

# Drug-Free ASEAN 2015: Status and Recommendations



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## **Acknowledgements**

“Drug-Free ASEAN 2015: Status and Recommendations” was prepared by the United Nations Office on Drugs and Crime (UNODC) Regional Centre for East Asia and the Pacific in close collaboration with the ASEAN Secretariat. Grateful appreciation is expressed to the ASEAN Senior Officials on Drug Matters (Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam) for contributing via regular submissions to the Drug Abuse Information Network for Asia and the Pacific (DAINAP), national reports presented during the ACCORD Task Force meetings and individual consultations. The authors would also like to thank the other contributors to this report. Policy responses proposed by all contributors were useful in compiling the recommendations section of the report. Particular acknowledgement is given to the Governments of the United States of America and Japan for providing funding to support the drafting of the report.

# **Drug-Free ASEAN 2015: Status and Recommendations**

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

Both the ASEAN Secretariat and UNODC serve as Joint Secretariat to ACCORD. The UNODC Regional Centre for East Asia and the Pacific supports ACCORD through the project “Regional Cooperative Mechanism to Monitor and Execute the ACCORD Plan of Action”. A key output of the Regional Cooperative Mechanism project is monitoring the implementation of the Plan of Action among the participating partner countries.

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## **Foreword**

The ASEAN Foreign Ministers, at the 31<sup>st</sup> ASEAN Ministerial Meeting in July 1998, signed the Joint Declaration for a Drug-Free ASEAN by 2020 that affirmed the Association's commitment to eradicate illicit drug production, processing, trafficking and abuse by the year 2020 in ASEAN. At the 33<sup>rd</sup> ASEAN Ministerial Meeting in July 2000, Governments reiterated their concerns on the threat from the manufacturing, trafficking and abuse of illegal drugs on the security and stability of the ASEAN region and agreed to advance the target year for realizing a Drug-Free ASEAN to 2015. Recent trends on increased illicit drug manufacturing, new trafficking patterns and growing drug abuse calls for countries in the region to intensify their collaborative efforts if a Drug-Free ASEAN is to be realized.

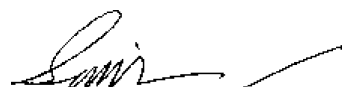
The Study on Achieving Drug-Free ASEAN 2015: Status and Recommendations serves as a timely mid-term progress report for the region and is structured under three questions: 'Is the commitment achievable?' 'Is the region on track towards achieving it?' 'What can be done to accelerate progress?'

Based upon latest information available via data collection mechanisms established by various organizations, Government Official Reports, and interviews with national agencies of ASEAN Member States and other drug control stakeholders throughout the region, the report highlights a series of benchmarks and recommendations for Governments to better monitor the overall progress of their drug prevention and control efforts. A final section of the report deals with emerging challenges posed by the accelerated development of trade and transportation networks in the region. To adequately address the anticipated surge of goods and persons through new and more heavily trafficked border crossings, an effective regional response will require a common strategy and coordinated actions.

On 29 October 2007, ASEAN Senior Officials on Drug Matters (ASOD) met in Jakarta to review the Report. Selected recommendations from the Report were endorsed at the ASEAN Ministerial Meeting on Transnational Crime (AMMTC) on 6 November 2007 in Brunei Darussalam. Based on the Report, the 6<sup>th</sup> AMMTC tasked the ASEAN Senior Officials on Drug Matters (ASOD) to determine specific targets and timelines to its Work Plan.

I am therefore pleased to present the Report on Achieving Drug-Free ASEAN 2015: Status and Recommendations and hopes that it will serve as a key reference document in the development of an ASEAN-wide work plan by ASOD. The Report is also designed to assist decision makers with informed choices needed to make important policy decisions in achieving Drug-Free ASEAN 2015.

I would like to thank the Department of State of the United States of America for funding the Study, the United Nations Office on Drugs and Crime (UNODC) Regional Centre for East Asia and the Pacific for preparing the Study, and all concerned national agencies of ASEAN Member States who contributed to this valuable output.



Dr. SURIN PITSUWAN  
Secretary-General of ASEAN

## **Foreword**

At the Thirty-third ASEAN Ministerial Meeting in Bangkok in 2000, Ministers “took note of the threat from drug abuse and drug trafficking on the security and stability of the ASEAN region, particularly its relations with transnational crime” and called for a drug-free ASEAN by 2015.<sup>1</sup> Recent documented shifts in illicit drug manufacturing and production, trafficking patterns and abuse trends make it clear that countries in the region must increase their collaborative efforts if this goal is to be realized.

“Drug-Free ASEAN 2015: Status and Recommendations” serves as a timely mid-term progress report for the region and is loosely structured under three questions: ‘Is the commitment achievable?’ ‘Is the region on track towards achieving it?’ ‘What can be done to accelerate progress?’

In the report, national/regional overviews of the illicit drug situation since 2000 include the latest information available via data collection mechanisms established by various UNODC Regional Centre projects, official Government reports and interviews with national counterpart agencies and other drug control stakeholders from throughout the region and beyond. Based upon clearly identified response gaps, the report then proposes a series of benchmarks and recommendations for Governments to better monitor the overall progress of their drug prevention and control efforts. A final section of the report deals with emerging challenges posed by the accelerated development of trade and transportation networks in the region. To adequately address the anticipated surge of goods and persons through new and more heavily trafficked border crossings, an effective regional response will require a common strategy and coordinated actions.

In October 2007, ASEAN Senior Officials on Drug Matters (ASOD) met to review “Drug-Free ASEAN 2015: Status and Recommendations”. Selected recommendations from the report were then endorsed at the ASEAN Ministerial Meeting on Transnational Crime (AMMTC) in November 2007 in Brunei Darussalam. It is expected that “Drug-Free ASEAN 2015: Status and Recommendations” will serve as a key reference document in the development of an ASEAN-wide work plan by ASOD in the near future.

As a collaborative undertaking, this report also highlights the growing cooperation between the ASEAN Secretariat and the United Nations Office on Drugs and Crime (UNODC) Regional Centre for East Asia and the Pacific. This not only fosters linkages between various, ongoing drug control frameworks in the region but also ensures closer collaboration between ASEAN and UNODC in the delivery of technical assistance, capacity building initiatives and expert advice. The Regional Centre looks forward to further close collaboration with the ASEAN Secretariat in the future while progressing towards a Drug-Free ASEAN 2015.



Akira Fujino  
Representative  
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<sup>1</sup> Joint Communiqué of the Thirty-third ASEAN Ministerial Meeting, Bangkok, Thailand, July 24-25, 2000. Later that same year, under the auspices of the United Nations Office on Drugs and Crime for East Asia and the Pacific, the region again gathered in Bangkok to launch the ACCORD Plan of Action, a cooperative framework for the ASEAN countries and China to respond collectively to the threats posed by dangerous drugs. ACCORD was initiated to support “drug free ASEAN 2015”, with both the ASEAN Secretariat and UNODC serving as the Joint Secretariat.

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## **List of Terms and Acronyms**

ADB	Asian Development Bank
AFP	Australian Federal Police
ASEAN	Association of South East Asian Nations
ASOD	ASEAN Senior Officials on Drug Matters
ASWI	ASEAN Single Window Initiative
AusAID	Australian Agency for International Development
ATS	Amphetamine-Type Stimulants
AMMTC	ASEAN Ministerial Meeting on Transnational Crime
CCDAC	Central Committee for Drug Abuse Control, Myanmar
CNB	Central Narcotics Bureau, Singapore
DDB	Dangerous Drugs Board, Philippines
DEA	Drug Enforcement Administration
ESCAP	Economic and Social Commission for Asia and the Pacific
FHI	Family Health International
GMS	Greater Mekong Sub-region
INL	Bureau of International Narcotics and Law Enforcement Affairs
IDU	Injecting Drug Use
JIATF	Joint Interagency Task Force
LCDC	National Commission for Drug Control and Supervision, Lao PDR
NADA	National Anti-Drugs Agency, Malaysia
NCB	Narcotics Control Bureau, Brunei Darussalam
NACD	National Authority for Combating Drugs, Cambodia
NNB	National Narcotics Board, Indonesia
ONCB	Office of the Narcotics Control Board, Thailand
SIDA	Swedish International Development Cooperation Agency
SODC	Standing Office on Drug Control, Viet Nam
USAID	United States Agency for International Development
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

## Introduction

The ASEAN Secretariat and the UNODC Regional Centre for East Asia and the Pacific implemented a joint project funded by the United States of America and Japan to assess the feasibility of achieving a *Drug-Free ASEAN by 2015*. The project, entitled “Achieving a Drug-Free ASEAN 2015: Status and Recommendation”, used available literature, data and interviews with stakeholders to draw its conclusions. The results are presented in this report.

The report addresses the following key questions:

- Is this commitment achievable?
- Is the region on course to achieve this goal?
- What can be done to accelerate progress?

It also provides a series of benchmarks for comparative purposes as well as gives a more tangible meaning to the notion of drug-free so that governments in the region can apply performance indicators in the effort to achieve this goal. With regards to the latter, as a target of zero drugs for production, trafficking and consumption of illicit drugs in the region by 2015 is obviously unattainable. Therefore, a qualitative and quantitative delineation of what *drug-free* corresponds to must be established and agreed upon in order to meaningfully monitor progress.

The report includes the following main sections:

- **Regional Frameworks and Expectations**  
This section discusses the origins of the commitment for a *Drug-Free ASEAN* and outlines the global, regional and national frameworks that are in place for drug control. It also includes some of the key expectations of the region and links them with the global drug control regime. The concept of benchmarks to monitor and evaluate impact is also introduced and a clear rationale for adoption of regional benchmarks is presented.
- **Overview of Regional Drug Situation**  
This section presents data gathered from UN and government sources to identify progress made today since the adoption of the *Drug-Free ASEAN 2015* commitment. While a direct comparison of data sets from 2000 through to 2006 is not possible, this section reviews key data indicators from 2000. For the current assessment of the drug situation, improved data sets are compiled and a current (2006) review of the situation is presented. In addition, a country-by-country summary is included.
- **Current Response in Supply Reduction and Demand Reduction**  
This section takes advantage of the high volume of reports, publications and information that are available to present an overview of national supply and demand reduction responses to the illicit drug problem. The primary sources are national reports submitted by respective governments. The projects and activities of bilateral donors and multilateral organizations are also included. A number of consultations across the region have also taken place during the preparation of this report.
- **Response Gaps and Recommendations**  
This section reviews the areas of drug control where additional action is required. As one of the key expectations of this study, the identification of response gaps and key recommendations is pivotal to the continued and increased success of addressing the illicit drug threat. Some of the recommendations have a regional dimension while others are only applicable within a country context.

- Emerging Challenges

This section gives special attention to the challenges the region faces once trade and transportation networks are improved and agreements which are designed to increase overall economic performance are enforced. As the region further integrates both socially and economically, governments must be prepared to address the inevitable criminal side effects. Without a proper identification of the key challenges in the national and regional control frameworks – particularly at new border crossings both on land and waterways – transnational crime syndicates will take advantage of the improved conditions to carry out illicit activities.

Annexes are included to provide a better understanding of the national drug control agencies that are primarily responsible for illicit drug control and to provide a better overview of the region.

## **Key Findings**

The ASEAN region includes a group of countries that vary significantly in their economic and social development. These variances must be taken into consideration in any region-wide assessment of the drug problem and the responses to the threat. This report focuses on the regional dynamics of the issue and the conclusions and recommendations will in some cases be applicable to the entire region and in others they will be applicable to only some countries in the region. As a joint concern within the context of a *Drug-Free ASEAN 2015*, it is of critical importance that a regional approach is used in the assessment of progress.

Based on a review of available information and data as well the consultation with stakeholders, the following are the key findings of the report:

### *Drug-Free ASEAN 2015 – Is this commitment achievable?*

As a regional commitment, all countries in the ASEAN region contribute to the overall achievement of a *Drug-Free ASEAN 2015* and at the political level; there is undoubted support for improving the security and stability of the region by dealing effectively with the threat posed by illicit drugs. The level of policy-level attention that the issue of illicit drugs has received is a testament to the focus political leaders of the region place on mobilizing government efforts to deal with this joint concern. At the operational and programmatic level, there is a heightened sense of the need to work together to meet the goals and targets the region has set in Supply and Demand Reduction. In terms of transnational cooperation, the region has moved forward in significant ways to respond to international crime syndicates with joint responses – the UNODC's Border Liaison Offices initiative is evidence of this.

In light of the changing nature of the illicit drug threat, there are particular areas of cooperation and intraregional support that must be reviewed. For example, the arrangements that allow for the regional Mutual Legal Assistance (MLA) framework established by ASEAN to work optimally are complicated by national legislation. While several countries in the region have signed bilateral agreements that have shown good results, the challenge is finding operational solutions for a wider implementation of MLA. Information-sharing modalities that would allow for immediate response to transnational threats are also not evident in all situations. The analytical ability to consolidate data and produce region-wide assessments is compromised by a lack of key data sets including precursor seizures and prevalence estimates. At the national level, the ability to gather data and produce evidence-based assessments is a continuing challenge despite considerable progress. These limitations and others are significant obstacles to the achievement of the overall goal. Without more active participation by all countries, not just those who have the capacity and resources, the ASEAN region will continue to be challenged by the escalating modus operandi of criminal elements and the accompanying negative social impacts of drug abuse.

*Drug-Free ASEAN 2015 – Is the region closer to achieving this goal?*

In terms of identifying the progress made so far, the region is well equipped to gather information and create intelligent assessments. The establishment of data collection networks at the national level and the consolidation of a regional data collection regime have produced significant results in terms of understanding the size and scope of the illicit drug problem. Though problems persist in gathering some information, from the information that is available we know that the drug problem when compared to 2000 has changed in significant ways.

- While opium poppy cultivation in the region has been reduced significantly, there remains a threat that this problem could re-emerge if adequate enforcement is not maintained and the livelihoods of farmers are not consolidated via licit means.
- The emergence of ATS as the drug of choice for both traffickers and users, together with the increased precursor seizures is now fully entrenched in countries that previously served as transit points but now have laboratories operating within their borders.
- The health impact of Intravenous Drug Use (IDU) and its implications for HIV/AIDS transmission continue to be a source of concern since the impact is not only felt by the individuals who are dependent but also by their communities and families who are also at risk – this problem has been further complicated by the growing trend in the injection of ATS.
- The impact that the illicit drug trade has on the development of communities is evident in cities and villages that lie in the path of trafficking routes or that have become a destination for illicit drugs – this impact is likely to increase when enhanced facility for travel and trade comes into fruition in the Greater Mekong Sub-region and throughout ASEAN.
- Finally, the impact of illicit drugs on the local governments is a serious threat to the ability to deal effectively with illicit activities.

In summary, these changes in the region challenge the ability of governments to continue to make progress towards a *Drug-Free ASEAN* by 2015.

*Drug-Free ASEAN 2015 – What can be done to accelerate progress?*

Despite the continued and growing challenges posed by illicit drugs, we must recognize that ASEAN is far better prepared to respond to these threats than in 2000. There is now a clear understanding of the need to address the issue of drugs in a holistic way with equal emphasis on Supply Reduction and its related enforcement approaches as well as Demand Reduction and its health and education approaches. Officials from both the police and public security agencies now share information with officials from the ministries of health and education. National drug control agencies are more balanced in their understanding of the reasons behind drug use. The recognition that drug dependence is a treatable disease is evident in the strong interest for effective treatment modalities. Law enforcement is also better equipped with skills and training to manage transnational investigations and communicate with counterparts in other countries.

However, in order to achieve the commitment of a *Drug-Free ASEAN 2015* more needs to be done in both Supply Reduction and Demand Reduction, including:

- Establishing region-wide key capacities curriculum for law enforcement training;
- Collaborating with customs authorities to integrate control of cargo modalities into free trade agreements and transport facilitation agreements;
- Assessing high-risk groups for drug abuse in all relevant locations and initiate targeted prevention campaigns;

- Scaling up treatment coverage and widen the social net of community-based programmes for drug dependence in order to include as many as possible;
- Adopting science-based approaches for addressing the nexus between IDU and HIV/AIDS;
- Seeking active participation from the private sector to ensure that alternative development products are marketable;
- Expanding and strengthening Border Liaison Offices as a primary method to enhance regional cooperation;
- Intensifying control of precursor chemicals, materials and equipment in the illicit production/manufacture of narcotic drugs and psychotropic substances in the region; and
- Increased participation in regional approaches to countering both money-laundering and the financing transnational crime and terrorist acts.

The report contains a set of recommendations from experts, law enforcement authorities and service providers. There is an urgent need to scale-up overall efforts in order to stay ahead of the threat of illicit drugs. While ASEAN as a region is prepared, there are areas of concern that need to be addressed in terms of national response and regional cooperation.

One of the key findings of the report is that a regional approach must be maintained in addressing the illicit drug problem. National actions are important but multilateral approaches are needed to deal with the cross-border aspects of the problem; regional collaboration is needed to effectively put in place data collection and analysis networks, cross-border cooperation, capacity building, and frameworks for the control of precursors are best targeted through activities that involve regional collaboration. The enormity of the problem combined with the strong interconnection between the direct and indirect causes and effects of drug abuse, trafficking and production further justifies the need to implement activities which encompass the region.

Based on these key findings, this report outlines a series of regional responses and identifies a way forward towards meeting the joint objective of a *Drug-Free ASEAN 2015*.

## 1. Regional Frameworks and Expectations

At the 33<sup>rd</sup> ASEAN Ministerial Meeting, Ministers of the ASEAN Member Countries identified illegal drugs as a significant concern for the region. The level of concern and the political impetus to address the issues more concretely was such that a previous target date of 2020 was moved up to 2015.

*“The Foreign Ministers took note of the threat from drug abuse and drug trafficking on the security and stability of the ASEAN region, particularly its relations with transnational crime. They urged Member Countries to enhance joint efforts among all affected states in combating the drug menace, especially the newly emerging drugs like Methamphetamine or Amphetamine – Type Stimulants (ATS). In this regard, they agreed to advance the target year for realising a drug-free ASEAN from 2020 to 2015”. Joint Communiqué of the 33<sup>rd</sup> ASEAN Ministerial Meeting Bangkok, Thailand, 24-25 July 2000*

While this political commitment was a significant regional recognition of the scale of the illicit drug problem, it did not clearly specify how to achieve. In October of 2000, under the auspices of the United Nations Office on Drugs and Crime for East Asia and the Pacific, the region gathered at the International Congress “*In Pursuit of a Drug-Free ASEAN and China 2015*” in Bangkok, Thailand. The result from this congress was a regional framework called ASEAN and China Cooperative Operations in Response to Dangerous Drugs or ACCORD. ACCORD was intended to outline specific actions that go beyond national efforts and are guided by a cooperative framework for the benefit of all drug control stakeholders in the region. To achieve this objective, a Plan of Action was endorsed by 36 countries and 16 international organizations. The result of this event was a thematically divided plan of activities to address both the demand and supply of drugs.

Taken together, the political commitment of the 33<sup>rd</sup> ASEAN Meeting and the ACCORD Plan of Action constitute a strong basis for action in the region.

### 1.1 National and Regional Expectations – What is Drug Free?

The commitment towards *Drug-Free ASEAN 2015* gives the region a clear objective and the ACCORD Plan of Action outlines a road map towards that objective. However, neither the political commitment nor the Plan of Action describes specific expected outcomes. The question remains: *what would the region look like if it was drug-free?* At the national level the same question applies: *Does drug-free mean no illicit drugs in all schools? No more illicit drug dependent persons? No traffic and manufacture of illicit drugs?*

For the region, this lack of clarity over expected outcomes complicates the measurement of progress towards the objective. Currently, the region can identify what actions are being taken and if they are appropriate to the need. But to identify the current status of outcomes, we need to have a baseline to measure against. In simple terms, if we don't know where we are coming from we cannot assess where we are in term of regional progress. When the original commitment *Drug-Free ASEAN 2015* was made, an assessment of the situation was not available and no baselines for monitoring were established. In the ACCORD Plan of Action activities are identified but no quantitative indicators are included. This means that progresses in actions against illicit drugs are largely relative and only of qualitative or narrative nature.

Data is required to accurately measure progress in outcomes. The region has made significant steps towards developing a regional system of data collection. In 2007 we have a far better picture of the status of the drug problem that we did in years past. At the national level, countries with established data collection systems are now sharing information regionally and in countries that have only recently established data surveillance systems, the quality and coverage has improved and information is shared via regional systems. This report takes full advantage of this data. However, some data sets remain are weak, such as in the areas of prevalence and the coverage of treatment.

Clearly what is needed is menu of quantitative benchmarks that apply to both activities and outcomes. It should be noted that quantitative benchmarks for *activities* are far easier to establish and monitor than

benchmarks for *outcomes*. The measurement of outcomes requires a highly developed data collection system that covers a significant portion of affected populations and expert assessments in order to arrive at useful conclusions. Nevertheless, it is paramount that benchmarks cover both activities and outcomes in order for the region to identify if progress is made towards the agreed definition of *drug-free*.

## 1.2 Global, Regional and National Drug Control Regime and Framework

Before moving to the definition of *drug-free*, it may be useful to present the drug control regime for the region starting at the global level, moving on to the regional level and finally to the national level of drug control.

The global regime for drug control is dictated by the UN conventions which impact national legislation and by the UNGASS<sup>1</sup> of 1998 which is an operational guide for policies and activities. UNGASS:

- *Reaffirms* that the fight against the world drug problem is a common and shared responsibility which must be addressed in a multilateral setting, requiring an integrated and balanced approach, and must be carried out in full conformity with the purposes and principles of the Charter of the United Nations and international law, and particularly with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in internal affairs of States and all human rights and fundamental freedoms;
- *Calls upon* all States to take further actions to promote effective cooperation at the international and regional levels in the efforts to combat the world drug problem so as to contribute to a climate conducive to achieving that end, on the basis of the principles of equal rights and mutual respect;
- *Urges* all States to ratify or accede to and implement all the provisions of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The regional framework for drug control is in line with the global regime and it is contained in the ACCORD Plan of Action. This plan is an activity-based framework with the following features:

### Four Pillars of Action

- I. Promoting *civic awareness* and social response by proactively advocating on the dangers of drugs;
- II. Reducing illicit consumption of drugs by building consensus and sharing best practices in *demand reduction*;
- III. Strengthening the rule of law by an enhanced network of control measures and improved *law enforcement* cooperation and legislative review;
- IV. Eliminating or significantly reducing the production of illicit narcotic crops by boosting *alternative development* programmes.

### Task Forces

Regional Task Forces are made up of government representatives of the eleven ACCORD countries as well as representatives of embassies, NGOs and other organizations. Four Task Forces – one for each Pillar of the Plan of Action – are the operational arms of the Plan. Key Task Force responsibilities are to foster operational coordination through the creation of annual work plans, review of actions to date and identification of priority projects for the region. Each Task Force meets annually.

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<sup>1</sup> United Nations General Assembly Special Session.

### Monitoring of Goals and Targets

Progress made in implementing the ACCORD Plan of Action is monitored through data collection from various sources, by analyzing reports submitted by National Delegations at the annual Task Force Meetings and by the regular assessment of national and regional indicators.

The Plan Action was updated in October 2005 at the Second ACCORD International Congress in Beijing, China to reflect changes in drug control in the region since its inception in 2000. These updates included:

- Suppressing the availability of precursor chemicals for illicit drug manufacture;
- Providing alternative income generating opportunities for farmers cultivating illicit drug crops;
- Decreasing and controlling profits from drug trafficking;
- Increasing the availability of primary prevention, treatment and rehabilitation interventions;
- Enhancing regional cooperation between governments;
- Strengthening the capacity of law enforcement agencies;
- Reducing HIV vulnerability from drug abuse; and
- Mobilizing government agencies, NGOs, the media and the private sector in the fight against illicit drugs.

In addition to ACCORD the other regional frameworks are:

#### ASOD

The ASEAN Senior Officials on Drug Matters (ASOD) is grouping of senior officials on drug control for the countries in ASEAN. ASOD meets on an annual basis to discuss policy issues, to approve new initiatives and review the progress of the ASEAN region on drug control. ASOD also has a plan of action for drug control which is reviewed regularly by Member States.

#### MOU on Drug Control

The Memorandum of Understanding (MOU) on Drug Control was initiated in 1993 with China, Lao PDR, Myanmar, Thailand and UNODC as the first signatories. In 1995 Cambodia and Viet Nam became part of the MOU completing a drug control framework for the Greater Mekong Region. The implementation of projects constitutes a major focus of the MOU process. Largely with external sources, the MOU provides a broad range of assistance to participant countries to effectively handle demand and supply aspects of drug control.

At the national level drug control agencies (See Box 1) are responsible for the implementation of the national policy or drug control plan. These agencies usually sit under the Ministry of Justice, the Ministry of Public Security or in some places directly under the Office of the President. In most cases, drug control agencies have a coordinating role for the rest of government so that efforts on health, education and treatment are in line with national strategy as well as law enforcement activities between various enforcement bodies. The resources available to each national agency vary by country; in some the drug control agency is well equipped and has a wide mandate while in others capacities are challenged and influence over drug policy is shared with other larger agencies.

#### **Box 1.**

Narcotics Control Bureau (NCB), Brunei Darussalam  
National Authority for Combating Drugs (NACD), Cambodia  
National Narcotics Board (NNB), Indonesia  
National Commission for Drug Control and Supervision (LCDC), Lao PDR  
National Anti-Drugs Agency (NADA), Malaysia  
Central Committee for Drug Abuse Control (CCDAC), Myanmar  
Dangerous Drugs Board (DDB), Philippines  
Central Narcotics Bureau (CNB), Singapore  
Office of the Narcotics Control Board (ONCB), Thailand  
Standing Office on Drug Control (SODC), Viet Nam



### 1.3 Proposed Regional Benchmarks to Monitor Progress

With an understanding of the need to define regional expectation and in light of the regime for drug control, we can now begin to outline benchmarks for the region. Benchmarks for drug control can be defined for three distinct areas:

- 1) Overall objectives for the region and countries – core benchmarks
- 2) Outcomes to measure the achievement of objectives, and
- 3) Policies, programmes and activities to facilitate outcomes.

Each area has different dynamics and the identification of progress is done by reviewing various sources of qualitative and quantitative data.

This division into three areas matches the global and regional frameworks by outlining the parameters for monitoring and review. At the *overall objectives* level, benchmarks are qualitative since progress is based on how the region perceives the drug problem and how it responds. For *outcomes* the benchmarks are quantitative since data is the defining indicator of whether or not an objective has been achieved. At level of *Policies, Programmes and Activities*, benchmarks are both qualitative and quantitative because progress is measured in terms of availability, quality and coverage. Taken together, benchmarks present a full picture of the overall definition of *drug-free*.

A review of the global, regional and national drug control documentation reveals that the two basic divisions of Demand Reduction and Supply Reduction are still relevant. Under each division several sub-themes are evident (See Box 2).

**Box 2.**

**Main divisions of drug control and sub-themes**

- |                           |                                  |
|---------------------------|----------------------------------|
| • Supply Reduction        | • Demand Reduction               |
| • National Capacity       | • Prevention and Education       |
| • Regional Cooperation    | • Treatment and Rehabilitation   |
| • Precursor Control       | • Addressing Injecting Drug Use  |
| • Alternative Development | (IDU) and HIV/AIDS Vulnerability |

The objective in establishing benchmarks, which list actionable outcomes, activities, and timelines, is to improve the overall understanding of progress towards *Drug-Free ASEAN 2015*. There are a host of bi- and multilateral agreements among countries in the region, each with its own unique mission, goals and targets. However, ACCORD represents a comprehensive framework for drug control for the nations of ASEAN and China. The ACCORD Plan of Action contains a commitment for actions that go beyond national efforts, as embodied in the Four Pillars, and specifically identifies activities relevant to ASEAN. In the pursuit of these objectives, the Plan of Action established a number of targets and goals as well as mechanisms for measuring general progress in achieving these objectives. And, while much progress has been made in meeting the overall objectives, it would be productive to develop a listing of specific activities and implement an activities schedule as a guiding mechanism for monitoring progress.

To accomplish this overall objective, a series of benchmarks, i.e. specific, time-based activities, are proposed for incorporation into national strategies based on the goals and targets identified in the Four Pillars of ACCORD. While the goals contained in the Plan of Action provide a clear set of general strategic objectives, these benchmarks are meant to serve as points of reference which can be used constructively to gauge national progress in reaching specific outcomes according to a defined timetable.

**Box 3.  
Baselines**

A baseline represents an initial measurement to which subsequent measurements are compared. A baseline can be established in a variety of ways. For example, in establishing estimates of the prevalence of drug abuse in a country or locale, a scientifically conducted survey of the general household population is usually conducted through face-to-face interviews or via mail or telephone contact. A survey of special populations, such as students, often is conducted within a school environment. Among other special high risk populations, such as the homeless, street children, or sex workers, other survey methods are used, such as the snowballing technique or convenience surveys. If a survey is not feasible, an alternative estimation procedure such as a pilot ethnography, rapid assessment, indicator dilution, or key informant or expert opinion polling, each with its own methodology to maximize the accuracy of data, can provide a baseline estimate, as long as a similar method is used for comparison in subsequent estimate. These baseline measurements are intended to provide an initial concrete point of comparison for keeping officials informed of relative progress made in pursuing the benchmarks.

Based on the previous description, the benchmarks for drug control for the ASEAN region are presented as follows:

**1.4 Supply Reduction Themes****1.4.1 Supply Reduction Sub-themes**

All of the Supply Reduction division sub-themes are addressed within the targets and goals contained in Pillar III (Law Enforcement) of the ACCORD Plan of Action.

**1.4.2 National Capacity**

In terms of National Capacity, the following targets and goals have been explicitly set forth in Pillar III of the ACCORD Plan of Action:

- suppression of the manufacture of illicit drugs and prevention of diversion of licit drugs through development of partnerships with stakeholders; formulation of diversion prevention guidelines and establishment of a Code of Conduct for the chemical/pharmaceutical industry; development of regulatory measures; organization of workshops and expert group meetings to share information; and, development of a strategy for interagency cooperation at the operational level
- national drug control agencies undertake an evaluation to identify training needs and development of a national capacity and resources for training personnel in drug control law enforcement
- strengthening the capacity of the national criminal justice system, including judges, prosecutors, and law enforcement officials to apply drug control legislation, including creating specialized investigative units and considering specialized prosecutors and drug treatment courts and ratification and full implementation of relevant UN Conventions

**1.4.3 Regional Cooperation**

As an initial prerequisite for the pursuit of a *Drug-Free ASEAN*, unparallel cooperation among nations of the region is required and the series of general targets and goals which ensue are intended to give direction to achievable cooperative activities among participating countries. These include encouraging and facilitating cooperation among ACCORD nations, engaging in joint operations on illicit drug manufacturing and trafficking, conducting international meetings to exchange information, experiences and best practices and strengthening mechanisms to facilitate international cooperation in drug related investigations and prosecutions, operational training, placement of liaison officers, facilitation of the temporary exchange of expert staff, participation in joint investigations, and the strengthening of information collection and exchange on cases of transnational organized crime.

The division sub-themes, Regional Cooperation, include two sub-topics:

#### **1.4.3.1 Cross Border Cooperation**

The issue of cross border cooperation is a major component in achieving the objectives in Pillar III of the ACCORD Plan of Action and is addressed within the following goals:

- increasing cross border cooperation by strengthening liaison structures and regular operational cooperation between governments and law enforcement agencies at the local, national, and regional levels
- expanding, consolidating, and enhancing existing Border Liaison Office structures
- increasing joint cooperation to combat drug trafficking via waterways through a regional expert working group meeting

#### **1.4.3.2 Mutual Legal Assistance**

Similar to cross border cooperation, Mutual Legal Assistance (MLA) also is a major objective in Pillar III. The goals in Pillar III addressing this issue include:

- developing and implementing MLA frameworks which includes extradition, exchange of evidence, an increase in the exchange of experience on national legislation, the judicature, and law enforcement in connection to drug related crimes among governments and relevant institutions
- encouraging international cooperation by facilitating MLA in relation to money laundering investigations, arrest ratification and prosecutions, and developing efficient processes for the execution of mutual legal assistance requests
- strengthening mechanisms to facilitate international cooperation in drug related investigations and prosecutions by establishing centralized authorities and national focal points for international cooperation in MLA issues, such as, extradition, asset tracing and forfeiture, and maritime operations

#### **1.4.4 Precursor Control**

Control of precursors, especially those used for the production of ATS, has become a major undertaking in efforts to prevent the manufacture of illicit drugs. The supply reduction sub-theme for Precursor Control is addressed in Pillar III in the ACCORD Plan of Action through:

- suppression of the manufacture and prevention of diversion of precursor chemicals by developing and strengthening national legislation, control procedures, and compliance mechanisms, supporting the chemical and pharmaceutical industries in their efforts to prevent diversion of precursor chemicals, and by cooperating with countries with common problems through the sharing of experiences, exchange of information, and taking joint actions regarding trafficking in precursor chemicals and equipment used in illicit drug manufacture, including back-tracking investigations
- strengthening of national capacities and resources for training personnel in the investigation of precursor diversion and trafficking, investigation procedures in clandestine drug precursor laboratory operations; safe handling and preliminary identification of precursor chemicals, and regulatory and law enforcement control of precursor chemicals

#### **1.4.5 Alternative Development**

This sub-theme of the Demand Reduction Division contains targets and goals which are included in Pillar IV (Alternative Development). This can be accomplished by addressing the cultivation issue itself:

- by continuing the implementation, if applicable, of annual opium and cannabis surveys to identify and measure illicit cultivation and production and, at the same time, build capacity by sharing experiences on monitoring and conducting assessments and by developing effective information management systems
- by analyzing the root causes, such as socio-economic factors, which motivate farmers to cultivate illicit crops and, through research, determine mechanisms that farmers who ceased cultivation of illicit crops have employed to cope successfully with the change in crop cultivation and by taking action on issues which impact the welfare of farmers who cease illicit crop production and cultivate alternative crops
- by providing sustainable alternative livelihood and income generation to farmers cultivating illicit crops through a combination of regional cooperation among alternative development projects and organizations to promote networking and sharing of innovative practices and by providing for emergency relief, basic needs, and the development of cash crops and export products and sustainable market strategies for the farmers and their families
- by addressing issues concerning potential poverty and food insecurity, as well as, safety from exploitation of farmers who have ceased cultivating illicit crops and issues concerning the shifting of illicit crop cultivation from eradicated areas to other areas

## **1.5 Supply Reduction Benchmarks**

The benchmarks for each of the following Supply Reduction Division sub-themes are based on the elements listed as goals and targets in Pillar III of the ACCORD Plan of Action, as cited in the section above. In the case of each sub-theme, outcome benchmarks are listed with a proposed timeline. In addition to benchmarks on outcomes, a listing of Policies, Programmes and Activities Area Benchmarks are included. Political support for law enforcement efforts is clearly required and largely exhibited through national legislation in all countries. Also, joint declarations at regional ministerial meetings, stating that drug abuse is a priority issue in all countries, represent clear declarations of overall political support. While the benchmarks cited above have regional application, the burden in achieving progress is equally shared by individual nations.

