Mekong MOU on Drug Control
Sub-Regional Action Plan
On Drug Control

Kingdom of Cambodia
People’s Republic of China
Lao People’s Democratic Republic
Republic of the Union of Myanmar
Kingdom of Thailand
Socialist Republic of Viet Nam
and
United Nations Office on Drugs And Crime

(draft to be endorsed by signatories)

2014-2016
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<tr>
<td>AD</td>
<td>Alternative development</td>
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<tr>
<td>ANPUD</td>
<td>Asian Network of People Who Use Drugs</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<td>ATS</td>
<td>Amphetamine-type stimulant</td>
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<td>BLO</td>
<td>Border Liaison Office</td>
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<td>CCDU</td>
<td>Compulsory centre for drug users</td>
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<td>DRR</td>
<td>Drug demand reduction</td>
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<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GMS</td>
<td>Greater Mekong Sub-Region</td>
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<td>ICE</td>
<td>Integrated Collaborative Exercise</td>
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<td>INCB</td>
<td>International Narcotics Control Board</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MLA</td>
<td>Mutual legal assistance</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>NSP</td>
<td>Needle and syringe programme</td>
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<td>OST</td>
<td>Opioid substitution therapy</td>
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<td>PICS</td>
<td>Precursor Incidents Communication System</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<td>ROSEAP</td>
<td>Regional Office for Southeast Asia and the Pacific</td>
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<td>RP</td>
<td>Regional Programme</td>
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<td>RPF</td>
<td>Regional Programme Framework</td>
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<td>SAP</td>
<td>Sub-Regional Action Plan</td>
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<td>SOC</td>
<td>Senior Officials Committee</td>
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<td>SOP</td>
<td>Standard Operation Procedure</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TNA</td>
<td>Training Needs Assessment</td>
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<td>TOR</td>
<td>Terms of Reference</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNODC</td>
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<td>WHO</td>
<td>World Health Organization</td>
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I. Executive Summary

The Sub-Regional Action Plan (SAP) on Drug Control provides a strategic framework through which the United Nations Office on Drugs and Crime (UNODC) and the Governments of MOU Member States cooperate in addressing challenges related to the production, trafficking and use of illicit drugs.1

The first SAP was endorsed in 1995 by all six members of the Memorandum of Understanding (MOU) on Drug Control. It has been reviewed and updated every two years by MOU countries, with each updated version being subsequently endorsed at the biennial Ministerial Meetings. The most recent SAP (Revision VIII) was endorsed in Lao PDR, 2011 prioritising the five following thematic areas of cooperation:

1. Law Enforcement
2. International Cooperation in Judicial Affairs
3. Drug Demand Reduction (DDR)
4. Drugs and HIV/AIDS
5. Sustainable Alternative Development (AD)

In addition to the five thematic areas listed above, MOU countries have identified a sixth area for inclusion in the SAP, where cooperation is necessary. Under this pillar of the SAP, Member States have pledged to work together to mobilize the financial support necessary to achieve the outcomes under the five prioritized thematic areas.

The priority areas included in the SAP are addressed by MOU Member States and UNODC through several avenues. Activities included in the SAP have been pursued through a UNODC project (RASH15 “Support for MOU Partnership in East Asia”), supported through financial contributions from MOU members, while other initiatives are implemented and supported through UNODC projects and programmes in the region. Going forward, UNODC’s Regional Programme (RP) for Southeast Asia 2014–2017 will provide a platform for work related to the SAP. In addition, the national governments of MOU Member States directly support components of the SAP, working towards their completion without the direct involvement of UNODC or other donor partners.

For each of the five thematic areas listed above, the SAP (Revision IX) provides the following: (i) an updated situational analysis on relevant issues and challenges, and (ii) proposed priority areas for cooperation under the SAP for 2014-2016.

By adopting the SAP (Revision IX), MOU members agree to the following actions:

1. Reaffirm their commitment to fully implement the 1961, 1971 and 1998 United Nations (UN) Conventions on Drug Control, and to support activities aimed at strengthening national drug control legislation in line with international conventions;
2. Acknowledge that the development and implementation of national strategies on drug control is essential for the establishment of effective sub-regional drug control objectives and priorities;
3. Reaffirm their support for a comprehensive, balanced and integrated approach to drug control problems that is designed to meet the various associated challenges in the sub-region, while being respectable of national and local differences;

1 The six members of the MOU on Drug Control are the Kingdom of Cambodia, the People’s Republic of China, the Lao People’s Democratic Republic, the Republic of the Union of Myanmar, the Kingdom of Thailand, and the Socialist Republic of Viet Nam.
4. Recognise the necessity of including the issue of public health in the development and implementation of drug control policy;
5. Provide support to extend the concept and utilisation of Border Liaison Offices (BLO) into other areas of transnational organized crime, e.g. with relation to trafficking in persons (TiP), the smuggling of migrants (SoM), and environmental crime, such as the illicit trafficking of timber and wildlife; and
6. Reaffirm their commitment to mobilise funds in order to support the implementation of the priorities outlined in the SAP (Revision IX).
II. Strategic Issues and Challenges

The following section provides an updated situational analysis and assessment on issues and challenges related to drug control in the Greater Mekong Sub-Region (GMS), which should be incorporated and reflected in the development and implementation of future plans for cooperation between MOU Member States. The section is organised in line with the five prioritized thematic areas identified in the SAP (Revision IX).

A. Law Enforcement

Below is an overview of the current situation with regard to drug control issues, which can be best addressed by MOU Member States and their law enforcement agencies on both a national and regional level.

- **Production and use of amphetamine-type stimulants (ATS):** Methamphetamine, whether in pill, powder, or crystalline form, is the most widely used type of ATS in the GMS. It ranks among the top three used drug in all the MOU Member States, with all six countries reporting an increase in its use in 2011. Additionally, China, Myanmar and Cambodia have reported significant quantities of ATS production, and a small number of illicit methamphetamine pill-pressing operations continue to be seized in Thailand. It should be noted that while the overall number of seizures of methamphetamine pills (yaba) have declined in recent years, seizures of crystalline methamphetamine (crystal meth) have reached record levels.

