to invest or offer assistance, it also tightly controls how its doctors both portray and respond to the country's HIV/AIDS epidemic. What's more, the government wraps itself in moral rhetoric that makes it difficult to acknowledge, let alone effectively help, those at the focal point of the epidemic: commercial sex workers and people who inject heroin. (Only Afghanistan grows more opium). Severe poverty compounds the problems.

The cash-strapped government offers the barest of health care: A World Health Organization report in 2000 concluded that, of all its member states, only Sierra Leone had a health system that functioned worse than Myanmar's. A new fund, supported by three European countries and organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS), also promises to pump $21 million into battling the disease over the next 3 years, effectively tripling the amount now available. "This is the first time the AIDS effort here has had

Rubber meets road. An educator with Population Services International

Hand in hand. Heroin injection and HIV infection unfortunately have afflicted many gem miners, such as this man.

serious funds," says Eamonn Murphy, the UNAIDS country coordinator, "but they still face an uphill battle."

Bare necessities

Myanmar's National Health Laboratory is a bare-bones operation. In the virology lab, technicians hunt for HIV in blood donor samples sent in by hospitals. The samples arrive in old penicillin vials. Khin Yi Oo, who heads the virology lab, acknowledges that it would be safer to transport blood in vacuum-sealed test tubes. "At present, we can't provide for all of the hospitals to use the test tubes," Khin Yi Oo explains.

The National Health Laboratory does not have a flow cytometer, a machine that can automatically count CD4 cells: the main immune warriors that HIV selectively targets and destroys. Indeed, Khin Yi Oo and the other scientists here do not know of a single flow cytometer in Myanmar. Like most government employees, they have no access to the Internet, which the military monitors and tightly controls. They also do not have a machine that can perform the polymerase chain reaction (PCR) assay, a molecular copier of DNA that has become as ubiquitous in modern biology labs as microscopes. A PCR machine would allow them to measure the amount of HIV in an infected person's blood cells, a key test for evaluating health status and responses to treatment.

Forward thinking

Strong ties connect the fate of HIV/AIDS efforts in Myanmar–and indeed the fate of the country itself–to Aung San Suu Kyi, the leader of the National League for Democracy, the main opposition party. Following her release from house arrest in 2002 and much talk about reconciliation between the government and the National League for Democracy, She met with several outside groups working on the problem, including San San Min and her patients in Hlaing Thayar.

She effectively gave her blessing to the two most ambitious international aid packages on the table: then on 30 May, the Myanmar government drew international criticism–and new sanctions–from the United States and many other countries when it put Suu Kyi under "protective custody." Her detainment came after a deadly incident that the government described as a brawl between Suu Kyi's supporters and a mob that had gathered to demonstrate against a rally she planned to hold. This incident halted almost all progress immediately. The plan, which included research to evaluate the impact of specific interventions, addressed several touchy issues head on.

Harm-reduction programs for IDU included substitution drugs such as methadone, and easy availability of clean injecting equipment. Condoms were to be made more widely available to sex workers, youth, and even prisoners. "It could be a great change," says Hla Htut Lwin, head of the National AIDS Program "And even if we have more money, we can't move forward fast enough without more collaboration." The quality of domestic universities has steadily eroded, and opportunities to study abroad have steeply declined. A short window of opportunity is still open. The other, more obvious reason for Myanmar to quickly step up its attack on HIV is that the virus is walloping its population. "Time is running out," says Myat Htoo Razak, an AIDS researcher and clinician who left the country in 1989 and now works in Thailand. "I have tremendous respect for people working inside Burma," he says, but they "are fighting fire rather than preventing fire." And they are trying to contain the fire with water pistols. Consider that only in September last year did MSF receive the government's blessing to begin a pilot study to treat 100 AIDS patients in Hlaing Thayar with antiretroviral drugs, the first such program in the country. The program began treating people this April.

In a shack located between the children's feeding center and the room filled with adults who have late-stage AIDS, Nilar, a 31-year-old woman whom MSF has hired as a peer educator, sifts through patient charts, looking for eligible patients. Nilar, the mother of a 12-year-old girl, has AIDS herself and has now started to receive anti-HIV drugs through the MSF pilot study. "I compare it to winning the lottery," says Nilar. As much as this project means to Nilar and a few lucky others, San San Min puts it into stark perspective. "There's some kind of hope here, but we have to be clear," she says. "This is a pilot program for this township."

Myanmar has tens of thousands of people with AIDS who need treatment now. In May 2003, Nilar was one of only 13 people in the country other than the wealthy few who can afford their own medicine who have begun to receive life-extending anti-HIV drugs. That, unfortunately, reflects a tragic reality for HIV-infected people in Myanmar: This resource-rich country, once the envy of its neighbours, has a withered, skeletal medical and research infrastructure that itself appears to have a case of late-stage AIDS. And the prognosis, at least for the near future, remains grim.

This article is reproduced with permission from Science Mag, originally wriiten by Jon Cohen.

Corruption in Thailand

By Eduardo Hidalgo, UNODC, Bangkok

What is the greatest challenge facing Thailand with regard to corruption?

I think the greatest challenge is the conflict of interest between the public interest and business interest. We have a situation now where rich businessmen enter politics and are able to pursue all kinds of policies legally to benefit certain groups of people, certain business, certain industries, and we can't deal with them according to the present law. Now, it becomes a question whether this is a good thing for the economic and political development in the long term. Certain policies may be very good for business profit, but is it good for the public? At least in other countries the thing will be debated and discussed. But here there is a limitation.

Do you think it's realistic to expect that the NCCC [National Counter Corruption Commission of Thailand] can become as effective as, for example, Hong Kong's ICAC [Independent Commission against Corruption]?

Well, you know, the ICAC in Hong Kong is very powerful. I have found that the ICAC in Hong Kong is very special. It was imposed from the outside. It was created by the United Kingdom. And it worked quite well at the time. When they were very stringent with the police, and the police went haywire, and went into the streets, the UK government was able to bring in troops to come and replace them while the riots were going on.

And also we have to understand that in Hong Kong they have this law that civil servants who live beyond their means could be prosecuted and have their assets seized.

Now that is very powerful legislation to keep the civil servants under control. So those are the two considerations, I think. And I think that, if you have an anti-corruption agency which is too powerful, it could be a double-edged sort of question. If you want the NCCC to be as powerful as the ICAC, maybe it will become very costly in terms of the personnel, in terms of budget, so I think you have to balance it somehow.

Significant administrative changes have been proposed to separate the NCCC into two agencies [One dealing exclusively with political corruption and the other with bureaucratic corruption]. Also, eight of the nine NCCC commissioners have just resigned and the process has begun to replace them. Do you think these changes threaten to turn the anti-corruption agency into a "toothless paper tiger"?

This separation of bureaucratic and political corruption is arbitrary. If a politician who controls a ministry, for example, needs cooperation from the bureaucrats when he is involved in corrupt practices, how do you separate the two in terms of prosecution? I still think that bureaucratic [corruption] should be [investigated] under the NCCC, like two departments inside the NCCC, but I do not think it's a good idea to separate it outside [the agency].

Now, coming back to whether the NCCC may become a paper tiger, it depends on who is going to be on the commission, and whether there will be an attempt to change the legislation by parliament. Any government that has the authority may want to reduce the [independence] of the NCCC. They can do this in two ways: one, they can infiltrate the selection committee, and two, they can change the legislation. That's much more dangerous.

Biography: *Thai economist Dr. Pasuk Phongpaichit is a leading expert on corruption, and her research into the Thai illegal economy over the last decade has exposed the extent to which corruption impacts the lives of the people and affects economic development. Pasuk has published several books on corruption in Thailand, including Guns, Girls, Gambling, Ganja: Thailand's Illegal Economy and Public Policy (1998), which was published with the support of UNODC, bringing corruption into the public domain and forcing the government to act. She is currently working in the Faculty of Economics in Comparative Economic Development of East Asian Countries, at Chulalongkorn University in Bangkok.*

Will you have the opportunity to be involved in the selection of the new commission for the NCCC?

I was making a presentation on the corruption situation in Thailand, and there was one military person who suggested that I should be nominated in the NCCC, and I looked at him and said, "Hmm, you think it's going to happen?" They wouldn't touch me. They wouldn't employ me to do any-

thing like that. It's very political. . . . I have been asked to be an advisor to good political parties, but . . . I see my role as an independent researcher so I can have more freedom to say what I think, rather than be tied up and become politicised, because once you ally yourself to a political faction, then whatever you say is interpreted as being influenced by your alliance and not as an independent person.

What do you think UN agencies could contribute to the fight against corruption in Thailand?

I think the independence and freedom of the media is very important. The media is facing big pressure from a government which is run by big business and who control a quite sizable segment of advertising expenditure. And given the economic crisis and recession we are going through, private media companies face severe debt, and so the advertising income is a very big part of the business operation, but they can be manipulated, persuaded to reduce their standard because of the subtle pressure on the allocation of funds, and we see that the media has much less freedom even though it's enshrined in the constitution. And we see much less [investigative journalism] in this country. So you can support training of journalists, you can give them the confidence, training programs.

Why did two ex-Prime Ministers sue you for libel?

We did a study [for the CCC, before it became the NCCC] , and part of the study is to do a survey of the perception of the Thai public about [the political parties]. And one of the questions we asked was "When you think of corruption, which political party, do you think of?"

. . . We prepared a preliminary report of the survey for the CCC to comment, as an internal document. We did not report to the public. It was not a final report and we did not plan to publish that part of the survey. But someone leaked the story to the press without our knowledge, with big headlines in the news . . .

So, of course, the two political parties which were mentioned on top of the list felt that this is damaging to the party, so they filed a defamation charge against the researcher who [did the survey]. One of them was an ex-Prime Minister, and the other was Prime Minister at the time.

Self-Care Series for People Living with HIV/AIDS

Family Health International has just released a four volume publication called the 'Self Care Series' for people living with and affected by HIV/AIDS in Cambodia.

The series provides practical care advice as well as psychological and spiritual support for those worried about their HIV status, those living with HIV/AIDS, and those caring for an infected friend or family member. Pre-tested through hundreds of interviews with local Cambodians, the books are specially designed for rural Cambodians for whom clinics and hospitals are often both too expensive and too far away. Each of the books is easy-to read and beautifully illustrated with Cambodian culture in mind. All contain a variety of medically sound folk remedies and self-care guidelines for symptoms such as vomiting, fever and headaches. They also include inspirational and consoling messages appropriate for a largely Buddhist culture. The first of four books is for people who are worried about their

HIV status; subsequent books are for non-symptomatic HIV-positive people; people suffering from AIDS related chronic illness; and mothers with HIV/AIDS. While the books are developed for a Cambodian audience, much of the information can be adapted for use for diverse rural communities worldwide.