### **1.5.1 National Capacity**

#### **1.5.1.1 Outcomes Benchmarks**

- a. The number of successful convictions as a percent of all drug-related prosecutions should be at least 50 percent annually beginning in 2008
- b. The number of total arrests for drug law violations in 2008 should serve as a baseline with a 10 percent increase in total arrests annually beginning in 2009
- c. The number of arrests for trafficking as a percent of total drug-related arrests in 2008 should serve as a baseline with the percent for trafficking increasing each subsequent year and arrests for possession showing a commensurate reduction
- d. The quantity of drugs diverted from legitimate pharmaceutical production in 2008 should serve as a baseline with a 25 percent reduction in diverted drugs occurring in 2010, 50 percent in 2012 and 75 percent in 2014
- e. A baseline for the number of illicit drug production facilities detected should be established in 2008 and the number of facilities detected should be reduced by 25 percent in 2010, 50 percent in 2012 and 75 percent in 2014
- f. A baseline for the number of hectares or the quantity of illicit crop cultivation should be established in 2008 and the number of hectares/quantity should be reduced by 25 percent in 2010, 50 percent in 2012 and 75 percent in 2014
- g. The quantity of illicit drugs seized in 2008 should serve as a baseline with a 10 percent increase annually beginning in 2009

### **1.5.2 Regional Cooperation**

#### **1.5.2.1 Cross Border Cooperation Benchmarks**

- a. The number of cross-border/transnational joint operations conducted in 2008 should be established as the baseline with a 25 percent increase recorded in 2010, a 50 percent increase in 2012, and a 100 percent increase, or doubling in joint operations, in 2014
- b. The total number of cases and arrests for drug law violations resulting from cross-border/transnational joint operations should show a 10 percent increase annually beginning in 2009 compared to the baseline established in 2008
- c. An increase in the overall quantity of illicit drugs seized in cross-border/transnational joint operations should show a 20 percent increase annually beginning in 2009 compared to the baseline established in 2008

#### **1.5.2.2 Mutual Legal Assistance (MLA) Benchmarks**

- a. A baseline should be established in 2008 with a 10 percent increase in the number of MLA extraditions occurring in each subsequent year
- b. A baseline should be established in 2008 and a 20 percent increase in the number of exchanges of information should be recorded in each subsequent years
- c. An exchange programmes for short-term assignment of MLA personnel to counterpart offices should be established in 2008

### **1.5.3 Precursor Control Benchmarks**

- a. Annual contact should be made between precursor control authorities and pharmaceutical companies to monitor precursor diversion policies and review tracking procedures from production through distribution and sales
- b. The quantity of precursor chemicals diverted from the pharmaceutical industry in 2008 should serve as a baseline with a 50 percent reduction by 2012 and a 90 percent reduction by 2014
- c. The quantity of precursor chemicals seized in 2008 should serve as a baseline with a 25 percent annual increase beginning in 2009
- d. The number of cases and arrests involving trafficking or production of illicit precursor chemicals in 2008 should serve as a baseline with a 10 percent annual increase in subsequent years

### **1.5.4 Alternative Development Benchmarks**

- a. Cultivation of illicit crops should be reduced by 25 percent in 2010, 50 percent in 2013 compared to the baseline established in 2008, with full eradication of illicit crops in 2015
- b. The number of farming families involved in illicit crop cultivation should be reduced by 25 percent in 2010, 50 percent in 2013 compared with the baseline established in 2008, with no families involved in illicit crop cultivation in 2015
- c. Beginning in 2009, the average family income of farmers who were persuaded to cease illicit crop production and to engage in alternative crop cultivation should be equal to the family income in the years that illicit crops were cultivated

In support of these benchmarks, an assessment should be made in 2008 determining (1) the basic reasons for illicit crop cultivation, e.g. whether it was solely financial, through intimidation, or culturally embedded and (2) the circumstances and reasons that caused farmers who formerly cultivated illicit crops to cease cultivation. The results should be formulated into a plan and implemented in 2009 to convince current farmers of illicit crops to follow a similar practice. In addition:

- The government should conduct annual surveys beginning in 2008 to ensure that the welfare of farmers who were persuaded to cease cultivation of illicit crops is safeguarded
- The government should offer annual agricultural incentives to farmers to cease cultivation of illicit crops beginning in 2008 by providing subsidies on the new crops that are cultivated and providing access to markets by providing fuel, low interest loans on crop transportation vehicles, and other facilitating actions
- The government should meet with development agencies and donor nations annually beginning in 2008 to propose that special market incentives be created, such as reduced tariff and export barriers, for the alternative crops produced by farmers who previously cultivated illicit crops

## **1.6 Demand Reduction Themes**

### **1.6.1 Demand Reduction Sub-themes**

All sub-themes related to on Demand Reduction Division are contained in Pillars I and II of the ACCORD Plan of Action.

### **1.6.2 Prevention, Education and Information**

The Prevention and Education sub-theme of the Demand Reduction Division contains targets and goals which are included in both Pillar I (Civic Awareness) and Pillar II (Demand Reduction). This is accomplished through:

- establishment of ongoing communications campaigns which provide fact-based information on the dangers of drugs and development of societal norms that discourage abuse of drugs
- establishment of partnerships between the public and private sectors, including the media, non-governmental and community-based organizations, academic and research institutions, and religious-based organizations to plan, execute, and monitor civic awareness initiatives and to advocate for workplace drug abuse prevention programmes

The objective of Pillar II is to *reduce illicit consumption of drugs by building consensus and sharing best practices in demand reduction* and calls for an increase in primary prevention activities for amphetamine-type stimulants (ATS) and abuse of other drugs in schools through:

- development of a school-based prevention programme, including a life-skills curriculum
- strengthening of national ATS policies to effectively reduce demand by addressing ATS as a national priority and incorporating ATS demand reduction policies and programmes into national drug control policies

### **1.6.3 Treatment and Rehabilitation**

This sub-theme of the Demand Reduction Division concerning Treatment and Rehabilitation is contained in targets and goals of Pillar II (Demand Reduction), as cited above, and involves an increase in the quality and coverage of treatment and rehabilitation for addicts, especially for ATS abuse. This is accomplished by:

- developing systems for early identification and referral of individuals in need of drug abuse treatment, especially for ATS, through peer outreach contact, school and workplace interventions, improved health centre screening, drug court referrals, and the establishment of drug abuse programmes in custodial settings, such as prisons and juvenile detention facilities, as appropriate
- supporting treatment services to provide a range of modalities, from short-term counselling to in-patient treatment and should include a community-based aftercare component with strong family involvement in the recovery process

- involving non-governmental organizations in supporting health and social rehabilitation, and employment training and placement
- developing management information systems for tracking treatment progress, discharge status, and follow-up evaluation and as a mechanism to refine programme operations and improve treatment service delivery effectiveness

#### **1.6.4 HIV/AIDS**

This HIV/AIDS sub-theme of the Demand Reduction Division also contains targets and goals which are included in Pillar II (Demand Reduction), as cited above. The major goals are to:

- reduce HIV vulnerability from drug abuse through prevention and education programmes in the general population, in the school and youthful populations, and in the high risk and vulnerable populations, including drug abusers, through the adoption of best practices to prevent or reduce the transmission of HIV, such as peer-to-peer outreach, voluntary testing, counselling, care and support, condom distribution, and substitution therapy
- maximize the effectiveness of programmes aimed at prevention of transmission by eliminating or reducing the stigma and discrimination associated with the HIV/AIDS
- review existing laws, policies, and practices which inhibit programmes from providing and individuals from accessing services as a result of their HIV/AIDS status and adjustment of laws and policies, if necessary, to implement this important prevention initiative

### **1.7 Demand Reduction Benchmarks**

The benchmarks for each of the following Demand Reduction Division sub-themes are based on the elements listed as goals and targets in Pillars I and II of the ACCORD Plan of Action and follow the same format as those for Supply Reduction.

#### **1.7.1 Prevention and Education Benchmarks**

- a. The estimated annual prevalence of overall illicit drug abuse in the general population should be reduced by 20 percent in 2012 as compared with the baseline estimate made in 2009 and 40 percent in 2015 compared with the baseline. A decline of 35 and 65 percent should be recorded for ATS abuse in the general population in 2012 and 2015 respectively compared to the baseline
- b. The estimated annual prevalence of overall illicit drug abuse among students should be reduced by 25 percent in 2012 as compared with the baseline estimate made in 2009 and 50 percent in 2015 compared with the baseline. A decline of 50 and 75 percent should be recorded for ATS abuse among students during the 2012 and 2015 respectively compared to the baseline
- c. The number of individuals at high risk and vulnerable to drug abuse who are contacted by outreach workers in 2008 should serve as a baseline with the number of contacts increasing by 50 percent annually beginning in 2009 compared to the baseline
- d. There should be a reduction in the estimated current prevalence of overall illicit drug abuse among high risk and vulnerable populations, such as street children, sex workers, and employees in labour-intensive occupations which have been identified as high risk for drug abuse, i.e. truck drivers, fishermen, etc., of 15 percent in 2012 as compared with the baseline estimate made in 2009 and 35 percent in 2015 compared with the baseline
- e. An increase in national funding levels of 10 percent should be recorded for drug abuse prevention and education programmes by the year 2010, a further increase of 10 percent in 2012, and an additional 10 percent in 2014 as compared with the baseline established in 2008
- f. Changes in attitude including a 10 percent reduction in the number of high school students reporting that they do not disapprove of illegal drug use (two year objective) and a 50 percent

reduction in the number of high school students who report that they do not disapprove of illegal drug use (four year objective)

To support these benchmarks an estimate should be made of drug users within the general population of the country as well as among the student population and among high risk and vulnerable populations such as street children and sex workers. The prevalence estimate should be based on a credible survey methodology or, if a survey is not feasible, an alternative estimation procedure, such as rapid assessment, indicator dilution, key informant or expert opinion polling, should be utilized in coordination with research experts from non-governmental organizations, academic or research institutions or other sources.

National support by political figures and civil society for anti-drug campaigns should be demonstrated throughout each year beginning in 2008 as measured by periodic speeches and interviews by the prime minister or other ranking ministers of government during which drug abuse is cited as a priority issue of concern for the country.

### **1.7.2 Treatment and Rehabilitation Benchmarks**

- a. Drug abuse treatment capacity should be expanded annually in public and private programmes, such as dedicated drug facilities, public health and medical clinics, general and psychiatric hospitals, monasteries and religious institutions, and private practitioners with the objective of increasing drug abuse treatment programme availability by ten percent each year beginning in 2009
- b. The overall number of clients entering drug abuse treatment annually should be increased by ten percent each year, and 20 percent for ATS clients, beginning in 2009
- c. A treatment certification programme should be developed in 2008 through which all treatment staff will receive best practices treatment training beginning in 2009, including training on specific approaches to the provision of ATS treatment
- d. Criteria for successful completion of treatment should be developed in 2008 with implementation beginning in 2009 to measure the number of successful drug abuse treatment programme graduates with the goal of achieving an increase of ten percent in the number of treatment graduates each subsequent year
- e. Drug abuse relapse and recidivism rates as measured by the number of clients who are readmitted to treatment should be determined in 2008 and should be reduced by ten percent each year beginning in 2010 (following improvement to treatment based on results from an assessment of reasons for relapse conducted in 2009)
- f. Community-based drug abuse aftercare services following best practices should be implemented in 2008, where necessary, and the number of facilities providing these after-care services should be increased by 10 percent each year thereafter
- g. An assessment should be made concerning the percentage of custodial settings, such as orphanages, and detention facilities, including prisons, jails, and reformatories that provide drug abuse treatment. The assessment should be made in 2008 and treatment services expanded to these facilities, as needed, beginning in 2009 with the goal of having drug abuse treatment resources available to 50 percent of the facilities by 2012 and 100 percent by 2015

In support of these benchmarks, an assessment of drug abuse treatment in the country should be conducted every two years beginning in 2009 to determine the number of treatment centres in the country and the number of clients in treatment as of the first day of the year and the last day of the year and (1) whether the number of programmes increased or decreased and the reasons for the increase or decline (2) among the number of individuals who left treatment during the year, whether they successfully completed treatment or dropped out before successfully completing treatment (and the number of drop-outs who re-entered treatment again during the year). Through follow-up evaluation, the reasons for dropping out of treatment and whether the former clients relapsed into drug abuse should be analyzed to improve treatment service delivery and client retention.



Treatment centres should be instructed to provide disaggregated information to national drug control authorities on types of drugs abused by each individual admitted to treatment, the demographic characteristics of the admissions, such as gender and age, and the drug abusing history of the those entering treatment, beginning in 2008 and reported annually to national drug control officials for compilation into national, regional and international reports.

### **1.7.3 HIV/AIDS Benchmarks**

- a. The national estimated rate of HIV transmitted through intravenous drug use (IDU) should decline by ten percent beginning in 2009 compared with the baseline established in 2008
- b. Annual science-based training for all drug abuse treatment centre staff on HIV/AIDS and the special needs of HIV positive clients should be implemented in 2008
- c. A national drug education curriculum should be developed in 2008 for implementation in all schools annually beginning in 2009. The curriculum should be used as a base of information for all secondary school teachers, staff, and students and should be centred on science-based facts about prevention of HIV/AIDS
- d. An annual survey of drug abuse treatment centres should be made beginning in 2008 to assess the level of treatment coverage for HIV positive clients, determine their treatment policy, and describe any special services available
- e. Drug abuse treatment programme staff should initiate information sessions with all clients admitted to drug abuse treatment beginning in 2008 during which HIV/AIDS prevention information and counselling are provided
- f. An assessment should be made in 2008 to identify the HIV/AIDS information and prevention resources available nationally, such as voluntary HIV testing sites, counselling and support services, and HIV/AIDS information distribution centres. The number of resources/sites/services/centres should be increased by one to three annually beginning in 2009
- g. A programme should be designed and implemented in 2008 through which outreach workers make one-on-one contact with active intravenous drug abusers and provide essential HIV/AIDS prevention information, counselling and materials, such as condoms. The number of drug abusers contacted should increase by 20 percent annually beginning in 2009 over the previous year

In support of these benchmarks, national support by political figures and civil society for HIV/AIDS campaigns should be demonstrated throughout each year beginning in 2008 as measured by periodic speeches and interviews by ranking ministers of government during which HIV/AIDS, and especially its relationship to drug abuse, is cited as a priority issue of concern for the country.

## **Summary**

The previous benchmarks provide the region with a credible basis for the measurement of progress towards the achievement of a *Drug-Free ASEAN* by 2015.

## 2. Overview of Regional Drug Situation

Achieving a *Drug-Free ASEAN* is a regional commitment. Consequently, an assessment of the drug situation must encompass the whole region. The most pressing question is: Has the drug problem in the region *improved* or *deteriorated* since 2000 when the commitment of a *Drug-Free ASEAN* was put forward?

To address this question, this report bases its analysis on an overview of the drug situation in ASEAN on the most reputable sources available which gather data directly from government agencies. As can be expected, the quality of data varies between countries, between data sets and from year to year. Data collection methodologies and indicators have not been maintained across the region so the comparability of data over a multi-year framework is complex. UNODC's annual World Drug Report presents the most comprehensive statistical view of the global drug situation and this is a primary source for this overview. The annual report *Patterns and Trends of Amphetamine-Type Stimulants (ATS) and other of Abuse in East Asia and the Pacific* is another primary source. This latter report presents data from comparable data sets from 2003 to 2006, making it the most reliable source of information for this overview.

In order to understand the nature and size of the drug problem and answer the question as to the status of regional progress towards a *drug-free* region, this overview presents a summary of data that was available in 2000 by looking at abuse estimates and analysing data for production and trafficking in the ASEAN region. To accomplish this, data from the World Drug Report for 2002 and from 2006 are used. The overview then summarizes the results of data gathered over the past four years via the Drug Abuse Information Network for Asia and the Pacific (DAINAP). Finally, this section presents a one-page overview of the current situation on a country-by- country basis as of 2006.

### 2.1 Data integrity

Before reviewing the data it is worth noting some of the challenges in data analysis as well as making a statement on the status of data collection.

Data collection in the region has improved significantly over the past four years. The Drug Abuse Information Network for Asia and the Pacific (DAINAP), which has become a common regional system for data collection, analysis and dissemination now has four continuous years of data entered with an increasing number of data sets being completed by national drug agencies. Law enforcement and treatment data are generally well-reported in the region, while drug testing data (forensic), intravenous drug use and HIV, drug-related mortality and drug abuse data among youth and the general populations (prevalence) is considerably weaker. In some cases, the only worthwhile information available comes via the expert opinion of local stakeholders.

At the national level, the data collections networks of Singapore, Malaysia and Thailand are the most developed and provide the highest quality data. Data from Brunei Darussalam is limited but this is in relation to the small nature of the drug problem. The networks of Indonesia and the Philippines are still developing but are well monitored and managed. The networks of Lao PDR and Cambodia have been established recently and their sustainability is still not assured. In Myanmar, a data collection system is in place but the collections sites are spread out across the country, making it difficult to compile the data to be used effectively as a source for understanding the country's illicit drug situation. The least developed country in the region, in terms of data collection networks, is Viet Nam, with the principal problem being the inability to make institutional arrangements for centralizing data.

The following problems can be generalized for the region:

- Comprehensive, region-wide precursor data is non-existent and what does exist is limited to single-year reporting in one or two countries;
- Forensic data is limited and many countries do not have the capacity or regulatory oversight to carry out forensic assessments of seized drugs;

- The scale of clandestine laboratories is unknown in terms of potential for production – most assessments of production are made based on observation by experts. There is also no mapping of the geographical location of laboratories;
- There are very few prevalence studies across the region and in almost no cases is there a year-by-year measurement of the size of the drug market; and
- The coverage of data collection systems at the national level for treatment admissions varies from country to country and in some cases, data from private treatment facilities is not included in the national estimates even though private treatment is a significant percentage of treatment availability.

## 2.2 Review of the situation in 2000

In 2000, opium poppy cultivation was on a continual decline while ATS trafficking and usage was growing at a rapid pace. Stakeholders were celebrating the success in efforts to eradicate opium while at the same time, they widely recognized that ATS was destined to become the drug of choice for traffickers and users. For drug users, who for the most part are young, ATS evoked strong culturally acceptable images and were closely linked to the club scene. It was also starting to become popular among individuals engaged in strenuous occupations such as fishermen, long-haul drivers and commercial sex-workers. For drug traffickers, ATS was an attractive alternative to opiates since the production costs and distribution networks were relatively easy to arrange and manage. Despite these attributes, it was unlikely that experts at that time would have been able to accurately predict the growth in use and trafficking of ATS by 2006. The following table describes the prevalence estimates for various drug types in 2000 (Table 1).

**Table 1. Estimate is for 2000 unless otherwise indicated**

<i>Annual Prevalence<sup>2</sup></i>	<i>Brunei</i>	<i>Cambodia</i>	<i>Indonesia</i>	<i>Lao PDR</i>	<i>Malaysia</i>	<i>Myanmar</i>	<i>Philippines</i>	<i>Singapore</i>	<i>Thailand</i>	<i>Viet Nam</i>
Opiates	0.01% (1998)	No estimate	0.004%	2%	0.2%	0.9%	No estimate	0.09%	0.6%	0.3% (2001)
Cannabis	0.02% (1996)	1.3%	0.07%	1.0%	0.04%	0.1%	3.5%	0.0056% (1998)	0.7%	1.0%
ATS	0.06 %	No estimate	0.1%	No estimate	0.01%	No estimate	2.8%	0.0144% (1998)	5.9% (2001)	No Estimate
Treatment Admission <sup>3</sup> in 1998	85.4% (1996) Opiates	No data	No data	No data	72% Opiates 21%, 4% Cannabis	99.5% Opiates	1.0% Opiates 0.1% Cocaine 92.4% ATS 38% Cannabis 63% Others <sup>4</sup>	94% Opiates	45.1% Opiates 50.3% ATS 0.1% Cannabis 1.7% Others	100% Opiates

From this table it is clear that the extent of the drug problem was unknown in some countries, especially regarding ATS. Where data was available, the prevalence estimates were high for ATS in the Philippines and Thailand. For opiates the estimate varied between countries with Lao PDR having the highest level; for cannabis the variation between countries was also significant with the Philippines displaying the highest estimates of prevalence. Despite the availability of these prevalence estimates, the understanding of the

<sup>2</sup> Annual prevalence of abuse as percentage of the population aged 15 and above.

<sup>3</sup> Treatment admission are based on the Asian Multi-city Epidemiology work group.

<sup>4</sup> Multiple reporting (represents polydrug use).

drug abuse problem and size of the market was weak and effective reporting regimes only existed in countries with a longer history in data collection. Despite these data inefficiencies, the urgency of the situation in term of abuse, particularly for ATS, was recognized by the Governments of ASEAN.

As has traditionally been the case, data from law enforcement was far more detailed and available for assessment. The following tables identify the seizures of drug types (Table 2).

**Table 2. Seizures by drug type, 2000**

<i>Seizures</i>	<i>Brunei</i>	<i>Cambodia</i>	<i>Indonesia</i>	<i>Lao PDR</i>	<i>Malaysia</i>	<i>Myanmar</i>	<i>Philippines</i>	<i>Singapore</i>	<i>Thailand</i>	<i>Viet Nam</i>
Opium – raw & prepared			0.034 kg	151 kg	0.71 kg	1,773.652 kg		4.504 kg	1,591.991 kg	567 kg
Heroin	0.001 kg		22.655 kg	29 kg	109.17 kg	158.921 kg 273.193 kg (1999)	0.022 kg (1999)	52.083 kg	384 kg	60 kg
Cannabis herb	0.054 kg		6,332.908 kg	18,734,000 kg	1,885.45 kg	601.508 kg	1,429.474 kg	23.903 kg	10,320 kg	2,200 kg
ATS	1.648 kg	50,565 units	88.163 kg	1,957,929 units	208.1 kg	6.398 kg 26,759,772 units	989.76 kg 30 lt.	0.759 kg 24,723 units	7,557 kg 84,000,000 units	30,876 units

While the seizures of opium and heroin were still significant with Myanmar (in 1999, the seizures were also significant) and Thailand reporting high level, the most remarkable figures are those reported for ATS pills with over 26 million reported seized by Myanmar and 84 million by Thailand. Cannabis seizures were also large but the level in 2000 was largely reflective of seizure levels in previous years. This data points to the significant increase in the availability of ATS in some countries of the region as well as the level of trafficking.

### 2.3 Review of the situation in 2006

The current situation is far clearer since the data availability is higher as is its integrity had improved. The current situation for the region is summarized based on DAINAP database compiled in the report *Patterns and Trends of Amphetamine-Type Stimulants and other of Abuse in East Asia and the Pacific 2006* and the *Opium Poppy Cultivation in South East Asia Report* of October 2007.

#### 2.3.1 Drug patterns and trends in 2006

Drug abuse in ASEAN during 2006 continued the general patterns and trends which have confronted nations of the region through much of the recent past with ATS, the opiates, and cannabis reported as the most prevalent and problematic drugs. Similar to 2005, Brunei, Cambodia, Lao PDR, Philippines and Thailand, cited methamphetamine as the leading drug of concern. The crystal form of the drug, popularly known as shabu, was reported by Brunei and the Philippines as the exclusive type of methamphetamine being abused, while Cambodia, Lao PDR, and Thailand, pills, known on the street as yaba or yama, are the common form of the drug on the street. Among the ASEAN countries, only Thailand cited abuse of both the pill and crystal forms of methamphetamine, while in the other countries only one form was reported. In addition to methamphetamine, the ATS drug, ecstasy, was reported as a drug of concern and ranked as one of the top three drugs of concern by Brunei, Indonesia, and Viet Nam.

While several countries ranked methamphetamine as the leading drug of abuse in 2006, three listed heroin as the number one problem, specifically, Malaysia, Myanmar, and Viet Nam. Several countries also reported heroin as the leading problem in 2005, with Myanmar citing opium as number one in the year.

The top drug of abuse in 2006 cited by Indonesia continued to be cannabis, similar to its ranking in 2005. Buprenorphine, a narcotic analgesic, was cited as the leading drug of concern in Singapore in 2006, replacing nimetazepam, a benzodiazepine, which was ranked number three in 2006.

**Table 3. Ranking of selected drugs of abuse by country, 2003-2006**

Country	Methamphetamine crystal				Methamphetamine pills				Ecstasy			
	2003	2004	2005	2006	2003	2004	2005	2006	2003	2004	2005	2006
Brunei	1	1	1	1					2			
Cambodia						1	1	1		6	5	6
Indonesia		4	5	4						3	4	3
Lao PDR						2	1	1				
Malaysia		4	4	4						8	8	8
Myanmar						3	3	3				
Philippines		1	1							7		
Singapore	3	3	3	4	3				5	6	6	7
Thailand		3	3	3	2	1	1	1	6	6	6	6
Viet Nam						5	2	2		4	3	3

**Ranking of selected drugs of abuse by country, 2003-2006 (cont.)**

Country	Heroin				Cannabis			
	2003	2004	2005	2006	2003	2004	2005	2006
Brunei						2	2	2
Cambodia		3	3	2		2	2	3
Indonesia		7	6	2		1	1	1
Lao PDR		3	3	3		2	2	4
Malaysia		1	1	1		3	3	3
Myanmar		2	2	1		5	5	
Philippines						2	2	
Singapore	1	5	7	6	4	4	5	5
Thailand	9	8	8	8	3	2	2	2
Viet Nam		1	1	1		3		

Overall, there was relatively little directional change between 2005 and 2006 in the trend of abuse of ATS, heroin, and cannabis among countries reporting to DAINAP, with many countries continuing to report an increase in levels of abuse during 2006. Five countries (Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam) reported that the trend in abuse of methamphetamine, either in pill or crystal form, was on the increase in 2006, with Thailand reporting that abuse of crystal methamphetamine increased, but abuse of yaba was on the decline. Three countries – Brunei, Malaysia, and Singapore – reported that the abuse trend for methamphetamine was on the decline. Although the trend was on the decline, Brunei ranked methamphetamine as the leading drug of concern. The trend in abuse of ecstasy in 2006 was cited by Brunei and Viet Nam as on the increase; by Malaysia, Singapore, and Thailand as on the decline; as level by Cambodia; and not reported as a ranked drug of abuse in 2006 by Indonesia, Lao PDR, Myanmar, and the Philippines.

Cambodia, Lao PDR, and Viet Nam all reported an increase in the trend in heroin abuse in 2006, as they did in 2005, with the increasing trend stretching back to 2003 in Cambodia and Viet Nam. Singapore was the only other country reporting an increase in the trend in heroin abuse, a reversal of the declining trend reported in 2005. Among the remaining countries, three (Malaysia, Myanmar, and Thailand) reported a decline and three (Brunei, Indonesia and the Philippines) did not rank heroin as a drug of concern in 2006.

Abuse of cannabis in 2006 was reported by three of the ASEAN countries as being on the increase – Brunei, Singapore, and Thailand; by two as being level – Cambodia, and Lao PDR; by one as being on the decline – Malaysia; and four, Indonesia, Myanmar, the Philippines, and Viet Nam, did not rank it in 2006.

As mentioned above, several countries cited methamphetamine as the leading drug of abuse and ingestion is primarily through the oral/nasal route. However, several countries report injection of the drug. In addition, several countries that cited heroin as the leading drug of abuse also reported injection. Table 4 provides a summary of the primary drug of abuse reported by individual countries, and the trend in abuse and the major routes of administration of that drug, while Table 5 shows the trends by national groupings for each of the major drugs of abuse.

**Table 4. Primary drug of abuse by country, 2006**

<i>Country</i>	<i>Drug</i>	<i>Abuse trend</i>	<i>Route of administration (in rank order)</i>
Brunei	Methamphetamine crystal	Decrease	Smoked/injected
Cambodia	Methamphetamine pills	Increase	Smoked/swallowed/injected
Indonesia**	Cannabis	Increase	Smoked
Lao PDR	Methamphetamine pills	Increase	Swallowed/snorted
Malaysia	Heroin	Decrease	Injected/snorted
Myanmar	Heroin	Decrease	Smoked/swallowed
Philippines**	Methamphetamine crystal	Stable	Inhaled
Singapore	Buprenorphine		Injected
Thailand	Methamphetamine pills	Decrease	Smoked
Viet Nam	Heroin	Increase	Injected/smoked

\*\* Based on 2005 data.

**Table 5. National trends by drug type, 2006**

<i>Drug type</i>	<i>Trend in abuse</i>		
	<i>Increase</i>	<i>Stable</i>	<i>Decrease</i>
Methamphetamine pills	Cambodia, Lao PDR, Myanmar, Viet Nam		Thailand
Methamphetamine crystal	Cambodia, Indonesia**, Thailand	Philippines**	Brunei, Malaysia, Singapore
Ecstasy	Brunei, Indonesia**, Viet Nam	Cambodia	Malaysia, Singapore, Thailand
Heroin	Cambodia, Indonesia**, Lao PDR, Singapore, Viet Nam		Malaysia, Myanmar, Thailand
Opium	Singapore		Cambodia, Lao PDR, Malaysia, Myanmar, Thailand, Viet Nam
Cocaine		Thailand	
Cannabis	Brunei, Philippines**, Singapore, Thailand (herb)	Cambodia, Lao PDR	Malaysia, Thailand (resin)
Ketamine			Singapore, Thailand
Barbiturates	Thailand		
Benzodiazepines	Thailand		Brunei, Myanmar, Singapore
Inhalants	Thailand	Cambodia	Malaysia

\*\* Based on 2005 data.

### 2.3.2 Treatment data

It should be pointed out that treatment data reflect the resources of a country as much as it does the magnitude of the drug problem. Some countries continue to lack both the infrastructure and budget to either provide treatment itself or to collect and process the information on treatment admissions and utilize it to understand the dynamics of the drug problem within the country and to make policy decisions. In addition,

in some countries, data systems are not designed to disaggregate the information collected by individual drugs or by gender, nationality, or other demographic characteristics of clients. However, based on reports by countries that do have the capacity, the great majority of clients who seek treatment enter for primary problems involving ATS, opiates, or cannabis. While some countries reported a decline in the number of treatment admissions during the three year period, most have relatively level of increasing trends.

**Table 6. Drug treatment admissions, 2004-2006**

Country	Methamphetamine			Ecstasy			Heroin/opium		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Brunei	38	74	57					1	
Cambodia			1,090 *						
Indonesia	259		580				5,033		2,151
Lao PDR	1,047	1,077					5		
Malaysia									
Myanmar	171	254	33				1,246	1,762	1,281
Philippines	4,887	4,778		83	96		36	17	
Singapore							43	19	32
Thailand	19,489	30,403	29,235	0	190	105	4,937	2,958	2,427
Viet Nam									

\* Data provided by NACD in October 30, 2006.

**Drug treatment admissions, 2004-2006 (cont.)**

Country	Cannabis			Other			Total			Remarks
	2004	2005	2006	2004	2005	2006	2004	2005	2006	
Brunei	1						39	75	57	
Cambodia										
Indonesia	692		900	1,176		2,682	7,160		6,313	"Methamphetamine" category includes ecstasy
Lao PDR	1			50			1,153	1,047		One treatment centre data only
Malaysia							10,086	6,326	4,986	Drug type is not specified
Myanmar	27	19					1,444	2,035	1,314	Includes admissions from government detention centres only
Philippines	1,836	1,976		530	579		7,372	7,446		
Singapore					157	401	43	176	433	"Other" category for 2005 includes synthetic drugs; "other" category for 2006 includes synthetic drugs and buprenorphine
Thailand	3,209	3,543	4,043	4,728	4,082	2,971	32,363	39,827	38,676	
Viet Nam							61,775	69,610	80,368	Drug type is not specified

Ingestion of all illicit substances in any form has associated risks. However, injection greatly increases risk because it provides a mechanism for drug delivery that results in both rapid onset of action and makes direct contact with blood. The injection of illicit drugs is a primary cause of many infectious diseases, most notably hepatitis B and C and HIV/AIDS.

**Table 7. Types of drugs injected, 2005**

<i>Country</i>	<i>Drug type</i>
Brunei	Methamphetamine crystal
Cambodia	Heroin
Indonesia	Heroin Methamphetamine crystal
Malaysia	Heroin Morphine
Myanmar	Heroin
Thailand	Heroin
Viet Nam	Heroin

As shown in Table 7, the specific drugs reported to be injected in ASEAN countries were primarily ATS, mainly methamphetamine, and opiates, principally heroin. The same countries that reported injection drug abuse in 2005 also reported the same drugs in 2006 with a few exceptions, i.e. the Philippines did not report any injected drug abuse in 2006; and Thailand reported only injection of heroin in 2006, not amphetamine, as was reported in 2005.

### 2.3.3 Arrest data

Table 8 shows annual drug-related arrests for countries in ASEAN. Three-quarters of arrests for drug law violations in Brunei, Cambodia, Thailand, and Lao PDR involved ATS, primarily methamphetamine. In addition, about a quarter of arrests in Myanmar involved ATS, although opiate-related arrests still represented the majority drug category in that country. In 2005, approximately a third of arrests in Singapore involved the ATS drugs, but the number of arrests for methamphetamine declined sharply in 2006, while arrests for abuse of buprenorphine, represented almost a third of total drug-related arrests.

A majority of arrests in Indonesia, 51.4 percent, involved cannabis, while opiates accounted for the majority of drug-related arrests in Malaysia. And, similar to last year, arrests made in 2006 were not disaggregated by the specific drug for which the arrests were made in reports submitted by Philippines and Viet Nam. Thus, the aggregate for all arrests shown in Table 8 is higher than the sum of the arrests for individual drug categories.

Regionally but not including the Philippines and Viet Nam, the number of arrests involving ATS increased by 16.7 percent between 2005 and 2006, after declining by 21.1 percent between 2004 and 2005. Arrests for opiate-related violations showed the opposite direction in trend, more than doubling in number between 2004 and 2005 and then decreased by almost a third between 2005 and 2006. The trend in arrests involving cannabis showed increases in both 2005, by 18.6 percent, and by an additional 12.1 percent in 2006. The increases in both years were influenced primarily by arrests made in Indonesia and Thailand. The trend in arrests for all other drugs combined was relatively stable between 2005 and 2006 and numerically was at about the same level as opiates with both categories substantially lower than ATS and cannabis.



**Table 8. Drug-related arrests in the region, 2004-2006**

Country	Methamphetamine			Ecstasy			Opiates			Cannabis			Others			Totals		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Brunei	250	359	407	0	0	2	0	0	1	12	23	31	4	11	35	266	393	477
Cambodia	478	718	561	0	1	0	6	24	28	0	25	8	5	1	11	495	793	636
Indonesia	3,065	9,004	8,589	1,454	2,629	2,370	1,927	3,121	2,610	3,282	8,128	12,845	917	1,080	968	12,572	27,083	29,992
Lao PDR	102	402	479	0	0	0	10	60	0	4	0	0	0	0	0	126	522	479
Malaysia		3,832	2,367		395	210		20,634	13,403		5,044	5,199		2,903	897	0	53,442	35,479
Myanmar	955	1,171	1,071	6	9	4	2,403	2,708	2,077	295	275	232	533	216	483	6,595	7,087	5,944
Philippines																26,633	16,158	11,535
Singapore	156	190	153	211	176	158	171	99	130	153	150	158	619	453	946	1,310	1,068	1,545
Thailand	68,774	36,417	51,059	0	313	398	6,782	761	961	961	4,993	8,200	364	5,543	7,832	83,663	48,788	69,411
Viet Nam																18,274	17,714	16,686
Total	73,780	52,093	64,686	1,671	3,523	3,142	11,299	27,407	19,210	4,707	18,638	26,673	2,442	10,207	11,157	150,105	173,147	172,299

Philippines and Viet Nam do not desegregate their arrest data.

Ecstasy figures in Indonesia for 2005 and 2006 were provided by NNB in October 30, 2007.

### 2.3.4 Seizure data

For the following section, data from China is included since the country shares borders with several ASEAN nations and therefore seizure data should be displayed jointly. A comparison of reported total seizures of ATS, opiates, and cannabis in ASEAN and China (which includes Hong Kong SAR, but not Macao SAR or the province of Taiwan) for the years 2004 through 2006 is shown in Table 9.

Total seizures of methamphetamine pills among these countries in 2006 returned to the same level as 2004, about 40 million, after declining sharply in 2005, while seizures of crystal methamphetamine increased by 20 percent to almost 8.4 tons in 2006 compared to 2005. However, seizures of ecstasy pills continued a three-year decline with those made in 2006, measuring only a third of seizures in 2005 and less than a quarter of those in 2004.

Seizures of heroin, similarly, showed a three-year decline with the total seized in the countries of ASEAN and China reaching only half of the 2004 level and slightly over 70 percent of those made in 2005. In contrast, seizures of opium in 2006 were 50 percent higher than those made during the previous two years. Seizures of cannabis were down by 18.2 percent in 2006 compared to 2005, but still up by 48 percent compared to 2004.

**Table 9. Drug seizures in ASEAN and China, 2004-2006**

<i>Drug type</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
Methamphetamine pills	40,988,826	24,924,244	39,621,642
Methamphetamine crystal (kilograms)	7,042	6,966	8,362
Ecstasy pills*	4,275,384	3,123,769	1,022,715
Heroin (kilograms)	13,117	9,312	6,617
Opium (kilograms)	3,267	3,308	4,984
Cannabis herb (kilograms)	25,820	46,688	38,210

\* Information concerning ecstasy abuse in this report refers to the “reported” abuse of ecstasy pills, which may or may not contain methylenedioxymethamphetamine (MDMA) or its analogues. In this regard, forensic analyses of pills which were reported as ecstasy within the region in the past have contained various compositions and many the pills actually contained methamphetamine or other synthetic drugs, with or without the presence of MDMA.

Among seizures of illicit drugs in other countries, several are responsible for the preponderance of seizures of specific drugs. For example, Myanmar, Thailand, and China together accounted for 93.1 percent of total seizures of methamphetamine pills in 2006, while China and Indonesia accounted for 86 percent of seizures of crystal methamphetamine, and China alone was responsible for seizing more than half (55.8 percent) of ecstasy pills during the year.