- **Origin of ATS trafficked in the GMS:** Myanmar remains the primary source of methamphetamine pills found in the region, reporting its first ever seizure of a crystalline methamphetamine laboratory in 2012. Due to these high levels of productions, there is a large-scale spillover effect occurring in neighbouring countries in the GMS. For instance, Lao PDR is increasingly being used as a transit area for shipments of methamphetamine that originates in Myanmar and is destined for other countries in the region and beyond.

- **Source precursors for ATS production in Myanmar and their origin:** The diversion of licit chemicals and pharmaceutical materials used in the manufacture and production of methamphetamine is increasing in the GMS. Traditionally, ATS precursors are smuggled from Myanmar to China, with the finished ATS product then being trafficked in the reverse direction. In recent years though, an increasing amount of precursor chemicals used in ATS production can trace their origins to India’s large and growing chemical industry. Despite efforts to better control the illicit flow of precursor chemicals, a number of countries have reported seizures of precursors, which are intended for the illicit manufacture of methamphetamine.

- **Drug trafficking and related forms of criminal activity and the threat to security and the rule of law in the region:** The issues of security and insurgency are closely linked with illicit drug production and trafficking in a number of countries in the GMS, with transnational criminal organizations and terrorist activities being directly and indirectly financed from the profits of illicit drug trafficking. These networks form a direct threat to stability in the region, and should be addressed by strengthening national law enforcement institutions and their capacity to engage with one another on a regional level.

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2 Most of the increase was in Shan State of Myanmar, where 90 per cent of the poppy is cultivated. However, an increase in production was also recorded in Kachin State, with the total opium poppy cultivation in Myanmar estimated at 43,600 ha in 2011 and 51,000 ha in 2012. Source: South-East Asia Opium Survey 2012: Lao PDR and Myanmar, UNODC, October 2012, p. 49.
• **Drug trafficking and cross-border security in the region:** According to a recent UNODC survey of law enforcement officers in Cambodia, Thailand and Viet Nam, illicit drug trafficking remains the main issue affecting cross-border security. Another issue of concern is the increasing involvement of Iranian and West African nationals and criminal organizations in the process of trafficking illicit drugs in the GMS.

• **Levels of opiate seizures at significant levels in 2011 and 2012:** In recent years, an increase in the number of opiate seizures, mainly heroin, was reported in the region, reflecting an increase in the use of heroin. For instance, China reported seizures of 5.3 tons of heroin and one ton of opium in 2010, and 7 tons of heroin and 800 kg of opium in 2011. In addition, Thailand’s reported seizures of heroin increased from 137 kg in 2010 to 547 kg in 2011. During this time period, China, Malaysia, Thailand and Viet Nam accounted for the majority of heroin seizures in East and Southeast Asia, with most of the regional heroin production taking place in politically contested areas of Myanmar.

• **Globalization and new opportunities for transnational organized crime:** Over the past decades, economic liberalization and reduced border controls and other travel restrictions in the region, in addition to quicker and more convenient transportation routes, in particular along highways R3A and R3B and river routes, have all contributed to an increase in opportunities for both licit and illicit enterprises in the GMS. Combined with changing global trade patterns, increasing international freight volumes, and the growing sophistication of cross-border transactions, the level of transnational organized crime in the region has increased noticeably. In order to better address the challenges posed by regional criminal networks, enhanced cross-border cooperation between law enforcement agencies is needed, in particular with regard to the sharing and exchange of relevant intelligence information.

• **Capacity of law enforcement agencies in the region to collect, analysis and exchange intelligence information:** In response to increased levels of transnational criminal activity in the GMS, there is a need to enhance the capacity of drug law enforcement agencies to collect, analyse and exchange relevant intelligence information, in particular with regard to real-time operational decision-making.

• **National and regional training platforms for drug law enforcement agencies in the GMS:** In order to better address the challenges faced by drug law enforcement agencies in the region, the knowledge and capacity of these agencies should strengthened through the promotion of UNODC’s eLearning platform. The platform is an online learning tool that contains numerous training modules tailored to the needs of law enforcement institutions in the region, assisting officers to acquire the knowledge necessary in combating activities related to drug control and transnational organized crime.

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1 240 law enforcement officers engaged on border security issues took part in the survey in March 2011, which was carried out on the R3A by MOU Member States (China, Lao PDR and Thailand).

2 At present, the current estimate of heroin users in the region is 3.3 million users. Transnational Organized Crime in East Asia and the Pacific: A Threat Assessment, UNODC 2012.

3 Office of Narcotics Control Board 2012.

B. International Cooperation in Judicial Matters

Below is an overview of the current situation with regard to drug control issues and related international legal cooperation, which can be best addressed by MOU Member State on both a national and regional level.

- **Ratification and implementation of relevant drug control and other related conventions:** In some GMS countries, national legal frameworks only partially comply with the provisions outlined in the UN crime and terrorism-related conventions. It is important that these conventions are ratified and fully implemented throughout the region.

- **Capacity of judicial institutions to respond to drug-related transnational organized crime:** Judicial authorities generally lack the specialised technical and inter-disciplinary coordination capacity necessary for addressing cases involving transnational criminal activity, in particular illicit drug production and trafficking. In order to ensure that MOU Member States are able to properly investigate and prosecute drug-related criminal cases, it is important that measures are taken to help build and strengthen the capacity of judicial institutions in this regard.

C. Drug Demand Reduction/Drugs and Health

Below is an overview of the current situation with regard to issues of drug demand reduction, which can be best addressed by MOU Member State on both a national and regional level.

- **Research and information related to drug demand reduction:** The GMS continues to suffer from a lack of research and information related to drug demand reduction, which is reflected in its policy frameworks. Due to the limited resources available to implement drug demand reduction policies, an improved level of knowledge and empirical evidence is necessary in order to ensure that these resources are utilised in the most efficient manner, working to implement evidence-based strategies.