Electronic copies can be downloaded from the FHI website: www.fhi.org

The ACCORD Business Plan
Foremost database of regional drug control funding needs

The ACCORD Business Plan is composed of all drug control projects in the region that require full or partial funding. These may include national, sub-regional or regional projects or programmes - yet they all work towards achieving the goals of the ACCORD Plan of Action. The ACCORD Task Forces in turn will identify priority projects for attention in future meetings.

All national drug control agencies and regional organizations are encouraged to include their programmes that require funding in the Business Plan. An updated Business Plan will play a central in the resource mobilization activities of the Partnership Unit and be used to link donors, foundations, the private sector and other potential funding agencies in support of the Plan of Action.

For more information about the ACCORD Business Plan please contact Mr. Gerson Bergeth, Partnership Expert, at gerson.bergeth@unodc.un.or.th

Training Workshop on Methadone Treatment for HIV Prevention held on 22-24 October 2003 at Lam Woo International Conference Centre, Hong Kong.
(Photo showing the workshop participants, guest and workers from Bangladesh, China, Hong Kong, India, Indonesia, Mongolia, Myanmar, Nepal, Thailand, USA and Vietnam)

Methadone = Lower HIV Risks

"Adherence to Methadone is associated with a lower level of HIV-related risk behaviors in drug users"

By Sonia Bezziccheri, UNODC, Bangkok

A cross-sectional study conducted over an 8-week period at the Methadone Treatment Programme (MTP) in Hong Kong, found that adherence to Methadone and frequency in clinic attendance was associated with lower HIV-related risk behaviors. HIV-related risk behaviors were measured through frequency and chance of drug injection. Injection, and certainly increase in its frequency, implies greater chances of sharing syringes and thus exposure to HIV infection.

Clients with infrequent clinic attendance (<2 times in the previous week) were more likely to have engaged in risky behaviors (>5 injections in the last week) than clients with frequent clinic attendance; also, clients who were maintained with <60 mg of methadone were significantly more likely to have >5 injections in the past week than those with > or = 60 mg daily dose of methadone.

The study was part of a regular review of the Methadone Treatment Programme of Hong Kong, and it also addressed a growing concern of HIV infection spread among drug users in China and neighboring countries. Indeed, as Methadone clinics started to take on HIV prevention functions in the mid 1980s, it became important to assess the relationship between methadone maintenance and HIV risk behaviors.

Addiction is a chronic and recurring disorder for most drug users, and it requires treatment options to be maintained and also repeated over time. Methadone, an opiate agonist, can be and has been used as a substitution drug. 'Methadone has been the most frequently evaluated pharmacological treatments of addiction,' especially in light of the emergence of the HIV epidemic.

The Methadone Treatment Programme in Hong Kong is a low-threshold programme and as such it has no restrictions on entry, retention and re-entry into the programme. One main objective of the Methadone Treatment Programme is "to provide a readily accessible, legal, medically safe and effective alternative to continued illicit opiate drug use" (Chan, 1996). Since the Programme has been in place since 1974 that is before the onset of the HIV epidemic it is difficult to assess whether it prevented HIV-infection among heroin users in Hong Kong. However, the present study yields encouraging results in providing significant correlations between methadone adherence and lower HIV drug related risk behaviors.

Methadone maintenance has been found to be an effective way to prevent the increase of HIV infection among drug users through numerous studies and it is part, with Needle and Syringe Exchange Programme (NSEP) of the harm reduction package. Community outreach and HIV voluntary counseling and testing (VCT) are also ways to decrease HIV risk of infection among drug users. Harm reduction programmes have been found to prevent HIV infection among drug users at a rather low cost – especially compared to the still expensive figures needed to access antiretroviral treatment in developing countries.

Harm reduction approaches have been appreciated for providing a 'middle road' between drug free and full-fledged drug-related risky lifestyles. Given the very high rates of recidivism in drug treatment (100% in most cases), and of the worrying HIV prevalence rates among injecting drug users across the region, the harm reduction approach provides scientific evidence for an achievable and cheap alternative to the many people caught between the extremes.

Successful Workshops

The Methadone Training Workshop, Hong Kong, 22-24 October 2003, attracted over 100 doctors and other health care workers from China, Viet Nam, Nepal, India, Thailand, Burma (Myanmar) and the Philippines, who came together to share their experience and good practices.

By Dr. Andrew Byrne
Medical Practitioner, Drug and Alcohol

The HIV epidemic has brought renewed interest in methadone treatment as a means of reducing needle use and avoiding the spread of viral diseases. There is a dramatic contrast in HIV rates between countries with and without harm reduction measures such as methadone treatment and needle services. Like Australia, Hong Kong has had easy-access/low threshold methadone treatment for 30 years. The HIV rate among Hong Kong injectors is around 1%, in stark contrast to neighbouring regions with much higher rates.

For example, in Viet Nam it has been estimated that around 35% are HIV positive.

Despite the difficulties in reporting on the prevalence of HIV infection amongst drug users, over 60% of HIV infections in Burma (Myanmar), China, Malaysia and Viet Nam are thought to be directly related to drug use. In prisons, the prevalence is up to 50% among injectors. Medication for prisoners in Hong Kong is still very restricted, as in most other countries. It would appear that New South Wales, Australia, is one of the few jurisdictions with methadone traditionally available in its prisons.

The prominence accorded to the subjects of HIV and drug treatment was demonstrated with the event formal opening ceremony by Director of Health, Dr PY Lam, Mr Sandro Calvani (UNODC), Mrs Rosanna Ure, Narcotics Commissioner, Mr Gray Sattler (WHO) and Conference Convenor Dr S.S. Lee (Red Ribbon Centre).

Over the next three days Dr Robert Newman (US), Dr C.N. Chen (HK), Dr DSW Wong (HK), Gray Sattler (WHO), Dr Y.W Mak and Dr S.S. Lee (HK) joined by myself and the organisers, interpreters and support staff to produce what should make a seeding of harm reduction for the delegates in their countries of origin. Originally delayed by finances and then the SARS epidemic, this conference/workshop had lately become of increased interest to Mainland Chinese authorities, which is most gratifying. The HIV problem needs to be confronted using all effective means, including needle programs and methadone treatment.

It is to the credit of Dr S.S. Lee that the program was comprehensive, utilizing lectures and workshops to complement separate methadone and harm reduction clinic visits locally. It was an old colonial administration almost 30 years ago which engaged Dr R.G. Newman from New York to advise on setting up a series of methadone clinics across the

Territory. Mr Peter Lee, the ex-Commissioner for Narcotics, now aged 87, was reintroduced to Dr Newman. Together they deserve credit for averting an epidemic in the territory and thus improving the lives of countless individuals over the years.

A dinner was given by Director of Health, Dr PY Lam at the Hong Kong Academy of Medicine to honour Dr R.G. Newman in recognition of his services to Hong Kong. He continues to be a vocal advocate for humane and effective treatment interventions, including detoxification facilities, buprenorphine, mental health measures, etc. for all who need them.

The three-day conference/workshop was highly successful by all reports.

The final day was as well attended as the first. The main message of the conference was that methadone treatment can be implemented in a variety of ways using both dedicated facilities as well as existing services. The more diverse and flexible the approaches, the more effective the overall outcomes will be in reducing or eliminating injecting behaviour.

The issues occupying most time were: dose levels, inductions, degree of supervision, staffing, provision of take-home doses as well as psychosocial supports. There was also some discussion of the place of substitution treatment and the need to be clearly focused on the need for drug dependence to be correctly placed and dealt with as a medical condition, requiring treatment. In countries that are now looking at the need for drug treatment, in the face of explosive growths in HIV infection, this issue is again being played out.

On the Thursday evening there was a reception for all delegates, hosted by Dr Homer Tso of the Advisory Council on AIDS. There were also two sessions at the nearby Red Ribbon Centre, one on an ongoing media campaign in HIV prevention and the other on outreach experiences. The center has designed attractive information brochures for safe injecting messages. These messages of prevention of overdose and viral infection these have been translated into several other languages including Nepali and Thai.

Congratulations to the organisers of this seminal workshop.

For more information contact
ajbyrne@ozemail.com.au
Tel (61 - 2) 9319 5524

Cambodian Star Inspires Youth against Drugs

Cambodian Anti-drug Youth Campaign Billboard

By Graham Shaw, UNODC, Phnom Penh

Mainstream society in Cambodia has long been known for having very conservative values. Consequently, the latest strategy being employed by the National Authority for Combating Drugs (NACD) may take some locals by surprise. For the NACD – with the assistance of UNODC Project CMB/F14 – has looked at how marketing is used by the private sector around the world to target messages at specific audiences.

With over half of the entire population of Cambodia being below the age of 18 and with the rapidly escalating presence and abuse of methamphetamine by school children and youth in particular, the Government has decided to try to catch the attention of its young citizens by using attractive images and simple slogans that can be easily remembered.

Ms. Rotha Yuok is a 19-year old up-and-coming Cambodian pop singer and actress and is – according to various focus group discussions with a range of youth and older children – instantly recognizable to most urban youth who constitute one of the largest population groups at-risk of drug abuse and the associated perils of HIV/AIDS transmission.

The NACD, together with UNODC, has entered into a public-private partnership with Ms. Yuok's music company and an international advertising agency to use her attractive, youthful image to catch the attention of people on the street as they walk past huge billboards portraying the fledgling star with a variety of captions about the dangerous consequences to health and future prosperity for those who use illicit drugs.

On seeing the new approach to raising drug awareness, Deputy Secretary-General of the NACD, Maj. Gen. Khieu Sopheak, said, "I think that will certainly attract many people to read the drug awareness messages. We certainly need to be more creative and to try to get into the minds of our youth and help to educate them in a way that they will find interesting and stimulating."

In addition, over half a million leaflets with Ms. Yuok's image on the front will be distributed to partygoers at the annual Water Festival in central Phnom Penh held every November to celebrate the formal end to the rainy season. It is expected that up to two million people will attend this year's activities, many of whom will be young people exposed to the easy availability of cheap methamphetamines for the first time.

Future ideas under development by NACD include the production of a drug awareness pop music video as well as a hard-hitting drama to be played by a Cambodian theatre group in schools and universities around the country. It is also hoped that the private sector will take this opportunity to demonstrate their corporate citizenship through sponsoring many of these events over the coming year.