Three countries – Indonesia, Philippines, and Thailand – accounted for 80.4 percent of seizures of cannabis in 2006. In terms of opiates, China seized 87.2 percent of total heroin in 2006, while China and Myanmar together seized 80.5 percent of illicit opium. China made virtually all seizures of ketamine in 2005 – 98.2 percent – and was responsible for seizing 89.3 percent of the drug in 2006.

While seizures of methamphetamine pills made in Thailand continue to represent a major percentage of total annual seizures in the region, the overall trend in the number of pills seized in that country continues the decline that began in 2002, when almost 100 million pills were seized. By comparison, seizures of methamphetamine pills in Myanmar have shown a wide variation over the past seven years and now exceed those made in Thailand as shown in Figure 1.

**Table 10. Drug seizures in the region, 2004-2006**

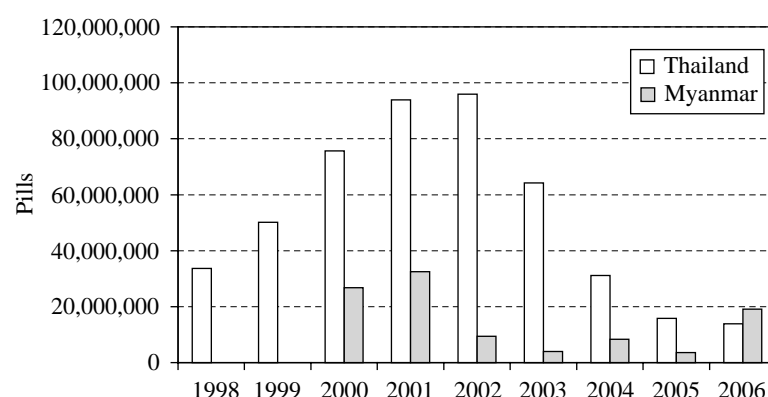
Country	Methamphetamine pills			Methamphetamine crystal (kg)			Ecstasy pills		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Brunei			157	0.5	0.7	0.4			
Cambodia	860,996	351,651	428,553		2	16.2		1,906	232
China			4,021,492	2,746	5,500	5,946	3,000,000	2,342,397	454,145
Hong Kong SAR				15.7	228.1	6.8	283,568	47,694	116,111
Indonesia		255,016	466,907	28.4	366.6	1,241.2	251,072	255,016	486,907
Lao PDR	613,024	4,656,309	1,755,989		4.8				
Malaysia	92,549			63	39.2	145.2	146,744	114,567	227,932
Myanmar	8,379,310	3,651,505	19,065,674	0.2	280.3	2.7	5	5,807	54
Philippines				3,730	104.1	766.8	103	111	83
Singapore	3,480			0.12	0.05	0.098	1,235	610	1,240
Thailand	31,000,000	15,781,346	13,820,000	47	317.2	92.2	123,174	33,929	26,656
Viet Nam	39,467	230,417	62,870						
Total	40,988,826	24,926,244	39,621,642	6,631	6,843	8,218	3,805,901	2,802,037	1,313,360
Total ASEAN	40,988,826	24,926,244	35,600,150	3,869	1,115	2,265	522,333	411,946	743,104

**Drug seizures in the region, 2004-2006 (cont.)**

Country	Cannabis (kg)			Heroin (kg)			Opium (kg)			Ketamine	
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2005	2006
Brunei	0.2		2.3								
Cambodia	0	103	0	5.2	11.8	21.3	2.8	2	1.8		
China	1,697	941	0	10,837	6,905	5,792	890	2,310	1,691	2,630	1,055
Hong Kong SAR	182.7	417	172.8	35.7	31.9	61.8	0	0		296	1,012
Indonesia	8,493.5	22,835	11,718	12.7	19.8	11.9	0	9	0		
Lao PDR	1,241	1.6	291.5	4.2	40.4	9.2	1.2	56.8	1.2	0	0
Malaysia	1,330	1,166.2	2,378.8	221	252.3	155.7	101	3.9	0.5	409.9	109.5
Myanmar	142.5	453.1	72.8	973.5	811.7	192.3	606.9	772.1	2,321		16
Philippines	836.3	4,814	11,126	0	0	0	9	0	0	7.8	98
Singapore	1	0.7	1.5	0	3.3	0.1	0	0	0	3.6	0.7
Thailand	9,905	11,567.6	11,469.2	789	948.6	92.5	1,595	102.6	767.5	42.2	22.7
Viet Nam	1,021.3	3,368.5	645	239.4	287.7	276.6	58.6	51.1	184		
Total	10,373	24,296	11,893	10,890	6,968	5,887	1,500	3,093	4,014	2,926	2,067
Total ASEAN	22,971	44,310	37,705	2,245	2,376	760	2,375	998	3,276	463.5	246.9

Ecstasy figures in Indonesia for 2005 and 2006 were provided by NNB in October 30, 2007.

As shown in Table 11, 64 clandestine drug laboratories producing methamphetamine were seized in the region in 2006, a third higher compared to 2005 and almost four times the number seized in 2004 – in 2000 only one clandestine laboratory was seized in the entire ASEAN region. More than three-quarters of the methamphetamine laboratory seizures during 2005 and 2006 occurred in China. In addition to ATS, 10 laboratories producing heroin were seized in Myanmar in 2006 and eight small scale locations producing fake methamphetamine were seized in Cambodia. Countries in which illicit drug producing laboratory and facility seizures were made during 2004-2006 are detailed in Table 11.

**Figure 1. Total seizures of methamphetamines pills in Myanmar and Thailand 1998-2006****Table 11. Clandestine laboratories/facilities seized in the region, 2004-2006**

Lab type	Cambodia		China		Indonesia		Malaysia	
	2005	2006	2005	2006	2004	2005	2004	2006
Methamphetamine		8*	37	51**	2	1	1	1
Ecstasy					7			
Tabletting facility	1							
Heroin								
Ketamine								
Storage facility								

**Clandestine laboratories/facilities seized in the region, 2004-2006 (cont.)**

Lab type	Myanmar			Philippines			Thailand	Viet Nam
	2004	2005	2006	2004	2005	2006	2004	2005
Methamphetamine	1	3		11	7	4	2	
Ecstasy								
Tabletting facility			8					1
Heroin	2	4	10					
Ketamine					4			
Storage facility				10	5	4		

\* Eight small scale locations producing 'fake' methamphetamines were seized.

\*\* First six months of 2006.

### 2.3.5 Regional highlights

- The trend in ATS abuse has been on a continuous increase since 2003 across the region.
- Methamphetamine pills, known as yaba or yama, are the predominant form of the drug in the Mekong Sub-region countries of Cambodia, Lao PDR, Thailand, and Viet Nam, while the crystal form (ice or shabu) is the main form in Brunei Darussalam, Malaysia, Philippines, and Singapore.
- Reported seizures and abuse trends suggest that prevalence of crystal methamphetamine may be increasing in Cambodia, China and Thailand.
- The majority of countries reported injection as a route of administration of illicit drugs, principally methamphetamine and heroin, which represents a major health risk for transmission of infectious diseases, especially HIV and hepatitis B and C.

- Almost 40 million methamphetamine pills were seized in the region in 2006, along with more than one million ecstasy pills, and 8.4 tons of crystal methamphetamine.
- Sixty-four clandestine drug laboratories producing methamphetamine were seized in 2006 according to the most recent reports, compared with 48 in the previous year.
- Seizures of heroin in 2006 amounted to 6.5 tons, down by about a third compared to the preceding year, while seizures of opium at about five tons was almost double that seized in 2005.
- According to the most recent rankings and assessments of trends, two of the countries rated cannabis as the leading drug problem, based on its prevalence, and four countries reported an increase in abuse trend in 2006.
- Arrests for drug law violations involving cannabis accounted for almost 40 percent of total drug-related arrests in 2006 among countries that disaggregate data by drug type and cannabis seizures amounted to 42.7 tons.
- Among other drugs of abuse, ketamine was reported in several countries with almost three tons of the drug seized in 2005 and 2.3 tons seized in 2006; the benzodiazepines, particularly nimetazepam, continued to represent a drug category of concern in 2006, being cited by several countries; the inhalants/solvents were ranked as problematic substances in four countries, especially among homeless or street youth and is particularly troublesome because of the legal status of many substances; and two countries cited cocaine as a drug of abuse in 2006, while seven countries reported either arrest or seizure data involving cocaine, suggesting its potential availability for abuse.
- The increase in illicit drug production and trafficking in the Asia-Pacific region is a threat for the further spread of drug abuse throughout the region and provides a clear case for the exigent expansion of drug abuse surveillance to neighbouring countries in the area.

## 2.4 Country-by-country review for 2006

The following section provides an overview of the current drug control situation for each country in ASEAN based on the data in the DAINAP system. Each overview includes a hierarchical rank table for the most commonly used drugs.

Note: In the tables throughout the following section in which a “rank” is given, the numeration begins with 1 (one) which denotes the most common drug of abuse, and the highest number in the series represents the least common. In addition, the arrows indicate an increase in the trend of abuse or availability of a specified drug during the previous year, a decrease, or a stable trend. The black symbol indicates that the information is not available, is not known, or was not reported.

### 2.4.1 Brunei Darussalam

#### Abuse

The two leading drugs of abuse in Brunei Darussalam in 2006 continued to be crystal methamphetamine and cannabis. Nimetazepam also remained a drug of concern, although its ranking dropped from third in 2005 to fifth in 2006. Of note is the first report of ecstasy and diamorphine in the ranked hierarchy of drug abuse, being ranked third and fourth, respectively, and the trends for both reported as on the increase.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Street level availability trend</i>	<i>Drug abuse trend</i>	<i>Rank</i>
<b>Methamphetamine crystal</b>	↑	↓	<b>1</b>
Cannabis	↑	↑	2
<b>Ecstasy</b>	●	↑	<b>3</b>
Diamorphine	●	↑	4
Nimetazepam (Erimin)	●	↓	5

The number of admissions to drug abuse treatment programmes in 2006 totaled 57 clients compared to 75 in 2005 and 39 in 2004. Similar to the preceding years, all admissions to treatment, except one, entered for primary abuse of methamphetamine and almost all were new admissions rather than readmissions of former clients.

#### Traffic and Production

The absolute number of crystal methamphetamine-related arrests in 2006 increased over those in 2005 but declined as a percent of total drug-related arrests. Cannabis, inhalants, and the benzodiazepines, nimetazepam (Erimin) and diazepam, were the only other drug categories in which the number of arrestees reached double digits.

The amount of crystal methamphetamine seized in 2006 at 0.43 kilograms. In addition to crystal methamphetamine, other ATS, i.e. methamphetamine and ecstasy pills were seized in 2006, unlike previous years when none were seized. Although relatively small in quantity compared to other countries in the region, the 2.31 kilograms of cannabis seized in 2006 is substantially higher than the 0.02 kilograms and one cannabis plant seized in 2005. The combined amount of opiates seized in 2006 totaled 10.4 grams.

#### Highlights

- The two leading drugs of abuse in Brunei Darussalam in 2006 continued to be crystal methamphetamine and cannabis, the same as in 2005.
- Ecstasy and diamorphine were added to the list of leading drugs of concern being ranked third and fourth in 2006 and nimetazepam (Erimin) dropped from third in 2005 to fifth in 2006.
- Two arrests each were made involving methamphetamine pills and ecstasy in 2006, in contrast to previous years when neither of the drugs were cited in arrest records.
- Arrests and seizures involving three different types of drug formulations for treatment of cold and allergy symptoms, specifically tripolidine, promethazine, and diphenhydramine, were made in 2006.

### 2.4.2 Cambodia

#### Abuse

Drug abuse in Cambodia in 2006 is similar, overall, to that reported in both 2004 and 2005. Methamphetamine in pill form has been ranked the leading drug of abuse for the past three years and the trend in abuse has been on the increase since 2003. Abuse of both crystal methamphetamine and the powder form also were reported as increasing in 2006. Heroin is the second ranked drug of abuse, replacing cannabis, which was ranked second in 2004 and 2005. The trend in heroin abuse since 2003 has been reported as on the increase, while cannabis abuse was level for the past three years. Opium has been ranked fourth and abuse has been perceived as declining for the past two years. Ketamine was ranked as a drug of abuse in both 2004 and 2005, but was not reported during the current year.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Street level availability trend</i>	<i>Drug abuse trend</i>	<i>Rank</i>
<b>Methamphetamine pills</b>	↓	↑	1
Heroin	↑	↑	2
Cannabis	↔	↔	3
Opium	↑	↓	4
<b>Methamphetamine crystal</b>	↑	↑	5
<b>Ecstasy</b>	↑	↔	6
<b>Methamphetamine powder</b>	↑	↑	7
Inhalants	●	↔	8

While data on treatment is highly selective, the trend from military camps operating in ten locations of six provinces of 24 provinces show that drug abuse referrals to these camps has increased sharply since 2001, although there was a slight decline in 2006.

#### Traffic and Production

Six hundred and eight arrests for drug law violations were made in Cambodia during 2006. The arrests were overwhelmingly related to methamphetamines, accounting for 92.3 percent of the total arrests, This is very similar in proportion to arrests which were made in 2005 in which 95 percent involved methamphetamines, However, the total number of drug-related arrests in 2006 represented a 20.1 percent decline compared with 2005 and arrests involving methamphetamine shows the first numerical decline since 2000.

Illicit drug seizures in Cambodia in 2006 were dominated, as in previous years, by methamphetamine with the seizure of more than 400,000 pills, a 22 percent increase over 2005. However, this increase still represented only about half of the record quantity seized in 2004. There was more than an eightfold increase in 2006 in seizures of crystal methamphetamine compared with 2005, while the 0.4 kilograms of methamphetamine powder seized was a sharp decline from the 3.7 kilograms seized in 2005. Seizure of ecstasy pills also declined in 2006 compared to the previous year.

#### Highlights

- Methamphetamine in pill form has been ranked the leading drug of abuse for the past three years and the trend has been on the increase since 2003.
- Abuse of methamphetamine in both the crystal and powder form also was reported as being on the increase in 2006.
- Increases in heroin abuse have been reported annually since 2003.
- There was a 34 percent decline in both total drug-related arrests and in methamphetamine related arrests in 2006 compared to 2005.
- There was a 28 percent increase in seizures of methamphetamine pills and almost an eightfold increase in seizures of crystal methamphetamine during 2006 compared to the previous year.

### 2.4.3 Indonesia

#### Abuse

Cannabis was reported as the leading drug of concern in Indonesia in 2006, as it has been for the past few years. The ATS drugs, ecstasy and crystal methamphetamine, moved up one level in ranking compared to 2005 and were ranked third and fourth, respectively, in the hierarchy of drugs of abuse in 2006. Although no trends for any drug were reported for 2006, the trend in abuse of both ATS drugs between 2003 and 2005 showed an increase.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
Cannabis	•	1
Heroin	•	2
<b>Ecstasy</b>	•	<b>3</b>
<b>Methamphetamine crystal</b>	•	<b>4</b>
Benzodiazepines	•	5

A total of 6,359 clients were admitted to drug abuse treatment in Indonesia during 2006. Heroin accounted for a third of all admissions during the year, followed by those admitted for primary cannabis abuse at 14.2 percent and abusers of the ATS drugs, methamphetamine and ecstasy, at 9.2 percent. Slightly over a quarter of the total number of clients in treatment were reported as multiple drug users at admission.

#### Traffic and Production

Total drug-related arrests in Indonesia during 2006 increased by 17.2 percent over those made in 2005. Arrests involving cannabis and methamphetamine dominated in 2006, accounting for 85.7 percent of total arrests. Total methamphetamine-related arrests declined by almost five percent between the two years and, while accounting for 42.2 percent of total drug-related arrests in 2005, they represented about a third of total arrests in 2006. In addition to the crystal and pill form of methamphetamine, there were 1,174 arrested in 2006 involving methamphetamine powder, reportedly related to the production of ecstasy. Heroin accounted for an additional 10.4 percent of total arrests. Seizures of methamphetamine pills increased substantially in Indonesia during 2006, up by 83.1 percent compared to 2005.

While there were a number of arrests specifically involving methamphetamine powder, only seizures of methamphetamine crystal were reported in the seizure data. In terms of other drugs, seizures of benzodiazepines were down substantially in 2006 compared to 2005, as were seizures of heroin and cannabis herb, although there was more than a fivefold increase in cannabis plants seized totaling more than a million.

#### Highlights

- Cannabis was the leading drug of abuse in Indonesia in 2006 as it had been for the past few years, but heroin was cited as the second leading drug of concern moving from sixth place in 2005.
- The trend in abuse of crystal methamphetamine, ecstasy, heroin, and cannabis all were reported as being on the increase in 2006, the same direction in trend reported since 2003.
- Total drug-related arrests have increased more than fourfold since 2002; ATS and cannabis accounted for 85 percent of total arrests for drug law violations in 2006.
- The quantity of crystal methamphetamine seized more than tripled between 2005 and 2006 and the number of methamphetamine pills almost doubled.

#### 2.4.4 Lao PDR

##### Abuse

The leading four drugs of abuse in 2006 are shown in the rank table. The trend in methamphetamine abuse in the country was reported to be increasing as it has each year since 2003. In 2007 opium addiction rates decreased and the reported number of addicts in the 10 northern provinces was 7,706. However, this does not take into account the possible relapse of recently detoxified addicts, which is estimated at 20 percent. No nation-wide figures on abuse are available.

##### Rank Table

<i>Drugs abused in the past year</i>	<i>Street level availability trend</i>	<i>Drug abuse trend</i>	<i>Rank</i>
<b>Methamphetamine pills</b>	↓	↑	<b>1</b>
Opium	↑	↓	2
Heroin	↑	↑	3
Cannabis	↑	↔	4



## Traffic and Production

During 2006, a total of 479 drug-related arrests were reported by law enforcement agencies in Lao PDR, all of which involved methamphetamine in pill form. The number of methamphetamine-related arrests in 2006 was almost 20 percent higher than the 402 reported during the previous year. Seizures of illicit drugs in Lao PDR during 2006 continued to involve only three categories, namely cannabis, opiates (opium and heroin), and methamphetamine. Cannabis seizures measured more than a ton in 2004, declined to only 1.6 kilograms in 2005, and increased to 291.5 kilograms in 2006. Seizures of methamphetamine pills in 2006 at 1,755,989 placed it around the same level as 2004 and down sharply from the record seizure of more than four and a half million yaba pills in 2005.

Opium poppy cultivation was found in five of the six provinces surveyed. The total area under opium poppy cultivation in the Lao PDR in 2007 is estimated at 1,500 hectares. This is a decrease of 40 percent compared to 2006 (2,500 ha) and lowest level since 1998 when opium poppy cultivation culminated at 26,600 ha. The average national opium yield potential for 2007 was estimated at 6 kg/ha. In 2007, weather conditions were average to poor for opium poppy cultivation. The field assessments of standing opium revealed that crop vigor was worse than in previous years, even though some farmers tried to irrigate their opium poppy fields. Based on the estimated area under cultivation, the 2007 potential production of opium was 9.2 mt, which is a 54 percent decrease from 2006.

## Highlights

- Abuse of methamphetamine pills is the leading drug problem in Lao PDR based on data from treatment and law enforcement indicators and the latest reports cited an increase in the trend in abuse.
- Methamphetamine pills dominated drug seizures during 2006, but the quantity of 1,755,989 pills seized represented a 62 percent decline over the record seizures made in 2005.
- Opium production in 2007 reached the lowest level since the start of the surveys in 1992 and corresponds to only 5 percent of the potential opium production of the year 2000 (or 7 percent of the production in 1998).

### 2.4.5 Malaysia

#### Abuse

The ranking of the five leading drugs of abuse in Malaysia in 2006 is the same as it was in 2005 and the first four have the same ranking as reported in 2004. Heroin, morphine, and cannabis have been ranked the top three drugs of abuse since 2003.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
Heroin	↓	1
Morphine	↓	2
Cannabis	↓	3
<b>Methamphetamine crystal</b>	<b>↓</b>	<b>4</b>
Psychotropic pills	↓	5
<b>Ecstasy</b>	<b>↓</b>	<b>6</b>
<b>Amphetamine</b>	<b>↓</b>	<b>7</b>
Codeine	↓	8
Inhalants	↓	9
Opium	↓	10

In 2006, 4,986 clients received drug abuse treatment and rehabilitation services. The number admitted to treatment in 2006 represented a 21.2 percent decline compared to those admitted in 2005 and represented less than half the 10,086 treated in 2004. Opiates, i.e. heroin and morphine, and cannabis were the most likely primary drugs of abuse.

#### Traffic and Production

Overall, drug-related arrests declined by about a third between 2005 and 2006. There was both substantial increases and sharp declines in seizures of specific illicit drugs in Malaysia when 2006 data is compared to 2005. Seizures of the ATS, crystal methamphetamine, increased more than two and a half times to 145.2 kilograms, two kilograms of amphetamine were seized, while none was seized in 2005, and the number of ecstasy pills seized doubled, although 95.9 kilograms of ecstasy was also reportedly seized in 2005 in addition to the pill form. Cannabis seizures doubled to more than two tons and almost 11 thousand liters of codeine were seized, whereas none was seized in the previous year.

In contrast, heroin seizures in 2006 declined by almost 40 percent compared to 2005 and opium seizures were down by almost 90 percent. Sharp declines in seizures between the two years also included ketamine, down by 73.3 percent, psychotropics, declining 77.3 percent, seizures of benzodiazepines, declining by 90.1 percent, and cocaine dropping from 11.1 kilograms in 2005 to 0.01 kilograms in 2006.

#### Highlights

- Heroin, morphine, and cannabis have been ranked the top three drugs of abuse in Malaysia since 2003.
- There was an overall decline by about a third in drug-related arrests between 2005 and 2006 with sharp declines occurring for the opiates and ATS.
- In contrast to arrests, seizures of ATS drugs increased in 2006 with crystal methamphetamine seizures measuring more than a two and a half times those in 2005, two kilograms of amphetamine being seized, while none was seized in 2005, and a doubling in the number of ecstasy pills seized.
- Sharp declines in seizures of ketamine were recorded in 2006 compared to the previous year, down by 73.3 percent, while seizures of psychotropics declined by 77.3 percent, seizures of benzodiazepines declined by 90.1 percent, and cocaine dropped from 11.1 kilograms in 2005 to kilograms in 2006.
- Although crystal methamphetamine is ranked fourth in terms of drugs of abuse with a declining trend in 2006, the largest ATS production facilities seized in the region within the past three years have occurred in Malaysia.

#### 2.4.6 Myanmar

##### Abuse

The hierarchical ranking of drugs of abuse and their trends in Myanmar in 2006 remain very similar to those reported in 2005. Heroin was ranked first, exchanging places with opium which was ranked number one in the previous year and trends in abuse of both drugs were reported to be on the decline in both years. Abuse of methamphetamine pills was ranked third in both 2005 and 2006 and the trend in abuse since 2003 has shown an annual increase. Benzodiazepines were ranked fourth in both years, but the trend in 2005 shifted from level to a decline. Cannabis was the fifth leading drug of abuse in 2005, but was not listed in 2006.

##### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
Heroin	↓	1
Opium	↓	2
<b>Methamphetamine pills</b>	↑	<b>3</b>
Benzodiazepines	↓	4

A total of 1,314 clients were treated for substance abuse in Myanmar in 2006, similar in number to the 1,444 who received treatment in 2004, but down from the 2,035 who received treatment in 2005. Seventy percent of total clients were new admissions in 2006 compared to 80 percent in 2005. As in previous years, the predominance of clients was male at 94 percent and, while the trend in abuse of methamphetamine continues to increase, the overwhelming majority (97.5 percent) of treatment clients entered for primary opiate abuse.

#### Traffic and Production

Overall, the number of drug-related arrests in Myanmar in 2006 declined by slightly more than 11 percent when compared with the preceding year. This was largely due to a drop in opiate-related arrests, although heroin-related arrests, similar to 2005, represented the largest category of drug arrests at about 40 percent of the total. The ATS category showed a nine percent decline, although it accounted for 27.8 percent of total arrests which was similar to 2005. Cannabis-related arrests declined by 15.6 percent.

Illicit drug seizures in Myanmar in 2006, as in previous years, were dominated by the opiates, particularly opium, and ATS, especially methamphetamine pills which increased to more than 19 million pills, the largest amount seized since 2001. At the same time, there was a sharp decline in ecstasy seizures in 2006 involving 54 pills compared to 5,807 seized in 2005. In addition, there was an increase of 35.6 percent in seizures involving benzodiazepines in 2006, almost a quarter of a million compared to 173,782 pills seized in 2005.

There were substantial trend changes in the quantity of drug seizures during the seven-year period since 2000. Seizures of methamphetamine pills increased more than fivefold in 2006 compared to 2005, reaching the highest level since 2001, and seizures of methamphetamine powder increased almost sevenfold between 2005 and 2006. However, seizures of crystal methamphetamine declined from 280.3 kilograms in 2005 to 2.3 kilograms in 2006. Also showing a substantial decline was seizures of heroin, down 76.3 percent between 2005 and 2006, while seizures of opium were at a record level, resulting from the seizure of more than 6 tons of low grade and 2.3 tons of high grade opium. In contrast, the 72.9 kilograms of cannabis seized in 2006 represented the smallest quantity in seven years.

In 2007 the total area under opium cultivation was estimated at 27,700 hectares, representing an increase of 29 percent from 21,500 ha under cultivation in 2006. The largest cultivation areas are found in the South Shan where 65 percent of the national cultivation took place, while 25 percent was cultivated in the East Shan State.

#### Highlights

- Heroin and opium continue to be the leading drugs of abuse, although the trend in abuse of both drugs is reported on the decline.
- Methamphetamine pills are the leading ATS and the trend in abuse is on the increase in 2006, as it has been since 2003.
- Both arrests and seizures of ketamine, cocaine, and speciosa were reported in 2006, representing potentially new drugs of abuse.
- There were substantial increases in seizures of opium, methamphetamine pills, and methamphetamine powder in 2006 over the preceding year, but declines in heroin, cannabis, and crystal methamphetamine.
- In 2007 the opium poppy cultivation in Myanmar increased for the first time in 7 years of continuous decline. However, since 1998 the area under opium poppy has decreased by 79 and since 2002 opium cultivation has decreased by 66 percent.

### 2.4.7 Philippines

#### Abuse

Figures for 2006 have not been determined. However, in 2005 crystal methamphetamine (shabu), cannabis, and inhalants ranked first, second, and third, respectively. The abuse trend for methamphetamine in 2005 was level, as it had been since 2003, while cannabis abuse was reported on the increase. Additional information cited the leading drug of abuse as methamphetamine hydrochloride (shabu) with marijuana ranked second, followed by ecstasy and ketamine.

Rank Table (2005)

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
<b>Methamphetamine crystal</b>	↔	<b>1</b>
Cannabis herb	↑	2
Inhalants	●	3

The number of clients admitted to drug abuse in the Philippines in 2005 is at the same level as 2004 with both years showing a decline of about 16-17 percent compared to 2003. Two-thirds of clients admitted to treatment entered because of methamphetamine abuse, primarily crystal methamphetamine (shabu), and slightly more than a quarter entered for cannabis abuse, a pattern similar to the previous two years.

#### Traffic and Production

There were 11,535 drug-related arrests in 2006, a decline of 28.6 percent over those reported in 2005. The number of arrests in 2006 was the lowest in the five-year period between 2002 and 2006 and continued the downward trend that began in 2003.

The prominence of crystal methamphetamine (shabu) and cannabis as the top two illicit drugs of greatest concern in the Philippines is reflected in drug seizure data for 2006 and for preceding years. A total of 766.8 kilograms of shabu was seized in 2006, while seizures in 2005 amounted to 104.1 kilograms according to official reports. Both the 2006 and the 2005 reported seizures contrasted sharply with those made in the preceding two years during which confiscations of shabu measured between three and four tons.

Seizures of the herb form of cannabis increased by two and a half times in 2006 over the quantity seized in 2005, but seizures of the other forms declined. Seizures of cannabis plants in 2006, while still substantial at more than two million, declined from the peak of nearly nine million in 2005. In addition to cannabis and ATS, there were seizures of 98 kilograms of ketamine, two kilograms of cocaine, and 1,432 benzodiazepine pills which represented a substantial decline from the almost 35 thousand seized in 2005.

#### Highlights

- Crystal methamphetamine and cannabis are the most recently reported leading drugs of abuse in the Philippines, while inhalant abuse among urban street youth remains an issue of serious concern.
- Drug-related arrests in the Philippines totaled 11,535 in 2006, a decline of 28.6 percent over those reported in 2005 and a continuation of a downward trend that began in 2003.
- Seizures of crystal methamphetamine increased sharply in 2006 to 767 kilograms, a sevenfold increase compared to those made in 2005, but representing only 20 percent of seizures of shabu made in 2004.
- Four methamphetamine production laboratories and three chemical storage facilities were seized in 2006.

### 2.4.8 Singapore

#### Abuse

Nimetazepam, being ranked number one in 2005 in Singapore and dropping to third in 2006, replaced by buprenorphine. The other leading drugs of concern in Singapore in 2006 included the club drug, ketamine, ranked number two, as it was in 2005. Among the ATS drugs, crystal methamphetamine was ranked fourth and ecstasy was ranked seventh, both being ranked one level lower compared to 2005 and both with reported declining trends in 2006. The trend in cannabis abuse was on the increase and it was ranked fifth, as it was in 2005.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
Buprenorphine	●	1
Ketamine	↓	2
Nimetazepam	↓	3
<b>Methamphetamine crystal</b>	↓	<b>4</b>
Cannabis herb	↑	5
Heroin	↑	6
<b>Ecstasy</b>	↓	<b>7</b>
Opium	↑	8

With 433 admissions, the number of drug abuse clients who entered treatment in 2006 was two and a half times the number in 2005 and a tenfold increase over those admitted in 2004.<sup>1</sup> Drug abuse patterns changed in 2005 when almost 90 percent of admissions entered treatment for abuse of synthetic drugs, i.e. methamphetamine, ecstasy, ketamine and nimetazepam. In 2006, abuse of synthetic drugs still accounted for the majority of admissions (54.5 percent), but the impact of buprenorphine abuse was underscored in treatment the data, representing 38.1 percent of total admissions.

#### Traffic and Production

Arrest data for the year 2006 shows a 44.7 percent increase over 2005, with buprenorphine accounting for 30.9 percent of total arrests and heroin accounting for an additional 8 percent. Among ATS, arrests for crystal methamphetamine and ecstasy declined as a percent of total arrests in 2006 to 10 percent each, compared to 17.8 percent and 16.5 percent respectively in 2005. Arrests for both cannabis and ketamine were at the same level numerically in 2006 as they were in 2005, but declined in terms of percent from 14 to 10.2 for cannabis and from 22.1 to 15.7 for ketamine. Arrests for benzodiazepine-related violations accounted for 13 percent of total arrests in 2006, with nimetazepam cited specifically in 197 of the 199 arrests. There were 26 arrests during the year involving hallucinogens.<sup>2</sup>

Although the total quantities of illicit drugs seized are small compared to those seized in some neighbouring countries, both crystal methamphetamine and ecstasy seizures showed a doubling in 2006 compared to 2005, back to the levels of 2004. Heroin seizures declined in 2006 compared to the previous year, even though the trend in abuse was reported to be on the increase. However, 894 buprenorphine pills were seized during the year. Ketamine seizures also were down substantially. At the same time, there was a significant increase in seizures of benzodiazepines, specifically nimetazepam, from 908 total benzodiazepine pills in 2005 to 14,584 nimetazepam pills in 2006.

<sup>1</sup> The number of synthetic drug abusers arrested in 2005 actually fell by 13% as compared to 2004. The reason for the increase in treatment admissions in 2005 is due to the implementation of the treatment and rehabilitation regime for synthetic drug abusers arrested for the first and second time on 1 July 2005.

<sup>2</sup> Foxy, 2CB and Bufotenine.

## Highlights

- Buprenorphine, a narcotic analgesic which is used in the treatment of opiate dependence in some countries, replaced nimetazepam, a benzodiazepine, as the leading drug of concern in Singapore in 2006, with nimetazepam being ranked third.
- Among admissions to drug treatment in 2006, 38.1 percent were abusers of buprenorphine and 30.9 percent of drug-related arrests in 2006 involved buprenorphine.
- There was a significant seizure of nimetazepam in 2006 measuring 14,584 pills.
- Although limited in number, several types of drugs with hallucinogenic properties were seized in 2006.
- The average price of most illicit drugs increased between 2005 and 2006 in Singapore with some increasing by as much as fifty percent.

### 2.4.9 Thailand

#### Abuse

In 2006 methamphetamine in pill form (yaba) leads the list of drugs of greatest concern, followed by cannabis and crystal methamphetamine. Even though yaba has been ranked as a leading drug of abuse in Thailand for the past several years, the trend in abuse has been reported as on the decline since 2003, while the trend in crystal methamphetamine has been reported as on the increase since 2004.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
<b>Methamphetamine pill</b>	↓	<b>1</b>
Cannabis herb	↑	2
Cannabis resin	↓	2
<b>Methamphetamine crystal</b>	↑	<b>3</b>
Inhalants	↑	4
Cough syrups	↔	5
<b>Ecstasy</b>	↓	<b>6</b>
Ketamine	↓	6
Cocaine	↔	6
Benzodiazepines	↑	7
Barbiturates	↑	7
Heroin	↓	8
Opium	↓	9
Kratom	↑	10

The number of admissions to drug abuse treatment programmes in Thailand was 38,679. Treatment was sought for ATS accounting for about three-quarters of treatment demand, almost exclusively methamphetamine pills, with crystal methamphetamine and ecstasy accounting for about one percent of ATS admissions. Opiates accounted for 6-7 percent of admissions and cannabis accounted for 9-10 percent. Compared with treatment admissions in 2004, the number of admissions to drug abuse treatment increased by 20 percent in 2006 with a substantial portion of the increase related to abuse of yaba.

#### Traffic and Production

Total drug-related arrests during 2006 rose more than 40 percent over 2005 to 68,450, but were 11 percent below the number of arrestees in 2004. The overall increase was accounted for by the sharp increase in arrests involving methamphetamine pills, a category which has represented almost three-quarters of total drug-related arrests during the past two years and almost 90 percent in 2004. Other ATS drugs that

registered increases in arrests in 2006 compared to 2005 included crystal methamphetamine which more than doubled, and ecstasy which increased by 27.2 percent. In addition to ATS, there were substantial increases in other major categories of illicit drugs in 2006: cannabis-related arrests increased by 64.2 percent; cocaine-related arrests more than doubled, although the numbers were comparatively small; and, while arrests for heroin violations remained level, those for opium increased by more than 50 percent.

While arrests for ATS-related violations increased substantially in 2006 compared with the previous year, seizures of ATS and other illicit drugs were down. Seizures of methamphetamine pills declined by 12.4 percent, continuing a four year trend and crystal methamphetamine seizures returned closer to 2003-2004 levels after a spike in seizures in 2005.

In 2007 the opium survey estimated that 231 hectares of opium poppy cultivation were cultivated in the North of Thailand compared to 157 ha in 2006. Opium poppy cultivation was found in three regions and 11 provinces. A total of 1859 field were registered with an average of 0.12 ha per field. Opium poppy cultivation has been decreasing every year since 1984 and it remains at a negligible level.

### Highlights

- The leading drugs of concern in Thailand were ATS in the form of pills (yaba) and crystal (ice), along with the club drug, ketamine, and cannabis.
- Total drug-related arrests in 2006 increased by more than 40 percent over 2005 and, with the exception of heroin-related arrests which remained level, there were substantial increases in all other major drug categories.
- Seizures of ATS showed an overall decline in 2006 compared with 2005 with methamphetamine pills down by 12.4 percent, continuing a four year trend; ecstasy pills down by 21.4 percent; and crystal methamphetamine seizures down by more than 70 percent.
- There was a sevenfold increase in opium seizures in 2006 compared with 2005, but seizures of heroin in 2006 amounted to about ten percent of quantities seized in 2004 and 2005.
- There were substantial declines in seizures of codeine and ketamine, but sharp increases in seizures of cocaine, inhalants, and kratom between 2005 and 2006.