- **Policy frameworks and strategic frameworks to drug use and dependence:** Drug dependency is a chronic and relapsing health disorder that should be addressed based on scientific evidence and the needs of each individual, in accordance with the fundamental right to health. Drug treatment responses should be multi-faceted in nature, tailored to the severity of addiction of an individual. For instance, not every person who uses drugs requires treatment, and for others a number of studies have demonstrated the positive cost-benefits of community-based drug treatment approaches. In other cases, residential treatment is best-suited, in particular when an individual possesses severe drug dependence, suffers from co-morbidities, and lacks adequate social support. As a result, there is a need to develop and expand cost-effective treatment programmes and services in the GMS that are community- and evidence-based in nature.

- **Models for ATS prevention, treatment and care for the GMS region:** Although internationally-tested drug prevention approaches and psychosocial intervention for ATS use and dependence exist, they have yet to be fully adapted and validated for Southeast Asia. ATS use in the region continues to increase, and for several countries comprises the majority of demand for drug use treatment. As a result, it is important that ATS prevention, treatment and care models of intervention are developed in a manner that takes into account circumstances and risk factors in the region, as well as the different needs of ATS users (occasional, regular, and dependent) and available resources.
Community-based intervention models: Community-based intervention approaches to drug treatment have proven effective in many countries, in particular when they are adapted to the specific needs and circumstances present there. Several countries in Southeast Asia have indicated their plans to implement and expand community-based interventions. This serves as a unique opportunity to develop and demonstrate new interventions and approaches to reducing ATS use and dependency that are adapted and relevant for the respective countries and the region as a whole.

D. Drugs and HIV/AIDS

Below is an overview of the current situation with regard to issues of drug use and HIV/AIDS, which can be best addressed by MOU Member State on both a national and regional level.

HIV prevalence among people who inject drugs (PWID): The prevalence of HIV among people who inject drugs (PWID) remains high in several countries in the GMS. It is estimated, that of the 14 million PWID globally, the number of PWID in East and Southeast Asia is relatively high, with an estimated 2.6 million IDUs living in MOU Member States.7 HIV prevalence among PWID remains at high level in a number of MOU Member States, including Cambodia (24%)8, China (6.4%)9, Myanmar (18%)10, Thailand (25.2%)11, and Viet Nam (11.6%)12. Several countries in Southeast Asia, including China, Myanmar and Viet Nam, have reported a decreasing HIV prevalence among PWID for several successive years, however, some of the decrease is attributed to mortality due to AIDS, hepatitis, TB and other courses in this population given limited access to and uptake of treatment for HIV and hepatitis. Furthermore, the continued spread of HIV hampers the achievement of the UN Millennium Development Goals (MDG) and impacts productivity in the region, with morbidity and mortality serving as the most significant threats associated with illicit drug use.

Comprehensive package of HIV prevention and treatment services: The World Health Organization (WHO), UNODC and UNAIDS recommend that governments in Southeast Asia make available and expand access to a comprehensive package of HIV prevention, treatment and care interventions for PWID. The package contains nine interventions, and its effectiveness in preventing the spread of HIV is supported by extensive scientific evidence.13 Although the high burden of HIV among PWID, the coverage of prevention, treatment and care services remains inadequate for this key population in Southeast Asia. Based on the level of coverage recommended by WHO, UNODC and UNAIDS, a minimum of 60% of PWID should be covered by a needle and syringe programme (NSP). However, only 10%, or approximately 266,000 PWID in size MOU countries are currently reached with NSP.14 Based

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14 Data based on analysis of programme coverage data reported by countries by the HIV team in UNODC ROSEAP in October 2013.
on the recommended levels of coverage, at least 40% of opioid dependent people should be reached with opioid substitution therapy (OST). However, only 9%, or approximately 220,000 people who are dependent on opiates in the six MOU countries in East Asia are currently reached with OST. Among these, approximately 200,000 people access methadone maintenance treatment on a daily basis in China\textsuperscript{15}

- **HIV prevention, treatment and care in closed settings:** Information about HIV prevalence, risk and vulnerability, as well as access to HIV prevention, treatment and care services in closed settings, e.g. prisons and compulsory treatment centres for drug users, is limited. However, in general higher prevalence of drug use is found in prisons than in the general population\textsuperscript{16}, especially since a large proportion of inmates are imprisoned on drug related offences. Prevalence of communicable diseases such as HIV and hepatitis C tend to be much higher among individuals in closed settings than in the general population. Thus, a priority should be given to ensuring that access to HIV and other health services within closed settings is equal to that available among the general population in the community. In addition, it is essential that staff working in closed settings receive adequate training and support to protect themselves, as well as to provide access to HIV services for individuals in these environments.

- **Alternatives to Compulsory Centres for Drug Users (CCDU):** Administered through either criminal or administrative law, CCDUs in East and Southeast Asia are operated by a variety of institutions dependent on the country, including law enforcement authorities, the judiciary, local and municipal authorities, ministries of health, and ministries of social affairs. Based on responses by governments to a questionnaire survey by UNODC ROSEAP in 2012, it is estimated that at least 280,000 individuals who use drugs were confined in approximately 1,000 CCDUs across eight countries in East and Southeast Asia in 2011.\textsuperscript{17}

- **National drug legislation and evidence-based and effective public health strategies related to drug control and HIV:** There are still several discrepancies that exist between national HIV strategies and policies and related national drug laws and policies, where it is evident that the two frameworks are incompatible. For instance, it has been observed in recent years that the implementation of certain drug control policies runs counter to commitments made by governments to reduce transmission of HIV among PWID by 50%, as detailed in the Political Declaration on HIV/AIDS adopted by Member States at the General Assembly High Level Meeting on HIV/AIDS in New York in June 2011. There is a need to better align national drug related legal frameworks with national drug control and HIV responses.