For more information, please contact the NACD at (855) 23 721-648 or the UNODC at (855) 23 222-348/9

Street Kids Get Lessons on Drug Abuse and HIV/AIDS

By Jamnan Patpatama, UNODC, Bangkok

"Yayasan Peduli Sesama" or in English, "The Peer Care Foundation" is a non-governmental organization in Indonesia working to assist East Javanese youth who are addicted to drugs and those who are infected with HIV. Established in 1999, the foundation has conducted several training sessions for volunteers on drug abuse and HIV/AIDS prevention in Kederi Regency, supported by telephone hotline services on these issues. The foundation has been rigorously coordinating an anti-drug youth network against substance abuse to reduce harm.

The foundation received financial support from UNODC through special donations made from the Drug Abuse Prevention Centre (DAPC) in Tokyo Japan, to operate a one-year project titled "Drug abuse and HIV/AIDS Prevention for Street Youth" which will aim at readily providing information on all types of drugs, harm, and HIV/AIDS in the cities of Kediri and Pare. Counseling services will be made available for kids and youth to raise public awareness on drugs and HIV/AIDS, and the dangerous relationship between them.

The project started in January 2002 with the launch of outreach activities for street kids. Six outreach workers of the project spent approximately 3-4 days with a youth training them with basic information on drugs and HIV/AIDS to ensure they were all conscious and aware of the physical consequences of drug abuse. In addition, the street kids were given knowledge on what HIV/AIDS was, how it transmitted and how youth could prevent it.

One major obstacle for the outreach activities was that there was high mobility amongst the youth. Some kids who had met with the outreach workers once, diappeared; some came back at a later date.It was difficult for project outreach workers to closely follow up on those involved. However, the project has reached and interacted with at least 500 street children in the two cities, which is a strong basis for the project to build on.

The Peer Care Foundation and its children

Training sessions were established by 'Peer Educators' for the youth. Participants were those enthusiastic youth whom the project met during the outreach. The purpose of the training was to focus more intensively on drugs and HIV/AIDS prevention in order that the message could be relayed to their peers. Training topics included such as "Drugs in View of the Law, Youth and Reproduction Health, Sexual Transmitted diseases, Care for People Living with HIV/AIDS, Rehabilitation of Drug Users and Drugs and HIV/AIDS through a Religious Approach". Apart from these, the project included training sessions on improving youth's skills in communication, teamwork, group dynamics, healthy dating, and the role as functioning as a the peer educators. Each training session accommodated 25 people in which most participants were male.

There were about 5-8 female street youth who attended the 'Peer Educator Training'. The project was able to train 150 active peer educators overall.

The project also provided face-to-face counseling on issues concerning drugs and HIV/AIDS. Questions raised also related to personal issues such as relationship with families, conflicts with friends, difficulties at schools, including job problems. Telephone hotlines services started operation and received positive responses from the youth. Additionally, the project produced pamphlets and brochures that were distributed to "Peer Educators" and the general public.

The project has been a positive force in its aims to work constructively with street children. The project continues to support peer groups who conduct their own drug and HIV/AIDS campaigns. Thanks to the DAPC grant, it has enabled the project to assist street youth who are at the grassroots level, in preventing them from becoming vulnerable to drug abuse and HIV/AIDS transmission.

For further information on this project, contact Mr. Miro Judin Fero, Leader of Yayasan Peduli Sesama, Jl. Wilis Mukti 12, Kediri, Jawa Timur, Indonesia 64116. tel +62 354 775 113 fax: +62 0354 771 108, e-mail address: pedulisesama@eudoramail.com.

For those NGOs who are interested in applying for a DAPC grant, information and application can be obtained at UNODC Regional Centre for East Asia and the Pacific, 14th Floor, United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200 Thailand, tel +662 288 2091 Fax: +662 281 2129 e-mail: rcdcp@unodc.un.or.th.

Border Liaison Intelligence Training

In September, the project on Development of Cross Border Law Enforcement Cooperation, marked another phase in its development.

By Songsatit Littikhunwatchana, UNODC, Bangkok

A training session on basic intelligence gathering was held in Chiang Mai, Thailand. The training was followed by an officer's seminar. Both sessions were attended by officers from the six participating countries. The participants ranged from on the ground field officers to members of the national drug law enforcement bodies.

Intelligence Training

The training was provided by officers from the US Drug Enforcement Agency and focussed on:

- The intelligence process
- Sources of information
- Report writing
- Link and telephone charting

The DEA officers presented techniques that were practical and did not require sophisticated technology but instead could be immediately applied by regional officers. An essential element of the training was, in keeping with the aims of Project D91, the fact that information must be shared in order to be effective. For this reason officers were also shown report writing techniques. The officers were trained on how to recognize links between various different actions and actors in order to direct their investigations in an efficient manner.

One of the highlights of the training was that participants were given the opportunity to practice these skills in pre-prepared exercises. The exercises were based on real life situations and provided BLO officers with the opportunity to receive feedback from their colleagues and their trainers.

BLO's at Annual Seminar and Training

The training was well received with participants scoring it either 4 or 5 out of 5 in terms of future usefulness.

Annual Border Liaison Officers Seminar

The annual border liaison officer's seminar followed the intelligence training and was an opportunity for those involved with the project to identify problems and solutions as well as the future direction of the project. The seminar had clear aims:

- Identify problems in the BLO mechanism
- Identify practical and appropriate solutions to these problems
- Develop country action plans for the coming two years.

During the seminars the participants broke into small groups for discussion and then reported their findings to the meeting as a whole.

The seminars highlighted a range of issues including lack of suitable equipment, language problems as well as information exchange formalities within their own countries. The participants acknowledged the need to play an active internal role in resolving these issues.

The atmosphere during the seminar was both positive and enthusiastic with participants interacting with each other easily- a key measure of Project D91's success. The participants clearly felt a sense of ownership and control over the project, highlighted by their willingness to work both domestically and internationally to resolve law enforcement issues.

Full details of the intelligence training and Officers Seminar (including country reports with examples of cooperation) can be found in reports available from the UNODC Regional Office.

Note: Project D91, the Development of Cross Border Law Enforcement Cooperation, is now entering its third year and has established 24 Border Liaison Offices which are the focal points for information exchange relating to drug trafficking across borders. The offices are staffed by national officers from a variety of organizations including police, immigration and customs.

"All Girls Are *Our* Daughters"

In August 2003, UNODC Regional Centre staff made a special field trip to visit DEPDC (Development and Education Programme for Daughters and Communities) in Mae Sai Thailand; a community-based organization offering education and full-time accommodation for children to prevent them from being trafficked into the sex industry or other exploitative child-labour situations.

DEPDC
Development and Education Programme for Daughters and Communities Centre

The opportunity to meet the children who benefited from the program, speak with the community and see, first hand, the positive impact a little organization was having on so many lives, was inspiring.

DEPDC is recognized locally, nationally and internationally. Its director Sompop Jantraka, an Ashoka Fellow, is a member of several associations and regularly participates in conferences related to child trafficking and the sex industry. Mr. Jantraka was nominated as one of 25 Asian Heroes by TIME Magazine in April 2002.

The past decade has seen significant growth in trafficking in people worldwide, a blatant abuse of human rights with devastating consequences for the millions of individuals, families, and communities affected by this crime. Victims of trafficking comprise both of women and children of Thai nationality (now a minority), women and children of ethnic hill tribe minorities who reside in Thailand without citizenship, and foreign women form Burma, China and Laos (who now comprise the majority of victims). Many come to Thailand seeking jobs and new opportunities, but are quickly trapped in a system of abuse with nowhere to turn struggling to attain citizenship.

Without citizenship or land tenure the majority of the hill tribe people residing Northern Thailand live in poverty, without access to education, health care or legitimate work opportunities. At the same time, their way of life, traditions and values are being threatened by various types of drug use and local crime. In hill-tribe villages as well as the greater Mekong Region, drug addiction and sales as well as the prevalence of HIV/AIDS are insidious problems breaking down families and communities. Brothel owners have networks of agents combing the villages, seeking out troubled families caught in the cycle of debt with few options.

These traffickers can appear to be the answer to families' financial struggles and fears, with their simple solution of exchanging their young daughters for money. This system is a complicated web involving relatives, village and city authorities, police, corrupt government officials and business people who all benefit from the girls' labour.

Since its founding, DEPDC has helped over 1000 children from the Mekong subregion (incorporating Thailand, Laos, Burma and the Yunnan Province of China). Rather than becoming victims of the sex industry or other exploitative child labour practices, these young children have received further schooling or vocational training to get a good start to a healthy life.

MAJOR AIMS OF DEPDC

- Prevent children from being forced into the sex industry or child labour.
- Support educational opportunities for disadvantaged children and children from poor and broken homes.
- Give the children an opportunity for life development and life skills training.
- Strengthen families and communities.
- Work for community development and information exchange across a wide network.

The Daughters Education Program began in 1989. From the outset, it was conceived as a community-based initiative aimed at preventing young girls from being forced into the sex industry. Its headquarters are in Mae Sai, the northernmost town in Thailand. From this base staff work within the communities of Akha and other hill tribe groups and lowland villages. DEPDC offers girls from under the age of 20 an alternative to prostitution by providing them with education, job training and help in finding them work. From the initial group of 19 students in 1989, the program now supports over 360 girls and boys. DEP is now one of several projects conducted by the DEPDC.

Every year DEP in conjunction with researchers, village leaders and monks, DEPDC identifies children who are at the highest risk. They are often girls and boys about to complete their primary schooling, but who are denied access to further free education or to government scholarships. Many have older sisters or other relatives already working as prostitutes. They may be orphans or their parents may be drug addicts, deceased, or divorced. UNODC RC staff was pleased to see the progress and advancement of so many children, who eager to learn and bright with smiles, without DEPDC would have fallen through the cracks.

For more information on how to get involved or make a donation to DEPDC, visit their website at: www.depdc.org or contact PO Box 10 Mae Sai, Chiang Rai 57130 Thailand Tel +66 (53) 733-186 fax +66 (53) 642-415.