### 2.4.10 Viet Nam

#### Abuse

Drugs of abuse in Viet Nam and the trend in abuse in 2006 were exactly as they were in 2005 with heroin ranked number one as it had been since 2003 and with an increasing trend which also has been consistent during that period. The ATS drugs, methamphetamine (yaba) and ecstasy, were ranked second and third, respectively and they, too, have shown an increasing trend in abuse since 2003. Opium was the remaining drug of abuse in Viet Nam and the trend in abuse was on the decline as it had been in the preceding year.

#### Rank Table

<i>Drugs abused in the past year</i>	<i>Drug abuse trend</i>	<i>Rank</i>
Heroin	↑	1
<b>Methamphetamine pills</b>	↑	<b>2</b>
<b>Ecstasy</b>	↑	<b>3</b>
Opium	↓	4

There were 160,226 drug abusers registered in Viet Nam as of November 2006, The primary drugs of abuse were opiates, i.e. heroin and opium, which together were cited by 96.0 percent of registered drug abusers. There were 80,368 clients in treatment in Viet Nam as of December 2006. There were 38,283 new admissions during the year and 42,085 clients who had been admitted in 2005. According to previous reports, there were 69,610 total admissions to treatment in Viet Nam during 2005 and 61,775 admissions in 2004.

While the specific drug of abuse of clients admitted to treatment was not reported, it is most probable that the majority of admissions were heroin dependent, given the preponderance of registered drug users who reported heroin as their primary drug of abuse. In addition, 88 percent of admissions to treatment in 2004 were reported to be IDUs.

#### Traffic and Production

There were 16,686 arrests made during 2006 in Viet Nam for drug law violations, a 5.8 percent decline compared with the 17,712 arrests reported in 2005 and an 8.3 percent decline compared with the 18,200 arrests reported in 2004.

In 2006, there was a sharp decline in cannabis seizures compared to 2005, (more than 80 percent) and an equally sharp increase in seizures of opium (more than tripling). Information now being reported cites seizures of 287.7 kilograms of heroin in 2005, 3.9 percent higher than the quantity seized in 2006. Overall, heroin seizures have increased sharply, while opium seizures have declined during the period 2000-2006. In terms of ATS, there was a substantial decline in seizures of methamphetamine pills, which reached a six year peak in 2005. Although still more than 50 percent greater than seizures in 2003 and 2004, the 62,870 methamphetamine pills seized in 2006 were slightly more than a quarter of the quantity seized in 2005.

#### Highlights

- The leading drugs of abuse in Viet Nam in 2006 were opiates, primarily heroin, but also opium, and the ATS drugs, methamphetamine and ecstasy.
- An increase in the trend in abuse of methamphetamine pills and ecstasy, as well as heroin, has been reported annually since 2003.
- The number of registered drug abusers has been relatively stable at 160-170 thousand since 2003.
- There has been a steady decline in drug-related arrests from 23,199 in 2002 to 16,686 in 2006. Six year trend data shows that seizures of heroin have increased, while seizures of opium have declined sharply, when comparing the periods 2001-2002 with 2005-2006.
- Six-year trend data for methamphetamine pill seizures show a decline in 2006 compared to the peak in 2005, but a noticeable increase compared to years 2000 through 2004.
- Forensic analysis of isolated seizures suggests presence of ketamine pills.

### 2.5 Summary Conclusions on the regional drug situation in 2006

In view of the previous information, the following summary conclusions for the region are presented as qualitative evidence that the situation for illicit drug control in 2006 changed in significant ways since 2000 and the challenges the region faces are in many ways more complex and of a larger magnitude.

#### *Summary Conclusions (qualitative):*

- ATS is entrenched in the region. The recent discovery of mega-labs in Indonesia, Malaysia and the Philippines presents a starkly different situation than that of 2000 where many countries were transit points. The total number of laboratories reported to be producing ATS in 2006 is 64 yet in 2000, the total reported clandestine labs was one. This clearly indicates that some countries in the region now have localized production and availability of ATS. In addition, the production capacity of seized laboratories surpasses the local demand and this points to a widening of drug trafficking and distribution networks with closer access to markets from multiple locations.

The diversification of ATS varieties is also a new development – increase in the use of Ice has consequences to health and treatment approaches due to the increased levels of purity that have been recorded throughout the region.



- Opium eradication is not guaranteed. The results (opium cultivation in Myanmar rose by 29 percent while production was up 46 percent due to higher yields) of the Opium Poppy Survey in South East Asia 2007 demonstrate that the struggle against illicit cultivation continues. While eradication efforts do present a different picture for region than in 2000, there is a chance that farmers will re-initiate cultivation unless their livelihood needs are addressed.
- Trafficking is dynamic and highly responsive. Operations in one country do not always limit the actions by criminal syndicates but instead cause them to shift routes and target other populations. This was evident during the intensified drug control campaign by Thailand in 2003 that resulted in a higher availability of drugs in neighbouring countries.

Current trends in trafficking also point to a change in methodologies: In past year's seizures in Thailand and Myanmar reached numbers with the range of millions of pills. In 2006, anecdotal evidence from across the region show a pattern of smaller seizures of packages (bodily concealment) that are carried on the person and distributed over a large number of individuals heading towards a single destination. This highlights the ability of criminal syndicates that have adapted their capabilities since 2000.

- Treatment demand far outstrips treatment availability. As an example, the lifetime prevalence estimate for 2004-2005 in the Philippines is close to 1.6 percent of the total population (age 10-44). By contrast, the total number of treatment availability is just over 4000 beds. While not all drug users become dependent, the strain of high treatment demand on health authorities is significant.
- The injection of ATS as reported in a number of countries is new development that was not evident in 2000. This is an added concern to the current rate of IDU for opiates and points to an increased strain on health services concerning HIV/AIDS and other diseases.
- New drugs are emerging and spreading. The emergence of ketamine as a drug of choice in Singapore and, to a lesser degree, Malaysia, points to the diversification of drug use. New substances bring new challenges to enforcement efforts and to treatment and education programmes.
- The dark side of globalization is evident. The increased trade and mobility that ASEAN citizens enjoy as compared to 2000 has also augmented opportunities for criminals to traffic illicit drugs. While this was already recognized in 2000, the region is now faced with even greater challenges as it moves forward towards greater integration.

### 3. Current Response

In response to the historical and current levels of abuse, trafficking and production, governments in ASEAN have put in place national plans for action which are implemented by drug control authorities. These authorities (See Box 1) play a pivotal role in coordinating the overall activities of government in both Supply Reduction and Demand Reduction.

Since the inception of the ACCORD Plan of Action, annual meetings have taken place with drug control authorities to determine progress made and identify areas of concern. These meeting take place in the context of Task Force Mechanism under the Pillars of the Plan of Action (Civic Awareness, Demand Reduction, Law Enforcement and Alternative Development). A key component of the Task Force Mechanism is the reports submitted by drug control agencies. The ACCORD Joint Secretariat now has over five years of compiled reports and these constitute the basis of this section.

For this review of current response (2006) the ACCORD Plan of Action has been used to determine the themes to review. Following is summary of the Plan of Action as it applies to the section:

#### Supply Reduction (Pillars III and IV)

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>	<i>Alternative Development</i>
Enhance training capacity of law enforcement agencies under all relevant areas by setting up a comprehensive training plan which is monitored and is part of the national training curriculum.	Prevent the availability of precursor chemical by developing partnerships with the industry and strengthening regulatory methods for backtracking and regional collaboration.	Cross Border Cooperation: <ul style="list-style-type: none"> <li>• Increase border cooperation and strengthen liaison structures.</li> </ul> Mutual Legal Assistance: <ul style="list-style-type: none"> <li>• Strengthen mechanisms to facilitate international cooperation in drug related investigations and prosecutions.</li> </ul>	Provide sustainable alternatives for affected communities and establish coping mechanisms for market-led livelihood development.

#### Demand Reduction (Pillars I and II)

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
Prioritize areas for social partnerships and monitor the impact of campaigns by government and civil society.	Increase quality and coverage of treatment and establish network of practitioners who are ware of modalities for care and support. Review punitive measures and improve accessibility to services.	Reduce HIV vulnerability and strengthen national capacity to deliver programmes to targeted populations including those in custodial settings.

#### 3.1 Review of Demand Reduction projects and programmes by international organizations

In addition, this section includes relevant activities of international organizations. These organizations often play a key role in providing services or in increasing national capacity. The United Nations Office on Drugs and Crime is a key multilateral stakeholder in drug control and the projects implemented by the organization at the regional and country level are a significant aspect of the drug control efforts of the region. Annex C provides a full overview of the projects implemented by UNODC in ASEAN countries.

The organizations reviewed were: AusAID, CARE, FHI, UNICEF, UNODC, USAID, World Vision and WHO – and to a lesser extent UNESCAP and UNDP. Organizations are reviewed on the basis of their impact on reducing the demand for illicit drugs. Programmes which focus on overall health and development are likely to address certain aspects of demand reduction; however for the sake of clarity and focus, this report only covers activities that explicitly target a distinct aspect of demand reduction. The review is not comprehensive, but rather provides a “snap-shot” of recent major responses towards drug demand reduction by international organizations in countries where they are active including, Indonesia, Lao PDR, Myanmar, Philippines, Thailand and Viet Nam. A drug demand reduction activity was defined as one undertaken to either prevent the onset of drug use, discourage continued use, or treatment and services for dependent users.

The majority of drug demand reduction activities surveyed are indirect and incorporated within larger health and development goals. Some have only minor demand reduction components, providing information on risks associated with intravenous drug use, while others are more extensive and conduct active out-reach activities towards vulnerable populations.

### **3.1.1 Brunei Darussalam**

#### **Summary of National Plan**

In 1988 the Narcotics Control Bureau (NCB) was established as a Government department under the Prime Minister’s Office. It was aimed specifically at taking over the responsibilities of enforcing relevant drug laws in Brunei Darussalam, as well as activities in preventive drug education, which had until then been overseen by the Ministry of Education. The overall mission of the NCB is to support and promote awareness on the national policy on the abuse of drugs and intoxicating substances, ultimately creating a community free from the problems of misuse of drugs. For more information see Annex 1 A.

#### **Specific responses and continuing challenges**

##### **Supply Reduction**

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• Drug control training integrated into national training curriculum and analysis of the impact of training under way</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Code of Conduct adopted and guidelines under development, but training or instructional materials not available</li> <li>• Procedures under development and require upgrading and resources</li> <li>• Assistance has been provided to other countries in backtracking investigations</li> <li>• Legal stipulations on chemicals in listed UN Conventions are included in Poisons Act. Legislation is largely adequate but needs to be enhanced</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Liaison officers abroad not in place due to personnel limitations.</li> <li>• Reports distributed regularly and bilateral events held with Malaysia to facilitate the exchange of information.</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• No legal basis for participating in controlled deliveries with other countries.</li> <li>• Working group and mechanisms/ processes in place – All requests go through Ministry of Foreign Affairs and Trade.</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>
<ul style="list-style-type: none"> <li>• NCB monitors its public information strategic plan and evaluates effectiveness of programmes. Indicators for impact of civic awareness have been developed by the Research and Development Unit</li> <li>• NCB uses a balance scorecard to measure progress on a periodic basis</li> <li>• Support is provided to NGOs, religious organizations and community-based organizations who engage in activities for drug abuse prevention and budgetary allocations are made by various agencies. Cooperation with civil society takes place and joint campaigns takes place regularly.</li> <li>• NCB encourages involvement of the private sector and has set up guideless for drug abuse awareness in terms of funding and human resource development</li> <li>• Media organizations assist NCB in disseminating information on drug control</li> <li>• A working group on prevention has been established and NCB has a MOU with the Department of School for the implementation of in-school prevention. This supported by training for teachers and materials for lessons</li> <li>• While no official evaluation of the school-based programmes have been conducted, the programme is found to be adequate</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures for treatment are tested and in use. They have been distributed to all relevant organizations. An inventory of existing services is available completed as well as assessment of treatment provided.</li> <li>• Ministry of Home Affairs is responsible for treatment in custodial settings and a strategy is in place for expanding services to these locations. Programmes have been initiated in prisons and plan underway to expand coverage.</li> <li>• A voluntary trial referral programme is in operation as a result of a court order. An assessment has been completed and is revised regularly.</li> <li>• NCB and Youth Development Centre helps people coming out of treatment find jobs and provides them with vocational training to support their integration.</li> <li>• Assessment of training needs has been completed and training procedures included in the 2006-2015 action plan. Standardised procedures exist, resulting in virtually complete coverage of individuals undergoing treatment. A centralized system is in place to track and analyze data from treatment facilities.</li> </ul>

## 3.1.2 Cambodia

## Summary of National Plan

In 1995 the Cambodian Government established the National Authority for Combating Drugs (NACD), intended to make decisions on drug control policy and to supervise and coordinate the Government's anti-narcotics efforts. An NACD Secretariat was created in 1997 and further strengthened in 1999, via the creation of a more direct link with law enforcement agencies, and following increased capacity to exercise leadership in all aspects of drug control. For more information see Annex 1 B.

## Specific responses and continuing challenges

## Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• Drug control training integrated into national training curriculum.</li> <li>• No analysis completed on the impact of training.</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies based on reports from Ministry of Industry, Mines and Energy, Ministry of Health and Council Development.</li> <li>• Ministry of Health issued guidelines for precursor control; some training has been provided.</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Liaison officers abroad not in place due to budgetary and personnel limitations. Difficulties include language, communications and regulatory restrictions.</li> <li>• BLOs established and more staff will be assigned to locations. Plans</li> </ul>

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
	<ul style="list-style-type: none"> <li>• Precursor backtracking procedures under development</li> <li>• Procedures for Operation Prism and Operation Topaz are in place but lack sufficient resources.</li> <li>• Government has participated in cross-border efforts against illicit activities.</li> <li>• Legislation needs considerable upgrading and some authorities are not familiar with precursor control issues.</li> </ul>	<p>are in place to establish additional BLOs with Thailand.</p> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• Legal basis in place for participating in joint operations with other countries but no specific authority identified.</li> <li>• No designated offices for MLA arrangements due to lack of legal basis, resources and implementing organizations.</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• The national Civic Awareness Strategy is carried out through various organizations and the mass media.</li> <li>• There is some NGO involvement but more is required. There is no database on NGOs and their activities in the country. Limited support is provided to NGOs mainly through publications. Cooperation takes place at a national level.</li> <li>• No assessment of the effectiveness of prevention programmes carried out.</li> <li>• There is little or no cooperation with the private sector and no data on workplace programmes.</li> <li>• The media involved in large public events such as UN Day Against Drugs.</li> <li>• Working group on prevention in place and a set of guiding principles being developed and instruction materials being drafted.</li> <li>• Between 25-50% of students received life-skills education or other prevention education. Life-skills is both core curricular and extra-curricular.</li> <li>• A plan for ATS policies being drafted with the involvement of multiple stakeholders based on an analysis undertaken in 2006.</li> </ul>	<ul style="list-style-type: none"> <li>• A set of assessment procedures are being tested and have yet to be distributed. A trial programme is under development.</li> <li>• An inventory of treatment availability has been completed as well as a country-wide assessment which identified aftercare as priority area. NGOs provide most of the available aftercare.</li> <li>• An assessment has been completed on treatment in custodial settings. No programmes in prisons have been initiated but a plan is under development.</li> </ul>	<ul style="list-style-type: none"> <li>• Information is provided as well as guidance materials for government and NGO staff. Efforts in place to provide information for IDUs.</li> <li>• Teacher training programmes include HIV/AIDS information.</li> <li>• Public statements against discrimination made with participation from recovering drug users.</li> <li>• Review of practices and legislation completed and legal changes to improve accessibility of drug dependent people to receive care under consideration.</li> <li>• Legal provisions permit access to voluntary treatment programmes as an alternative to punishment.</li> <li>• Some support for various methodologies for HIV/AIDS infection prevention mainly implemented by NGOs.</li> <li>• Estimate shows that less than 25 percent of IDUs have access to treatment services.</li> </ul>

## Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	HIV/AIDS Asia Regional Programme (HAARP)	National coverage to be determined Regional and national organizations and NGOs	Total budget US\$51.6 m – country specific budget not yet determined 2007-2015
CARE	No direct demand reduction projects. Raises awareness about STDs and HIV that includes component of risks associated with injecting drug use	NA	NA
Family Health International	Project for HIV strategic technical assistance (PRASIT) – inter alia, work with governments and NGOs to implement programmes to reduce HIV transmission through drug use; follow on project for Implementing AIDS Prevention and Care (IMPACT)	PRASIT coverage to be determined – IMPACT covered 24 provinces Ministry of Health	Funding not finalized 2008-2010 IMPACT, 1998-2007
UNESCAP	Strengthening life skills for positive youth health behaviour	Government youth and health agencies, research institutions, NGOs	US\$280,000 2004-2009
UNICEF (WHO)	Korsang project – UNICEF and WHO is supporting an NGO in delivering risk reduction education, case management and health related services to IDUs, sex workers and incarcerated persons	Phnom Penh National Aids Authority, National Authority for Combating Drugs	Approx. US\$ 250,000-300,000 2004 – ongoing
USAID	President's Emergency Plan for AIDS Relief (PEPFAR) – See regional section	Regional organizations and NGOs, inc. FHI	US\$19.3 m annually 2003 – ongoing
WHO	Building comprehensive harm reduction services for IDU's in Cambodia, the Lao PDR and Viet Nam: Towards universal access to HIV/AIDS prevention, treatment and care	National coverage to be determined Ministry of Health	Total budget US\$2.3 m – country specific budget not ascertained Planned 2007-2008
World Vision	No specific drug demand reduction project. Small scale drug awareness sessions within youth clubs in 38 Area Development Programmes	NA	NA

## 3.1.3 Indonesia

## Summary of National Plan

The National Narcotics Board (NNB) of Indonesia is the focal point for drug prevention and control in Indonesia. NNB, BNN (Badan Narkotika Nasional) in Bahasa Indonesia, assists the government in formulating and implementing policies related to demand reduction and supply reduction both nationally and regionally. This is done on coordinating activities of relevant government agencies, including Task Forces, to bring about preventive and control measures. NNB is under the command of, and directly responsible to, the President of the Republic of Indonesia. For more information see Annex 1 C.

## Specific responses and continuing challenges

### Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>	<i>Alternative Development</i>
<ul style="list-style-type: none"> <li>• Drug control training is integrated in the national training curriculum and NNB also provides training</li> <li>• Training has been provided via multilateral and bilateral projects and programmes</li> <li>• No assessment of the impact of training was reported</li> </ul>	<ul style="list-style-type: none"> <li>• Training has been provided to several law enforcement and regulatory agencies</li> <li>• New narcotics legislation will include provision for precursor control. The legislation will be presented to Parliament and currently there are regulations on precursors</li> </ul>	<ul style="list-style-type: none"> <li>• There is law enforcement cooperation with other regional counterparts including operations with international partners</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts to eradicate cannabis cultivation continue</li> <li>• Mae Fah Luang Foundation from Thailand has a project related to alternative development for Indonesia</li> </ul>

### Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• Indicators for the effectiveness of public communications campaigns under development.</li> <li>• Local capacity to develop and monitor communications campaigns limited.</li> <li>• NGOs involved in campaign execution and some support provided to active NGOs. Cooperation achieved with religious organizations at both national and provincial levels.</li> <li>• Programmes with workplaces initiated with some cooperation in the implementation of activities. Guidelines for activities in the workplace are available.</li> <li>• Media involved in developing and evaluating prevention campaigns.</li> <li>• Guiding principles for effective prevention under preparation including supporting materials available.</li> <li>• Estimated percentage of students who receive life-skills education between 50%-70%.</li> <li>• An inventory of NGOs active in prevention underway A focal point established but no budgetary allocations assigned to NGOs.</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures and training materials under development.</li> <li>• Trial referral programme under development.</li> <li>• A trial treatment programme carried out in the capital city.</li> <li>• Inventory and identification of programmes in preliminary stage.</li> <li>• A special task force monitors prison services and programmes in progress. Plan for expansion of services under development.</li> <li>• Data from treatment facilities centralized for analysis and monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts made by NGOs in Bali and Jakarta to offer information for IDUs.</li> <li>• Public statements against discrimination made with participation from recovering drug users.</li> <li>• Review of practices and legislation that limit access to services completed and legal changes under consideration.</li> <li>• Legal provisions permit access to voluntary treatment programmes and for treatment as an alternative to punishment.</li> <li>• Some support for various methodologies for HIV/AIDS infection prevention but not for needle exchange.</li> <li>• Limited voluntary testing available including in the workplace.</li> <li>• Assessment underway for custodial settings and some techniques under reviewed.</li> </ul>



## Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	The Australia–Indonesia Partnership for HIV 2008-2015 – inter alia, support to strengthen the Government of Indonesia in mitigating the contraction of HIV in prisons and through IDU	National AIDS Commission (KPA); Ministry of Health (DepKes); Ministry of Justice and Human Rights (DepHukHam); National Development Planning Agency (Bappenas)	Up to US\$89 m 2007-2015
Family Health International	No specific drug demand reduction project. Aksi Stop AIDS (ASA) project – includes efforts towards reducing IDU	8 provinces	2005-2008
UNICEF	No specific drug demand reduction activity. Maintains a broad approach supporting child protection and education. Address demand reduction as a component of HIV/AIDS prevention among young people and training on life skill education		
USAID	Fund FHI and World Vision initiatives		
World Vision	No specific drug demand reduction activity. Small drug education component and promotion of alternative activities such as sport under the “Area Development Programme” in 20 locations. Information on IDU/HIV for high-risk groups in several projects across the country	Nationwide	

**3.1.4 Lao PDR**

## Summary of National Plan

The National Commission for Drug Control and Supervision (LCDC) was established in 1990 to coordinate national drug control activities, and, as such, to be the main responsible agency in drug demand reduction, law enforcement, community participation mobilization, drug rehabilitation, and fund raising. The Central Committee for Drug Control, established by the Lao President in 2001, guides the LCDC and other local organizations in drug demand reduction and law enforcement, including the mobilization of community participation and raising of funds to support drug rehabilitation. Provincial Drug Control Committees (PDCCs) were established with the aim of strengthening drug control administration at the provincial level. For more information see Annex 1 D.



## Specific responses and continuing challenges

### Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>	<i>Alternative Development</i>
<ul style="list-style-type: none"> <li>• Training has been provided via multilateral and bilateral projects</li> </ul>	<ul style="list-style-type: none"> <li>• No legislation is in place but there are some regulations through the Drug and Food Department of Ministry of Public Security</li> <li>• Training has been provided via multilateral and bilateral projects</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• The Government expanding bilateral, trilateral and multilateral cooperation on drug control with its neighbouring countries and other countries in the region.</li> <li>• Border Liaison Offices (BLOs) have been established with all neighbouring countries.</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• No reports exist on MLA.</li> </ul>	<ul style="list-style-type: none"> <li>• The 1,100 Villages strategy provides assistance to 416,000 affected inhabitants who are at risk of opium poppy cultivation.</li> <li>• In 2005 surveys included standard techniques and an added socio-economic study of farmers to be used in the “Balanced Approach to Opium Elimination in the Lao PDR” programme.</li> <li>• Various international organizations have projects related to alternative development.</li> </ul>

### Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• A team conducted an assessment of the problems caused by ATS in the southern provinces, to provide some guidelines for an action plan.</li> <li>• A series of TV, Radio and printed publications on primary prevention related to ATS awareness were developed.</li> <li>• Life-skills curriculum has been developed including information on prevention and HIV/AIDS.</li> <li>• Efforts are being made to expand coverage and utilize monitoring to assess results.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Control Unit of Health Ministry develops expertise in treatment, rehabilitation and social reintegration.</li> </ul>	<ul style="list-style-type: none"> <li>• The Government in collaboration with multilateral partners is conducting a survey on drug abuse and HIV/AIDS in 3 provinces. The plan of action for drug abuse and HIV/AIDS will be developed based on findings of the survey.</li> </ul>

### Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	HIV/AIDS Asia Regional Programme (HAARP)	National coverage to be determined Regional and national organizations and NGOs	Total budget US\$51.6 m – country specific budget not yet determined 2007-2015

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
UNESCAP	Reducing drug use and delinquency among youth in the Greater Mekong Sub-region (Phase III): Health systems development and policy reform project	Local NGOs	Total budget US\$450,000 – country specific budget not ascertained 2007-2009
UNICEF	No specific drug demand reduction activity. Maintains a broad approach supporting child protection and education, which includes support for street children abusing drugs and support for parents in treatment/detention centres	Ministry of Education	NA
WHO	Building comprehensive harm reduction services for IDU's in Cambodia, the Lao PDR and Viet Nam: Towards universal access to HIV/AIDS prevention, treatment and care	National coverage to be determined Ministry of Health	Total budget US\$2.3 million – country specific budget not ascertained. Planned 2007-2008

### 3.1.5 Malaysia

#### Summary of National Plan

By the approval of the Malaysian Cabinet, the National Anti-Drugs Agency (NADA) was established in 1996. NADA is responsible to the Cabinet Committee of the Eradication of Drugs and acts as its Secretariat. The mission of NADA is to combat the drug menace in order to facilitate a Malaysian society free from drugs. In doing so, NADA is responsible for all aspects relating to the efforts needed in combating the drug problem. For more information see Annex 1 E.

#### Specific responses and continuing challenges

##### Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• Interagency work group in place (12 agencies) covering all aspects of training needs – training provided by individual agencies based on analysis</li> <li>• Training for drug control is integrated into national training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Code of Conduct adopted, guidelines distributed and training and materials available</li> <li>• Initiated and provided assistance to other countries in backtracking investigations</li> <li>• Precursor related legislation is largely adequate with some minor weaknesses</li> <li>• Training plan completed and included in national training plan. Analysis of the impact of training carried out on an agency-by-agency basis</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Liaison officers abroad not in place due to budgetary restrictions</li> <li>• No legal basis for participating in controlled deliveries with other countries but such actions are coordinated by Royal Malaysian Customs</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• Attorney General's Chambers and Royal Malaysian Police manages request for MLA</li> <li>• Ratified treaties with Brunei Darussalam, Singapore and Viet Nam</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• Working group on Prevention Education is in place and set of guiding principles have been adopted and distributed. Materials are available and they have been distributed to stakeholders</li> <li>• Analysis of the effectiveness of the programmes has been completed and found to be adequate</li> <li>• An inventory of NGOs and community-based organizations has been completed. NGOs offer a wide variety</li> <li>• Working group in place and MOU has been signed with large companies for the provision of workplace programmes of services related to drug control.</li> <li>• Government agencies and ministries have NGO liaisons and provide budgetary allotments as well as training to NGOs personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• An analysis on ATS treatment is being carried out with implications to how it will be provided on treatment centres. A plan is underway with multiple agencies sharing the responsibility for implementation and the expansion of services</li> <li>• A set of procedures has been tested and used with wide distribution to stakeholders who provide treatment and rehabilitation. Trial referral programme is in operational in Sabah</li> <li>• An inventory of NGOs that provide treatment and aftercare has been completed and is updated with ongoing reviews. Financial resources have identified from both government and NGOs.</li> <li>• An assessment on aftercare has been completed and the current assessment is focused on increasing capacity/training. Modules is being developed which are specific to ATS</li> <li>• A cabinet sub-committee has been established to address treatment in prisons and a programme has been initiated and plan for expansion is in development.</li> <li>• Standardized procedure in place and distributed with plan for expansion – including computer-based documentation which will be upgraded.</li> <li>• A central data system for the tracking of treatment and reintegration covers 50-75% of affected groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention information on HIV is provided by the Ministry of Health and information for IDUs is provided by NGOs and community-based organizations.</li> <li>• A survey has been completed and information for educators covering HIV transmission is in the teacher training programme</li> <li>• Public statements against discrimination have been made and recovering drug users have been participants, this done primarily by Malaysian AIDS Council and the support of the media.</li> <li>• Review of practices and legislation that limit access to treatment has been completed and procedures have been changed</li> <li>• Legal provisions permit access to voluntary treatment programmes and for treatment as an alternative to punishment</li> <li>• There is support for various methodologies for HIV/AIDS infection prevention</li> <li>• An estimate on IDU access to services has been completed – this has showed coverage between 50%-70% for affected populations.</li> <li>• Assessments pending on providing services in custodial settings and HIV prevention initiatives in custodial settings are under review</li> </ul>

### 3.1.6 Myanmar

#### Summary of National Plan

The Government of Myanmar has designated complete drug elimination as a national priority, and to this end established the Central Committee for Drug Abuse Control (CCDAC) in 1975. The CCDAC functions at state, division, as well as township levels, as the body responsible for coordination and implementation of all efforts related to illicit drugs control in Myanmar. For more information see Annex 1 F.

## Specific responses and continuing challenges

## Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>	<i>Alternative Development</i>
<ul style="list-style-type: none"> <li>• CCDAC member of working group</li> <li>• Relevant training in integrated into national training and the Analysis of the impact of training underway</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Code of Conduct adopted, guidelines distributed and training and materials available</li> <li>• Working group in place with multiple agencies</li> <li>• Procedures are in development for backtracking but there some communication difficulties with other countries</li> <li>• Procedures in place for Operation Topaz and resources generally adequate</li> <li>• Used Pre-Notification System with Singapore, Malaysia, Thailand and China</li> <li>• Legislation related to precursor control needs considerable upgrading</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• BLOs established in multiple locations</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• MLA cooperation managed by the Office of the Transnational Organized Crime</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts to eradicate opium poppy cultivation continue but these are challenged by the reported increase in cultivation in the 2007 opium survey</li> <li>• Farmers have various coping strategies including alternative crops and other modalities to shift their livelihoods</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• The prevention of ATS is included in the national campaign plan and public information is distributed by various government organizations</li> <li>• There is only limited involvement of NGOs in prevention activities at the provincial level</li> <li>• National guideless developed for public information on drugs are developed by each relevant Ministry</li> <li>• A government and private sector working group established to develop procedures on workplace programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures for treatment have been tested and in use but not circulated or accompanied by training materials</li> <li>• A trial referral programme is under development with plans to expand to priority areas</li> <li>• Inventory and assessment of treatment services underway and focal points for aftercare have been assigned depending on region and where training is available</li> <li>• Medial staff in prisons are the focal point for treatment in custodial settings but no specific agency has been assigned for overall implementation of programme</li> </ul>	<ul style="list-style-type: none"> <li>• Information is provided as well as guidance materials for government and NGO personnel</li> <li>• Efforts to provide information for IDUs also take place</li> <li>• A review of school curricula has been carried out and a survey of student knowledge on IDU transmission of HIV is being prepared</li> <li>• Teacher training manuals include HIV/AIDS information</li> <li>• Public statements against discrimination have been made and recovering drug users have been participants in such efforts</li> </ul>

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• A working group in place and set of guiding principles adopted and distributed for prevention activities. Creation of materials to support the guiding principles is underway</li> <li>• Inventory and assessment of NGOs active in drug control is underway but there is no budgetary support</li> </ul>	<ul style="list-style-type: none"> <li>• No trial treatment programmes in prison have been initiated but plans are under development</li> </ul>	<ul style="list-style-type: none"> <li>• Legal provisions permit access to voluntary treatment programmes but not to treatment as an alternative to criminal charges</li> <li>• Some support for various methodologies for HIV/AIDS infection prevention – activities in this area are mainly implemented by NGOs</li> </ul>

#### Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	HIV/AIDS Asia Regional Programme (HAARP)	National coverage to be determined Regional and national organizations and NGOs	Total budget US\$51.6 m – country specific budget not yet determined 2007-2015
	Asia Regional HIV/AIDS Project (ARHP) [closed]		US\$15 million 2002-2007
UNICEF	School-Based Healthy Living and HIV/AIDS Prevention Education Programme (SHAPE) – focuses on a range of health and social issues relevant to children and young people, including HIV/AIDS, hygiene, alcohol and drugs. SHAPE Plus – extension of project targeting out-of-school youth	Included in the national curriculum in Myanmar, reaching 1.9 million children in 14,000 schools Ministry of Education	1998 – ongoing
USAID	USAID supports Médecins du Monde who target IDUs; providing training for health personnel on prevention and drug treatment issues; outreach to families for HIV prevention and drug abuse education; counseling support for IDUs	Kachin State	NA

### 3.1.7 Philippines

#### Summary of National Plan

Established under the *Republic Act No. 6425*, which is also known as the *Dangerous Drugs Act of 1972*, the Dangerous Drugs Board (DDB) of the Philippines was set up to facilitate the pursuit of the goal of a drug-free and prosperous Philippines by eradicating the supply and demand for dangerous drugs and precursor chemicals. The multi-disciplinary DDB has 17 members, of which three are permanent, and is lead by a Chairman (Secretary) appointed by the President of the Philippines from among the three Permanent Members. For more information see Annex 1 G.

## Specific responses and continuing challenges

## Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• Interagency work group in place (17 agencies) covering all aspects of training needs</li> <li>• Analysis of impact of training to be initiated</li> <li>• Drug control training is integrated into national training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies is under development and no working group in place</li> <li>• Code of Conduct adopted, guidelines distributed and training and materials available</li> <li>• Reviews carried out routinely</li> <li>• Procedures for backtracking are under development</li> <li>• For Operation Topaz procedures in place but there is lack resources and communication problems exist</li> <li>• Precursor legislation largely adequate but some minor weaknesses</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Liaison officers abroad not in place due to budgetary limitations but cooperation is acceptable</li> <li>• Legal basis in place for participating in controlled deliveries with other countries</li> <li>• The maritime coordinating centre addresses drug trafficking in addition to Philippine Coast Guard, Navy and Philippine National Police Maritime Group</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• MLA requests are handled by DDB, Department of Justice, Department of Foreign Affairs and Anti Money Laundering Council</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• A national plan for public awareness programme is in place with a focus on ATS. There are difficulties in the development of impact indicators.</li> <li>• There is limited involvement of private media in planning stages of public awareness. Government media is the primary vehicle for communications</li> <li>• At national level there is high degree of involvement with NGOs and some funds and training opportunities are provided</li> <li>• Private sector is involved in the implementation of workplace programme through the Department of Labour and Employment</li> <li>• Updated Guidelines and procedures for workplace programmes under development through a joint working group</li> <li>• A set of guiding principles for prevention has been adopted and distributed. Materials are available but training to be developed</li> </ul>	<ul style="list-style-type: none"> <li>• A set of procedures tested and used with distribution to stakeholders but no training materials have been developed.</li> <li>• A trial referral programme is operational in Manila and Davao</li> <li>• An inventory of treatment services has been completed and updated with ongoing reviews and strategies are in place to expand and enhance treatment capacity</li> <li>• Inventory of aftercare provision is at preliminary stage and resources from the government need to be identified</li> <li>• An agency for supervision of treatment in custodial setting has been assigned and a joint task force has been established. A prisons programmes have been initiated and plan for expansion being developed</li> <li>• A plan for the development and expansion of centralized tracking data system for treatment and rehabilitation is under development</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts to provide information are underway and some materials prepared. Information for IDUs is provided by NGOs and universities</li> <li>• National curricula had been reviewed and the Department of Education has a school-based AIDS education project</li> <li>• A preliminary survey of effectiveness of communication strategies has been completed but there is a need to create measurement tools</li> <li>• Recovering drug dependent persons have been participants in messages to general public</li> <li>• Legal provision against discrimination exist</li> <li>• Legal provisions that permit access to voluntary treatment or treatment as an alternative to punishment are pending</li> <li>• Some support for various methodologies for HIV/AIDS transmission prevention mainly implemented by NGOs</li> </ul>

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• An analysis of the national prevention programme was completed and existing programme was found to be adequate</li> <li>• Over 75% of students received life-skills education and a training programme for teachers is in place which covers 75% of the teacher workforce</li> <li>• The 2004 Household Survey has been used to update the national plan and multiple agencies are taking part in implementation</li> <li>• A joint working group with NGOs has been established – most agencies and ministries have NGO liaisons and some provide budgetary allotments</li> <li>• An inventory of NGOs and community based organization is underway and an assessment of training needs is pending</li> </ul>		

#### Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	HIV/AIDS Asia Regional Programme (HAARP)	National coverage to be determined Regional organizations and NGOs	Total budget US\$51.6 m – country specific budget not yet determined 2007-2015
	Philippine Country Programme Strategy (CPS) for 2007-2011. Economic Growth, Basic Education and National Stability and Human Security through the “Health and population” component with initiatives for HIV/AIDS prevention for injecting drug users.	NA	NA
UNESCAP	Project – Strengthening life skills for positive youth health behaviour	Government youth and health agencies, research institutions, NGOs and youth groups	2004 – est. 2009 US\$280,000

### 3.1.8 Singapore

#### Summary of National Plan

In response to the worsening drug situation in Singapore, the Central Narcotics Bureau (CNB) was formed in 1971. CNB is intended to be the primary drug law enforcement agency in the fight against drugs and, as such, is responsible for coordinating all matters pertaining to drug eradication and efforts of making Singapore drug-free. CNB has also undertaken the responsibility of supervising drug abusers after their release from drug rehabilitation centres. For more information see Annex 1 H.