### E. Sustainable Alternative Development

Below is an overview of the current situation with regard to sustainable AD, which can be best addressed by MOU Member State on both a national and regional level.

- **Opium poppy cultivation in Southeast Asia:** The region saw a significant decline in the level of opium poppy cultivation from 1998 to 2006, largely as a result of the continued efforts

\textsuperscript{15} Data based on analysis of programme coverage data reported by countries by the HIV team in UNODC ROSEAP in October 2013.


\textsuperscript{17} Presentation by UNODC ROSEAP at the Second Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific, 1-3 October 2012, Kuala Lumpur, Malaysia.
made by the regional and international community to promote alternative development programmes in Lao PDR and Myanmar. However, from 2006 to 2012, the region saw the level of opium poppy cultivation double, despite confirmation from the Governments of Lao PDR, Myanmar and Thailand that they collectively eradicated approximately 24,634 ha of opium poppy in 2012, compared to 7,928 in 2011. Worldwide, Myanmar ranks second to Afghanistan in regard to opium poppy cultivation, comprising approximately 20% of the global area under production, with the capacity to produce an estimated 690 tons of opium.

From 2011 to 2012, there was a 21% increase in poppy cultivation in Southeast Asia, from 47,917 ha to 58,009 ha, marking the sixth consecutive year that annual cultivation increased.\(^{18}\) Myanmar continues to be the main poppy cultivator and opium producer in the region, with 88% of the total regional cultivation. In Lao PDR, the area under opium cultivation is reported to have increased 66% from 2011 to 2012. This is largely attributed to: (i) internal demand for opiates, (ii) the high price of heroin on the international market, and (iii) inadequate investment in alternative development projects, including product and packaging improvement, and market access for alternative products.

- **AD programmes in Southeast Asia:** Food security, poverty and conflict, in particular in Myanmar, are the main factors driving the increase in opium production. However, there is clear evidence that AD programmes, when implemented alongside eradication effects, can successfully reduce illicit crop cultivation and opium production, subsequently improving people’s lives. However, political support and adequate security are necessary prerequisites for the successful implementation of these programmes.

### F. Resource Mobilization for the Implementation of the SAP

Below is an overview of the current situation with regard to resource mobilization and the implementation of the SAP, which can be best addressed by MOU Member State on both a national, regional and an international level.

In recent years, it has proven difficult to attract additional financial support from donors for specific SAP projects. As a result, the implementation of SAP priorities has mainly been pursued through the actions and financial resources of the governments of the MOU Member States, in addition to other projects that were carried out as part of UNODC’s RASH15 project and its broader Regional Programme Framework (RPF) for East Asia and the Pacific 2009-2012.

The mobilization of additional donor support is a priority issue that should be subject to renewed efforts within the framework of this SAP (Revision IX). However, at the same time, it is expected that individual MOU Member States will increase their own financial contributions to support the implementation of identified priority initiatives. In addition, UNODC will continue to support and implement SAP initiatives through its new RP for Southeast Asia 2014-2017. As part of this effort, it will assist in reformat the SAP and its work-plans; for example by utilising more development and results-based language within the framework, in order to make it more attractive to outside donor resources.

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\(^{18}\) It should be noted that most of the increased production occurred in Shan State in Myanmar, where 90 per cent of the poppy is grown. However, an increase in Kachin State was also observed. The total estimated opium poppy cultivation in Myanmar was 43,600 ha in 2011 and 51,000 ha in 2012. Source: South-East Asia Opium Survey 2012: Lao PDR and Myanmar, UNODC, October 2012, p. 49.
Within the framework of assistance outlined in its RP, UNODC will support MOU Member States, resources permitting, through the following actions:

1. Provide strategic information on regional and international trends and good practices;
2. Provide policy advice regarding the implementation of relevant international conventions, standards and norms;
3. Provide technical advice, guidelines and tools;
4. Promote regional cooperation on drug control countermeasures;
5. Advocate for international technical and financial support to the region’s current and future drug control efforts; and
6. Provide secretariat services for MOU members.
III. Objectives and Priorities for Cooperation in the GMS

The following section outlines the prioritized objectives under each sub-programme that require regional cooperative action within the framework of the SAP for the period 2014-2016. The achievement of these objectives will benefit MOU Member States, by strengthening their capacity to address the challenges and issues identified in the previous section.

The majority of the objectives and proposed outputs in this section are a continuation of those presented in the SAP VIII for 2011-2013. However, a number of amendments have been made, namely to provide more specificity to the proposed outputs by including a range of target outcomes under each one.

In past versions of the SAP, proposed projects that would require financial support from outside donors have been included in an annex, in addition to an indicative financial framework. These proposed projects are not included in SAP Revision IX due to their incorporation into UNODC’s RP for Southeast Asia 2014-2017, the new vehicle through which these initiatives will be implemented.

A. Cooperation between Law Enforcement Agencies

The main objective to be achieved as part of this sub-programme is the development of national and sub-regional institutional capacity to:

Reduce illicit trafficking in narcotic drugs and psychotropic substances (as well as precursor chemicals) in, to and from the sub-region.

In order to fulfil this objective, MOU Member States agree that support for the outcomes described in the following section should be prioritized. Based on the analysis of illicit trafficking with regard to counter-narcotics and psychotropic substances in the region, Sub-Programme 1 of the SAP contributes to six outputs through the delivery of 22 key outcomes.

Outcome 1: BLOs are established and maintained; joint cross-border operations are undertaken; and standard operating procedures (SOP) are developed.

- Output 1: Provide operational equipment to BLOs.
- Output 2: Conduct training needs assessment (TNA) for BLOs and their operational staff.

Outcome 2: Real-time information regarding drug production and trafficking is shared and utilised by stakeholders for intelligence-led responses; and networks for intelligence sharing and exchange are established.