Synthetic Drug Abuse Exceeds that of Heroin and Cocaine Combined says New UN Study

Global survey on ecstasy and amphetamines reveals alarming abuse and trafficking patterns

The first-ever UN global survey on ecstasy and amphetamines, released in Rome on 23 September, reveals a striking picture of increase in production, trafficking and abuse of synthetic drugs worldwide:

- Over the last decade, the seizures of amphetamine-type stimulants (ATS) have risen tenfold from about 4 tons in 1990/91 to almost 40 tons in 2000/01;
- Estimated production has reached more than 500 tons a year;
- Abuse is spreading at an alarming rate, with more than 40 million people having used them over the past 12 months.

"ATS are emerging as a 'public enemy number one' among illicit drugs. Neglected by societies as an almost acceptable feature of the 'let's-have-fun' culture in clubs and dance settings, synthetic drugs abuse begins with experimental use among mostly young people. Gradually, it may lead to dangerous polydrug use and addiction, with severe health consequences," said Mr. Antonio

Maria Costa, Executive Director of the United Nations Office on Drugs and Crime (UNODC). He was presenting the Ecstasy and Amphetamines Global Survey 2003 in a press conference, hosted by Mr. Gianfranco Fini, Vice President of the Council of Ministers of Italy at Palazzo Chigi in Rome.

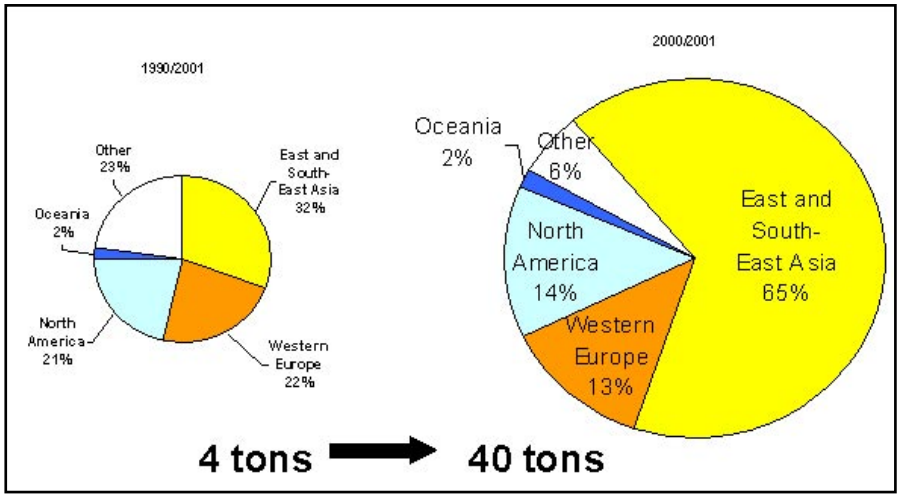
"Health hazards are major and cumulative. Amphetamines may cause dependence and psychoses. Ecstasy may speed up the normal aging process, leading to Alzheimer-type symptoms. Who will assist, and pay for, a generation of abusers underperforming in schools and at work because of the impact of abuse?" Mr. Costa asked.

Speaking at the press conference, Mr. John Walters, Director of the U.S. Office of National Drug Policy in Washington D.C., stated, "Drugs rob people of their dignity and the ability to lead productive lives. The illegal drug trade brings addiction, violence, crime, and corruption to communities all over the world. This report confirms that we are now facing a wave of synthetic stimulant abuse. We look forward to working with the UN to make the shared threat of drug abuse and trafficking smaller."

The UNODC survey documents the alarming increase in the number and size of manufacturing sites, in more and more countries. Law enforcement agencies have dismantled a record number of "kitchen labs," but there is evidence of sophisticated clandestine operations with 100-kilogramme capacities per week, an equivalent to a million Ecstasy pills, or four percent of the estimated global weekly demand. In 2001, close to 8,000 methamphetamine laboratories have been seized, mostly in the United States. The number of ecstasy laboratory seizures rose more than 6-fold over the 1991-2001 period.

ATS abuse is spreading in geographical, age and income terms. In the past 12 months, 34 million people worldwide have abused amphetamine and methamphetamine, and 8 million abused Ecstasy. This exceeds the number of cocaine and heroin abusers combined. Abuse is highest in East and South-East Asia, followed by Europe, Australia and the United States.

The UNODC survey points to the global nature of the ATS problem. Unlike cocaine and heroin, whose production is limited by geography and climate, ATS can be produced anywhere. Currently, production is mainly in Europe and North America. Seizures of laboratories, equipment, precursors and finished products, as well as reports on abuse, indicate that the ATS market is changing in depth, breadth and shape – the survey says.



Increases in Synthetic Drugs Worldwide

"Increasingly, clandestine operators are taking advantage of the easy transfer of technology, including the use of the Internet, in setting up labs where favourable conditions exist: access to precursor chemicals, growing demand, corrupt officials, poor law enforcement, lack of extradition and/or light sentencing. This has led to a greater involvement of criminal groups with ruthless forms of marketing," the survey says.

Profits are driving the business. Low costs, high profits and easily camouflaged labs close to retail points make the ATS business extremely attractive to organised crime. Less than one kilogramme of ATS, sold on the illicit market, typically pays for the initial investment of setting up a small-scale laboratory. The survey estimates the ATS business value at about $65 billion a year, with profit rates ranging between 3000-4000 percent.

"The abuse of synthetic drugs risks becoming culturally sanctioned, blurring the notion of drug addiction, as parents and governments alike are confused about the severity of their impact. Especially alarming are occasional calls for some form of liberalisation of substances that have the potential to maim our youth," Mr Costa said.

The survey also reveals the serious health implications of chronic use of amphetamine and methamphetamine including dependence, characterised by compulsive drug seeking and psychoses. Symptoms such as confusion, delirium and panic, as well as all kinds of hallucinations follow. Worrying health implications of Ecstasy include Neurotoxicity, an early decline in mental function and memory, or the onset of Alzheimer-type symptoms.

The report reviews the production, trafficking and abuse of ATS, region by region. Methamphetamines are found to be the most intensely used in North America and East Asia, amphetamines in Europe – East and West. Ecstasy is mainly produced in Europe and consumed globally.

The report concludes on a hopeful note. Over 99 percent of humanity has no drug abuse problem. "Based on their experience, credible arguments and the right responses need to be developed to meet the new challenge. Opting out, namely – accepting any notion of the liberalisation of the market, is not an option, as the health of our society is at risk. Better safe than sorry," Mr. Costa concluded.

Based on a Sept. 23rd report from the UN Information Service Vienna. (UNIS)

ANCD Takes Greater Role in Asia Pacific

AUSTRALIAN NATIONAL COUNCIL ON DRUGS

The Australian National Council on Drugs (ANCD) was pleased with the announcement that it is to take on a broader role by advising the Federal Government on drug issues affecting the Asia-Pacific Region. Specifically, the ANCD will provide ongoing and crucial advice about how Australia can most effectively fulfill its Regional obligations by coordinating and maximizing its impact, response and assistance.

Major Watters stated "The ANCD is confident that through this initiative it can bring together most of the key people currently working to reduce the supply, demand and harm from drugs in the Region. This collective expertise will then be utilized to provide the Australian Government with clear advice and options on how to better address Regional drug issues.

For example, the alarming increase in methamphetamine production and use both here and throughout the Region is an issue that requires a coordinated and integrated approach. Indeed, when it comes to drug issues, there is a lot we can both offer and learn from our Region, and we will be striving to ensure that we work with our neighbours in a way that improves all our responses in tackling what we know is a global problem."

Launch of New Community Drug Training Series

A new 'pull-out' drug training serial will be incorporated into ***Eastern Horizons*** magazine initiated in the last issue. It focuses on strategizing and outlining the process of recognizing and rehabilitating drug users with an emphasis on community involvement and assessment. This unique series of training materials developed by UNODC is freely available to be adapted to fit the varying needs of teachers, nurses, counselors and the general public to be used as a resource, and hopefully will promote individuals to get involved in their communities by giving them the tools to identify and guide individuals with drug dependency issues or vulnerabilities. The next issue tackles the subject of Recovery.

International Council on Alcohol and Addictions
Conseil International sur les Problèmes de l'Alcoholisme et des Toxicomanies

icaa CIPAT

Conference on Addictions

The International Council on Alcohol and Addictions (ICAA) held its 46th International Conference on the Prevention and Treatment of Dependencies on October 19th-24th in Toronto, Ontario, Canada.

Toronto, Ontario

This unique, landmark event was of special interest to scientists, practitioners, scholars, educators, Government officials, members of the police as well as the judiciary, where UNODC RC was equally represented. It was designed to inform, to challenge and to build capacity. It featured the exciting and innovative 1st International Round Table on Research, Policy, Prevention and Intervention.

In the plenary session world famous speakers accompanied by panels of internationally renowned experts explored, discussed and debated the critical issues surrounding research, policy making, prevention, treatment and criminal justice in Addiction. Plenary sessions focused on topics to the issues of alcohol, drugs, gambling and tobacco. A wide range of presentations representing the best of ICAA's twenty professional sections were offered each day.

ICAA is a non-governmental organization in consultative status with the Economic and Social Council of the United Nations, and in official relations with the World Health Organization. The mission of ICAA is to provide an international forum and network for all concerned with the prevention and/or alleviation of harm resulting from the use of Alcohol and other drugs.

For more information and future events visit their website: www.icaa.de

Alternative Development Co-operating in East Asia

By Dr. Sanong Chinnanon, UNODC, Bangkok

The third meeting of the Project Coordination Committee was held on 28 October 2003 at Doi Tung in Chiang Rai, Thailand. The participants of the meeting included representatives from Australia (AusAID), China, Lao PDR, Myanmar, Thailand, Vietnam and UNODC Regional Centre. This final PCC meeting reviewed the terminal report, the terminal evaluation report and the project idea for the second phase of the subregional project for alternative development.

The meeting recognized significant achievements of the project on AD capacity building for policy makers, project managers and field practitioners through regional and national training, seminars, workshops and field study visits. The meeting also highlighted the important achievement of the project in introducing innovative approaches for alternative development through sharing of good practices, research

Gender and Alternative Development

A Regional Seminar on Alternative Development: Information Networking and Sharing Good Practices on Gender and Development was organized by UNODC as part of the subregional project on Alternative Development Cooperation in East Asia.

Women in Alternative income generation programmes

The seminar aimed to provide an opportunity for policy makers, project managers, researchers and practitioners to share experiences and good practices as well as to discuss future action for AD information networking and gender and alternative development. The seminar was attended by 35 participants from the Greater Mekong Subregion representing government and non-government agencies, research institutions, the private sector, UN and funding agencies. The seminar presented case studies, good practices and lessons learned on gender mainstreaming and information networking.