## Specific responses and continuing challenges

## Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• The Home Team Academy develops training across departments – CNB is in charge of the development of officers</li> <li>• CNB undertakes regular training analysis and training initiatives integrated into national curriculum</li> <li>• CNB's Training Unit monitors status of officers' training</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Code of Conduct adopted, guidelines distributed and training for multiple agencies and materials available</li> <li>• Procedures for backtracking investigations in place and considered adequate</li> <li>• Full adherence to Project Cohesion and when required, notifications are sent to other countries</li> <li>• Precursor control legislation and compliance mechanism deemed fully adequate</li> <li>• CNB provides training based on analysis of needs</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Network of foreign drug liaison officers exists – the need for liaison officer placed overseas is not seen as critical</li> <li>• CNB is the focal point for cooperation</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• Singapore has ratified the ASEAN Treaty on Mutual Legal Assistance in Criminal Matters (MLAT) and the authority is with Attorney-General's Chambers</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>
<ul style="list-style-type: none"> <li>• Public communication campaigns and strategy in place with indicators established and tested, this includes ATS information as well as prevention of HIV.</li> <li>• There is significant NGO involvement and support, including budgetary allocations, is provided.</li> <li>• Private and civic organizations are involved and support is provided with for information and training for employees and their families within a workplace setting</li> <li>• Media is involved in planning and execution of prevention efforts</li> <li>• Benchmarks and key performance indicators are used to assess impact and effectiveness of ATS prevention programmes and annual and half-yearly reports are prepared to monitor trends</li> <li>• Analysis of prevention programmes was completed and existing programme found to be adequate</li> <li>• Training programme for teachers are in place over 70% of teachers has capacity to provide life-skills training.</li> </ul>	<ul style="list-style-type: none"> <li>• An analysis on treatment was completed in 2005 resulting in the drafting of plan with multiple agencies sharing the responsibility for implementation</li> <li>• CNB maintains a register of all persons known to have used drugs. Under new rehabilitation regime, treatment is tailored to individual needs</li> <li>• Referral programme operational – young users who are not prosecuted are given counselling</li> <li>• Inventory of treatment centres is completed and periodically updated and CNB and other agencies and ministries review existing strategies</li> <li>• The Singapore Prison Service provides treatment and rehab and prisons programmes have been initiated and continued as required</li> <li>• Working group for rehabilitated persons refers individuals to job placement opportunities</li> </ul>



### 3.1.9 Thailand

#### Summary of National Plan

The Office of the Narcotics Control Board (ONCB) was established in 1976 as an independent department under the Office of the Prime Minister. ONCB was set up to act as the central national coordinating agency for the prevention and suppression of illicit drugs and is responsible for carrying out all activities in accordance with resolutions of the Narcotics Control Board (NCB). Since a reorganization of Ministries and Departments in 2002, the ONCB was officially affiliated under the Ministry of Justice as an independent body, accountable to the Minister of Justice. For more information see Annex 1 I.

#### Specific responses and continuing challenges

#### Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>	<i>Alternative Development</i>
<ul style="list-style-type: none"> <li>• Interagency work group in place (12 agencies) covering all aspects of training needs based on analysis</li> <li>• Training initiatives are not reports as included in the national training programme</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Code of Conduct and Guidelines in preliminary stage of development and guidance materials or training provided currently are not currently available</li> <li>• Backtracking investigations procedures are in place but communication problems persist</li> <li>• Initiated and provided assistance to other countries in backtracking investigations</li> <li>• Precursor control legislation is considered fully adequate</li> <li>• Analysis and training plan for precursor control is in planning stage and currently identifying resources</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Two Liaison officers abroad – still limited due to budgetary and personnel limitations</li> <li>• BLOs established and training provide as well as provision of equipment and plans are in place to establish additional BLOs with Lao PDR</li> <li>• Legal basis in place for participating in controlled deliveries with other countries</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• The Government has MLA agreement with China. Other MLA agreements done through ASEAN cooperation framework and the competent authority is the Office of the Prosecutor</li> </ul>	<ul style="list-style-type: none"> <li>• The Government continues to support the total eradication of opium poppy cultivation and systems are in place to integrate farmers and their communities into licit livelihoods</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• Public communications strategy in place which is reviewed regularly and indicators for effectiveness are being established and used</li> <li>• Media is involved in the planning and execution of public communication campaigns</li> <li>• There is extensive involvement of NGOs at national and provincial levels and funding and other kinds of support are provided to NGOs</li> <li>• Capable institutions such as universities are engaged in evaluations on the effectiveness of prevention and communications efforts</li> <li>• There is considerable involvement of the private sector for workplace programmes or for public awareness campaigns</li> <li>• An analysis of the effectiveness of prevention is completed and existing programme found to be adequate</li> <li>• Over 75% of students received life-skills education and training programme for teachers are in place with over 75% of teachers having this capacity with the support of instructional materials</li> <li>• Inventory of NGOs and community based organizations has been completed – some budgetary allotments</li> </ul>	<ul style="list-style-type: none"> <li>• Set of procedures tested and used with wide distribution to stakeholders.</li> <li>• Trial referral programme is operational with the Ministry of Public Health via a patient transfer system</li> <li>• Inventory of treatment centres completed and updated with ongoing reviews. Trial treatment programmes have been established in priority areas</li> <li>• Strategies are in place to expand and enhance treatment capacity</li> <li>• Inventory of aftercare needs completed for priority areas and focal point provides guidelines and materials to monitor aftercare. Resources have identified from government, NGOs and external sources</li> <li>• Treatment for person in custody under the Department of Corrections and Department of Youth Observation and Protection</li> <li>• Treatment provision covered by procedures and central data system covers up to 50-75% of affected populations.</li> <li>• Central data on treatment is compiled by ONCB and Department of Health Service Support</li> </ul>	<ul style="list-style-type: none"> <li>• Information on the prevention of HIV/AIDS is provided by NGOs</li> <li>• National school curricula has been reviewed and teacher training includes relevant information</li> <li>• Public statements against discrimination have been made and recovering drug users have been participants</li> <li>• Review of practices and legislation has been completed and legal changes are being considered to improve accessibility to treatment</li> <li>• Legal provisions permit access to voluntary treatment programmes and for treatment as an alternative to punishment</li> <li>• Some support for various methodologies for HIV/AIDS infection prevention</li> </ul>

### Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
USAID	No specific drug demand reduction activity, but supports HIV reduction programmes, which contain outreach element of most at risk populations, including IDUs.		
CARE	Maintains two education and harm reduction centres, conduct outreach activities and education on HIV risk associated with IDU in collaboration with other NGOs and government agencies.	Ministry of Public Health	2005-2007, continue on smaller scale in 2008
Family Health International	Project HIV Prevention in Drug Users including Injecting Drug Users in Bangkok and Pathumthani – provides drop in centre for drug users and advocacy towards law enforcement on drug demand reduction and HIV	Bangkok and Pathumthani	US\$60,000 2007-2008
UNICEF	“Right to Know” Umbrella project – in collaboration with government agencies and NGOs developing appropriate communication approaches for HIV with vulnerable young people. Demand reduction addressed as a component of this project	North, Northeast and Southern Thailand Ministry of Public Health, Ministry of Education	2002-2007, planned future phase
UNESCAP	Reducing drug use and delinquency among youth in the Greater Mekong Sub-region (Phase III): Health systems development and policy reform project		Total budget US\$450,000 – country specific budget not ascertained 2007-2009
World Vision	Small drug education component and promotion of alternative activities such as sport under the “Area Development Programme”. Information on IDU/HIV for high risk groups.	80 Districts in Thailand	Approximately US\$15 million. Ongoing basis, with the target of activities being self sustaining in 10-15 years

### 3.1.10 Viet Nam

#### Summary of National Plan

What was formerly the Office of National Drug Control Committee was recently changed, as part of wide-ranging organizational re-arrangements, to the Standing Office for Drug Control (SODC). SODC, which is under the Ministry of Public Security (MPS), now forms the backbone of the national drug control and prevention strategy in cooperation with the National Committee for the Prevention and Control of AIDS, Drugs and Prostitution (NCADP). The NCADP, in turn, is the result of the decision by the prime minister, in 2000, to merge the Government Steering Committee for Social Evils, the National Drug Control Committee and National AIDS Committee. For more information see Annex 1 J.

## Specific responses and continuing challenges

## Supply Reduction

<i>National Capacity</i>	<i>Precursor Control</i>	<i>Regional Cooperation</i>
<ul style="list-style-type: none"> <li>• No interagency group exists for building capacity on drug control and analysis not yet started</li> <li>• Development of improved training plan still underway</li> <li>• Existing training programmes included in national plan</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of chemical industry and/or import companies available and updated</li> <li>• Working group under Division on Supervision of Law Enforcement and Precursor Control</li> <li>• Guidelines completed and distributed and training being planned</li> <li>• Precursor control legislation needs considerable upgrading</li> </ul>	<p>Cross Border Cooperation:</p> <ul style="list-style-type: none"> <li>• Liaison officers abroad not in place and difficulties in transnational cooperation include language, communications and restrictions</li> <li>• BLOs established and training provided to BLO personnel, plans are in place to establish additional BLOs</li> <li>• No legal basis for participating in controlled deliveries</li> </ul> <p>Mutual Legal Assistance:</p> <ul style="list-style-type: none"> <li>• No legal basis, existing structures or resources for MLAs</li> </ul>

## Demand Reduction

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• National public communication programme is part of National Plan with focus on provinces with attention given to ATS attention</li> <li>• Difficulties in developing monitoring systems. Some evaluation have been carried out for future campaigns</li> <li>• Limited NGO involvement in communication campaigns with some support provide for funding and limited training</li> <li>• The General Confederation of Labour has provided direct guideless for the implementation of programmes on information for parents and children</li> <li>• Media is involved in the planning and delivery of communication campaigns for nation-wide efforts</li> <li>• Working group on prevention is in place and a set of guiding principles have been distributed and instruction materials have been distributed</li> <li>• Effectiveness is monitored by Ministry of Culture and Information and programmes are delivered via multiple agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment procedures tested and distributed with training materials developed for specific practitioners</li> <li>• Trial referral programme is under development</li> <li>• Inventory of treatment centres has been completed and updated</li> <li>• Identification/inventory of aftercare services in priority areas has been completed and limited resources have been assigned to aftercare</li> <li>• Assessment underway for the provision of treatment in custodial settings. The Ministry of Labour, Invalids and Social Affairs are the focal points</li> <li>• Programmes in prisons are pending but plan is under development</li> <li>• Standardized procedures for tracking treatment and rehabilitation are in place and plan being developed for expansion coverage of a central data system for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Information and guidance provided for government and NGO via an AIDS-specific agency under Ministry of Health</li> <li>• Efforts to provide information for IDUs also take place but difficult to monitor</li> <li>• Review of school curricula underway and various surveys of student knowledge have been completed. Teacher training programmes include HIV/AIDS information</li> <li>• Public statements against discrimination have been made and recovering drug users have been participants in such efforts</li> <li>• Review of practices and legislation has been completed and legal instituted to facilitate access to treatment</li> <li>• Legal provisions permitting access to voluntary treatment and for treatment as an alternatives to criminal chargers are pending</li> <li>• Some support for various methodologies for HIV/AIDS transmission prevention implemented by NGOs and legal</li> </ul>

<i>Prevention and Education</i>	<i>Treatment and Rehabilitation</i>	<i>Addressing HIV/AIDS</i>
<ul style="list-style-type: none"> <li>• Plan for ATS policies waiting for analysis with ATS prevention focus is on large cities</li> <li>• Benchmarks are being developed in the context of the national action plan</li> <li>• NGOs (mass organizations) working group has been established and an inventory and assessment of NGO activities pending</li> </ul>		<p>authority – at present focus is on drug prevention</p> <ul style="list-style-type: none"> <li>• Review under consideration for the provision of treatment in custodial settings. Training materials being developed – what exists has been created by NGOs</li> </ul>

#### Demand Reduction projects and programmes by international organizations

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
AusAID	HIV/AIDS Asia Regional Programme (HAARP)	National coverage to be determined Regional organizations and NGOs	Total budget US\$51.6 m – country specific budget not yet determined 2007-2015
	Asia Regional HIV/AIDS Project (ARHP) [closed] Implemented in Viet Nam by UNDP	Myanmar, Viet Nam and two regions of China	US\$15 million 2002-2007
	Under different programmes fund UNDP and UNODC drug demand reduction projects, as well as HIV/AIDS prevention activities by CARE Australia and the Australian Red Cross and several projects through the STD/HIV/AIDS Centre (SHAPC)	NA	NA
Family Health International	Harm reduction activities, including drop in centre, counseling and pilot methadone project. Outreach activities for drug abusers and their families. 1998-2004 part of IMPACT, 2004-2008 funded through PEPFAR	Five provinces Ho Chi Minh city, Can Tho, An Giang, Hai Phong, and Quang Ninh, planned expansion of 2 provinces by end 2007. Viet Nam Administration for HIV/AIDS Prevention and Control, Provincial health centres and District preventative medicine centres	1998-2008

<i>Organization</i>	<i>Project/Activity</i>	<i>Coverage and Key Partner</i>	<i>Budget and Duration</i>
UNDP	Community-based Awareness Raising and Behavioural Change for Vietnamese Youth Project [closed] – build capacity for the Viet Nam Youth Union (VYU) to implement HIV/AIDS education and awareness activities, targeting young people practicing high risk behaviour	Five Provinces; Ha Tinh, Son La, Can Tho, Hau Giang and Tay Ninh. Ministry of Labour, Invalids and Social Affairs (MOLISA), Department of Social Evil Prevention	US\$860,000 2001-2004
UNESCAP	Reducing drug use and delinquency among youth in the Greater Mekong Sub-region (Phase III): Health systems development and policy reform project		Total budget US\$450,000 – country specific budget not ascertained 2007-2009
UNICEF	Drug information component in the <i>Healthy living and life skills project</i> implemented by Ministry of Education with support from UNICEF in schools as extra curricular activity for ages 10-14	Ministry of Education	2006-2010
USAID	See regional section President's Emergency Plan for AIDS Relief (PEPFAR) Viet Nam became a PEPFAR focus country in June 2004	Ministry of Health/ FHI	FY 2004-2006, US\$79 m FY 2007, US\$65.8 m 2003 – ongoing
WHO/SIDA	Proposed project – Building comprehensive harm reduction services for IDUs in Cambodia, the Lao PDR and Viet Nam: Towards universal access to HIV/AIDS prevention, treatment and care – build regional capacity in the health sector for the prevention and reduction of HIV related harm among IDUs. See regional section	National coverage to be determined Ministry of Health	Total budget US\$2.3 m – country specific budget not ascertained Planned 2007-2008

## **4. Response Gaps and Proposed Recommendations**

A review of available literature goes some way in presenting the status of the drug control situation and how the region is responding. The high volume of reports that exist and that are created by over a dozen national, regional and international organizations make the case for further action to address the threat from illicit drugs very strong indeed. Many texts, in addition to identifying problems, also present recommendations for action. While quantitative data is not always available or of good quality, for the majority of areas in drug control, most documents and reports agree on the need to scale up actions in both Supply Reduction and Demand Reduction across the region. While the individual circumstances of some ASEAN countries are very different from others and the ability to respond to the threat of illicit drugs varies significantly, in the context of achieving a *Drug-Free ASEAN*, there is wide agreement in all the reviewed reports and documents that the performance of the region requires improvement to meet the scope of the threat.

In addition to the reports that are produced annually, bi-annually or other wise, a number of high-level and working-level meetings have taken place since the commitment of a *Drug-Free ASEAN 2015* was introduced. The First ACCORD Congress in Bangkok October, 2000 and the Second ACCORD Congress in Beijing October, 2005 both highlighted the continued threat faced by the region and at both events the Ministers and Government officials all spoke to the unanimous political commitment towards greater cooperation on drug control. At the ACCORD Task Force meetings (four per year) and at the annual ASOD meetings (once a year) that have taken place since 2000 working-level and senior government officials and representatives from international organizations have agreed that targets set for the region have yet to be achieved. Non-governmental meetings such as those organized by IFNGO have highlighted the health and education aspects of drug control and have continually called upon governments to include them in nation-wide activities. At the project level, multilateral organizations (e.g. UNODC, Interpol, ESCAP, etc.) that organize events for specific aspects of drug control highlight the urgency of addressing some aspect of threat – be it treatment for prisoners, intelligence sharing amongst police or social development for disadvantaged communities. At the recent ATS Forum in Manila, August 2007, the representatives once again underlined the continued threat of ATS for youth.

In this report, the regional and country-by-country analysis identifies an overall rising trend in the abuse of drugs. While some countries have experienced decreases in 2006, the trend since 2000 has been one of increase in drug prevalence and even in countries that have seen an overall decrease in the past four years, the total number of drug dependant individuals as well as the estimated number of new users is worrisome. Some private estimates assume that for every reported case of drug use there are likely 10 unreported cases. In view of the findings in this report, the following gaps in responses have been identified for the ASEAN Region.

### **4.1 Supply Reduction**

While the list of response gaps and recommendations could certainly be expansive, this report will limit itself to only a few proposed recommendations. This will ensure, as much as possible, that attention by the region is focused on the areas of greatest importance for Supply Reduction.

#### **4.1.1 National Capacity**

##### **Key Gaps**

- Only some of the countries in ASEAN report training structures that address the most important aspects of drug control through law enforcement including intelligence gathering, interdiction techniques and criminal profiling. The capacity of law enforcement across the region varies significantly and this could be caused by a deficit of training structures that are adequately funded, delivered and monitored. Of equal concern is the fact that some training is provided without specific analysis on the needs of the target audiences.

- Law enforcement authorities often require more logistical and technical support to carry out their work efficiently. The challenge of communication capabilities, computers and other ‘tools of the trade’ make case management difficult. In addition, the lack of a common language often limits the ability to communicate effectively between countries.
- The low coverage and geographical spread of training also results in some officers receiving multiple training opportunities while others, who are often faced with trafficking situations regularly, do not benefit at all from training provided by national governments and bilateral donors.
- The inability of the judiciary to prosecute and convict drug traffickers is also highlighted as a gap in national capacity.

#### Key Recommendations

- 4.1.1.1 Establishment of a region-wide key capacities curriculum for law enforcement which would be supported by location-specific training. The objective of a region-wide curriculum is the harmonization of basic cooperation procedures across borders. Localized training is also required to better address national circumstances and legislation
- 4.1.1.2 Provide common language training (in some cases English is the de facto language of communication) to all relevant enforcement officers in key positions and locations by 2009 and initiate a cost-sharing scheme for mobile telephony with both the employer and employee sharing the costs. Identify computer collection and disposal programmes and find ways to import low cost desktops. For training initiate a cost sharing scheme for the certification in computer skills (Microsoft, or the Computers Drivers Licence).
- 4.1.1.3 Initiate a nationally facilitated but regionally supported programme to deliver key training to 50% of relevant law enforcement authorities by 2009 and to 100% by 2011.

#### **4.1.2 Precursor Control**

##### Key Gaps

- At least half of countries have partial inventories of industries and distributors of chemicals. In only a few cases has a code of conduct for the chemical industry been adopted and presented to all relevant public and private stakeholders.
- Law enforcement authorities often require more training and means to identify precursors accurately and to deal with seized substances appropriately. Specific training on precursors has not been integrated into all of the curricula of training academies in the ASEAN Region.
- Some countries have adopted operational frameworks from Project Prism but few report the use of notification modalities or other operational exchange of information. Backtracking of precursors or precursor equipment is done in only some limited situation. These points to a lack of communication modalities and protocols that are actually applied.
- In most cases legislation exists but is inadequate to deal with current levels of diversion and the adherence to procedures is evident in only a minority of countries.

##### Key Recommendations

- 4.1.2.1 Consolidate an inventory of chemical-related industries by 2009 and provide joint training to both industry managers and staff and enforcement officers. Identify private funds for the sponsorship of such an effort, if possible under the format of Corporate Social Responsibility (CRS).
- 4.1.2.2 National governments should support special initiatives under Project Prism and seek to contribute towards the standardization of precursor control methodologies for the ASEAN Region.



- 4.1.2.3 Collaborate with the customs authorities to integrate notification modalities into the free trade agreements and transport facilitation agreements under the ASEAN Single Window initiative.
- 4.1.2.4 Carry out a review of legislation and set a target date (2010) for the harmonization of the precursor legislation within the context of the UN conventions.

### **4.1.3 Regional Cooperation**

#### **Key Gaps**

- Formal liaison structures are limited due to personnel and funding limitations – in some cases the government may not consider posting liaison officers a priority. Also language, communications and policy restrictions limit cooperation among countries via the liaison format.
- National legislation often is an impediment to joint investigative operations as is the scarcity of qualified personnel and of cohesive structures.
- Most, but not all, countries report the existence of MLAs developed either bilaterally or through the ASEAN framework, however implementation is limited by lack of institutional capacity. Asset forfeiture legislation is in place in only some countries and this has an impact on the ability of law enforcement to appropriate assets.

#### **Key Recommendations**

- 4.1.3.1 Establish and adopt a regional mentorship programme for law enforcement officers. This should include joint training and working arrangements.
- 4.1.3.2 Review the legal limitations and identify current approaches that facilitate joint operation.
- 4.1.3.3 Initiate a project to facilitate the implementation of a regional MLA regime under the ASEAN MLA framework by 2009 within the context of bilateral agreements and national legislation.

The specific difficulties of dealing with cross border cooperation and the expected challenges brought by increased trade and transport across the region are addressed in last section of this report.

These recommendations should be discussed at the next ACCORD or ASOD meeting and a plan of action to implement these recommendations should be initiated within a year – 2008. The support of capable drug agencies in ASEAN and the active participation of bilateral agencies and multilateral organizations are both expected in order to implement these recommendations.

## **4.2 Demand Reduction**

In the area of Demand Reduction, the list of response gaps could be more expansive than that of Supply Reduction since the issues addressed are wider in scope including education, health, civil society, etc. Nevertheless, this report will limit itself to a few gaps and recommendations to ensure, as much as possible, that attention by the region is focused on the areas of greatest importance.

### **4.2.1 Prevention and Education**

#### **Key Gaps**

- Most countries have public awareness strategies with multiple media channels to reach a wide percentage of audiences but only half make use of monitoring and evaluation methods. This result in campaigns that do not maximize resources and may not reach intended audiences. Few countries report partnerships with academic institutions. In majority of cases local capacity is not available or identified.

- All countries cooperate to various levels with NGOs and Community-based Organizations (CBOs) and these organizations contribute significantly to national efforts. However, they are often not included in planning of policies or monitoring of outcomes. All countries engage religious organization or CBO particularly in community or grassroots efforts. Only half provide budgetary support to these organizations.
- Only half of countries can identify strategic plans and can clearly identify capacity in monitoring the effectiveness of programmes in school or for general society.
- Specialized education for high risk groups (broken families, drug dependent parents, etc.) is often not available. This results in primary prevention approaches being used for groups that due to their circumstances required specialized programmes.
- Most countries have life-skills education and activities in national curricula (either as core or as extra-curricular activities) and teachers receive training. As with other targets, monitoring of effectiveness is not widespread and assessments don't appear to have direct impact on implementation of activities.

#### Key Recommendations

- 4.2.1.1 Establish regional monitoring tools to measure effectiveness of civic awareness campaigns. Countries with advance media industries or drug agencies with competent media design teams could be called upon to contribute towards a regional resource.
- 4.2.1.2 Establish NGO umbrella organizations that have a direct access to policy development and are present and active in planning and preparation of prevention and education programmes. Drug control agencies, if possible, should put aside a percentage of their annual budget towards NGO activities. NGOs should increase their capacity to perform as government contractors for the delivery of certain services.
- 4.2.1.3 Where not currently available, medium-term plans for prevention and education should be finalized and performance indicators identified and appropriate budgets assigned.
- 4.2.1.4 Assessment of special high risk groups should be completed in all relevant locations by 2009 and focused campaigns should be initiated.
- 4.2.1.5 A review via rapid assessment should be carried out to determine the impact of life-skills education; inputs from the review should be integrated into the curriculum. Teacher collages should include a module on life-skills in teacher training and certification schemes should be established. This could be done with the support of foreign or regional universities of good standing.

#### **4.2.2 Treatment and Rehabilitation**

##### Key Gaps

- While some countries have advance system for treatment identification, others depend primarily on activities by NGOs or limited private services. Country-wide systems are not the norm in about half of the countries and in some only priority areas receive special attention.
- Aftercare is available in some countries (including extensive networks of job placement and counseling) but in others treatment ends when addicts leave the treatment facility.
- Most countries have assessed the need from treatment in custodial settings but only a few have actual programmes in place, especially on a nation-wide basis. In many case only pilots of treatment programmes in custodial settings are available.
- Most treatment training is provided for government staff only and is not adequate for the needs of countries particularly in view of the significant increase of ATS dependence. For NGOs, who play a significant role in providing services, training and professional development is very limited.

- While systems for the full provision of treatment and aftercare are available, only a few countries report country-wide coverage. This means that significant segment of treatment demand is not being met.

#### Key Recommendations

- 4.2.2.1 Sentinel sites for treatment identification should be established in likely locations – hospitals, schools, communities – and non-punitive methodologies should be established for matching treatment with specialize providers. Gathered information should be consolidated into a provincial database or at the very least city-wide databases.
- 4.2.2.2 Aftercare provision should be expanded to not only include treatment centres but also private business and community groups. Community-based approaches are highly effective and this should be the starting point for reintegrating into the community of a drug dependent person.
- 4.2.2.3 Drug control agencies must move forward in the assessment of treatment provision in custodial settings and programmes should be evident in a majority of countries in 2010.
- 4.2.2.4 Training must be integrated into existing training venues and where none are available innovative training methods should used to reach wide sections of treatment providers.
- 4.2.2.5 Scale up treatment coverage and widen the social net for drug dependence in order to capture as many individuals as possible. This can be achieved by initiating community-based programmes supported by local government.

#### **4.2.3 Addressing HIV/AIDS**

##### Key Gaps

- All countries promote the understanding of the link between HIV/AIDS and drug abuse. The promotion of methods for protection against infection are often not as evident.
- Policies that encourage access to services are evident in only a few countries and practices often limit the impact of available services.
- HIV/IDU's programmes in custodial settings are not applied in a majority of countries. While a number of assessments have been made or will be completed soon, agreement on the best approach to contain infection in closed settings is not evident.

##### Key Recommendations

- 4.2.3.1 Drug control agencies and the related government departments should adopt science-based approaches for addressing the nexus between IDU and HIV/AIDS. This can be achieved by starting pilot programmes that demonstrate positive impact and scale up to other locations.
- 4.2.3.2 Regulation, policies and social norms that make it difficult for HIV positive individuals to seek treatment should be reduced or limited.
- 4.2.3.3 Current pilot programmes in a number of countries should be assessed and if found to be effective, plans should be put in place to scale up provision of services across custodial settings.

#### **4.2.4 Alternative Development**

##### Key Gaps

- The immediate needs of opium poppy farmers once they cease illicit cultivation are often not addressed in a holistic and sustained way. This puts communities at risk and could force farmers back to illicit cultivation.

- Livelihood programmes are often not responsive to market demand for products. This means alternative crops or other income-producing activities are often not successfully maintained.
- Partnerships with multiple organizations exist in all reporting countries. In some countries, there are significant partnerships with local and regional organizations and with international bodies, while in others partnerships exist only with international organizations.

#### Key Recommendations

- 4.2.4.1 Government should assign funds to provide support to farmers and communities that stop illicit poppy cultivation and policies should be integrated into overall development plans to integrate communities into the economic mainstream
- 4.2.4.2 Programmes for livelihood should have the active participation of the private sector in order to ensure that products are marketable. Distribution networks and supply-chain management must also be put in place
- 4.2.4.3 Local capacity (national) to sustain the progress in opium eradication should be strengthened and dependence on international partners should be limited. Regional partnerships should also be encouraged in order to facilitate south-south cooperation

The proposed recommendations should be considered further by ASOD for incorporation into its work plan (currently under draft). The individual national drug control agencies in ASEAN as well as bilateral and multilateral organizations can also implement these recommendations.

### 4.3 Data and information sharing

Data collection and dissemination is an issue that cuts across both Supply and Demand Reduction. Information from treatment can be useful for policy planners in law enforcement agencies and arrest data is equally useful for prevention and treatment planners. Data sets should be consolidated and cross-populated so that the all government agencies as well the region. Obviously, there are limitations to operational data, but the statistical figures of government ministries dealing with drugs should be consolidated. In addition, the regional data sharing regime must be increased and expanded to other areas. Access to the system must increase in order for full realization of data potential. The recent ATS Forum in the Philippines, in August 2007 proposed the following recommendations:

#### 4.3.1 Recommendations for improvement of seizure information

- Share seizure information through an electronic database
- Initiate measures to improve the sharing of forensic information and precursor seizure information
- Develop a system to report on the scale of clandestine lab seizures
- Provide training and develop support measures to establish national forensic data capacity
- Develop procedures for systematic inventory of clandestine laboratory seizures
- Develop a programme to support member states with documenting and cleaning-up illicit drug production sites
- Establish a “learning centre” for training and observation of precursor tracking and monitoring
- Provide training on the management and coordination of the activities of the chemical industry

#### 4.3.2 Recommendations for the improvement of information sharing on drug trafficking patterns

- Develop capacity to record geographical information on seizures (with some operational limitations), including border seizure information
- Systematically share border seizure information via expanded mechanisms

- Develop the capacity to communicate seizure information between waterways and ports
- Make more extensive use of a regional alert system for shifting trafficking patterns and methods as well as drug types

#### ***4.3.3 Recommendations for improving drug demand market size assessments***

- Improve disaggregated data by drug type and demographic characteristics of individuals in treatment
- Develop a standard form that can be filled-in by the national drug agencies for disaggregated treatment data
- Conduct prevalence studies on regular intervals where needed, as identified by information gaps
- Carry out rapid assessments for specific populations in key countries and areas
- Conduct impact studies on existing treatment and demand reduction programmes and develop mechanisms to integrate results into national policies

These recommendations could be integrated into the current data system of the region under DAINAP with some investment of funds and staff but with far less effort than if new efforts are initiated. Since DAINAP has produced good results it should be utilized to expand to other aspects of data and information.

## **5. Emerging Challenges**

The review of achievement towards a *Drug-Free ASEAN 2015* has demonstrated, as much as possible, that despite continued successes in controlling the traffic of drugs, the region as a whole continues to struggle to maintain and increase law enforcement activities that directly target drug traffickers. The challenges of drug trafficking and manufacture pose significant challenges to national authorities as has been demonstrated by the discovery of large scale laboratories. It is at the level of transnational crime however, that the region faces its greatest challenges. Without a doubt, crime syndicates are international in nature and their operations are characterized by flexibility and responsiveness to both market demand and law enforcement efforts. They exploit vulnerabilities at a regional context and target their operations where they are least likely to be noticed or where enforcement capabilities are weakest.

The last seven years since the launch of the commitment for a *Drug-Free ASEAN* and the implementation of the ACCORD Plan of Action have seen significant economic growth across the region accompanied by increased trade across borders. The current ease of air travel via budget airlines has made all of the countries in the region accessible. Road networks have been improved and expanded in both the Mekong Sub-region, the Malay Peninsula and in the island nations of the Philippines and Indonesia. Large infrastructure development has resulted in new bridges, airports and ports. Trade transportation agreements have been discussed and will soon come into effect making the crossing of borders easier than in the past. The ability to move across the region and to import and export goods has improved significantly since 2000.

Transnational crime syndicates and increased movement of people and trade are a significant concern for the achievement of a *Drug-Free ASEAN 2015* and have been referred to as the “dark side” of globalization. It is therefore of importance for the governments of ASEAN to take note of this threat and develop appropriate responses. It is equally important that ASEAN’s neighbours provide support to regional efforts. In addition, the international community must also play an active role by providing various forms of support through bilateral and multilateral programmes. The last section of this report brings together these issues and provides a series of recommendations for action. If the objective of reaching a *drug-free* status is to become a regional reality, then specific actions must be taken to improve transnational cooperation.

It should be noted that while the following information is primarily on the countries of the Greater Mekong Sub-region (GMS), the impact of this section is of concern to all of ASEAN since illicit traffic from the GMS often passes through other ASEAN countries either on the way to international destinations or for local consumption.

### **5.1 Uneven law enforcement**

One of the primary challenges for the region in addressing the impact of increased trade is at the front lines of the illicit traffic problem, which are the borders that countries share with each other. Across the region there are wide differences in the operational capacity of enforcement agencies. In some cases drug authorities are well-funded and staffed while in others the ability to maintain a strong border presence is not evident. This problem is characterized by regulatory arrangements and technical capacities and assets. Under regulatory arrangements, the problems exist in terms of the operational expectations for law enforcement. For example:

- Some countries in the region have asset forfeiture legislation while others do not and this complicates cross border cooperation in terms of prosecuting criminals;
- Mutual Legal Assistance agreements have been signed by all ASEAN Governments but national regulations are not harmonized to allow for effective legal cooperation actions such as extradition and controlled deliveries; and
- Forensic requirements are not the same for enforcement authorities – in some countries drug authorities are required to determine seized drug profiles while in other countries this action is only done on an ad-hoc basis. This challenges the ability of correct identification of substances which is an important aspect of drug investigations.

In terms of technical capacities and assets the disparities are also critical. For example:

- The capacities of border patrols on one side of a border do not match with those on the other side of the same border. Law enforcement is a resource intensive function and while authorities often have the physical assets they require, i.e. vehicles, water vessels, computers, their counterparts across the border in some cases do not have the equipment required to do their job efficiently;
- Intelligence gathering the ability and data control mechanisms also differ critically across borders so that one group of investigators is able to access information from agencies or units their counterparts across the border. This results in a net loss to cross-border efforts since both units of investigators overlook important pieces of information; and
- There are also significant differences in the overall operational capacity between countries. This is caused by gaps in training and economic disparities. Officers in some countries receive training on a regular basis and their skills are upgraded and supported within an agency structure. But in other agencies, training resources may be in short supply and law enforcement authorities are unable to upgrade their capacity to match that of their counterparts across the border.

Interdependence is an unavoidable aspect of drug control. Therefore the problems presented here are of importance towards securing borders, improving regulatory arrangements and operational capacity. It is unlikely that regional drug control efforts will be effective if the entire body of law enforcement is not taken into consideration. The regional nature of drug traffic requires a regional response.

## **5.2 Porous borders**

Six countries, Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam, are part of a geographical region known as the Greater Mekong Sub-region (GMS) which is recognized as one of the world's major locations for production of heroin and Amphetamine-Type Stimulants (ATS). Illicit drugs are manufactured in clandestine laboratories which are often managed by organized crime syndicates and located in sparsely populated areas or new urban settings. The national borders of the region favour trafficking. Borders are often lengthy and frequently run through unpopulated areas consisting of steep sided, dense, jungle-clad hills where trails known to local inhabitants are the only means for travel. As highways develop on both sides of the border, increasingly high volumes of pedestrian, private and commercial vehicular traffic pass through designated border points. Without units trained and equipped to respond to real-time information, the task of interdicting illegal substances and arresting those criminal elements responsible becomes extremely difficult. Organized criminal groups use the same routes also for other types of trafficking, including traffic in persons and smuggling of migrants.

Illicit drugs are shipped via a variety of routes from the manufacturing sites to the drug users. To reach land-linked markets or ports, either air or sea, from where illicit drugs are shipped overseas, illicit drugs often move across numerous national borders. Conversely, precursor chemicals diverted from industrial centres in the region are transported across borders to illicit drug manufacturing areas. The border is one location where enforcement actions can be effectively focused against trafficking – however, disparities between different national drug agencies challenge the effectiveness of enforcement. In addition, enforcement pressures at various border locations cause traffickers to continually find new routes to areas where law enforcement is weak.

The Mekong River forms a common border in a key location where China, Myanmar, Thailand and Lao PDR come together. Traffickers use the river as a conduit to ship drugs into Thailand either directly or via Cambodia. The Mekong River is a popular trading route and the large number of boats makes it difficult to police despite the implementation of river patrols. The river flows out of China and either borders or flows through the remaining five countries reaching its southern delta in Viet Nam. The Mekong is a major transportation route that is now being supplemented by the Asia Highway that parallels the river in many locations, forming a Mekong transportation corridor. Currently this corridor has developed into a major

route for heroin and ATS leaving eastern Myanmar en route to consumer nations located within the Asia-Pacific region and beyond. Trafficking organizations use trails through the jungle, high speed boats on the waterways and cars and trucks on the major highways.