- Output 1: Convene a semi-annual task force for intelligence gathering purposes.
- Output 2: Compile information on all points of entry and exit (air, land and waterway) for each MOU Member State for exchange among MOU countries.
- Output 3: Develop a common intelligence forum for the exchange of information, e.g. nation intelligence seminars, among all MOU Member States.
- Output 4: Assign a focal point for data and real-time information exchange, i.e. establishment of intelligence network, in each MOU Member State.
• Output 5: Support the roll-out of INCB’s Precursor Incidents Communication System (PICS) among MOU Member States.

• Output 6: Conduct workshops on data collection and research.

• Output 7: Conduct training and field study visits to popular trafficking areas, e.g. Mekong River.

• Output 8: Institutionalise mechanisms for intelligence sharing networks among MOU Member States.

Outcome 3: Knowledge and skills of frontline law enforcement officers are enhanced through UNODC platforms, including their interdiction capacity along main drug trafficking routes.

• Output 1: Strengthen the training capacity of national institutions for on-going training by:
  • Organize Training of Trainer (TOT) workshops in order to enhance capacity-building skills among local staff in each MOU Member State.
  • Utilise UNODC’s eLearning platform for intelligence training.
  • Conduct on-the-job training.
  • Nominate officials to attend courses at national training academies.
  • Conduct training courses on interdiction techniques and skills.

• Output 2: Exchange training curriculum and material among MOU Member States.

Outcome 4: Interdiction capacity of law enforcement officers are enhanced along the main drug trafficking routes, including the R3A, R3B and the Mekong River.

• Output 1: Deploy training team to enhance interdiction capacities.

• Output 2: Produce field reference guides in the national languages of the MOU Member States.

• Output 3: Provide operational equipment and conduct needs assessments for locations along the R3A, R3B and the Mekong River.

• Output 4: Conduct bi-annual survey of main routes for selected operations.

• Output 5: Conduct joint-interception patrols and investigations between MOU Member States.

Outcome 5: Precursor diversion is prevented among MOU Member States.

• Output 1: Conduct threat assessment for precursor trafficking and diversion in the region, including along the Indian border.

• Output 2: Organize an annual precursor task force and practical workshops, and consider inviting India.

• Outcome 3: Produce information and reference materials on precursors and pre-precursors.

• Output 4: Reproduce available precursor material in national languages.
Output 5: Strengthen investigative-, intelligence- and industry-based responses to the trafficking of illicit drugs and precursors, e.g. XAP/K19.

Outcome 6: Enhance capacities of law enforcement agencies for drug identification and profiling.

- Output 1: Subscribe to UNODC’s Integrated Collaborative Exercise (ICE) programme in order to enhance the capacity of country-level laboratories.
- Output 2: Exchange information among laboratories in MOU Member States.
- Output 3: Develop SOPs for identification and profiling of drug samples.
- Output 4: Develop a database for drug profiling.
- Output 5: Share drug samples for profiling in forensic laboratories in China and Thailand in order to begin developing a database for sharing profiling results.

B. International Cooperation on Judicial Matters

The main objective to be achieved as part of this sub-programme is the development of national and sub-regional institutional capacity to:

Reduce the incidence of drug-related transnational organized crime through judicial cooperation among MOU Member States

In order to fulfil this objective, MOU Member States agree that support for the outcomes described in the following section should be prioritized. Based on the analysis of judicial cooperation in the region, Sub-Programme 2 of the SAP contributes to three outputs through the delivery of five key outcomes.

Outcome 1: Capacity of judges, prosecutors, and law enforcement officials is enhanced in order to ensure the correct application of national drug control legislation during investigations and prosecutions, in addition to the execution of international requests for mutual legal assistance (MLA) in drug-related cases.

- Output 1: Assess national legislation, and analysis gaps of national criminal procedure and asset forfeiture codes in MOU Member States; actions undertaken to strengthen national legislation and criminal codes.
- Output 2: Convene seminar on the harmonization of laws between MOU Member States.

Outcome 2: International judicial and prosecutorial cooperation is strengthened in order to improve the execution of MLA and extradition requests between MOU Member States in relation to drug-related investigations and prosecutions.

- Output 1: Ratify and implement legislation and agreements between MOU Member States with regard to international legal cooperation.
C. Drug Demand Reduction

The main objective to be achieved as part of this sub-programme is the development of national and sub-regional institutional capacity to:

*Halt and reverse the trend of increased drug use and related burden to public health and to the social welfare of citizens and communities in MOU Member States.*

In order to fulfill this objective, MOU Member States agree that support for the outcomes described in the following section should be prioritized. Based on the analysis of drug demand development in the region, Sub-Programme 3 of the SAP contributes to four outputs through the delivery of 23 key outputs.

**Outcome 1: Data and information are made available for the planning, monitoring, and measurement of progress with regard to drug prevention, harm reduction, treatment and care interventions, in particular for ATS, through an increased number of research studies and the exchange of their results between MOU Member States.**

- **Output 1:** Utilize existing drug demand reduction mechanisms, e.g. UNODC’s Global SMART Programme, TREATNET, the WHO, etc.
- **Output 2:** Conduct national drug use survey and size estimation in MOU Member States with support from UNODC.
- **Output 3:** Conduct rapid assessment survey on national drug use in MOU Member States.
- **Output 4:** Conduct trainings on research methodology suitable for and adapted to use in MOU Member States, e.g. during the execution of the rapid assessment surveys in Outcome 3.
- **Output 5:** Conduct trainings on data collection and trend analysis methodology.
- **Output 6:** Distribute and exchange among MOU Member States of effective methods for gathering information on levels of drug demand.

**Outcome 2: Scale-up of public-health oriented policies and programme for drug prevention, harm reduction, treatment and care by MOU Member States.**

- **Output 1:** Develop prevention standards in MOU Member States, adapting UNODC treatment standards as relevant.
• Output 2: Enhance national drug use and dependence treatment and care policies, including legislation and community-based interventions.

• Output 3: Review national legislation and government policies in order to ensure that they are adapted to the needs of each MOU Member State and in line with the principles of community-based treatment.