For gender and development, the seminar covered several key papers including Gender Sensitive Technology Framework for Poverty Alleviation, Gender Mainstreaming in the Balanced Approach to Opium Elimination in Lao PDR, the Changing Role of Women in Rural Development in Northeastern Thailand, Gender and Drug Control in Lao PDR and the regional study on Engendering Women in Alternative Development: an Emerging Strategy for Sustainable Practice.

For information networking, the seminar presented case studies on Database Development for Alternative Development and Information Networking under ACCORD Plan of Action, Opium Assessment and Monitoring technology and GIS database Development and Agricultural Information Networking: Sharing Good Practices on Vegetable Industry of the Private Sector.

In addition to the seminar, a field study visit was arranged for the participants to visit a women development group in Barn Doi Champi in Chiang Saen district to observe how women in the community organized themselves into a successful self-management and income generation group. The participants also visited Hall of Opium in Chiang Saen which was created by Mae Fah Luang Foundation. The newly open Hall of Opium is one of the best exhibitions of opium history and illicit drug information in this region.

Full papers of the seminar will be published by UNODC Regional Centre. For more information, please contact Sanong Chinnanon or Chigusa Ikeuchi, UNODC Regional Centre, Tel 662 288 2083, Fax: 662 281 2129, e-mail: sanong.chinnanon@unodc.un.or.th, or chigusa.ikeuchi@unodc.un.or.th

studies and information which enhanced the planning and implementation of the alternative development programmes and projects in the participating countries.

As an impact, the project has improved collaborative spirit and collective commitments towards alternative development and opium elimination which resulted in increased cross border cooperation and assistance among the participating countries. With strong commitment and collaboration, the region With increasing efforts and commitments of concerned parties, it was encouraging to note that the opium poppy cultivation in Southeast Asia had declined from 128,642 hectares in 2000 to 74,275 hectares (42%) in 2003 while the total production of raw opium was reduced from 1,260 tons to 932 tons according to the UNODC's Global Illicit Drug Trend 2003 and annual opium surveys 2003.

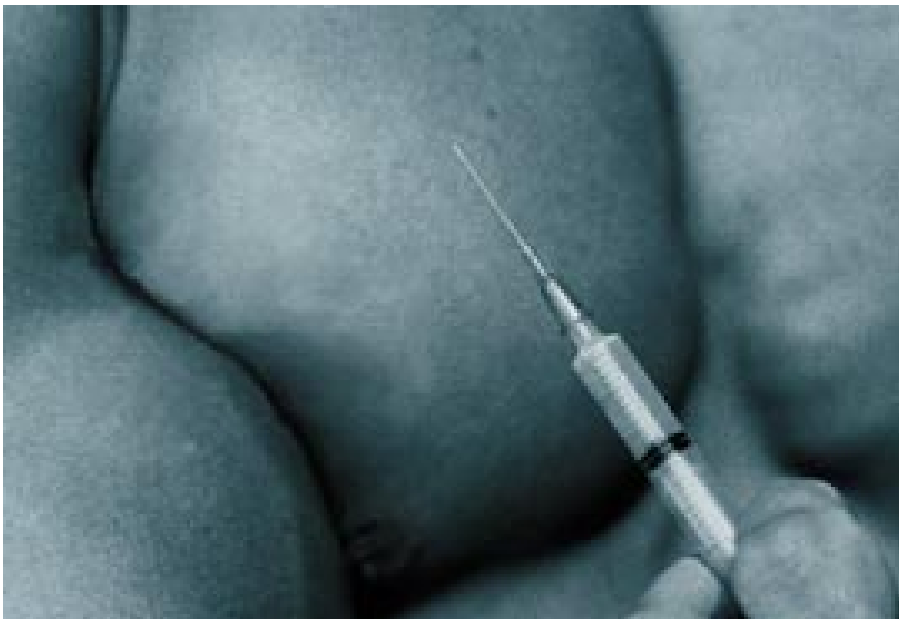
For future action, the PCC meeting recommended that concerned governments and international community continue their intensive efforts to eliminate or significantly reduce opium production in the region. Attempts should be made to sustain alternative development and opium elimination efforts by integrating them into the main streaming national development and economy.

To continue the regional cooperation, capacity building, networking and sharing good practices for alternative development, a new project idea for regional alternative development cooperation was endorsed. The next phase would build upon the success and lessons learned from the current project.

For more information on project C96, please contact Sanong Chinnanon, Project Coordinator, UNODC Regional Centre for East Asia and the Pacific, Tel: 662 288 2472, Fax: 662 281 2129, email: sanong.chinnanon@unodc.un.or.th

Steroids: Life Saver or killer

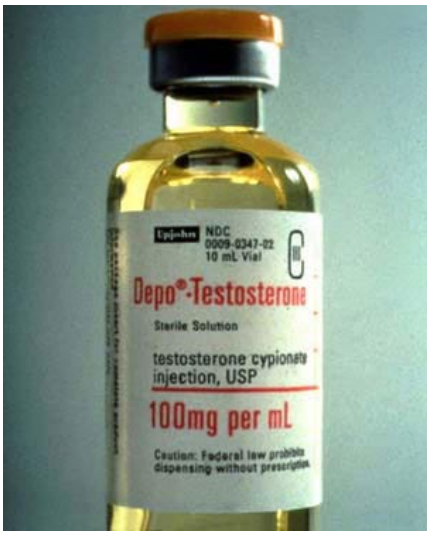
By Sanjay Kumar Kaushik, UNODC, Bangkok



Introduction

Anabolic-androgenic steroids are man-made substances related to male sex hormones. "Anabolic" refers to muscle-building, and "androgenic" refers to increased masculine characteristics. "Steroids" refers to the class of drugs. These drugs are available legally only by prescription, to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. They are also used to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Abuse of anabolic steroids, however, can lead to serious health problems, some irreversible.

Today, athletes and others abuse anabolic steroids to enhance performance and also to improve physical appearance. Anabolic steroids are taken orally or injected, typically in cycles of weeks or months (referred to as "cycling"), rather than continuously. Cycling involves taking multiple doses of steroids over a specific period of time, stopping for a period, and starting again. In addition, users often combine several different types of steroids to maximize their effectiveness while minimizing negative effects (referred to as "stacking").



Anabolic Steroid

Health Hazards:

The major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice (yellowish pigmentation of skin, tissues, and body fluids), fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol). Other side effects include kidney tumors, severe acne, and trembling. In addition, there are some gender-specific side effects:

- For men--shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, and increased risk for prostate cancer.
- For women--growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.
- For adolescents--growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.
- In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver.

Common Health risks:

Over time, abuse of anabolic steroids is associated with the following health risks:

- Increase risk for heart attacks and strokes.
- For those who share needles or use non-sterile injection techniques, risk for contracting dangerous infections, such as HIV/AIDS, hepatitis B and C, and bacterial endocarditis.

Scientific research also shows that aggression and other psychiatric side effects may result from abuse of anabolic steroids. Many users report feeling good about themselves while on anabolic steroids, but researchers report that extreme mood swings also can occur, including manic-like symptoms leading to violence.

Depression often is seen when the drugs are stopped and may contribute to dependence on anabolic steroids. Researchers report also that users may suffer from paranoid jealousy, extreme irritability, delusions, and impaired judgment stemming from feelings of invincibility.

Research also indicates that some users might turn to other drugs to alleviate some of the negative effects of anabolic steroids. For example, a study of 227 men admitted in 1999 to a private treatment center for dependence on heroin or other opioids found that 9.3 percent had abused anabolic steroids before trying any other illicit drug. Of these 9.3 percent, 86 percent first used opioids to counteract insomnia and irritability resulting from the anabolic steroids.

Cambodia Moves to Establish a Drug Surveillance System

By Jeremy Douglas, John Doyle and Graham Shaw, UNODC.

With the increase in the abuse of illicit drugs in Cambodia, the National Authority for Combating Drugs (NACD) is establishing a basic drug surveillance system with the objective of identifying drug trends that will lead to the development of countermeasures as part of the Government's drug control strategy and master plan.

A November 18 workshop held in Phnom Penh by the NACD brought together the key provincial and municipal staff who will operate the drug surveillance network. The initial system will cover the provinces of Banteay Meanchey, Battambang, Kandal, Koh Kong, Kompong Cham, Pailin, Phnom Penh, Siem Reap and Sihanoukville before being scaled-up to cover all provinces when human and financial resources allow.

Provincial anti drug police, social services, education and commune councils will initially undertake surveillance with the Provincial Drug Control Committee (PDCC) amalgamating information into a consolidated report to the NACD Secretariat in Phnom Penh.

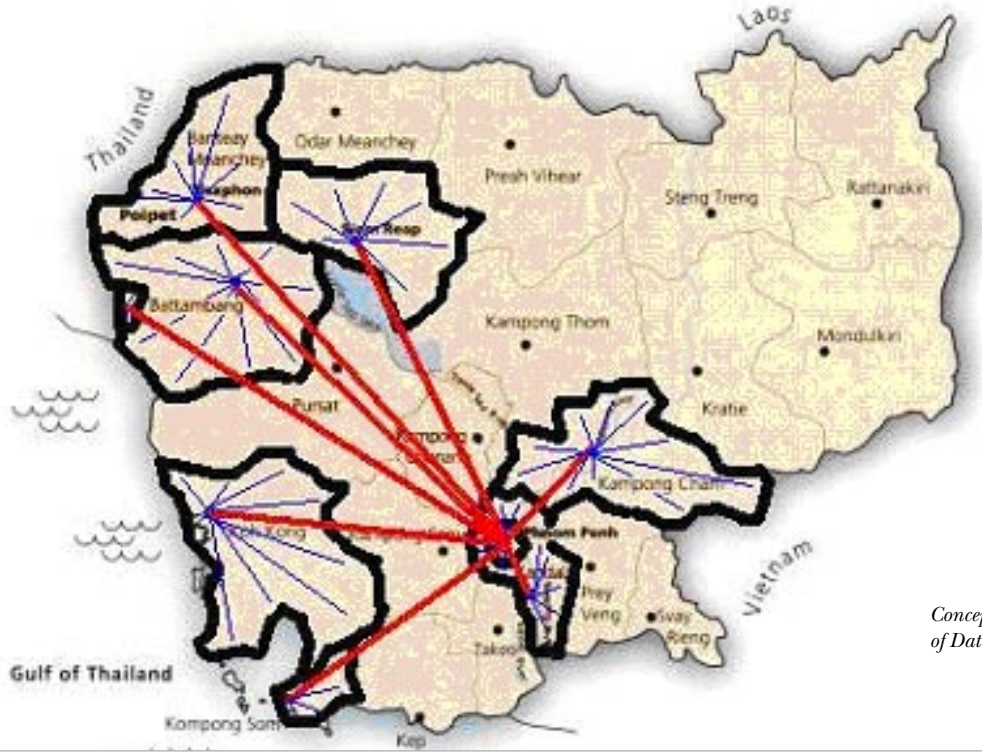
In his opening address, Permanent Deputy Secretary-General of the NACD, H.E. Maj. Gen. Lour Ramin, told meeting participants that, "the development of clear data concerning trends in drug use will inform the preparation of the National Drug Control Programme aimed at reducing drug trafficking and production, as well as the reduction of drug use through awareness, prevention and rehabilitation activities."