Much attention has been given to the establishment of border controls to address illicit traffic by land. While challenges remain, there are well-established models for cross-border cooperation. In terms of addressing illicit traffic via waterways, experience has shown good results for control on in-land waterways (rivers). More attention is needed to increase the level of capacity and cooperation to address this kind of illicit traffic. For traffic across open waters and in between ports, the levels of attention to how authorities cooperate needs more analysis in order understand how to best approach this kind of illicit activity.

The ready access to international waters by the ASEAN countries provides additional trafficking routes for the shipment of drugs and precursor chemicals. Large seizures of both have been made in recent years; however information is sparse and does not appear to be addressed in a concerted fashion by law enforcement. The countries of the region all face the problem of controlling the importation of drugs into their countries and movement of sea going vessels is a concern in this regard. The economic disparities between nations in the ASEAN region also lend itself to illegal migration and the traffic of humans.

### **5.3 Overall operational capacity**

In addition to the law enforcement disparities and the geographical challenges of the GMS, some overall observations are presented regarding law enforcement authorities across the region.

- Turnover of officers – in many border sites law enforcement goes through a high level and frequency of staff turnover. While an average timeframe has not been determined, it is evident that this causes a loss of skills and knowledge. Officers trained for the specific location are transferred out and with them goes the capacity-building investment.
- Language skills – English is the de facto language of communication for law enforcement across borders. However, the ability to speak a common language competently (in terms of drug control operations) is not evenly distributed across border sites and even at central intelligence gathering locations. Officers who do speak a common language are highly valued but they are often in short supply and the timelines of operations are challenged.
- Limited information sharing – the volume of trafficking situations in some border locations requires sophisticated data capture methodologies. Across the region, however, the possession of knowledge is characterized by individuals who may have some contact with their counterparts across a border. While this is traditional feature of law enforcement, modern police techniques as well as the increasing dependence on information for interdiction and prosecutions require a more collaborative approach to information collection and sharing.
- Technology supported features – the use of computers and internet based-technology is limited throughout the region. Systems for the collection of operational information do not exist through out the region and oftentimes information is shared via telephony or fax. These methods of communication do not support modern techniques which allow for the capture and analysis of data from multiple sources. Also, the use of the Internet has not been maximized to improve operational case management. While Internet penetration, access and broad-band capabilities are not evenly distributed, it is expect that in the coming years fibre optic cables and other technologies will allow for a rapid uptake of internet-based law enforcement features such as GIS and shipment tracking.
- Data analysis and trend profiles – the ability to create national, sub-regional and regional trend profiles is developing but requires improvement. Assessments are currently carried out only on an annual or bi-annual basis. This time lag in analyzed information is not supportive of the rapid response required for law enforcement to keep up with trafficking patterns.



Box 4 provides an assessment of the border law enforcement. This assessment was carried out by the UNODC project *Development of Cross-border Law Enforcement Cooperation in East Asia*.

**Box 4.**

- Many of the officers and supervisors stationed on the borders have limited knowledge on how to identify trafficking situations and do not fully understand laws or government policy applicable to this area. They also have difficulty distinguishing between cases of human trafficking and migrant smuggling.
- Money laundering needs to receive more attention. Many countries have enacted legislation to curtail profits from crime and corruption but criminals are able to circumvent them by camouflaging their assets under a guise of legitimacy. The increasing number of casinos in poverty stricken areas points to the influence of crime-related monies. Payments for criminal transactions, especially drug trafficking, have notoriously been linked to casino activities.
- In the law enforcement field, a number of countries lack expertise in conducting high-level investigations. Joint operations and the return of persons wanted for crimes in other jurisdictions are two examples of areas where more regional cooperation is necessary.
- Trust among staff occurs at a personal level. The constant transfer of personnel throws it off course as each time an officer is moved new interoffice relationships need to be developed. Additional initiatives are needed to encourage trust and cooperation to develop more quickly. Consideration could be given to an initial short-term placement of new liaison officers in the other country's office to establish an understanding of how each organization operates.
- Support to front-line officers is often lacking, resulting in officers questioning their superiors' commitment to the programme. This is evident in situations where lower ranked officers are confronted by persons of influence.
- Training must be provided to as many staff members as possible to maximise its benefits. For the most part, staff are knowledgeable about risk assessments on the border. Increased training covering topics such as human trafficking and money laundering need to be provided at all locations.
- Given the increasing numbers of people and vehicles crossing borders, risk analysis skills need to be increased. Experience sharing is necessary to develop higher levels of investigations. Currently, in many locations, an investigation stops with the seizure and arrest of couriers. Enforcement personnel need training to analyze and circulate information regarding new trends in concealment, trafficking routes and the appearances of illicit drugs. Officers must be instructed not to limit the gathering of evidence to supporting only the case at hand; their focus should always be directed to those organizing the trafficking.
- As enforcement becomes more effective, border areas should be assessed to identify high risk locations where illicit drugs, precursor chemicals and transnational crimes are being committed.
- Officers assigned to border crossings are expected to have at least a working knowledge of their counterpart's language. It is not always possible to find persons who are fluent in both languages and at times there are misunderstandings concerning the details of the information being exchanged. In some cases, the countries are unable to fund mobile telephones and they have to rely on outside assistance to provide the telephones and pay operating costs. An assessment should be made on upgrading the communication equipment and a methodology to minimize misunderstandings. Possible suggestions would include use of the Internet and a standard information form in each language to better describe the assistance required.

## Summary

Uneven law enforcement, porous borders and uneven operational capacity all point to a region that is not fully prepared to address the current challenges of illicit trade. The following section outlines how an increase in regional licit trade and ease of travel will put current assets under further strain.

### 5.4 Increased transport and trade

The expansion of the Asian Highway and the expected increase in traffic across borders may cause an unintended surge in illicit activities including drug trafficking. To address this emerging challenge,

governments in the region and the authorities that are responsible for border management must take actions to limit the illicit activities that may accompany improved transport networks. The following section outlines the key challenges to be expected and presents how they could impact the achievement of a *Drug-Free ASEAN 2015*.

#### **5.4.1 Infrastructure development**

Throughout the GMS, infrastructure development planned to take place over the next five years will completely change the economic and social dynamics of the region. As part of an overall plan to establish an economic zone throughout ASEAN, regional Governments and international lending institutions led by the Asian Development Bank are providing funds to complete four primary economic corridors (see Box 5). This process is facilitated by the UN Economic and Social Commission for Asia and the Pacific (ESCAP) and there is wide support by all governments to move forward as quickly as possible in completing key infrastructure features at critical locations. There include:

- Chiang Rai-Kunming via Lao PDR Road Improvement Project
- Chiang Rai-Kunming via Myanmar Road Improvement Project
- Huay Goan (Nan)-Muang Ngeun-Pak Baeng (Lao PDR)-Oudomxay-Boten-Jinghong (People's Republic of China)-Kunming Road Improvement Project
- Kunming-Hanoi-Haiphong Multimodal Transport Corridor Project
- Bridge across Mekong from Mukdahan in Thailand to Savannakhet in Lao PDR
- Mawllamyine-Thabyuzaya – Three Pagodas Pass Rail Link between Myanmar and Thailand
- Singapore- Kunming Rail Link
- Bangkok-Phnom Penh-Ho Chi Minh City-Vung Tau Road Improvement Project
- Southern Lao PDR-Sihanoukville Road Improvement Project
- Thailand-Cambodia-Viet Nam railway development

In addition, a number of power infrastructure projects as well as communications (fiber options) are planned to support the economic corridors. Tourism initiatives are also included within the economic corridors.

#### **5.4.2 Trade and transport facilitation**

To support the development of infrastructure and to facilitate economic trade in the region, a selection of agreements is being put in place to ensure that barriers are removed or limited to take full advantage of the improved infrastructure. Under the guidance of ASEAN and ESCAP in collaboration with the private sector, the ASEAN Region is likely to experience a significant growth in trade along the borders points that are part of the economic corridors.

The *Cross Border Transport Agreement* is a comprehensive multilateral instrument, which covers in one document all the relevant aspects of cross border transport facilitation. These include:

- single-stop/single-window customs inspection;
- cross-border movement of persons (i.e., visas for persons engaged in transport operations);
- transit traffic regimes, including exemptions from physical customs inspection, bond deposit, escort, and phytosanitary and veterinary inspection;
- requirements that road vehicles will have to meet to be eligible for cross-border traffic;
- exchange of commercial traffic rights; and
- infrastructure, including road and bridge design standards, road signs and signals.

**Box 5.**  
**Economic Corridors**

*North-South Economic Corridor (NSEC)*

Two different routes along the north-south axis are involved in the North-South Economic Corridor initiative: (i) the Kunming-Chiang Rai-Bangkok via Lao PDR and Myanmar route, and (ii) Kunming-Hanoi-Haiphong which connects to the existing Highway No. 1 running from the northern to the southern part of Viet Nam. These major routes, together with the Southern Economic Corridor that links Bangkok to Ho Chi Minh City, form a large 'loop' or 'ring road' that covers the major cities and towns of the GMS. The North-South Economic Corridor will, therefore, play a critical role in providing PRC and northern Lao PDR access to important sea ports. The corridor intersects the East-West Corridor at key 'junction points' in Thailand and Viet Nam. Potential market coverage is extensive, given the excellent state of the existing road network from Singapore via Malaysia to Chiang Rai, and from Kunming to Beijing.

*East-West Economic Corridor (EWEC)*

The East-West Economic Corridor encompasses a road link about 1,450 km long. When the undeveloped or missing sections are in place, it will be the only direct, continuous land route between the Indian Ocean (Andaman Sea) and the South China Sea. Completion of the Corridor will provide the basis for accelerating east-west economic cooperation and development. The corridor will link the following points: (i) Mawlamyine-Myawaddy in Myanmar; (ii) Mae Sot-Phitsanulok-Khon Kaen-Kalasin-Mukdahan in Thailand; (iii) Savannakhet-Densavanh in Lao PDR; and (iv) Lao Bao-Hue-Dong Ha-Da Nang in Viet Nam. The Corridor intersects several north-south arterial routes: (i) Yangon-Dawei, (ii) Chiang Mai-Bangkok, (iii) Nong Khai-Bangkok, (iv) Route 13, in Lao PDR, and (v) Highway 1A, in Viet Nam. The EWEC will therefore play a critical role in providing access to ports for Northeast Thailand and Central Lao PDR, as well as open greater opportunities to several medium-sized cities in the four GMS countries.

*Southern Economic Corridor (SEC)*

The Southern Economic Corridor will upgrade critical links in the Asian Highway from Bangkok to Ho Chi Minh City via Phnom Penh and facilitate all weather road travel between the major cities of Bangkok and Ho Chi Minh City will be possible.

The *GMS Agreement* will apply to selected and mutually agreed upon routes and points of entry and exit in the signatory countries. Initial implementation of the GMS Agreement is applied on a pilot basis at five of the 16 border crossing points (i) Hekou (People's Republic of China)-Lao Cai (Viet Nam); (ii) Bavet (Cambodia)-Moc Bai (Viet Nam); (iii) Dansavanh (Lao PDR)-Lao Bao (Viet Nam); (iv) Poi Pet (Cambodia)-Aranyaprathet (Thailand); and (v) Mukdahan (Thailand)-Savannakhet (Lao PDR).

An overall trade facilitation scheme, the ASEAN Single Window Initiative (ASWI), has also been proposed for the entire ASEAN Region. The key features of the ASWI are:

- Expedite and simplify information flow between governments and trade;
- Establish a viable, simplified and standardized and integrated environment for cargo clearance in line with international best practices;
- Reduce cargo clearance time and resources.

The concept includes an integrated electronic single point of entry where traders can clear customs inspection and licensing inspections for release and clearance of traded goods. Pilots of the ASWI have already been tested between Thailand and Malaysia and Thailand and the Philippines.

The *GMS Flagship Initiative* supports three of the five strategic thrusts of the Greater Mekong Sub-region strategic framework: (i) strengthening infrastructure linkages through a multi-sectoral approach, (ii) facilitating cross-border trade and investment, and (iii) enhancing private sector participation in development and improving its competitiveness. The goal is to develop a highly efficient transport system which allows goods and people to circulate around the sub-region without significant impediments or

excessive costs/delays. Improvement in the transportation network will promote economic growth and regional development, thereby reducing poverty. In an effort to improve intraregional transport and maximize benefits, GMS countries have begun to adopt a holistic approach to development, in the form of economic corridors. Investments in priority infrastructure sectors such as transport, energy, telecommunications, and tourism will focus on the same geographic space to maximize impact while minimizing costs. This flagship initiative will also involve planning and managing policies and regulatory and infrastructure initiatives in support of selected business opportunities.

5.4.3 In view of the fundamental changes in infrastructure and trade and transport throughout ASEAN and specifically in GMS, this report presents some key challenges within the context of achieving a *Drug-Free ASEAN 2015*. They include:

- Volume of traffic – the sheer increase in the volume of trade and transport coming across borders (land and water) will almost certainly equate a commensurate increase in the volume of illicit traffic. This will put a strain on already weak border control regimes especially in border locations that are currently experiencing lax levels of control.
- Focus on trade – the focus of border management will shift further towards ease of trade and against control of illicit traffic. Already the competing priorities trade (customs authorities) and control of illicit activities (police) create a situation where, unless overall coordination is provided, usually trade surpasses control as a border priority. With even greater focus on trade, law enforcement authorities must find ways to improve their interdiction capacities within the context of trade and transport.
- Industrialization along routes – as roads are improved (load capacities increased) or completed, countries can expect the rapid industrialization of towns and villages along transport arteries. This will bring, in addition to positive economic impacts, other negative aspects of industrialization evident in large cities: illicit drugs, sex trade and other problems that will have an impact on local communities. This will put a strain on local government and police.
- Fewer opportunities to inspect cargo – with fewer inspections and higher volume of cargo, law enforcement authorities will have to rely more on intelligence gathering and coordination with their counterparts across borders. In an environment of trade liberalization, intelligence gathering capabilities carry a premium and central authorities must be prepared to provide the training, assets and regulatory support to enable officers to operate in this environment.

Within the context of illicit traffic and beyond the focus on illicit drug control, the following illicit and licit goods are a concern: weapons, illegal lumber (see Box 6), unregulated agricultural products, endangered species (see Box 7), cultural relics and forged and counterfeit documents. In addition, the issue of human trafficking (see Box 8) must be addressed by law enforcement – with more licit trade there will be more opportunities for traffickers to move victims of human trafficking across borders. Taking note of the economic disparities in the ASEAN Region, criminal activity can be expected to increase.

**Box 6.**

**Trafficking in illegal timber and timber products**

It is estimated that US\$2.3 billion worth of illegally sourced timber is traded each year between the countries of East and South East Asia. The gaps in domestic and international control regimes, as well as difficulties in identifying illegal timber and their secondary products, along with intricate trafficking routes has resulted in an inability to effectively curtail the trade. Illegal timber trafficking substantially undercuts the market for legally produced timber products, accelerates deforestation and contributes to rural poverty. Moreover, it is closely associated with money laundering and corruption. Coherent policies and regulations are needed at national and regional levels to address the problems associated with this phenomenon.

**Box 7.**

**Trafficking in endangered species**

Data on illicit international wildlife trade is limited but South East Asia is estimated to constitute 25% of the global trade, which in turn is estimated between US\$5-8 billion (UNEP, 1998). The trade is resulting in the depletion of biodiversity and the future ability of exporting countries to profit from their natural resources and is also heavily associated with corruption. Syndicates of organized criminal groups throughout ASEAN and Southern China organize much of the trade, partly driven by high Chinese demand for exotic wildlife as food and traditional medicine, but it is also fueled by collectors in Europe, U.S.A. and Japan. Poverty and corruption, amongst other reasons, together with a rich biodiversity, have contributed to the emergence of South East Asia as a major supply source. Viet Nam, previously a source country, has over the past decade emerged a major transshipment point for wildlife into Southern China. The lack of training in identifying species as well as data collection and analysis are major constraints. However, the countries of ASEAN have recognized the threat and the limitations, and taken concrete measures towards addressing the problem. Notably, being a part of the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) and committing to the ASEAN Regional Action Plan on Trade in Wild Fauna and Flora 2005-2010 as well as building and expanding on the ASEAN Wildlife Enforcement Network (ASEAN-WEN), launched in December 2005.

**Box 8.**

**Human trafficking**

The illegal trading of men, women and children for the purpose of exploiting their labour is a growing regional concern. The practice is widely inter-connected with problems of corruption, money laundering, counterfeiting and human rights abuses. There are no reliable estimates on the number of persons trafficked in the region, but globally it is estimated by ILO that around 1.2 million are trafficked annually, and that 2.5 million trafficking victims are living under exploitative conditions. A particular challenge is that local trafficking interventions tend to be ineffective, leading to shifts in trafficking patterns rather than an overall reduction. Poverty and economic disparities between countries, limited job prospects in rural areas, and lack of safe migration channels are underlying factors that continue to be exploited by transnational crime groups. However, poor regulatory frameworks, lack of data and regional coordination, as well as limited law enforcement resources, hamper the ability to counter the threat.

## **Summary**

The previous description of infrastructure development and increased trade in ASEAN and the GMS clearly underline the urgent need to address this situation before it comes to fruition. With the weak border status of key locations along the economic corridors, ASEAN Governments should begin to develop regional response plans that include specific interventions in key areas. The following section describes some of resources which are currently available that could be used as the starting points to develop or overall strategy.

### **5.5 Current Resources**

Cross border cooperation has a long history in the GMS and governments have struggled with enhancing the collaborative arrangements and improving the net capacity of law enforcement to counter drug trafficking. In addition, multilateral organizations such as United Nations Office on Drugs and Crime (UNODC) have been able to consolidate a wealth of experience in facilitating cross border cooperation via the Border Liaison Offices (BLO) mechanism. Most observers in ASEAN and beyond acknowledge the role of UNODC in this area and its contributions to enhancing cooperation arrangements (see Box 9). It is therefore appropriate to look at BLO as a first step in developing a regional response to the threat of drug trafficking in the upcoming regime of greater trade and transport.

**Box 9.****BLOs – a successful model for cooperation**

A recent successful 7-year-UNODC project *Development of Cross-border Law Enforcement Cooperation in East Asia* established Border Liaison Offices (BLOs) at a number of border crossing points. The concept behind the creation of the BLOs was to reverse traditional attitudes and encourage cooperation between law enforcement units working at the borders thereby maximizing the value of jointly held information.

Under this system of cooperation, each country provided the premises and staff for the BLOs while the project contributed training and sufficient basic equipment to support the operation of the office. Communications equipment has been installed at the BLO offices which permit UNODC-developed law enforcement Computer Based Training (CBT) to take place.

The creation of the BLOs has resulted in an exchange of information that continues to lead to numerous arrests and seizures. National and regional meetings also contribute to creating an atmosphere of cooperation. The success of the BLO concept has resulted in offices being established in 22 locations (44 offices), a major increase from the original four locations at the beginning of the project.

*Joint Patrols on the Mekong River*

A landmark event in 2003 was joint patrols on the Mekong River by Lao PDR and Thailand. Although UNODC provided the boats to enable these patrols to take place, the real achievement lies within the countries themselves. The Mekong River has long been recognized as one of the most important drug trafficking routes and the concept of joint patrols is not a new one. Until now, both countries had found reasons not to follow through. However, though the use of the BLO mechanism which had already established a good basis for understanding between the two, finally, agreement was reached. The joint patrols will initially take place one a week with two boats, on either side of the river each will contain officials from both sides of the river.

## Summary on BLO mechanism:

- BLOs bring together law enforcement units from both sides of a land or water border and put in place protocols for joint operations. They become the focal point for officers to exchange information and experiences on a regular basis, succeeding in building trust and fostering cooperative relationships between different authorities and different nationalities
- BLOs are managed by a range of different law enforcement agencies that already exist in border areas, including: Narcotics Police, Border Police, Border Army, Customs, Local Police and Immigration. All BLO staff is appointed by the national drug authority.
- In some cases, depending on the need, equipment is provided from mobile phones to speed boats. The provision of equipment is a key aspect of multilateral and bilateral support for BLO in countries that may not have the resources to acquire the tools needed to effectively manage a BLO.

As of 2007 BLOs have been established in the following locations with the coordination of UNODC:

<i>Myanmar – Thailand Border</i>	<i>Thailand – Cambodia Border</i>	<i>Cambodia – Viet Nam Border</i>	<i>Cambodia – Lao PDR Border</i>	<i>China – Viet Nam Border</i>
Kaw Tawng – Ranong Myawaddy – Mae Sot Thachileik – Mae Sai	Aranyaprathet – Poi Pet Pong Nam Ron – Dong Hardlek – Koh Kong	Bavet – Moc Bai Kaam Samnor – Song Tien Chreng Thom – Long Binh	Dong Kalor – Vuen Kham Quang Tri – Phetsawan Cau Treo – Lac Sao	Dongxing – Mong Cai

<i>Lao PDR – China Border</i>	<i>China – Myanmar Border</i>	<i>Lao PDR – Myanmar</i>	<i>Thailand – Lao PDR</i>
Loung Namtha – Mengla	Laying – Lweje Ruelli – Muse Qinsuihe – Chin Shwehaw	Ban Mom – Wan Pong	Chiang Saen – Ton Phueng Chiang Kong – Bokeo

See Annex B for a map of this information.

The Government of Thailand, in support of the overall BLO mechanism, has established ten BLOs and plans to establish eight more on its eastern border along the Mekong River on the border with Myanmar.

<i>Thailand – Cambodia Border</i>	<i>Thailand – Lao PDR Border</i>	<i>Thailand – Myanmar Border</i>
Khongyai – Koh Kong Pongnamron – Dong, Battambang* Pongnamron – Prom, Pailin* Aranyaprathet – Poi Pet, Banteay Mean Chey Krabcheng – Samrong, Oddor Mean Chey* Phusing – Anlong Veng, Oddor Mean Chey*	Sirinthorn – Phonthong, Champasak Kongchiam – Chanasomboon* Khemmarat – Song Khon* Mukdahan – Khaison Phomvilhan* Nakhon Phanom – Khammoun Bungkan – Pakxan* Nong Khai – Vientiane Srichiangmai – Sikottabong* Chiang Kong – Houyxai Chiang Saen – Ban Mom	Ranong – Kawthaung Mae Sot – Myawaddy Mae Sai – Thachileik

See Annex B for a map of this information.

\* Planned

Examples of results of BLO are described here:

<i>Location</i>	<i>Result</i>	<i>BLO interface</i>
Bavet/Moc Bai (Cambodia/Viet Nam)	Chinese offender arrested in possession of 2 pistols, 1 hand grenade, 7 packets of heroin and ATS samples.	The Bavet BLO cooperated with casino security staff in making the arrest.
Hard Lek – Trat/Jam Yiem – Koh Kong (Thai/Cambodia)	ATS production lab seized, including Methamphetamine production equipment. Two people arrested.	BLOs on both sides participated in the investigations and facilitated the arrests.
Lao PDR BLOs	Drug traffickers were caught in 6 separate cases, leading to the arrest of 13 offenders and the confiscation of 559 kg of cannabis and Methamphetamine tablets.	BLOs at the border points cooperated with other law enforcement agencies.
Bokeo, Lao PDR	Police and customs officers searched a boat and found 436,000 methamphetamine tablets and 4.97 kg of heroin. Lao nationals were arrested.	Intelligence from BLO helped set up the operation and make the arrests.
Moc Bai/Bavet (Viet Nam/Cambodia)	A drug trafficker carrying 28,000 Diazepam tablets was arrested and handed over to the Cambodian authorities. Liquid Diazepam was also seized.	The anti-narcotic police at Moc Bai and the Cambodian authorities at Bavet BLO were responsible for this arrest.
Mae Sot /Myawaddy (Thailand/Myanmar)	A monk, who is a Myanmar national, was arrested carrying 90,000 methamphetamine tablets hidden in a suitcase. Further investigation resulted in 50,000 tablets being seized.	The arrest and seizures were made following a tip to BLO officers in Thailand. The Myanmar BLO investigated the case further, leading to the arrest of another monk.



Despite making large strides, BLO operations still have room for improvement. Below is a list challenges compiled at a BLO office seminar in 2003:

- Frequent staff rotations affected confidence between BLOs and meant that carrying out information exchange and joint operations was sometimes difficult.
- There is a lack of English language skills.
- The BLO officers made various requests for equipment that they felt would improve their ability to arrest traffickers and make seizures.
- BLO officers noted that while the Basic Intelligence Training had been very useful, they felt that they needed further training over a longer period of time in order to develop their skills still further.
- BLO officers complained that they did not have the authority to exchange and that seeking permission from their superiors often slowed the process.
- UNODC was urged to provide a monitoring system so that officers could obtain a clearer picture of their successes and failures.

These challenges point to the need to strengthen existing BLOs by enhancing the capacity of staff, providing equipment and ensuring the sustainability of the mechanism in the long-term. It is clear that the BLO mechanism is well established in the GMS and that law enforcement authorities fully support the mechanism. With the advocacy of UNODC, BLOs have also been supported bilaterally and it is expected that support from UNODC will continue and expand in the future.

In terms of how BLOs can be part of the GMS response to increased traffic, this review has carried out a geographical assessment of where BLOs currently are established in relation to border crossing. In some locations there are no BLOs in place.

<b>Box 10.</b>		
<i>Location</i>	<i>BLO</i>	
	<i>Yes</i>	<i>No</i>
Thachileik (Myanmar) – Mae Sai (Thailand)	X	
Myawaddy (Myanmar) – Mae Sot (Thailand)	X	
Aranyaprathet (Thailand) – Poi Pet (Cambodia)	X	
Bavet (Cambodia) – Moc Bai (Viet Nam)	X	
Muse (Myanmar) – Ruili (Yunnan Province, China)	X	
Chiang Kong (Thailand) – Houyxaï (Lao PDR)	X	
Vuen Kham (Lao PDR) – Dong Kalor (Cambodia)	X	
Hat Lok (Thailand) – Cham Yeam (Cambodia)	X	
Mukdahan (Thailand) – Savannakhet (Lao PDR)	X	
Nakhon Phanom (Thailand) – Thakhek (Lao PDR)	X	
Densavanh (Lao PDR) – Lao Bao (Viet Nam)		X
Hekou (Yunnan Province, China) – Lao Cai (Viet Nam)		X
Mohan (Yunnan Province, China) – Boten (Lao PDR)		X

Another aspect of addressing the needs of law enforcement with the increased workload caused by the economic corridors is training and capacity-building. Many regional, bilateral and multilateral organizations provide training for law enforcement. Each has its own value-added features as well as limitations. One of the most successful and effective training modalities has been Computer Based Training (CBT). UNODC has for a number of years been working with countries in ASEAN to deliver quality training on a variety of topics related to drug control and other forms of crime. Currently, the CBT format



can provide training in all the languages of ASEAN and modules for the following topics are currently being delivered:

- Interdiction Techniques for Land Controls
- Interdiction Techniques for Airports
- Interdiction Techniques for Seaports
- Controlled Deliveries
- Risk Management
- Money Laundering
- General Courses:
  - Basic Computer Instruction
  - Behavioural Indicators
  - Questioning Techniques
  - The Review of Passports
  - Passenger Baggage

The CBT training modality has been well received. The following list describes the key value-added features of CBT:

- Sustainable since local agencies manage the training
- Based on international best practice
- Standardized
- Tailored to the needs and context of the target student
- Cost effective since CBT is cheaper to implement and manage than alternative delivery methods
- Interactive
- Available at all times on location
- Flexible so that students can schedule learning around other work

Currently CBT training facilities are located in each established BLO. In addition, CBT training centres are established in: Indonesia – 11 locations, Malaysia – 8 locations, Thailand – 9 location and Philippines – 9 locations. The training capacity of each centre varies and is based on the number of students that are put through the training. For example, 2005 to 2007, a training centre in Indonesia logged 12,139 hours of training for 1,459 students.

In addition to the multilateral resources already in place, there are other bilateral training facilities/services throughout the region. These include:

### **JCLEC**

The Jakarta Centre for Law Enforcement Cooperation (JCLEC) is located within the Indonesian National Police Academy in Semarang, Indonesia. The centre is intended as a resource for the South East Asia region in the fight against transnational crime, with a focus on counter-terrorism and will coordinate and facilitate a range of training programmes, including seminars and workshops. The establishment of this training and education institution by Indonesia and Australia will assist governments in meeting security interests and objectives in South East Asia. The centre will also be capable of responding to requests from regional governments for operational support in dealing with terrorism and other transnational crimes.

### **ILEA**

The International Law Enforcement Academy (ILEA), which is based in Bangkok, Thailand and is co-sponsored by the Thai Government, focuses on enhancing the effectiveness of regional cooperation against the principal transnational crime threats in South East Asia – illicit drug trafficking, financial crimes, and alien smuggling. The ILEA provides a core curriculum of management and technical instruction for supervisory criminal investigators and other criminal justice managers. The principal objectives of the ILEA are the development of effective law enforcement cooperation within ASEAN and the strengthening of each country's criminal justice institutions to increase their abilities to cooperate in the suppression of transnational crime.

Other training services are provided primarily by the law enforcement bodies of Australia (Australia Federal Police) and the United States of America (Joint Interagency Task Force – JIATF, DEA and INL) and by other bilateral partners including China. At the multilateral level, INTERPOL is also active in building the capacity of law enforcement in the region. From within ASEAN, Thailand, Malaysia and Singapore are also recognized as active providers of training for law enforcement.

## Summary

There are a number of physical facilities and training resources available in the region which could form the basis for a regional response to the challenges presented in the first part of this section. The network of BLOs and CBT training centres provide a foundation for the expansion of collaborative arrangements at key borders and for the provision of training.

### 5.6 Recommendations for immediate action

In view of the challenges described at the beginning of this section and taking into consideration the current responses that are already in place, the following recommendation are presented to improve the capacity of ASEAN, and in particular the GMS, to move the region forward towards a *drug-free* status.

5.6.1 Expand and strengthen BLO – as the premier method to enhance regional cooperation, the BLO mechanism is well-suited to provide the basis for the regional response to all form of traffic. The fact that BLOs are already in place in multiple locations and that many of those location match the points along the economic corridors provides greater evidence to the need to utilize BLO as a first line of response. Also, BLOs have wide support among the law enforcement community and are currently being financed by bilateral donors. Finally, the results from BLOs clearly identify just how the mechanism is effective in addressing the needs of border cooperation. To scale up BLO across the GMS, the following actions should be taken:

- 5.6.1.1 Provide support to the most critical (in terms of traffic volume and proximity to current trafficking routes) existing BLOs and develop a budget-supported plan to enhance the overall performance of BLO over a two-year period starting in 2009. This plan should include a gradual escalation of support starting with staff development, the enhancement of data gathering and sharing capacities and finally with the provision of equipment as required.

The BLOs are:

- Thachileik (Myanmar) – Mae Sai (Thailand)
- Myawaddy (Myanmar) – Mae Sot (Thailand)
- Muse (Myanmar) – Ruili (Yunnan Province, China)
- Bavet (Cambodia) – Moc Bai (Viet Nam)
- Aranyaprathet (Thailand) – Poi Pet (Cambodia)
- Chiang Kong (Thailand) – Houyxi (Lao PDR)
- Hat Lok (Thailand) – Cham Yeam (Cambodia)
- Mukdahan (Thailand) – Savannakhet (Lao PDR)
- Nakhon Phanom (Thailand) – Thakhek (Lao PDR)

- 5.6.1.2 Develop a budget-supported plan to establish BLOs at critical borders crossings. This plan should aim to set up a BLO structure within one year starting in 2009. It should include provisions to facilitate the physical facilities and purchase equipment as required. In addition, data gathering and sharing capacities must be started in parallel with the launching of BLOs.

The locations are:

- Hekou (Yunnan Province, China) – Lao Cai (Viet Nam)
- Mohan (Yunnan Province, China) – Boten (Lao PDR)
- Densavanh (Lao PDR) – Lao Bao (Viet Nam)

5.6.1.3 Establish an operational data capture system to link at the first instance BLOs in one border location and later to share data with other BLOs within a country and finally to share data with multiple BLOs in areas close to trafficking routes or where criminal syndicates are most active. This data capture system could be introduced at the ACCORD Task Force Meeting for Law Enforcement in 2009 with an expansion plan continuing two years after its introduction. The data capture system should be built around an Internet-based platform. The system should include an e-mail distribution Alert option for sharing of timely information.

5.6.1.4 Develop a series of performance indicators for all BLOs that will provide policy planners with a clearly quantitative understanding of the value of the institution. This quantitative value need not only apply to seizure and arrest data but also to other indicators, i.e., number of cross-border meetings, number of contacts between officers, hours spent on joint patrols, as described below.

BLO Performance indicators:

- No. of arrests per month
- No. of seizures per quarter
- No. of crime leads logged into data capture system per month
- No. of meetings held with counterparts per month
- No. of hours spent on joint patrols per week
- No. of cross-border contacts made (phone, e-mail, fax, etc.)
- No. of Alerts sent out per quarter

The development of indicators will require a consultative process with law enforcement authorities to ensure that performance indicators are relevant and applicable. The implementation of the performance indicators should first be piloted in BLOs with more experienced staff and then expanded to the rest of the BLO network. The development of indicators should be supported by a costed work plan.

5.6.1.5 Provide equipment to existing and planned BLOs. Equipment upgrades are required particularly for border locations that currently have high flows of cargo traffic as well those that will experience an overall increase in traffic. The exact requirements will depend on the needs of each location as well as current equipment availability. To improve the impact of equipment on the efforts of local law enforcement authorities, the following issues must be noted:

- Equipment provided must require a minimum of maintenance and upkeep. Past experience has shown that large and technically advanced equipment (i.e. scanners, portable forensic laboratories) is often not used because maintenance is not available locally or the running costs are too high for the local government to cover.
- In some locations (border crossings), equipment must be mobile so that authorities can utilize it on their patrols. Mobile detection units as well as investigation kits are useful for localized enforcement efforts.
- At key border points where a high volume of traffic is expected; equipment packages must be installed and maintenance and support capabilities ensured. This can be achieved with specialized training and with budgetary allocations for the functioning of equipments.

5.6.2 Expand and improve training – the need for training and capacity building is clear across the region but especially for agencies that are challenged by a lack of resources. Therefore, while the expansion of training should target the entire law enforcement community, primary attention must be given to individual agencies. To provide training across the region, the following actions should be taken:

5.6.2.1 Establish a universal training curriculum for all law enforcement officers that deal with illicit trafficking by 2009 with a budget-plan for expansion over the next five years. This

curriculum must take into consideration localized needs and provide a basis of minimum standards for law enforcement performance. Currently, law enforcement agencies across the region have differing levels of technical capacity and this complicates cross border cooperation. The universal curriculum would provide a template of skills and abilities which would greatly enhance cooperative actions of law enforcement. The input of regional and international experts must be called upon to develop this curriculum.

5.6.2.2 Provide training (based on the curriculum) to **all** law enforcement officers who deal with illicit trafficking. The coverage of this training should include all enforcement agencies as well as all officers. Currently, training provided by bilateral and multilateral organization is given only to liaison officers, who may or may not be at the “front line” of drug control. To ensure that training reaches its intended audience the following actions should be taken:

- Provide training on location or close to the location where the officers are stationed. The effectiveness of training provided in regional hubs is not always evident and efforts to bring training on location are well worth the effort;
- Provide training in the language of the target audience by local trainers. The impact of training can be neutralized by translations; and
- If training does take place in regional hubs, participants should be identified as being closely linked to actual enforcement activities.

For training to be effective in terms of facilitation and fostering cooperation 100 percent coverage should be attained or at least targeted. Based on the fact that law enforcement officers are often rotated, it is imperative that all officers have the training required.

5.6.2.3 Build performance and follow-up methods into training provided by bilateral or multilateral organizations. Current training modalities do not include follow-up methods – this makes the outputs of training difficult to measure. Since considerable investment has been made over the years to provide training and in view of the fact that the most common response by non-ASEAN governments to requests for assistance is training, every effort should be made so that there is an understanding on how training is utilized. This could be achieved by a harmonization of training efforts into the universal law enforcement curriculum.

These recommendations could be facilitated and implemented via CBT. As the premier training methodology of the region, CBT should be used as platform to build up the capacity of the regional law enforcement community. As a mobile technology, the existing training centres of non-ASEAN bilateral partners serve as venues for the coordination of training. This already takes place but in view of the recommendation to take training on location and to the officers who needed it, CBT should serve as the platform for delivery.