• Output 4: Develop preventive education curriculum for young children in elementary schools in MOU Member States.

• Output 5: Enable cooperation between police and schools in order to provide education on drug use to students in MOU Member States.

• Output 6: Encourage the utilization of multimedia and social media for national prevention campaigns in MOU Member States.

• Output 7: Conduct anti-drug campaigns by SMS on special occasions, e.g. International Day Against Drugs.

• Output 8: Strengthen community policing in MOU Member States, in particular with regard to drug prevention and treatment policies.

• Output 9: Exchange best practices on drug use prevention among MOU Member States.

• Output 10: Establish youth networks among MOU Member States, including activities such as study visits, workshops and leadership trainings.

Outcome 3: Sound structures for the implementation of drug use prevention, harm reduction, treatment and care interventions are developed by MOU Member States.

• Output 1: Review the MOU structure for the implementation of drug demand reduction objectives, by conducting documentary review, arranging workshops, and mapping regional treatment centres.

• Output 2: Develop training modules on successful community-based treatment.

• Output 3: Organize study tours in order to exchange experiences and lessons on effective community-based treatment, with coordination assistance provided by UNODC.

Outcome 4: Training provided to staff from relevant organizations, including law enforcement, education, and justice, in order to increase their capacity to deliver and support evidence-based interventions.

• Output 1: Conduct research on methods and models of drug dependence treatment in order to develop treatment standards for users of opiates and ATS through the following methods: convene a regional expert committee; conduct workshops, study visits, TOTs; and develop reference materials.

• Output 2: Establish an effective national coordination mechanism and adopt guidelines its use from China and Thailand.
• Output 3: Strengthen the capacity of regional treatment centres by improving the training of health and social welfare agencies, in addition to the organization of a technical forum to exchange experiences among drug treatment personnel.

• Output 4: Organize a study tour to China’s After-Care-Centre in order to exchange relevant experiences.

D. Drugs and HIV/AIDS

The main objective to be achieved as part of this sub-programme is the development of national and sub-regional institutional capacity to:

Provide universal access to HIV prevention, treatment and care interventions, as recommended by the WHO, UNODC, and UNAIDS, among people who inject drugs, including in prisons and other closed settings.\(^{19}\)

In order to fulfill this objective, MOU Member States agree that support for the outcomes described in the following section should be prioritized. Based on the analysis of HIV prevalence among key affected population groups, Sub-Programme 4 of the SAP contributes to five outputs through the delivery of 13 key outputs.

**Outcome 1: Development, adaptation and dissemination of normative guidance on effective HIV prevention, treatment and care interventions for people who use amphetamine-type stimulants (ATS) or pharmaceutical drugs, people who inject drugs and in prison settings**

Output 1: Provide ongoing technical support to national efforts to expand access to HIV prevention, treatment and care interventions for people who inject drugs and in prison settings.

Output 2: Provide support to national consultations and reviews of laws and policies that may impede implementation of National Strategic Plans on HIV/AIDS.

Output 3: Provide support to the implementation of the ASEAN Work Program (AWP) on AIDS, especially in relation to the ASEAN Cities Getting to Zero initiative in MOU countries (Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam).

Output 4: Provide support to conduct ethnographic/operations research on injection of pharmaceutical drugs and amphetamine-type stimulants (ATS), with a focus on their use among key populations.

\(^{19}\) Comprehensive package for the prevention, treatment and care of HIV among IDUs includes the following nine interventions: 1. Needle and syringe programmes (NSPs); 2. Opioid substitution therapy (OST) and other drug dependence treatment; 3. HIV testing and counselling (T&C); 4. Antiretroviral therapy (ART); 5. Prevention and treatment of sexually transmitted infections (STIs); 6. Condom programmes for IDUs and their sexual partners; 7. Targeted information, education and communication (IEC) for IDUs and their sexual partners; 8. Vaccination, diagnosis and treatment of viral hepatitis; 9. Prevention, diagnosis and treatment of tuberculosis (TB). Source: WHO, UNODC, UNAIDS (2012 Revision) Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.
Output 5: Disseminate and utilise strategic information on the link between use of ATS, pharmaceutical drugs and HIV risk and vulnerability to inform policy, advocacy and programmatic responses.

Output 6: Develop and adapt a package of services, guidelines and tools on harm reduction/HIV prevention, treatment and care tailored for use by services that deliver health services for injectors of pharmaceutical drugs or users of ATS.

Output 7: Facilitate participation of delegations of MOU countries in inter-governmental meetings on compulsory centres for drug users (CCDUs), including site visits to observe effective voluntary drug dependence treatment and health services.

Outcome 2: Sensitisation, advocacy and training of law enforcement officials on HIV, drugs and harm reduction in partnership with the Law Enforcement and HIV Network - LEAHN/ International Police Advisory Group (IPAG) / country focal points

Output 1: Produce reference, training, materials and tools, operational guides, job aids and other resources on drugs, HIV and effective interactions between law enforcement officials and people who use drugs, including field reference guides for frontline law enforcement officials and translation, as may be required, into languages of one or more MOU countries.

Output 2: Incorporate training modules on drugs and HIV into national police training academies in Cambodia, China, Lao PDR, Myanmar and Viet Nam.

Output 3: Conduct training workshops for law enforcement personnel at the provincial level (Thailand).

Output 4: Evaluate training courses and related results, with a progress report that includes lessons learned being provided to MOU Member States.

Output 5: Share and exchange good practices on the leadership role of law enforcement sector in protecting and promoting public health in relevant international and regional meetings and fora (eg HONLEA, CND)

Output 6: Establish and develop partnerships with relevant stakeholders at international, regional and national levels, such as the International Law Enforcement Training Academy (ILEA), the Law Enforcement and HIV Network (LEAHN) of the Nossal Institute, the International Police Advisory Group (IPAG) and it’s country focal points, national law enforcement authorities and police academies and training institutions.
E. Sustainable Alternative Development

The main objective to be achieved as part of this sub-programme is the development of national and sub-regional institutional capacity to:

Reduce illicit opium production and provide alternative livelihood opportunities for current/former opium producing communities.\(^{20}\)

In order to fulfill this objective, MOU Member States agree that support for the outcomes described in the following section should be prioritized. Based on the analysis of opium poppy crop cultivation in Myanmar and Lao PDR, Sub-Programme 5 of the SAP contributes to four outputs through the delivery of nine key outcomes.