The surveillance system is being developed by the NACD in collaboration with three projects of the United Nations Office on Drugs and Crime: 'Strengthening the Secretariat of the National Authority for Combating Drugs (NACD) and the National Drug Control Programme of Cambodia' (CMB/F14), 'Improving ATS Data and Information Systems' (RAS/F97) and the project 'Regional Co-operative Mechanism to Monitor and Execute the ACCORD Plan of Action' (RAS/F73).

Collaboration with these UNODC projects allows for a more innovative approach that merges technical and financial resources to assist in the development of Cambodia's capacity to collect and analyse information and then use it for cost-effective countermeasures within NACD's forthcoming drug control master plan for 2004-2008.

And, importantly, data collected by the NACD will be channeled into UNODC's regional data sharing and monitoring projects ('Improving ATS Data' and the 'ACCORD Regional Cooperative Mechanism') and ultimately into international data collection frameworks including the INCB's annual report questionnaire.

For further information on: Strengthening the Secretariat of the National Authority for Combating Drugs (NACD) and the National Drug Control Programme of Cambodia, please contact Graham Shaw at graham.shaw@unodc.org.kh; Improving ATS Data and Information Systems please contact Jeremy Douglas at jeremy.douglas@unodc.un.or.th; Regional Co-operative Mechanism to Monitor and Execute the ACCORD Plan of Action please contact John Doyle at john.doyle@unodc.un.or.th. Further information on NACD can be obtained by contacting: The office of H.E. Lt. Gen. Savong Teng, Secretary-General NACD Secretariat Tel: (855) 23 721004



Conceptual Map of Cambodian of Data Flow

Greater Mekong Subregion Marks a Decade of Drug Control Cooperation

By Narumi Yamada, UNODC, Vienna

The Government of Viet Nam hosted the Ministerial and Senior Officials Committee Meetings of the six signatory countries of the 1993 Memorandum of Understanding (MOU) on Drug Control, namely Cambodia, China, the Lao PDR, Myanmar, Thailand and Viet Nam, and UNODC in Hanoi from 23-25 September 2003. H. E. Mr. Vu Khoan, Deputy Prime Minister of Viet Nam, addressed the inaugural opening ceremony of the Ministerial Meeting. H.E. Mr. Le Hong Anh, Minister of Public Security, Vice-Chairman of the Viet Nam National Committee on AIDS, Drugs and Prostitution Control, chaired the Ministerial Meeting sessions, and H. E. Lt. Gen. Mr. Le The Tiem chaired the Senior Officials Committee Meeting sessions.

A decade of progress in subregional cooperation in drug control in East Asia

This year's MOU Meetings marked a decade of successful drug control cooperation in the Greater Mekong Subregion. The MOU was signed ten years ago on 26 October 1993 by representatives of the Governments of China, the Lao PDR, Myanmar and Thailand, and the Executive Director of the United Nations Drug Control Programme (predecessor of UNODC). The MOU was the first of such a framework to be agreed in the world, which has proved effective, and since then has been adopted in other regions.

The 1993 MOU contained three main points:

- Partners would meet at least once a year to review the drug control situation in the regional and to adopt recommendations concerning possible future remedial actions;
- Partners would pursue further collaborative efforts whenever appropriate; and
- Other Governments in the region could be invited to become parties to the MOU.

Starting on such principles, the MOU has evolved to embrace effective, operational cooperation in drug control.

The two other countries in the Greater Mekong Subregion – Cambodia and Viet Nam – became parties to the MOU in 1995. Since then the six Governments and UNODC have held biennial Ministerial-level meetings as well as annual gatherings of higher-level officers.

The MOU mechanism

The Ministerial-level meetings serve as the group's governing and policy making body, and are particularly important in maintaining drug control issues high on the political agendas of participating Governments. The annual SOC meetings are responsible for implementing operational activities endorsed at the Ministerial level. Both of these regular conferences encourage ongoing senior-level consultations on appropriate policy responses to drug control problems in the Subregion. They also serve as operational fora for discussing other key issues, including strategies for addressing the important links between drug trafficking and other trans-national crimes (including money laundering), the trafficking of humans; and international terrorism. The MOU process also encourages bilateral consultations among senior drug control officials.

In 1995, the MOU's first Ministerial-level meeting adopted a Subregional Action Plan (SAP) consisting of twelve operational project outlines. The implementation of the SAP projects constitutes the major focus of the MOU process. The SAP provides a broad range of assistance to participant countries to effectively handle illicit drug production, trafficking and abuse problems. In addition to strengthening these Governments' drug control capacities, the MOU process and the SAP promote increased cooperative efforts among member states, such as cross-border, anti-drug trafficking activities in critical areas along common international borders. The coordination engendered by the MOU and expertise provided through the SAP assist the partners to cope with new, ever-more complex drug control problems, including rising production and abuse of methamphetamine and other amphetamine-type stimulants (ATS) and high rates of HIV infection among injecting drug users.

While the MOU and SAP were initially designed for the countries of the Greater Mekong Subregion in recent years the participating Governments have expanded their drug control teamwork in project activities to include other countries in South and Southeast Asia. (The status of SAP programme is shown in the box).

Some of the examples of successful outcome of a decade of subregional cooperation under the MOU include:

- Enhanced cross-border cooperation, including 22 Border Liaison Offices (BLOs) established, fully operational, enabling exchange of operational information and also used for training – resulted in increased seizures and arrests of some major traffickers across borders;
- Cross-border cooperation on land (BLOs) now being expanded to "on water" with the initiation of joint patrol on the Mekong river;
- 63 modules of Computer-based Training (CBT) programme (100 hours) developed in English and six local languages and trained law enforcement officials all over the region (e.g. in interdiction techniques to identify traffickers at land, sea and air border checkpoints, search techniques, intelligence methods, drug identification and testing) and 52 CBT centres established – resulted in increased seizures and arrests utilizing the knowledge/techniques trained and through more intelligence sharing;
- Nine national action plans on precursor control formulated and implemented in all project countries (6 MOU countries plus Indonesia, Malaysia and the Philip-

Senior Offcials taking part at the MoU meeting

pines) and joint meetings/actions taken place regionally (China, Laos, Myanmar and Thailand) and inter-regionally (e.g. India) to stem the manufacture of heroin and methamphetamine at their common borders. Results: increased seizures of precursors: four fold –65 tons to 280 tons between 1996-2002 in China, 7 fold in Myanmar from 5-6 tons in 1992-95 to 83 tons in 1996-2002;

- Increased sharing of experiences/best practices such as micro-credit, revolving fund and marketing – through 12 seminars/ training/study tours, website, 13 publications – within the region but also with outside (e.g. Afghanistan);
- Monitoring of poppy cultivation: improved methodology and expanded coverage;
- Community-based interventions in the highlands and targeted to high risk population; emphasis on HIV/AIDS and IDU and ATS abuse prevention; regional ATS data and information system under development; youth prevention programme under development.

During this year's meeting, a number of new ideas and initiatives were discussed, such as treatment and rehabilitation from ATS abuse, demand reduction policy development, improved responses to drug-related transmission of HIV in prisons, sharing of best practices in alternative development, monitoring and assessment of illicit crops, implementation of the UN Convention against Trans-national Organized Crime, and the suppression of trafficking of illicit drugs and precursors along the Mekong River.

Reflecting the trend towards increasing participation of the partner countries in the planning, implementing and managing the SAP programme, the participating partners signed the project document entitled "Support for MoU Partnership in East Asia" aimed to further strengthen the consultative process within the countries covered by the MoU and to continue to enhance the development of the Subregional Action Plan. The funding of this project will be borne by the MoU countries, with supplementary cost-sharing arrangements with UNODC, which is the first initiative of its kind. This funding arrangement demonstrates the growing commitment by the signatory countries of the MOU.

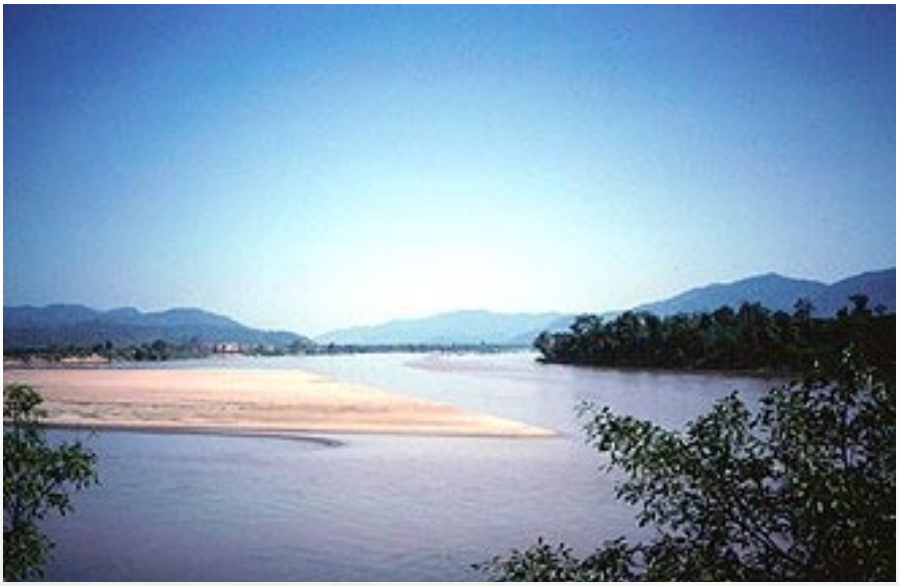
To commemorate the ten years of fruitful cooperation under the MOU, UNODC Regional Centre prepared and showed an audio-visual presentation on MOU and distributed a booklet entitled "A Decade of Cooperative Partnership and Progress in the Greater Mekong Subregion through the MOU".