5.6.3 Strengthen MLA regimes – the urgent need to implement the MLAs that has been reached under ASEAN is clear. The capacity to do so, however, is not evident in all countries and the legislative regimes as well as due process and governance structures are not fully mature. To enhance the impact of MLAs across the region, the following actions should be taken:

5.6.3.1 Train a cadre of officers and selected members of the judiciary to manage MLAs. This training should be provided under a regional budget-supported programme and should have the full support of national Ministries of Justice and the Offices of the Attorney General. This programme should be developed in 2008 and activities begin in 2009. The target for this programme is the entire ASEAN Region. In some countries capable staffs are already in place and mechanisms are functioning. However, making the programme regional will increase the impact of joint activities and improve networks. If mechanisms to receive, process and return MLAs are not in place, the programme should be prepared to provide assistance in this regard.

5.6.3.2 Establish a MLA resource centre for the dissemination of information (not related to actual MLAs) and for the centralization of legislation and regulatory mechanisms and processes by 2010. This resource centre should ideally be located in a non-governmental location such as a university or other institution; this will better ensure that the performance of the centre is maintained. Budgetary arrangement should be managed under a membership scheme for interested agencies.

5.6.3.3 Review legislation that has an impact on MLAs and produce a set of recommendations to amend legislation that may not allow for the full use of the ASEAN MLA agreement by 2009.

5.6.4 Develop data capacity to track drugs and precursors and identify trafficking patterns – the monitoring of licit cargo is likely to improve with the introduction of the ASWI. The monitoring of illicit substance and diverted chemicals will continue to challenge law enforcement across the region. To improve the overall capacity to identify illicit cargo, pre-empt and understand changes in trafficking patterns and target precursor traffic, the following actions should be taken:

5.6.4.1 Integrate cargo control features into the ASWI by 2010. In view of the fact that the ASWI will become the primary control mechanism for cargo coming across borders, efforts should be made to integrate anti-trafficking mechanisms into this framework. It is expected that the ASWI will be widely adopted and therefore it is in the interest of law enforcement authorities to combine efforts and contribute in the development and implementation of the ASWI and its related systems. This should be accomplished by the signing of an MOU between ASOD and the Trade Section of ASEAN. The budget for this integration should be included in the overall budget of ASWI since the development of system would be part of the overall ASWI package.

5.6.4.2 Establish a GIS system to monitor trafficking patterns by 2009. In view of the dynamism of criminal syndicates and their ability to change modalities and routes for trafficking, law enforcement authorities would be well served by a centralized, secure (password protected) regional system to record seizures and to analyze criminal trafficking patterns. For the system to work, the full participation of all ASEAN countries is required – partial participation will result in diminished net value for law enforcement. Such systems have been implemented for other issues such as epidemiological tracking of infectious diseases and Internet-based features such Google Maps demonstrate that the technology is available and it can have practical applications. The budget to cover this development could be provided through a multilateral project that supports national sites and manages centralization. The DAINAP system could serve as a starting point for this system.

5.6.4.3 Project Prism should be widely used by all governments to monitor and track precursors (backtracking). Much investment has been placed on the development of this global project and most law enforcement agencies are familiar with the features and functions of the system. At the moment it is not being utilized by all ASEAN countries that this severely limits the utility of the system. The use of Project Prism could be reviewed at the next ACCORD Task Force meeting (2008) on Law Enforcement.

## **5.7 Implementation of Recommendations**

The previous pages have outlined a clear set of actions to be taken. The next step is to determine how to implement these actions with a timeframe. The following table outlines a process for action.

<i>Key Recommendations</i>	<i>Next expected activity</i>	<i>Monitoring of implementation</i>
Expand and strengthen BLO	<ul style="list-style-type: none"> <li>Consolidate a budgeted requirements listing for each border location as identified in this report at the next ACCORD Task Force meeting</li> </ul>	To monitor the overall implementation of the recommendations in this report a “ <b>GMS Trafficking Task Force</b> ” should be established under the auspices of the ASOD/ACCORD framework with the full participation of bilateral donors and multilateral organization. To limit the establishment of unnecessary meetings and oversight bodies, the ACCORD/ASOD framework should be maximized in order to serve as a conduit for the development and implementation of the recommendations in this report.
Expand and improve training	<ul style="list-style-type: none"> <li>Call a joint meeting with all bilateral and multilateral organizations that currently provide training and develop a training-based response to the specific issues raised in this report</li> </ul>	
Strengthen MLA regimes	<ul style="list-style-type: none"> <li>Call a joint meeting under the ASEAN MLA framework to prepare a proposal for the harmonization of regulations</li> </ul>	
Develop data capacity to track drugs and precursors and identify trafficking patterns	<ul style="list-style-type: none"> <li>Call a joint meeting with all data collection focal points for ASEAN drug control agencies to identify requirements for the determination of sources of inputs and the collation of data</li> </ul>	

The previous recommendations should be reviewed at the next Task Force Meeting on Law Enforcement and at the next ASOD meeting. An overall review on the uptake and implementation of the recommendations should take place in 2010 as organized by ASEAN Secretariat.

## Summary

The threat of a significant increase in the traffic of drugs due to the devolvement of infrastructure in the GMS and the implementation of trade facilitation agreements across ASEAN is significant. This section of the report has outlined some the primary concerns, identified some existing resources and presented recommendations to move forward. The commitment of achieving a *Drug-Free ASEAN by 2015* is still valid and the Government of the region as well as the bilateral and multilateral organizations should place a priority on limiting the negative impact of globalization. The Asian Highway is a reality and the economic corridors that will come as a result will go a long way in bringing prosperity to the region – every effort should be made so that the illicit traffic of drugs does not take advantage of this positive development and further delay the achievement of a *Drug-Free ASEAN*.

## Annexes

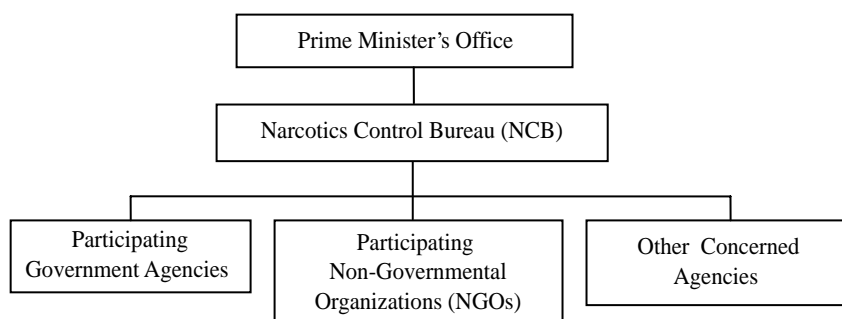
### A. Drug Agency Profiles

#### Annex 1 A

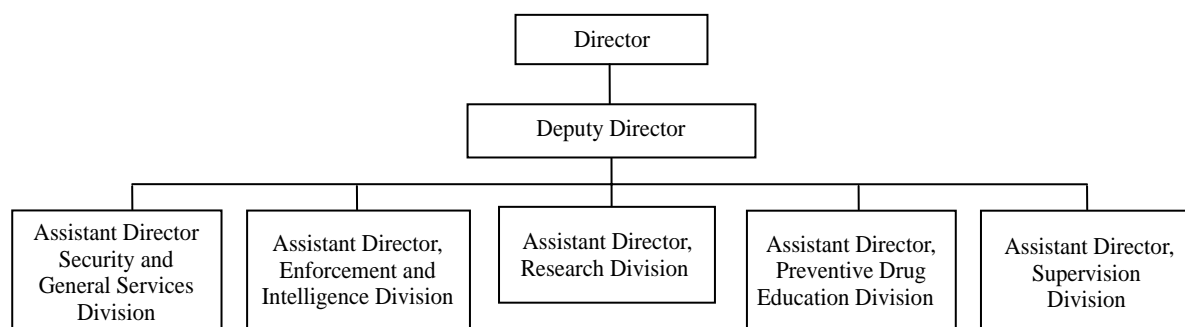
##### Brunei Darussalam – Narcotics Control Bureau (NCB)

Mandate: The objective of the NCB is to be the lead responsible agency in enforcing relevant laws pertaining to the eradication of abuse of drugs and intoxicating substances; to provide support services in demand reduction through preventive drug education and aftercare services, and to serve as the main agency in coordinating all matters pertaining to the eradication of the abuse of drugs and intoxicating substances. The NCB, at the time of its establishment, took over from the Royal Brunei Police Force the responsibility and authority in enforcing drug laws, and is answerable to the Prime Minister's Office.

##### Hierarchy within Government



##### Agency Organogram

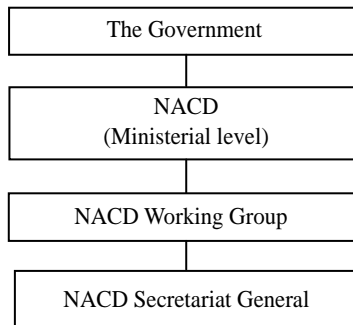


## Annex 1 B

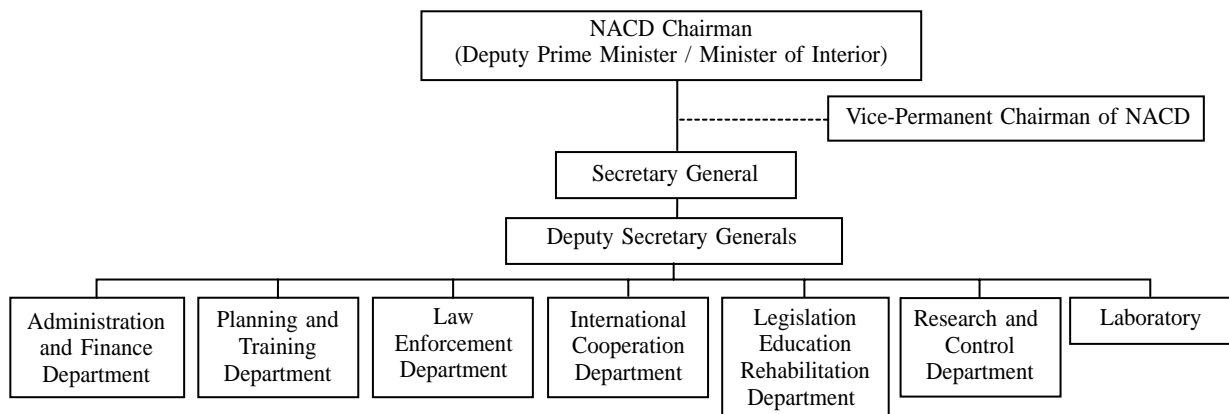
### Cambodia – National Authority for Combating Drugs (NACD)

Mandate: The NACD secretariat has a very broad mandate for dealing with all aspects of drug control matters, including the control of the production and trafficking of drugs and precursor chemicals, money laundering and asset seizures, illicit drug control, drug abuse prevention and the treatment and rehabilitation of drug dependent persons.

#### Hierarchy within Government



#### Agency Organogram



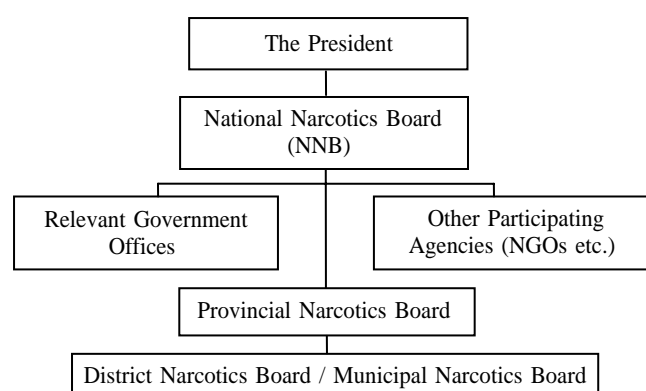


## Annex 1 C

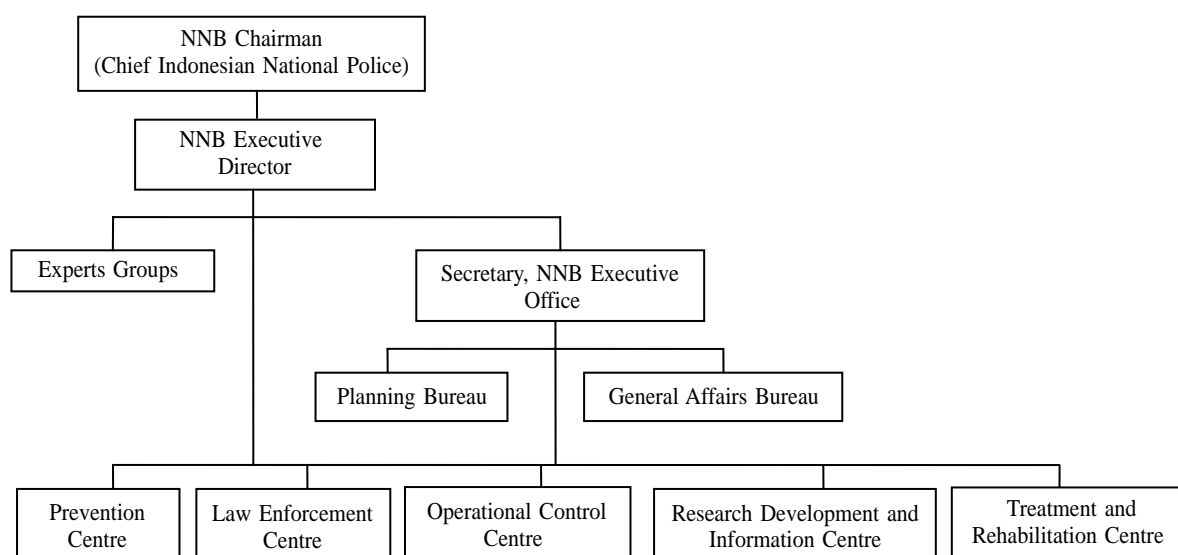
### Indonesia – National Narcotics Board (NNB)

**Mandate:** The NNB is mandated to assist the President in organizing governmental institutions in developing policies dealing with drug supply, prevention, and abuse. This involves building relevant units with related government institutions for dealing with issues of prevention and handling of narcotics, psychotropic substances and precursors. Organizational efforts are made by NNB in the areas of policy development, performance, enforcement and prevention activities, information, and international cooperation.

#### Hierarchy within Government



#### Agency Organogram



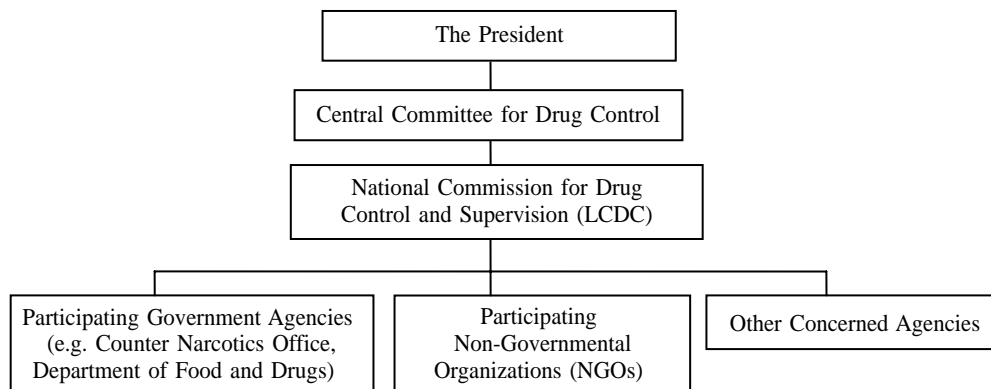
## Annex 1 D

### Lao PDR – National Commission for Drug Control and Supervision (LCDC)

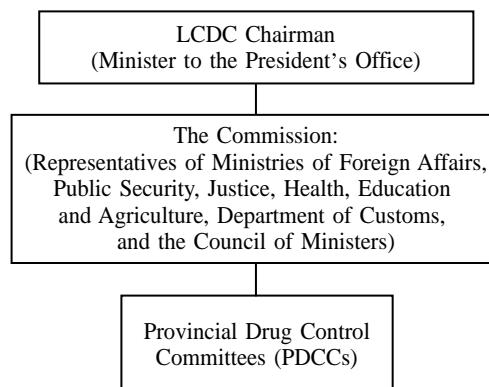
#### Mandate and Objective

It is the responsibility of the LCDC, under the guidance of the Central Committee for Drug Control, to develop policies and strategies with regards to efforts in combating illicit manufacture, trafficking, and trade in narcotic drugs, psychotropic substances and precursor chemicals, and to facilitate coordination with the relevant participating institutions and agencies, as well as with non-governmental organizations.

#### Hierarchy within Government



#### Agency Organogram

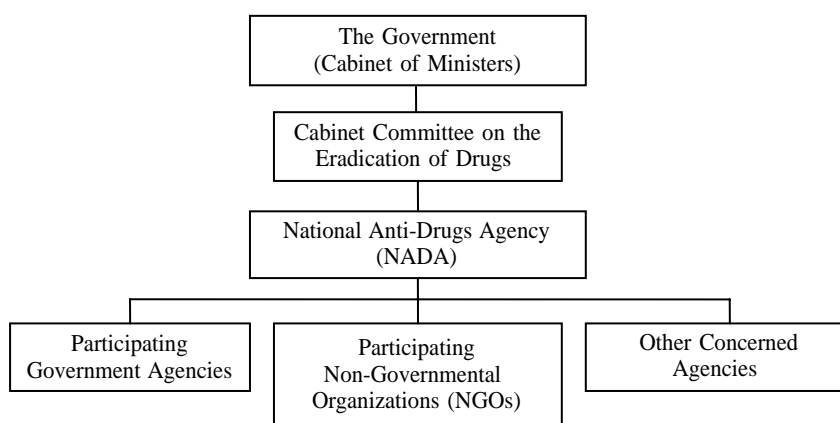


## Annex 1 E

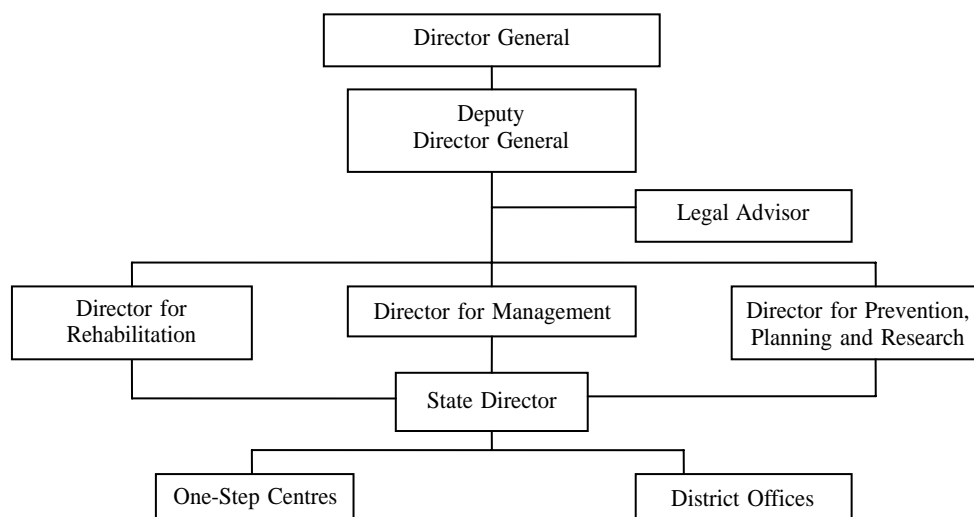
### Malaysia – National Anti-Drugs Agency (NADA)

Mandate: NADA was established to operate at the state as well as the district level, with the district level Officer of NADA being answerable to the state level Director of NADA, who, in turn, answers to NADA's Director General. It is the responsibility of NADA to implement all efforts relevant for effective progress in the areas of drug prevention, treatment and rehabilitation, illicit drugs law enforcement, and international cooperation. NADA's main objectives are to protect Malaysians from the drug scourge, to treat and rehabilitate drug addicts, and to prevent recidivism among drug users.

#### Hierarchy within Government



#### Agency Organogram

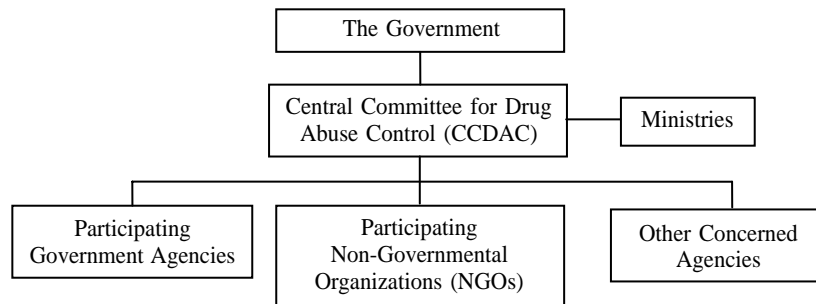


## Annex 1 F

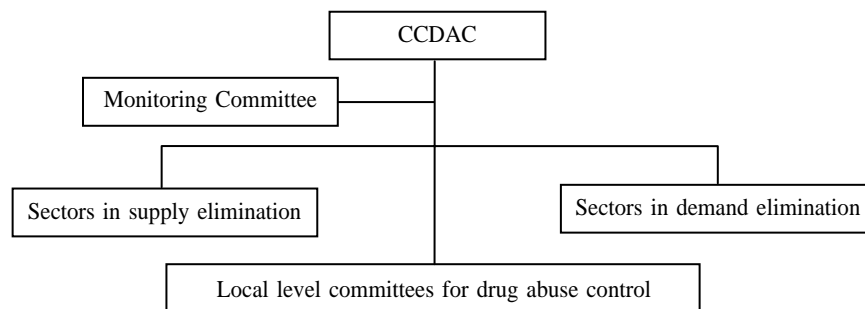
### Myanmar – The Central Committee for Drug Abuse Control (CCDAC)

Mandate: CCDAC is responsible for implementing policies with regards to efforts to combat narcotic drugs and psychotropic substances and to facilitate coordination with relevant Ministries and non-governmental organizations. Further, it is the responsibility of CCDAC to engage in cooperation with other, principally neighbouring states which are party to the United Nations Conventions.

#### Hierarchy within Government



#### Agency Organagram

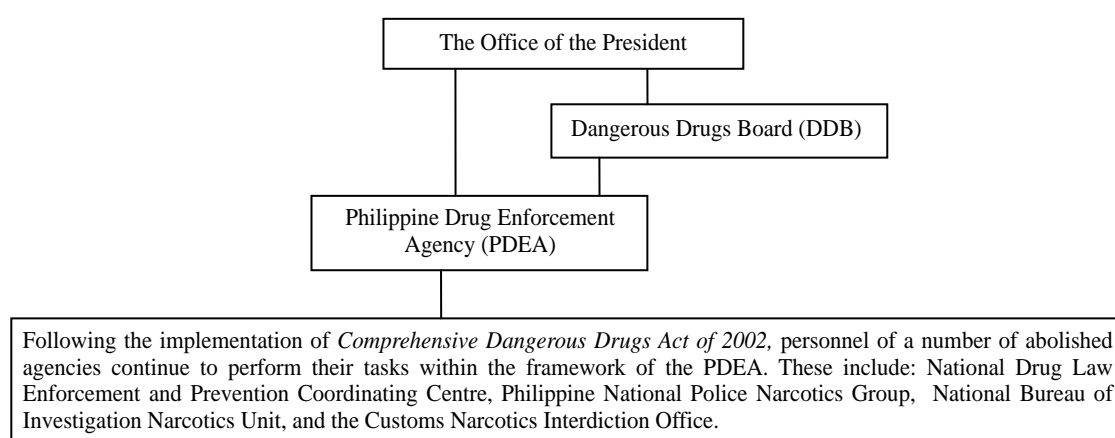


## Annex 1 G

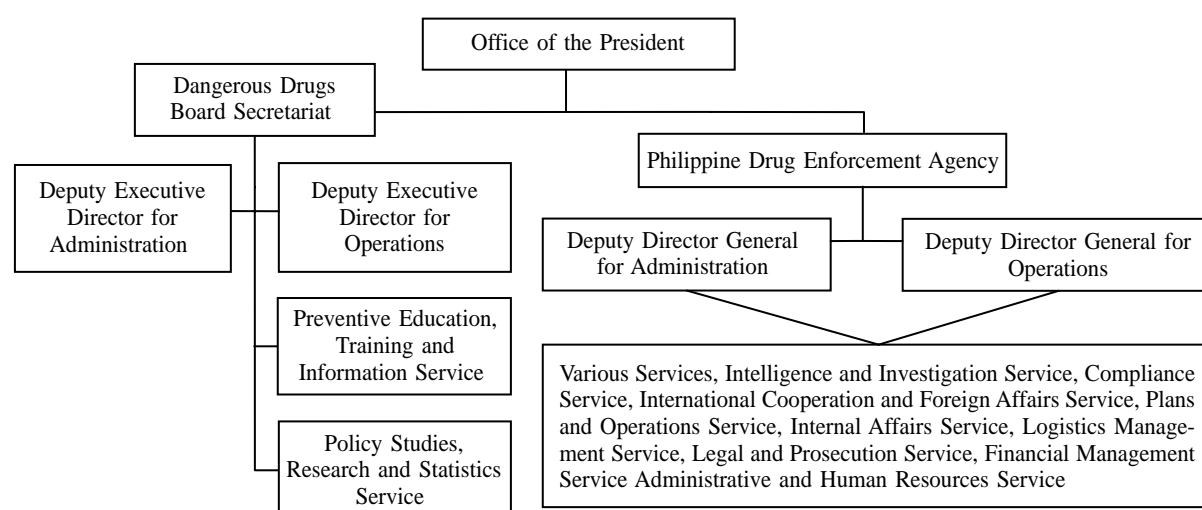
### Philippines – Dangerous Drugs Board (DDB)

Mandate: Pursuant to Section 77, Article IX of Republic Act No. 9165, also known as the *Comprehensive Dangerous Drugs Act of 2002*, the DDB is mandated to carry out the planning and formulation of official policies and programmes on illicit drug control and abuse prevention. Further, the DDB is tasked to coordinate participating NGOs, as well as to facilitate and plan contributions to international cooperation towards global efforts of fighting illicit drugs production and trafficking.

#### Hierarchy within Government



#### Agency Organogram

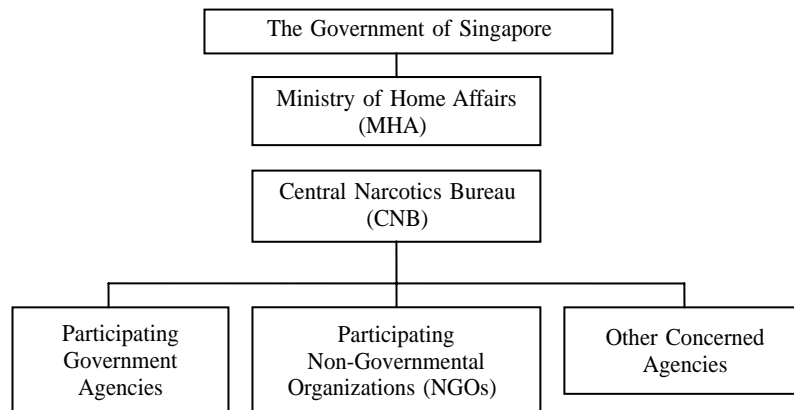


## Annex 1 H

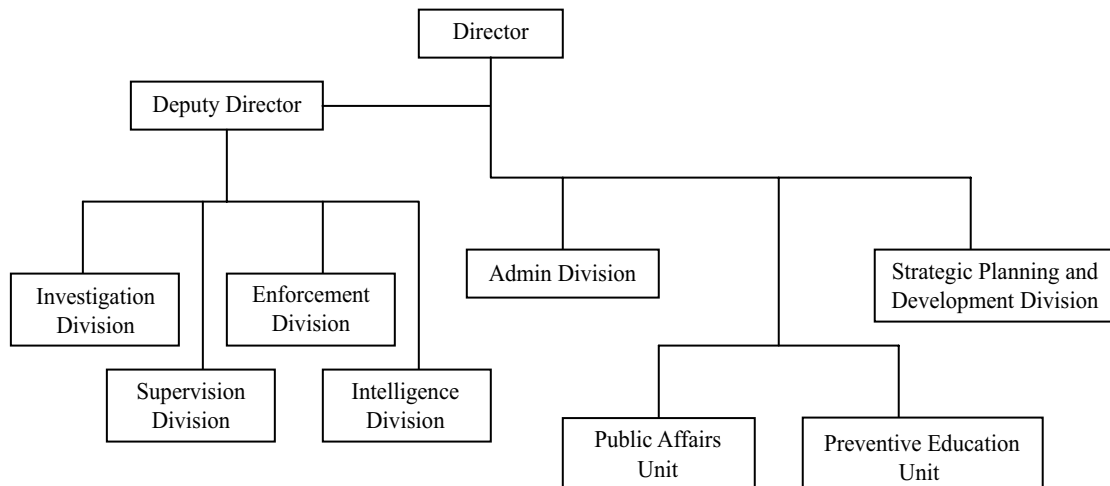
### Singapore – Central Narcotics Bureau (CNB)

**Mandate:** The primary functions of the CNB are to implement the official policy of vigorous enforcement against drug law offenders, to facilitate and coordinate active cooperation with local and foreign agencies, on matters relating to illicit drugs control, and, through preventive education and active engagement of the community, to promote a drug-free lifestyle in Singapore.

#### Hierarchy within Government



#### Agency Organogram

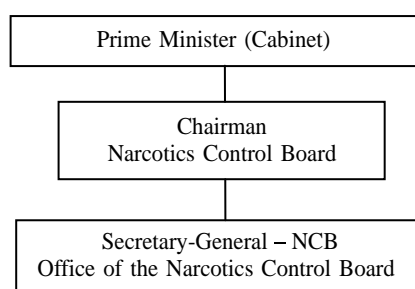


## Annex 1 I

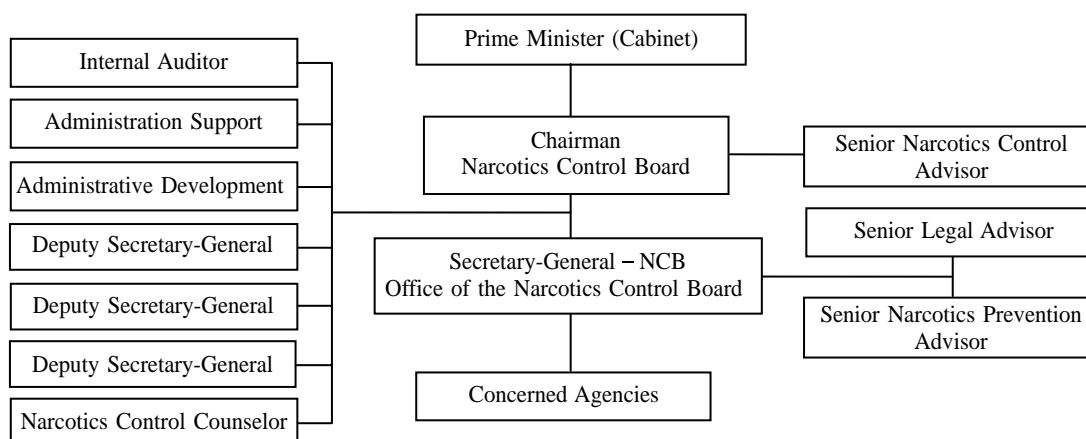
### Thailand – Office of the Narcotics Control Board (ONCB)

Mandate: ONCB is intended, among other things, to function as the secretariat and implementing agency of the NCB, Asset Seizure Committee, and to be the administrative body of any other committee working in illicit drug control. ONCB responsibilities include assessing the national illicit drugs situation and setting up drugs epidemic surveillance systems, as well as to recommend, coordinate, and integrate the policy, strategies, plan, and budget in efforts of national drugs control while enforcing drug control laws. Further, ONCB is responsible for conducting anti-narcotics prevention, campaigns and public relations as well as for recommending and coordinating international cooperation on illicit drugs control.

### Hierarchy within Government



### Agency Organogram

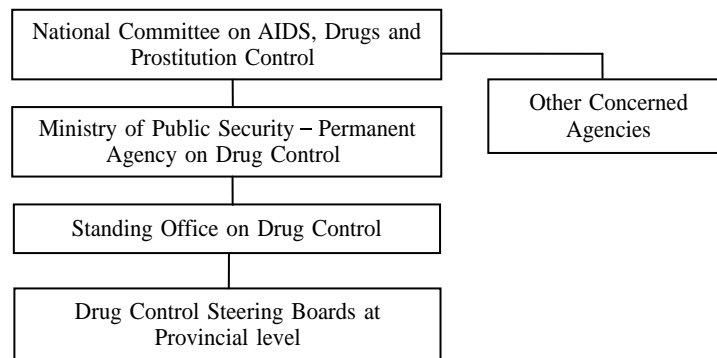


## Annex 1 J

### Viet Nam – Standing Office on Drug Control (SODC)

Mandate: The 2000 structure re-organizations in Viet Nam have significantly bolstered the institutional framework for drug control and illicit drug law enforcement. The SODC is the authority for coordinating and monitoring all issues related to drug control and prevention. The SODC, which is under Ministry of Public Security (MPS), now forms the backbone of the national drug control and prevention strategy under guidance of National Committee on AIDS, Drugs and Prostitution Control (NCADPC). The NCADPC, in turn, is the result of the Decision by the Prime Minister, in 2000, to merge National Steering Committee for Social Evils Prevention, the National Drug Control Committee and National AIDS Committee.