Outcome 1: Advocacy, programme development and resource mobilization efforts sustained, including the mobilization of support from international donors and civil society groups.

- Output 1: Conduct and launch an annual opium survey, with China and UNODC cooperating to create a report for donor meetings.
- Output 2: Develop a presentation on how the opium economy has impacted the health and human security of opium farmers.
- Output 3: Promote the success of AD programmes through site visits, information brochures, workshops, and similar measures.
- Output 4: Organize and conduct annual workshop on AD activities in order to exchange information and share best practices among MOU Member States.
- Output 5: Promote principles that guide successful AD programmes.

Outcome 2: AD programmes integrated into national drug control plans and policies, including through effective eradication and other law enforcement measures.

- Output 1: Organize and conduct regional forum with participation from economic and transport officials from MOU Member States.

Outcome 3: AD programmes implemented, and communication and coordination enhanced between MOU Member States in order to support existing programme and open new areas for AD.

- Output 1: Organize and conduct a workshop on the sustainability of AD projects. Topics to be covered during the workshop include: training on agricultural technology, development of domestic markets for the products of AD, and engagement with

\(^{20}\) Comprehensive package for the prevention, treatment and care of HIV among IDUs includes the following nine interventions: 1. Needle and syringe programmes (NSPs); 2. Opioid substitution therapy (OST) and other drug dependence treatment; 3. HIV testing and counselling; 4. Antiretroviral therapy (ART); 5. Prevention and treatment of sexually transmitted infections (STIs); 6. Condom programmes for IDUs and their sexual partners; 7. Targeted information, education and communication for IDUs and their sexual partners; 8. Vaccination, diagnosis and treatment of viral hepatitis; 9. Prevention, diagnosis and treatment of tuberculosis. Source: WHO, UNODC, UNAIDS (2012) Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users
private sector in order to generate interest in AD projects within the framework of corporate social responsibility.

**Outcome 4: Annual opium crop monitoring and assessments conducted, verified and reports.**

- **Output 1:** Explore the possibility for cooperation between UNODC, China, Myanmar and Lao PDR with regard to illicit crop monitoring.

- **Output 2:** Exchange the data collected with regard to illicit crop monitoring techniques and utilization.
The following diagram provides a summary of the objectives and proposed outputs to be achieved under the SAP and its sub-programmes, which are outlined in the previous section.
IV. Implementation and Oversight of the Initiatives of the SAP

The previous two sections provided an updated situational report regarding the circumstances and challenges in the region under the five thematic priority areas identified under the SAP, in addition to a revised set of initiatives requiring regional cooperation from MOU Member States in order to adequately address the challenges.

The following section outlines how the initiatives described in Section 3 will be implemented, including an overview of oversight and coordination mechanisms, resource mobilization, and monitoring and evaluation.

A. Oversight and coordination

Under the SAP Revision IX, oversight and coordination arrangements between MOU Member States will remain unchanged.

The Focal Points meetings will be convened annually. Participants from each MOU Member State should ideally be one senior-level official with a certain level of decision-making authority, in addition to one working-level who is familiar with the MOU process and UNODC’s project RASH15 “Support to the MOU Partnership in East Asia.” The Terms of Reference (TOR) for these two participants is included in Annex 1.

A Senior Officials Committee (SOC) consisting of senior officials from the MOU signatory countries and UNODC will remain responsible for the overall implementation and development of the SAP and its various components, in addition to the overall monitoring and review of SAP achievements. The SOC will be convened at least once per annum in order to:

- Ensure that the various programmes of the SAP are in line with the MOU agreement and the strategies and priorities of the Governments of the MOU Member States;
- Review the programme’s objectives, financial status and achievements;
- Provide UNODC and the MOU Member States guidance on policy issues; and
- Report and make recommendations to the Ministerial Meetings of the MOU Member States on matters related to the MOU agreement and SAP policy.

The TOR for the SOC is included in Annex 2.

The Ministerial Meeting mentioned above will be held biennially, preceded by SOC meetings. High-level bilateral and trilateral meetings on drug control in the sub-region will be held as necessary in connection with the SOC and Ministerial Meetings.

The meetings outlined above will be hosted by the Governments of MOU members on a rotational basis. UNODC will serve as the Secretariat during these meetings.

B. Support for the Implementation of the SAP

In the past, UNODC’s project RASH15 “Support to the MOU Partnership in East Asia” has been the main secretarial project supporting the MOU consultative process, as well as the revision of the SAP and its implementation. The project continues through the end of 2013, after which UNODC’s RP will become the vehicle that continues this process, having been incorporated into the RP during its development.
Over the past couple of decades, RASH15 has played a key role in enhancing sub-regional cooperation on drug control matters by supporting the preparation of the SAP by MOU Member States and UNODC. The project has also provided a platform for MOU members to discuss issues faced in the GMS related to illicit drugs and determine the strategic responses and activities to be implemented in order to address these challenges. As a result, a variety of small-scale, need-based operational initiatives have also been implemented in support of the overall SAP under this project.

In addition, several medium- to long-term project proposals, e.g. 3-5 year duration, have been developed as needed for inclusion within the framework of the SAP for consideration by external donors. In such cases, UNODC has supported and facilitated the preparation of these proposals and supporting documentation as part of RASH15, providing opportunities for high-level partner consultations with external donors for the purpose of advocacy and resource mobilization for sub-regional control initiatives.