The Meetings adopted the Hanoi Declaration where the signatories jointly declared that the illicit drug situation in East Asia requires immediate action and called for further joint policy level efforts. They also confirmed joint collaboration and commitment in combating illicit drugs production, trafficking and consumption in the region. They furthermore agreed to strengthen national capacities to fight against drugs and to extend, in a proactive manner, in-kind and technical assistance in support to other signatory countries.

This year's Meetings characterized a more constructive and forthcoming atmosphere, with frequent feedback and interactions and exchanges, as well as increased country participation in the presentations and discussions. Together with the overall progress being made towards stronger ownership of the process by the partner countries, as seen in the Partnership project signed, this year's Meetings themselves saw positive developments in this direction.

The Golden Square

By Ali Wolfsohn, Journalism student at the University of Technology, Sydney



Busloads of tourists crowd the dusty streets of Sop Rauk in Northern Thailand. Yet there are no beaches, no full moon parties, no mountain tribes or elephant rides to entice these visitors to make the day trip. Cameras out. They rush over. Not so much to see the sight but to relay the story back home that they were here.

"Welcome to the Golden Triangle," the sign announces to a group well aware it has a notorious reputation, although most have never caught a whiff of the reason for its fame.

The Golden Triangle, where the borders of Thailand, Myanmar (Burma) and Laos meet, has long been the drug capital of the world. Here in this 350,000 square kilometer area a large portion of Australia's and the rest of the world's production and distribution of heroin, opium and methamphetamines occur.

What the guidebooks don't tell the travelers is that the true sinister activities have moved to lesser-known places. Cambodia's increasing position as one of the most important gateways for the distribution of Southeast Asia's 'narco-state' drugs goes unmentioned on the average itinerary. The Golden Triangle now seems to becomes a square.

Thailand's massive government crackdown on drugs and drug-control mechanisms has led dealers to shift their activities into Cambodia, leaving it with a drug problem beyond its capacity and pleading for international assistance.

The problem is not insignificant. An estimated 200kg of heroin, thousands of methamphetamine pills and other drug cocktails, produced and distributed by drug armies in the Golden Triangle, cross Cambodia's borders each month. An amount much higher than in previous years, with most of it ending up in Australia, Europe, the United States and Japan. Fetching up to $100,000 per kilogram on the streets of the United States, drug smuggling through Cambodia is a multi-million dollar business.

Cambodia's rugged border terrain makes it perfect breeding ground for these activities. Along the 205-kilometer Lao-Cambodian border a mere five remote outposts with 78 officers stand guard. "It is like looking for a needle in the Mekong River," said Chan Thala, a border police officer.

Crossing between border posts is usually only possible on foot and involves hiking for hours through malaria-ridden forests. Because police end up spending their own money if they get sick from jungle patrols, investigating border smuggling takes second place to staying healthy, said Thala.

"There are orders from National Police to crackdown on drugs," said one of the Cambodian immigration police officers at Koh Chhoeuteal Thom on the Lao-Cambodian border. "But there's no drugs to find because of the forests and the rivers and we don't have speed boats to chase a suspect."

"We've never made any arrests. We just hear rumours about drug trafficking," said the policeman, adding that without binoculars, photographic cameras, drug-testing equipment or even a proper boat it will remain impossible to fight drug smuggling.

"It is easy to see how the smuggling occurs," said Thala. Human porters could haul drug shipments across the remote border mountains, stash drugs aboard boats on the Mekong River or simply pack it inside the tons of Lao coffee exported to Cambodian river ports each month. "Customs officers do not know how to inspect [the coffee cargo]. They just pay the customs tax and the coffee can go." Thala said.

Cambodia's link to the Golden Triangle is no new revelation. A French drug-monitoring body reported in 1996 that Cambodia played an expanding role in the transit of drugs from the Golden Triangle.

However the recent crackdown on drugs in Thailand has brought Cambodia into the limelight as a key trafficking route. This year, Thai Prime Minister Thaksin Shinawatra instituted a three-month anti-drug campaign that ended on April 30th and left 2000 people dead.

Thailand stands as the world's largest consumer of illegal pills, with about five percent of its 63 million people considered drug-users. The crackdown forms part of Thailand's role in the regional agreement signed by the Association of Southeast Asian Nations in 2000, laying out a 15-year plan to battle drugs.

"Our concern is that we have received reports of new seizures of amphetamines in neighbouring countries [to Thailand], which would suggest that organised crime behind the trafficking of amphetamines is actively searching for new markets," said Sandro Calvani, the U.N. Office on Drugs and Crime (UNODC) for East Asia and the Pacific.

This effect has been directly noticed

in Cambodia. "The number of seizures, and quantities of such seizures, of heroin in Cambodia has increased since the Thai crackdown began. Those questioned and prosecuted have admitted to trafficking along the Mekong," said Graham Shaw, program officer of the UNODC in Cambodia.

Unlike Thailand, Vietnam and Laos, Cambodia does not employ the death penalty for serious drug smuggling, however officials maintain it has a solid-anti drug law with heavy prison sentences.

Yet, making arrests and ensuring that those arrested go punished, has long been a problem and one that has labeled Cambodia the 'weak link'. "We need to see a demonstration by law enforcement and by the judiciary that they are willing and capable of using Cambodian law to send a message to the traffickers and to the general population that illicit drugs are not acceptable," said Shaw.

Drugs are not your typical cargo; they cannot expect to pass through a country without impacting upon the people.

"I believe drug trafficking and drug use among Cambodian people is rapidly increasing," said Cambodian Prime Minister Hun Sen in his closing address of the National Seminar on Drug Issues.

According to Shaw, whilst heroin use is not particularly high within Cambodia, indicating that it is being directly trafficked to international markets, according to Shaw, methamphetamine use increased exponentially in the past couple of years.

As with any drug use, the impact is devastating. Shaw speaks of the effect on families caused by disruptive and violent behavior of youth, as well as increased drug-related crime. "Once they become addicted, they have the psychological and physical impact of drug abuse to cope with and consequently the impact upon their disposable income and their ability to generate an income in support of themselves and their family," said Shaw. "This will lead many into poverty which will put additional burdens upon the social and health services of Cambodia as well as increased costs for law enforcement due to crime motivated by drug abuse."

But what happens when drugs hit a country that does not have the mechanisms for dealing with them?

"We are currently lacking sufficient necessary services in consultation, treatment and drug rehabilitation in Cambodia." said Hun Sen. "We do not have both funds and technical expertise to develop these services."

"Drug-using people are suffering from a disease that they have no idea how to heal," said Hun Sen. "Drug addicted people badly need health support and support from society rather than leaving them as outlawed people of society."

Cambodia has recognised the problem and strives to fight it. In 1995 the government established the Anti-drug National Authority to coordinate affairs with all institutions and control drugs in the country at large.

"We will put every effort to uphold each article stipulated in each international convention, aiming at protecting our people from dug abuse and showing to the international community that Cambodia has taken a serious position…to fight against illicit drugs," said Hun Sen.

According to Shaw, Cambodia is currently ratifying the three international drug control conventions that will see additional technical and financial support in the suppression, alternative development (for cannabis cultivation), and demand and harm reduction, treatment and rehabilitation sectors of drug control. The government plans to complete a drug control master plan by mid-2004, aimed at guiding all ministries, agencies, civil society groups and donors in tackling this problem over the next five years.

Khieu Sopheak, deputy secretary-general of the National Authority for Combating Drugs, noted that the government was able to eradicate the ultra-communist Khmer Rouge movement and it will fight the drug problem with the same vigor. "We do not surrender to drug traffickers," he said. "Cambodia is not like Colombia."

Recognising Cambodia's limited capacity for drug control, Hun Sen pleads for international assistance. "I would like to call on developmental partners of the donor community to urgently assist Cambodia to develop these services, thus enabling us to help drug suffering people."

"If Cambodia is left out from assistance while other countries in the region receive support for the strengthening of drug control capacity from drug consuming countries like Australia, the European Union and the U.S., then the organised transnational crimes would shift their activities to Cambodia," said Hun Sen. "They would think that the inspection network in Cambodia is still weak, and through Cambodia they can transit and export these dangerous merchandise to developed countries in the world."

"The real defenders of the drug threat on our future society and economy are all Cambodian people ourselves," said Hun Sen. "They are the solid wall preventing an increased trend of drug abuse. Thus, we must educate those soldiers to stand up and fight for their better future."

"We have to ensure the objection of drugs will become part of our culture, our community or our way of living."

For more information please contact the author by Email: aliwolf99@hotmail.com or graham.shaw@unodc.org.kh

SOURCES:

- *PM Appeals for International Aid to Fight Drugs, The Cambodia Daily, May 7 2003*
- *Thailand: Drug Dealers Eye Neighbouring Countries After Crackdown, UNWire, 9 May 2003*
- *Traffickers pursue new markets after Thai anti-drug blitz: UN, Agence France-Presse, May 9 2003*
- *Closing Keynote Address by Samdech Hun Sen at the National Seminar on Drug Issues, May 6 2003*
- *Traffic King, Kevin Doyle and Phann Ana, The Cambodia Daily, WEEKEND, 26-27 October, 2002*
- *Interview with Graham Shaw, director of the UNODC in Cambodia, 15 October 2003*
- *Interview with Sandro Calvani, the U.N. Office on Drugs and Crime, East Asia director,*
- *Big Rise in Methamphetamine Use Observed, Flora Stubbs and Nhem Chea Bunly, The Cambodia Daily, WEEKEND, 21-22 August, 2002*
- *The Global Drug Trade, BBC News Service Online – www.bbc.com*
- *Cambodia: U.N. Report – Cambodia Top World Source of Marijuana, Ken Russell, Media Awareness Project, The Star (Malaysia), 08 June 2001.*
- *Cambodia now a major heroin smuggling route to West, www.drugscope.org.uk, 22 March 2002*
- *Drug Trade In Asia, Encyclopedia of Modern Asia, Volume 2, Levinson, D., Christensen K. (Ed.), 2002, Chicago, pp302-304*
- *Summary Report of the Illicit Drug Situation in Cambodia 2002, United Nations Office on Drugs and Crime*
- *Cambodia Country Profile, March 2001, United Nations International Drug Control Programme*

ACCORD Task Forces Meet

A key aspect of the ACCORD Plan of Action is to establish an effective regional coordination mechanism to exchange information on illicit drug control in the ASEAN and China region. Task Force meetings for each of the four pillars of ACCORD are a means to facilitate this. The meetings, held annually, review progress made in implementing the goals of the Plan of Action and also address and review assistance priorities and sub-regional strategies in attacking the scourge of illicit drugs.