Thus far, the RASH15 project has been mainly funded by the MOU signatories themselves in line with the spirit of the Amendment to Addendum on Partnership, with the implementation of activities and utilization of funds being determined on a unanimous basis at the annual meetings of the Focal Points and SOC. However, UNODC and MOU Member States have worked to raise awareness about the MOU and SAP at seminars and conferences, regional meetings and similar venues, in an attempt to mobilize resources and generate third-party financial support. In line with this, MOU members have organized field visits; conducted study visits in order to highlight the success of various initiatives, such as eLearning and BLOs; and pursued linkages with other UNODC global and national projects.

The UNODC Programme Management Officer has managed and overseen the project, providing reports on the delivery of outputs, obstacles to implementation, expenditures and financial status during the Focal Point and the SOC meetings. In addition, substantive conference and secretariat services have been provided to MOU-related meetings, hosted rotationally by the MOU Governments.

The initiatives and procedures outlined above that have taken place under RASH15 in recent years, including all project proposals, have been incorporated into UNODC’s new RP for Southeast Asia, as mentioned previously. Through the RP, UNODC will continue to support the achievement of the objectives and priorities outlined in the MOU and its related SAP Revision IX.

C. Financing of the SAP

The successful implementation of SAP priorities and initiatives requires that:

- MOU Member States mobilize their own resources through their national budgets in order to support output delivery;
- MOU Member States, in cooperation with UNODC, pursue opportunities to mobilize third-party financial resources in order to implement projects and activities under the SAP;
- MOU Member States commit themselves to provide, as a minimum, the following amounts annually to projects to which they are participating parties:
  - Cambodia and Lao PDR: US $3,000 each
  - Myanmar and Viet Nam: US $5,000 each
  - China and Thailand: US $10,000 each
- UNODC should mobilize funds in order to ensure that the required budget indicated is available for the successful completion of SAP projects and activities.
The fact that some countries have significantly exceeded these amounts is gratefully acknowledged.

In extraordinary cases, in which an MOU Member States, is unable to cover its entire obligation in USD, it may provide the required amount in in the form of local currency or additional in-kind contributions, as agreed to with other MOU signatories.

D. Appraisal and Approval of ‘New’ Projects

Within the framework of the SAP, the need to develop new initiatives to support the delivery of outcomes has been identified. There is a need to streamline the approval process in order to ensure these initiatives can be developed, funded and implemented within a timeframe that makes them relevant and beneficial in addressing drug-related challenges.

With the development of its RP, UNODC has taken steps to accelerate its internal approval process, permitting it to respond more quickly to challenges and issues as they emerge. In this light, MOU Member States are urged to review and assess their own internal processes for approval, so that priorities of the SAP can be implemented in a timely manner.

E. Monitoring and Evaluation of the SAP

Each MOU member will report on progress achieved in supporting the delivery of outputs on an annual basis through their relevant focal points at the SOC meeting. In addition, UNODC will also report annually at the SOC meeting on initiatives that are implemented as part of its RP for Southeast Asia 2014-2017.

Reviews of the entire SAP, or any part thereof, that involve all member parties are normally undertaken biennially or as required by the SOC, UNODC or a third-party donor. The SOC may also set up a working group in order to consider the draft revision of the SAP once prepared by UNODC.

UNODC’s ROSEAP in Bangkok will engage a team of specialists to carry out, in consultation and cooperation with MOU Member States, an in-depth evaluation of the activities implemented under the SAP as deemed necessary. The timing of any such evaluation is to be confirmed by the SOC.
Annex 1 – Terms of Reference for MOU Focal Points (Revised-2007)

1. Explore and develop initiatives that support and sustain the SAP and objectives;
2. Prepare the agenda and the programme for the MOU SOC and Ministerial Meetings;
3. Propose the provision of technical, financial and/or in-kind contributions to the new initiatives;
4. Organize an annual focal points meeting to take place in the MOU host country;
5. Introduce new proposals to be included in the SAP;
6. Introduce recommendations for the revision of SAP and the Addendum on Partnership to the MOU SOC Meeting;
7. Consider and monitor the use of project funds under RASH15 “Support for MOU Partnership in East Asia”;
8. Formulate and monitor the implementation of activities under the work-plan for RASH15 “Support for MOU Partnership in East Asia”; and
9. Report the outcome of the focal points meeting to the MOU SOC meeting for further consideration and approval by the MOU host country.
Annex 2 – Terms of Reference for the Senior Officials Committee

1. Under the supervision of the Ministerial Meeting of the 1993 Memorandum of Understanding on Drug Control, the Senior Officials Committee will be responsible for ascertaining that policies and activities undertaken as part of the Sub-Regional Action Plan are in line with the MOU agreement and the respective Governments’ strategies and policies. The Senior Officials Committee will also be responsible for the design, implementation and coordination of joint efforts of the MOU countries in the field of drug control and specifically to oversee the overall implementation and further development of the Sub-Regional Action Plan;

2. The Senior Officials Committee will report to and prepare recommendations for the Ministerial Meetings and take action for the implementation of decisions made at the Ministerial Meetings;

3. The Senior Officials Committee, jointly with UNODC will provide policy guidance and operational instructions for the implementation of the Sub-Regional Programme and the Sub-Regional Action Plan;

4. The Committee will meet every twelve months review the objectives, achievements and financial status of the Programme and the Action Plan based on the progress report prepared by UNODC;

5. The Senior Officials Committee will be composed of the following members:
   - a senior official from each of the MOU signatory countries; and
   - a senior representative of UNODC.

6. The rank of each member should be equivalent to the level of Director-General or otherwise as found appropriate by each Government. UNODC shall be represented by the Representative of the Regional Office for Southeast Asia and the Pacific, Bangkok;

7. Each Government and UNODC will also appoint an Alternate Member of the Senior Officials Committee;

8. The Senior Officials Committee will meet at least once a year. The meetings of the Senior Officials Committee should be scheduled to precede MOU Ministerial Meetings, and be hosted by one of the Governments on a rotational basis; and

9. The Senior Officials Committee may establish subcommittees for specific purposes if so required.