By John Doyle, UNODC, Bangkok

Task Force meetings I, II, and III – Civic Awareness, Demand Reduction and Law Enforcement – were recently held (the Task Force IV Alternative Development meeting took place in Chiang Mai in January 2003). Task Forces I and II were hosted in Malaysia and Task Force III in Myanmar, which also included a three day field trip covering most of the Shan State region in north-eastern Myanmar. Field trip participants visited Lashio, Muse (on the border with China), Kunlong, Chin Shwe Haw / Nam Tip and Laukkai (also on the Chinese border) and were provided the opportunity to visit alternative development crop substitution projects and learn about different law enforcement programmes were doing to counter the problems of drug trafficking along the Chinese border. Meetings were also arranged with different ethnic group leaders.

CCDAC officials describe alternative development projects in the Shan State

During the Task Force meetings, national delegations from eleven countries reported on and discussed constraints faced in implementing the previous year's work plan. They also revised and updated the work plan and reached consensus regarding Task Force working methods. UNODC also presented on relevant Plan of Action activities of the past year and the Regional Cooperative Mechanism offered an activities update. The Partnership Unit also gave a presentation on the ACCORD Business Plan and fund-raising strategies while the ASEAN Secretariat gave an update on the ACCORD Account.

Task Force meeting participants during a plenary session in Kuala Lumpur

At the meetings each national drug control agency counterpart reported on progress undertaken within the Plan of Action. In general, significant numbers of projects were reported as well as an increased level of cooperation across borders. Specific progress across the ACCORD region includes:

Task Force I Civic Awareness:

- Greater cooperation with the private sector and media companies as well as with NGOs;
- Establishment of media desks within drug control agencies to better liaise with journalists.

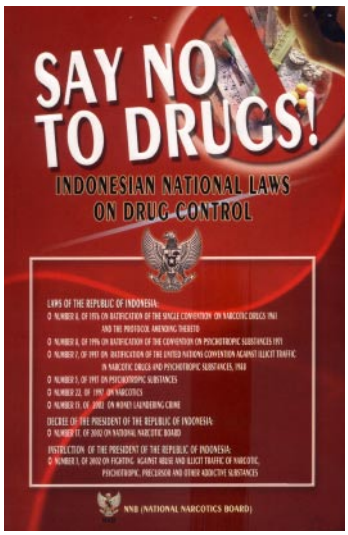
Task Force II Demand Reduction:

- Active demand reduction programs in schools as well as those aimed specifically at combating the rapidly growing threat of ATS;
- Increased use of IT to track drug abuse trends and formulate effective governmental policy;

Task Force III Law Enforcement:

- Greater bi-lateral and multi-lateral cooperation as well as increased exchange of information (including the proposed I-24/7 Data Sharing System from INTERPOL);
- Discussion and establishment of national legislation to address Money Laundering and Precursor Control.

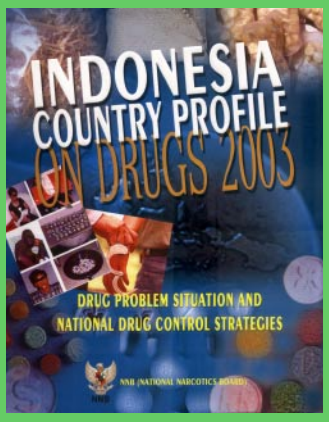
Unofficial summary highlights from all the meetings have been compiled by the Regional Cooperative Mechanism; please contact Gerson Bergeth for further information at gerson.bergeth@unodc.un.or.th. Formal reports will be compiled and released within the next several months by the relevant meeting secretariats.



SAY NO TO DRUGS: INDONESIAN NATIONAL LAWS ON DRUG CONTROL

This publication outlines all the relevant anti-narcotic legislation existing in Indonesia today, including conventions passed from 1961 and onwards. This detailed book accounts for all the anti-drug laws decreed by the President of the Republic and goes through key legal chapters and articles which all pertain to narcotic related crime and law.

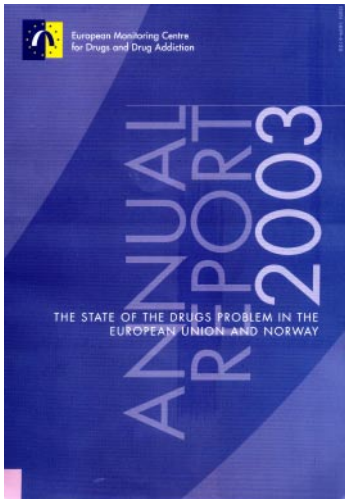
Publisher: BNN National Narcotics Board, Jl. Gerbang Permuda No. 3, Senayan, Jakarta. Tel: (62-21) 8410306 Email: bknn2000@indosat.net.id



INDONESIA COUNTRY PROFILE ON DRUGS 2003

This book outlines the drug problem situation and national drug control strategies for 2003 in Indonesia. A medium for exchange and information, the BNN has provided pertinent statistics and information that create a well rounded and informative analysis of the state of affairs in Indonesia concerning trafficking, consumption, illicit trade, and production.

Publisher: BNN National Narcotics Board, Jl. Gerbang Permuda No. 3, Senayan, Jakarta. Tel: (62-21) 8410306 Email: bknn2000@indosat.net.id



THE STATE OF DRUG PROLEMS IN THE EU AND NORWAY 2003

EMCDDA's 2003 Annual Report presents three selected issues of topical interest: drug and alcohol use among young people; social exclusion and reintegration; and public expenditure in the area of demand reduction. It also features articles on drug-related diseases and national drug policies. An overview publication that gives a clarifies the European and Norwegian narcotic consumption, and anti-drug policy situation.

Publisher: EMCDDA, Rua da Cruz de Santa Apolonia, 23-25, 1149-045 Lisbon, Portugal. Tel: (351) 218 1130 00. Email: info@emcdda.eu.int Web: www.emcdda.eu.int

NEW TO BANGKOK

Chigusa Ikeuchi (Japan) has joined the Regional Centre as an Intern to work in the area of Alternative Development. Her

primary task includes assisting the organization of a regional seminar on Alternative Development: "Information Networking and Sharing Good Practices on Gender and Development" held in October and the proposal of some gender and development projects as new initiatives. She has just graduated from Chulalongkorn University, majoring in Thai Studies where she specialized in NGO and Alternative Development. She has worked with a local NGO in Bangkok in research.

Victoria Chia (USA) has joined the Regional Centre as an Intern for the MOU Ministerial Meeting and ACCORD projects, and is also assisting the Law Enforcement Advisor. Her primary responsibilities include producing materials for the 10-year MOU anniversary of drug control cooperation in the Greater Mekong Subregion; helping with E-News, the 2004 Calendar and Activities Report for ACCORD; and researching the ATS situation in South China. She is a graduate of Columbia University, and has worked in marketing project management in the in the USA, and for NGOs in Eastern Europe, China and Southeast Asia.

Sanjay Kumar Kaushik (India) has joined the RC as an intern; his current responsibilities include database and information management, publication of e-newsletter, project reports, project documents, information material, and content management of the ACCORD website including its graphic design. He is graduate of Guru Jambheshwar University, in Hisar, India with an MSc in Mass Communication and Information Technology, May 2003.

Eduardo Hidalgo (USA) joined UNODC as an intern to assist the Associate Expert in the development of anti-corruption activities in South East Asia. He is currently conducting research to evaluate the legal, political, and social aspects of the anti-corruption strategies of Thailand and Cambodia with the intention of designing project ideas. His previous work experience includes nuclear reactor operator in the Naval Nuclear Power Program, and business experience in Japan, Hong Kong, and China. He is a recent graduate of the International University of Japan.

DEPDC

Development and Education Programme for Daughters and Communities Centre

The Program:

Today, Development and Education Program for Daughters and Communities, supports almost 600 girls to remain in education or vocational training in preference to entering the sex industry or enforced child labour. Its headquarters are in Mae Sai, with other centres spread across Chiang Rai province. From these bases staff work among Akha and other minority groups and lowland villagers.

Support of Girls: Every year several hundred girls are referred to DEPDC, many time more than can be offered places. It costs about US $500 per year for every girl DEPDC supports at school. This amount covers the costs of full-time accommodation, school uniforms, equipment and activities, lunch and school transport, as well as life development and health care programs.

DEPDC (Development and Education Program for Daughters and Communities) is an NGO that aims to prevent children at risk from being forced into the sex industry or child labour due to outside pressure, lack of education and employment alternatives. It aims to improve the material, social and spiritual quality of life for these children and their communities.

The Problem:

For the previous 10 to 20 years the Thai sex industry had been developing into a highly lucrative commercial industry. This gave rise to the debt bondage deals and systematic exploitation of poor families with available daughters. The demand for child prostitutes grew as AIDS became more threatening and people believed younger girls would be safer. The belief that sex with a child is rejuvenating and the publicity of Thailand as a sex-tour destination for pædophiles and other clients all contributed to the thriving trade in young girls.

The Future: DEPDC is collaborating in neighbouring countries to publicize and respond to the problem of cross-border trafficking and the expanding sex tourism industry.

CONTACT: DEPDC
PO Box 10 Mae Sai,
Chiang Rai 57130 Thailand
Tel +66 (53) 733-186 Fax +66 (53) 642-415
www.depdc.org

UNODC EASTERN HORIZONS is published by the United Nations Office on Drugs and Crime in Bangkok, Thailand with contributions from the country offices in Vietnam, Lao PDR and Myanmar. Articles, comments and relevant information with photos or tables attached are welcomed. Submissions should not exceed 500 words. Full name and signature must accompany all letters to the editor. Articles and letters may be edited for purposes of space and clarity. **Editor**: **Mona Mangat**, Tel: (66 2) 288-1445 Email: mona.mangat@unodc.un.or.th **Distribution:** Ajarie Salilasiri, Tel: (66 2) 288-2083, Email: ajarie.salilasiri@unodc.un.or.th **For further information, please contact**: UNODC Regional Centre for East Asia and the Pacific, 14th Floor, United Nations Building Rajdamnern Nok Avenue, Bangkok 10200, Thailand Tel: (+66-2) 288-2091 Fax: (+66-2) 281-2129 Website: http://www.unodc.un.or.th

UNITED NATIONS
Office on Drugs and Crime
Regional Centre for East Asia and the Pacific