### Hierarchy within Government

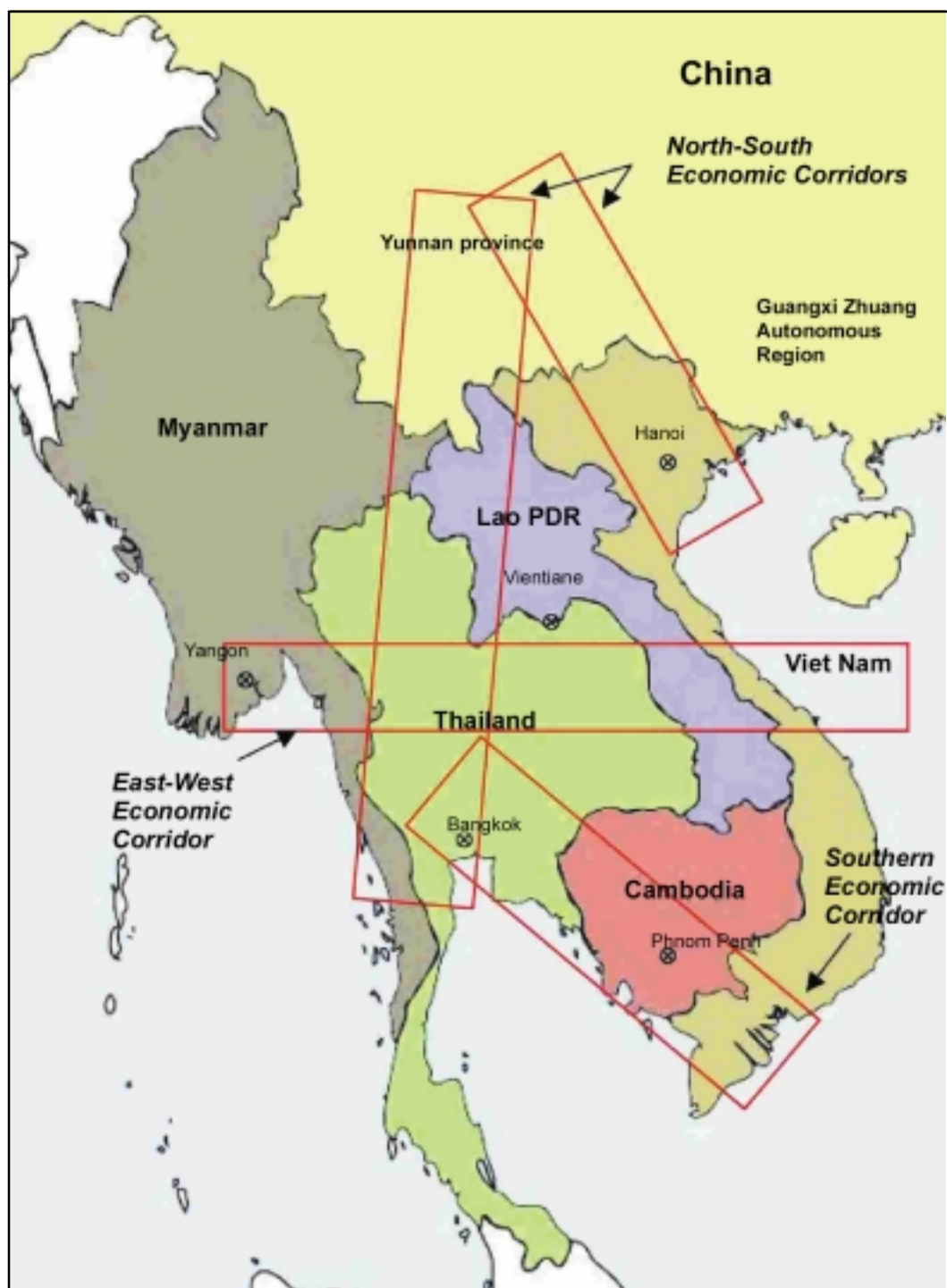




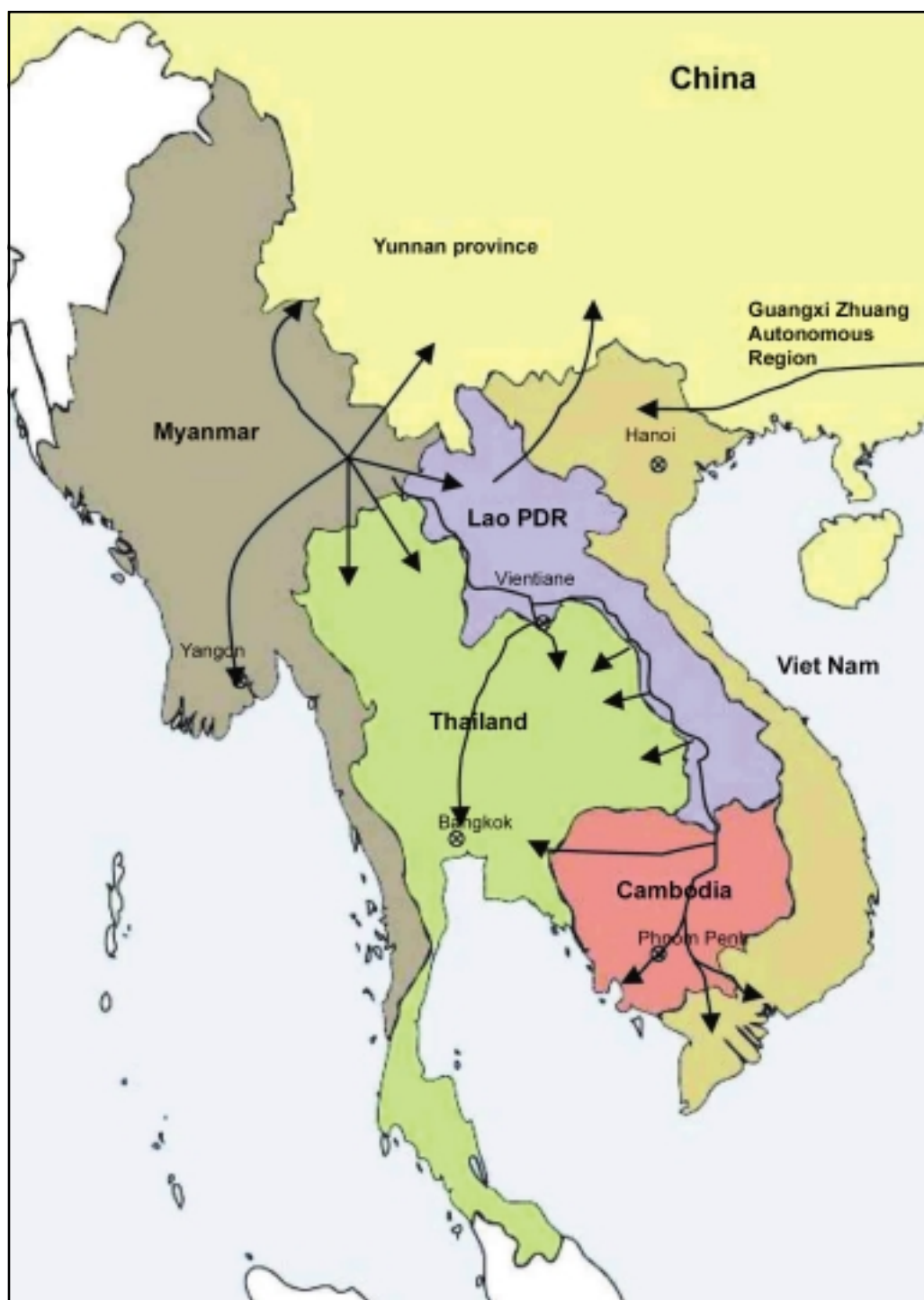
## Annexes

### B. Maps

Map 1 A. Greater Mekong Sub-region Economic Corridors

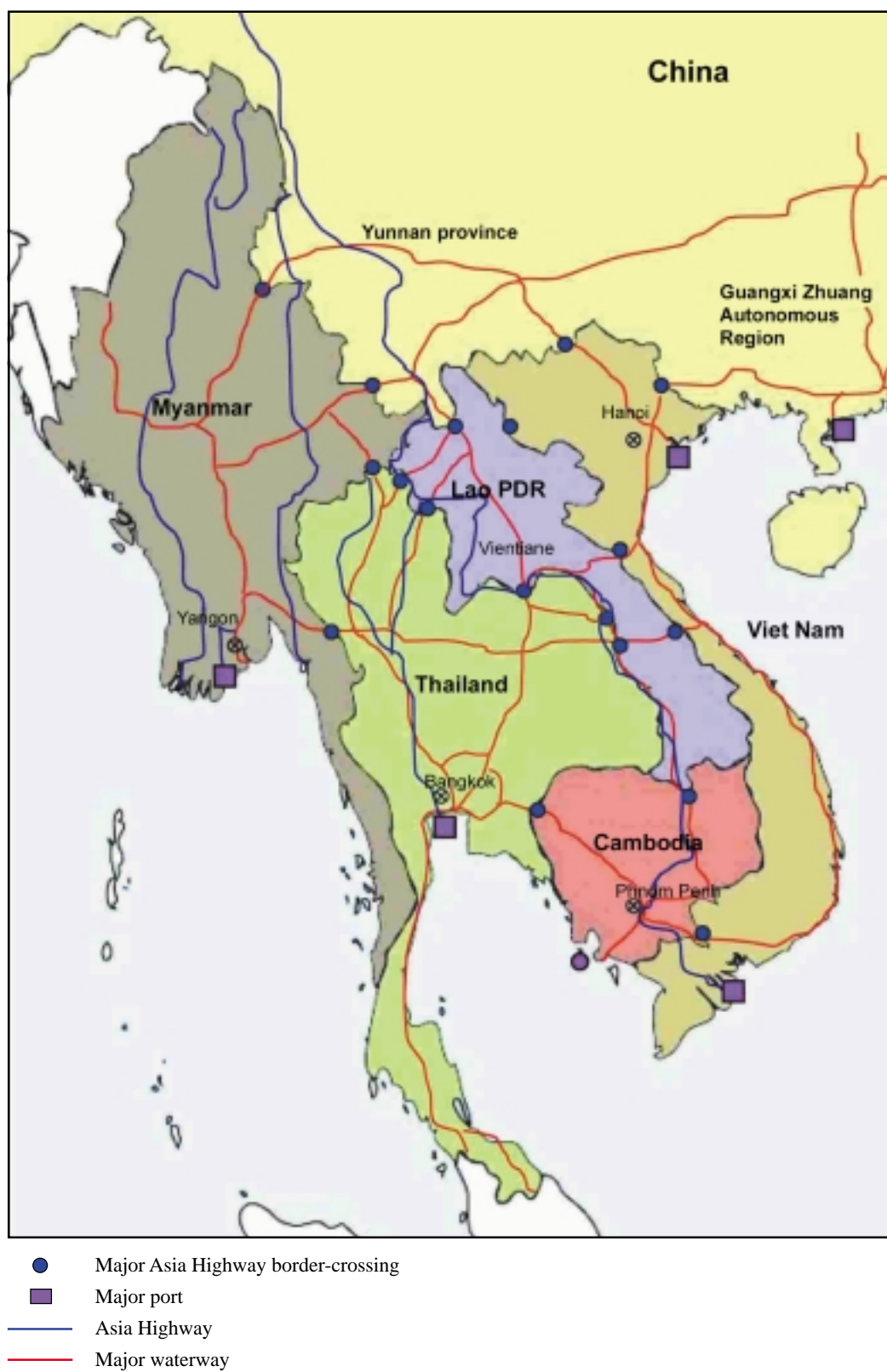


**Map 1 B. Trafficking Routes**

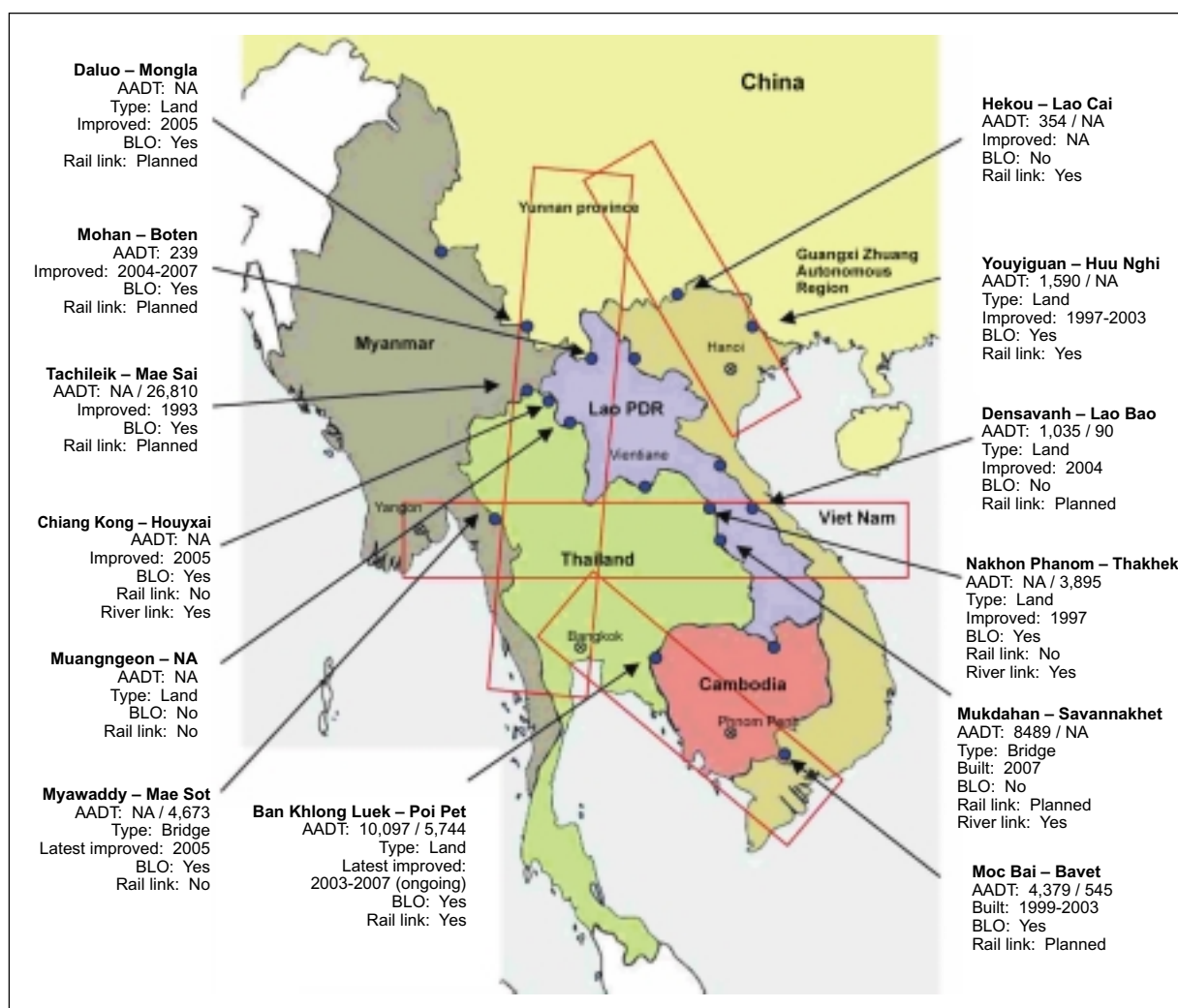


\* Major trafficking routes for heroin and ATS in the GMS

Map 1 C. Key Border Locations

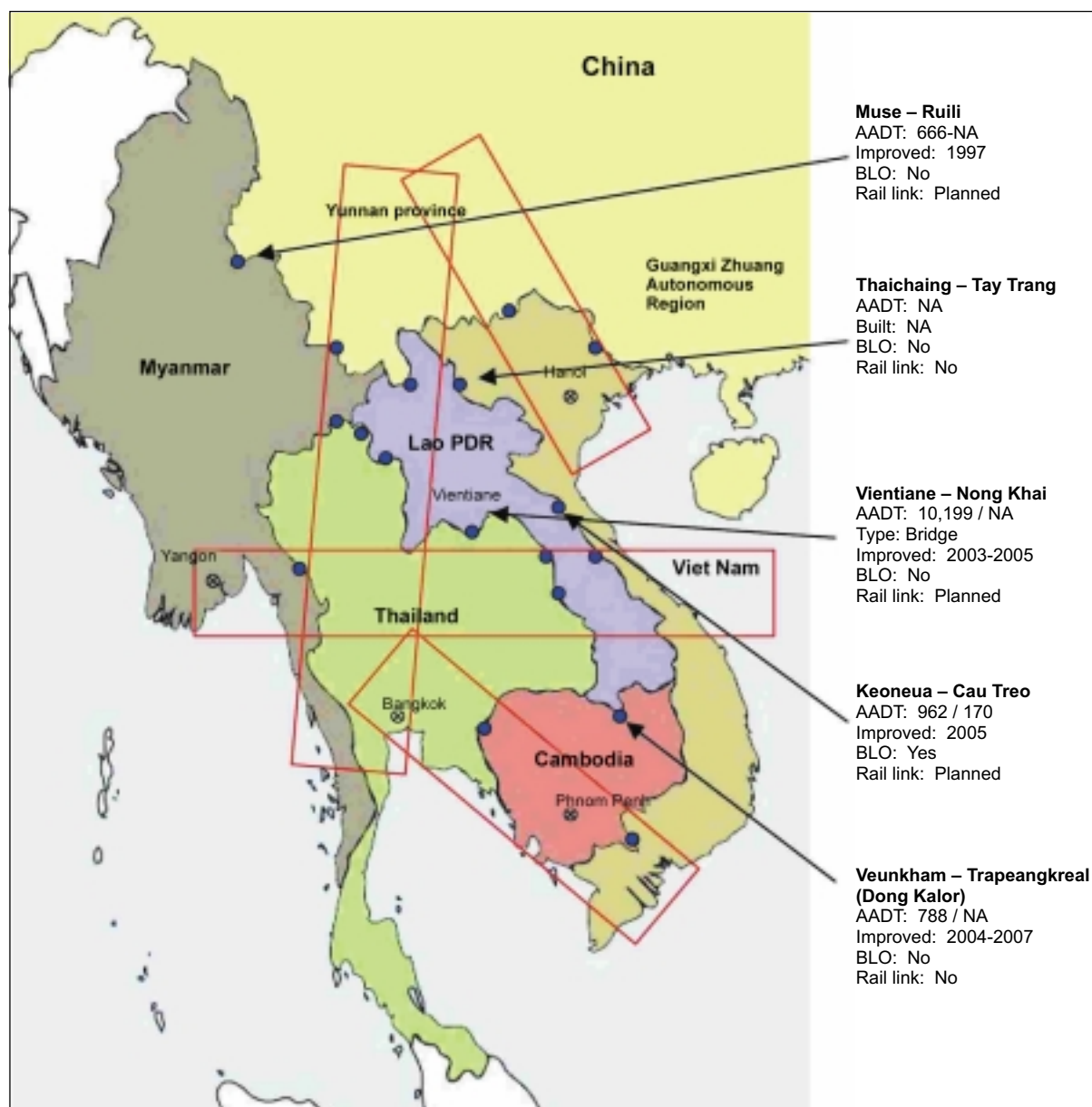


Map 1 D. Border Details



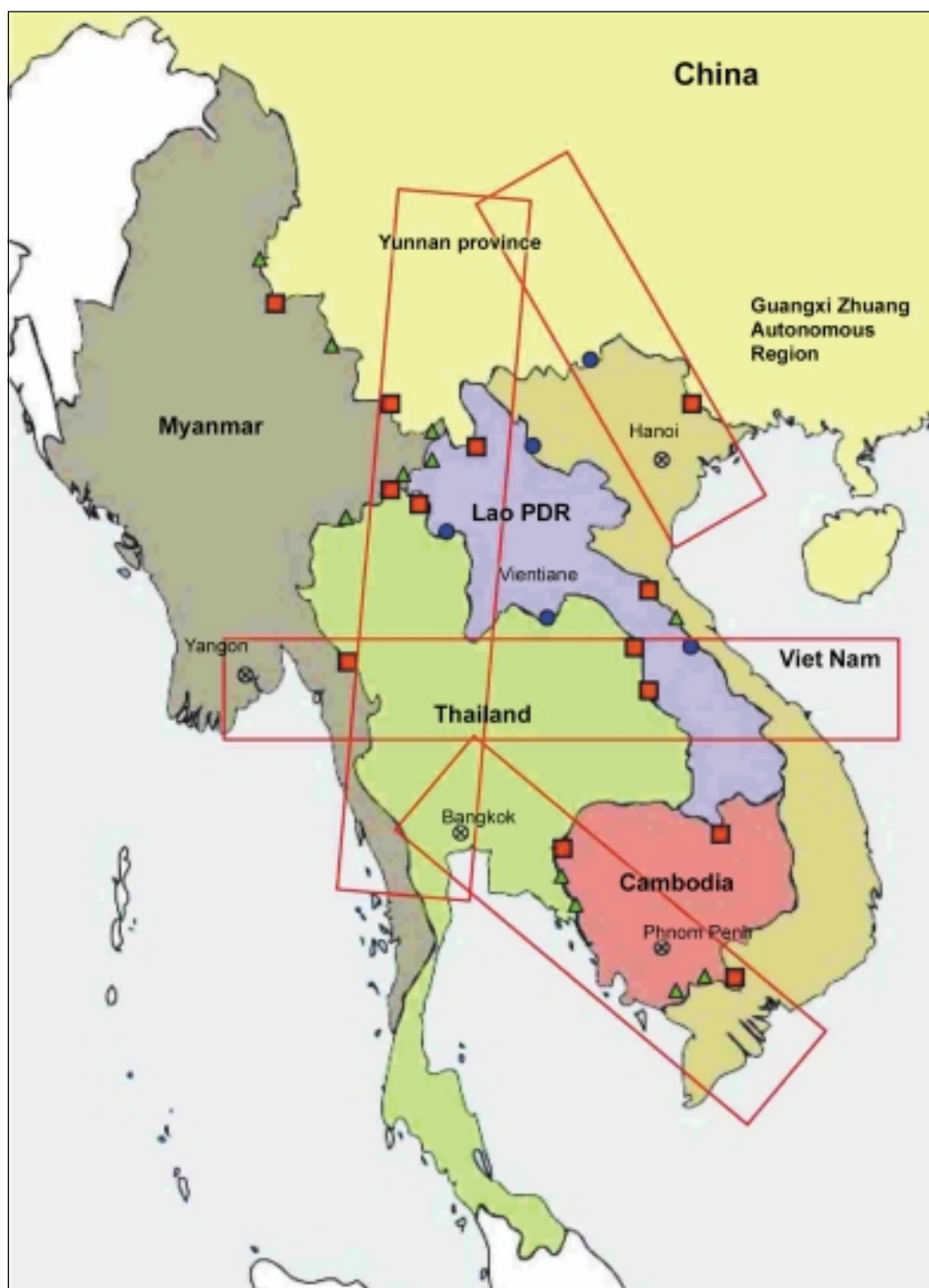
AADT: Average Annual Daily Traffic

**Map 1 E. Key Border Locations GMS Economic Code**





**Map 1 F. Current Resource for Border Control**



Key infrastructure border point and Border Liaison Offices

- Major border
- ▲ Border Liaison Office
- BLO and Asian Highway border crossing overlap

## Annexes

### C. Other Information

#### Projects Implemented by UNODC in the ASEAN Region.

Note: This listing includes project that end in 2006. The project-specific information in these tables may not be completely accurate and it is based on the known details for projects at the time of this report. For more information on projects please contact UNODC Offices. See [www.unodc.org](http://www.unodc.org)

#### UNODC Country Office Lao PDR

<b>Project Name:</b>	<b>A balanced approach to opium elimination in Lao PDR; Programme Facilitation Unit</b>
Duration:	January 2000 – December 2008
Drug Control Sector:	Sustainable Livelihoods
Government Agency:	Lao National Commission for Drug Control and Supervision (LCDC)
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 4,691,100
Primary objective:	The Programme Facilitation Unit (PFU) will support the formulation, preparation, implementation, and monitoring of provincial programme modules, which will eradicate the area planted with opium poppy, eliminate opium production and reduce the abuse of opium in northern Lao PDR through a combination of alternative development, demand reduction and law enforcement activities.
<b>Project Name:</b>	<b>North Phongsali alternative development</b>
Duration:	January 2001 – December 2007
Drug Control Sector:	Sustainable Livelihoods
Government Agency:	Lao National Commission for Drug Control and Supervision (LCDC)
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 3,410,000
Primary objective:	Under the project, alternative development, drug law enforcement and drug demand reduction activities will be combined according to the needs identified. Close cooperation is envisaged between this project and the Programme Facilitation Unit (LAO/F13), which has been designed to coordinate the various components of the overall programme.
<b>Project Name:</b>	<b>Strengthening of the legal and law enforcement institutions to prevent and combat human trafficking</b>
Duration:	September 2006 – December 2008
Drug Control Sector:	Anti Human Trafficking
Government Agency:	Ministry of Justice/Supreme Prosecutor's Office
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 448,500
Primary objective:	The main objective of the project is to reduce the number of trafficked persons in and from Lao PDR, and to strengthen the capacity of law enforcement and judiciary to investigate and prosecute cases of human trafficking as well as to draft anti-human trafficking legislation.
<b>Project Name:</b>	<b>Village-based development component in ADB shifting cultivation pilot project in Houaphan Province (micro-project)</b>
Duration:	January 2000 – January 2007
Drug Control Sector:	Sustainable Livelihoods
Government Agency:	Lao National Commission for Drug Control and Supervision (LCDC)
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 2,214,600
Primary objective:	The project aims to reduce opium production and abuse among beneficiaries in the Houaphan Province through capacity building at village- and community-level and providing credit for development of alternative sources of income. Close cooperation is envisaged between this project and the Programme Facilitation Unit (PFU) (LAO/F13), which has been designed to coordinate the various components of the overall programme.

<b>Project Name:</b>	<b>Social and economic rehabilitation of former opium poppy growing communities – Alternative livelihood development</b>
Duration:	2007 – 2010
Drug Control Sector:	Sustainable livelihoods
Government Agency:	Lao National Commission for Drug Control and Supervision (LCDC)
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 1,171,300
Primary objective:	The project will assist the government of the Lao PDR to reduce the dependency on opium through identification and propagation of alternative livelihoods.
<b>Project Name:</b>	<b>Houaphan alternative development programme module</b>
Duration:	2007 – 2010
Drug Control Sector:	Sustainable livelihoods
Government Agency:	Lao National Commission for Drug Control and Supervision (LCDC)
Executing Agency:	UNODC Lao PDR Country Office
Total budget:	US\$ 1,000,000
Primary objective:	The immediate objective is the elimination of the area planted with opium poppy and the reduction of opium abuse in the districts of Xamtai, Xiengkhor, Ed and Sopbao through a community based participatory approach and a process of alternative development, demand reduction and law enforcement.

### UNODC Country Office Myanmar

<b>Project Name:</b>	<b>Community-based demand reduction project for three key townships in the northern Shan State</b>
Duration:	January 2000 – December 2007
Drug Control Sector:	HIV/AIDS
Government Agency:	Central Committee for Drug Abuse Control (CCDAC)
Executing Agency:	UNODC Myanmar Country Office
Total budget:	US\$ 413,500
Primary objective:	The project aims to reduce the incidence of drug abuse in North-east Myanmar by extending an existing community-based demand reduction programme from a few selected villages near Muse to key townships along the Mandalay – Muse transport corridor, namely Lashio, Kutkai and wider Muse township itself.
<b>Project Name:</b>	<b>HIV/AIDS Prevention for Police Force in Myanmar</b>
Duration:	January 2004 – May 2006
Drug Control Sector:	Prevention, Treatment and Rehabilitation
Government Agency:	Central Committee for Drug Abuse Control (CCDAC)
Executing Agency:	UNODC Myanmar Country Office
Total budget:	US\$ 56,800
Primary objective:	The initial aim for this project is to increase the awareness on HIV/AIDS prevention among uniform services particularly among the police personnel and their families. The target groups are new police recruits (both officers and other ranks), police personnel in border area and their families, high ranking police officers and educators.
<b>Project Name:</b>	<b>Illicit crop monitoring in Myanmar</b>
Duration:	January 2003 – December 2006
Drug Control Sector:	Research and Trend Analysis (b) Illicit Crop Monitoring
Government Agency:	Central Committee for Drug Abuse Control (CCDAC)
Executing Agency:	UNODC Myanmar Country Office
Total budget:	US\$ 600,000
Primary objective:	The project will contribute to establishing a comprehensive monitoring system in Myanmar of concerned departments. The Annual Opium Survey is a combination of an interview-based socio-economic survey, price monitoring, yield estimation and interpretation of satellite images.



<b>Project Name:</b>	<b>Reducing injecting drug use and HIV/AIDS vulnerability in Myanmar: Technical Coordination Unit</b>
Duration:	January 2003 – December 2007
Drug Control Sector:	HIV/AIDS
Government Agency:	Central Committee for Drug Abuse Control (CCDAC)
Executing Agency:	UNODC Myanmar Country Office
Total budget:	US\$ 1,759,600
Primary objective:	The project will give UNODC the means to assist and push forward the comprehensive programme on “Injecting Drug Use and HIV/AIDS vulnerability” within the framework of the Joint Programme. Secondly, it will give UNODC the structure to effectively coordinate ongoing and future activities of all implementing partners including the Government, other UN agencies and local and international NGOs working in the field of Injecting Drug Use and HIV/AIDS prevention.
<b>Project Name:</b>	<b>Reducing injecting drug use and its harmful consequences in the Union of Myanmar</b>
Duration:	January 2003 – December 2006
Drug Control Sector:	HIV/AIDS
Government Agency:	Central Committee for Drug Abuse Control (CCDAC)
Executing Agency:	UNODC Myanmar Country Office
Total budget:	US\$ 1,103,700
Primary objective:	The project aims to reduce injecting drug use and its harmful consequences among injecting drug users and their families and communities. In particular, it focuses on reducing the transmission of HIV/AIDS among injecting drug users (IDUs) and their families and communities, through increased access to information and services for drug user.

### **UNODC Country Office Viet Nam**

<b>Project Name:</b>	<b>Comprehensive drug prevention activities in Viet Nam</b>
Duration:	January 2004 – December 2007
Drug Control Sector:	Prevention Treatment and Rehabilitation
Government Agency:	Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Viet Nam Country Office/Viet Nam Ministry of Public Security (MOPS)
Total budget:	US\$ 589,200
Primary objective:	The project seeks to ensure that the Government and the communities recognize the need to design and implement appropriate drug prevention activities and become actively engaged. The project sets a target to provide training and involve in project implementation, approx. 500 communications workers, journalists and TV/radio correspondents, including around 250 young people.
<b>Project Name:</b>	<b>Drug abuse prevention among ethnic minorities in Viet Nam</b>
Duration:	January 2004 – December 2007
Drug Control Sector:	Prevention Treatment and Rehabilitation
Government Agency:	Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Viet Nam Country Office
Total budget:	US\$ 719,500
Primary objective:	The project will develop and initiate culturally-appropriate drug use and HIV harm prevention and intervention programmes in order to prevent an increase in drug use and drug-related harm among ethnic minority populations in selected highland provinces of Viet Nam.
<b>Project Name:</b>	<b>HIV/AIDS preventive education</b>
Duration:	January 2006 – December 2006
Drug Control Sector:	HIV/AIDS preventive education
Government Agency:	Ministry of Labour, Invalids and Social Affairs (MOLISA)/Department of Labour, Invalids and Social Affairs (DOLISA)
Executing Agency:	UNODC Viet Nam Country Office
Total budget:	US\$ 64,800
Primary objective:	The existing treatment and rehabilitation centres should be the prime target for HIV prevention and education efforts. Therefore, UNODC Country Office Viet Nam proposes to support activities targeted at the introduction and replication of a programme on HIV prevention and education in the compulsory treatment centres.

<b>Project Name:</b>	<b>Interdiction and seizure capacity building with special emphasis on ATS and precursors in Viet Nam</b>
Duration:	January 2004 – December 2006
Drug Control Sector:	Counter Narcotics Enforcement
Government Agency:	Viet Nam National Committee for AIDS, Drug and Prostitution Control (NCADP)
Executing Agency:	UNODC Viet Nam Country Office/Ministry of Public Security
Total budget:	US\$ 736,800
Primary objective:	This project aims to strengthen the law enforcement efforts over trafficking in drugs, in particular ATS and precursor chemicals, through the development of interagency (Police, Customs and Border Army) Interdiction Task Force Units (ITFUs) in five selected hotspot provinces. Once established and equipped, the ITFUs will be trained on effective investigation of those suspected persons trafficking in illicit drugs or precursor chemicals.
<b>Project Name:</b>	<b>Strengthening of the Legal and Law Enforcement Institutions in Preventing and Combating Trafficking in Persons in Viet Nam Phase II of VIER21</b>
Duration:	September 2005 – December 2007
Drug Control Sector:	Anti Human Trafficking
Government Agency:	Ministry of Public Security/General Department of Police
Executing Agency:	UNODC Viet Nam Country Office
Total budget:	US\$ 581,600
Primary objective:	The project's main objective is to increase detection, investigation, and prosecuting capacities and training of the law enforcement and the judiciary (Police, Immigration, Surveillance Department of the Border Army, Prosecution and Courts) regarding human trafficking. The project will build on the lessons learned, training material and curricula etc. developed under Phase I of the project, and expand its scope and beneficiaries.
<b>Project Name:</b>	<b>Technical Assistance to Treatment and Rehabilitation at Institutional and Community Level</b>
Duration:	January 2006 – December 2008
Drug Control Sector:	Prevention Treatment and Rehabilitation
Government Agency:	Ministry of Labours, Invalids and Social Affairs (MOLISA)/Department of Social Evils Prevention (DSEP)
Executing Agency:	UNODC Viet Nam Country Office
Total budget:	US\$ 494,400
Primary objective:	The project will address the need to improve and further develop a range of HIV prevention and drug abuse treatment services for drug abusers in selected localities in Viet Nam. This will include HIV/AIDS prevention, as well as community-based and residential treatment and rehabilitation.

### UNODC Regional Centre for East Asia and the Pacific in Bangkok

<b>Project Name:</b>	<b>Support to Drug Law Enforcement in East Asia and the Pacific</b>
Duration:	July 1999 – 2008
Drug Control Sector:	Rule of Law (Law Enforcement)
Government Agency:	Brunei: Narcotics Control Bureau (NCB) Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Singapore: Central Narcotics Bureau (CNB) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 1,523,900
Primary objective:	To strengthen the capacity for effective drug law enforcement, criminal justice and crime prevention among the countries of East Asia and the Pacific.

<b>Project Name:</b>	<b>Development of Cross-Border Law Enforcement Cooperation in East Asia</b>
Duration:	August 1999 – March 2007
Drug Control Sector:	Rule of Law (Counter Narcotics Enforcement)
Government Agency:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 2,808,974
Primary objective:	To develop and expand the operational effectiveness of law enforcement agencies across and along the borders of countries which are party to the Memorandum of Understanding (MOU) and the Sub-regional Action Plan on Drug Control.
<b>Project Name:</b>	<b>Regional Cooperative Mechanism to Monitor and Execute the ACCORD Plan of Action</b>
Duration:	April 2002 – September 2008
Drug Control Sector:	Policy Support, Legislation and Advocacy
Government Agency:	Brunei: Narcotics Control Bureau (NCB) Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Singapore: Central Narcotics Bureau (CNB) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 2,322,700
Primary objective:	To establish and maintain a flexible and suitable coordination mechanism to facilitate the execution of the ACCORD Plan of Action among participating countries and partners; to monitor progress; and to exchange information in-depth analysis on drug control trends in the region.
<b>Project Name:</b>	<b>Improving ATS Data and Information Systems</b>
Duration:	July 2002 – July 2007
Drug Control Sector:	Prevention and Analysis (Demand Reduction and Data Collection)
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Philippines: Dangerous Drugs Board (DDB) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 1,050,000
Primary objective:	To establish an infrastructure for better understanding patterns of ATS in the region, and for exchanging data pertinent to ATS abuse prevention and control.
<b>Project Name:</b>	<b>Support for MOU Partnership in East Asia</b>
Duration:	December 2003 – November 2006
Drug Control Sector:	Rule of Law
Government Agency:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)

Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 216,000
Primary objective:	To develop sub-regional and in-country capabilities for strengthening sub-regional cooperation in the field of drug control while enhancing the partnership of the countries and the involvement of civil society in addressing the drug and related problems throughout the region.
<b>Project Name:</b>	<b>Promotion of Public Awareness on the Dangers of Drugs in East Asia</b>
Duration:	December 2003 – December 2007
Drug Control Sector:	Prevention (Policy Support and Advocacy)
Government Agency and other participating countries:	Brunei: Narcotics Control Bureau (NCB) Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Singapore: Central Narcotics Bureau (CNB) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 783,600
Primary objective:	To increase public awareness and expand advocacy towards an effective response to the dangers of drug abuse through targeted awareness building initiatives and enhanced networking.
<b>Project Name:</b>	<b>Strengthening Comprehensive HIV/AIDS Prevention and Care Among Drug Users and in Prison Settings</b>
Duration:	November 2005 – December 2008
Drug Control Sector:	HIV/AIDS
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 1,370,000
Primary objective:	To advocate and build government capacity in order to reduce vulnerability to the transmission of HIV/AIDS from harmful drug use among persons at compulsory drug abuse treatment and rehabilitation facilities and within prison populations in the MOU countries.
<b>Project Name:</b>	<b>Regional Collaboration on Community-based Alternative Development to Eliminate Opium Production in South East Asia</b>
Duration:	March 2005 – March 2008
Drug Control Sector:	Prevention (Alternative Development and Supply Reduction)
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 712,100
Primary objective:	To strengthen alternative development efforts among the MOU signatory countries through increasing collaboration and cross border cooperation on alternative development, and improving national capacities and information sharing of alternative development agencies and projects.
<b>Project Name:</b>	<b>Scientific support to strengthen regulatory and law enforcement control of amphetamine-type stimulants and their precursors in East, South and South East Asia</b>
Duration:	March 2006 – February 2009

Drug Control Sector:	Rule of Law (Counter Narcotics Enforcement)
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) India Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Singapore: Central Narcotics Bureau (CNB) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 737,900
Primary objective:	To improve forensic capabilities in the area of drug characterization/impurity profiling and promote utilization of standardized laboratory data as a primary source of information in support of law enforcement, regulatory and health authorities in their operational activities.
<b>Project Name:</b>	<b>Computer-Based Basic Law Enforcement Intelligence Awareness Training Programme</b>
Duration:	April 2006 – May 2008
Drug Control Sector:	Rule of Law (Law Enforcement)
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 457,700
Primary objective:	To enhance Governments' capacities to develop and implement self-sustaining training programmes to counter drug trafficking, human trafficking, money laundering and related cross-border criminal activity through the application of a computer based* basic law enforcement intelligence awareness training programme.
<b>Project Name:</b>	<b>Precursor Control in Asia</b>
Duration:	1 October 2006 – 31 January 2008
Drug Control Sector:	Counter Narcotics Enforcement
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Indonesia: National Narcotics Board (NNB) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Malaysia: National Anti-Drugs Agency (NADA) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Philippines: Dangerous Drugs Board (DDB) Viet Nam: Standing Office on Drug Control (SODC) Thailand: Office of the Narcotics Control Board (ONCB)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 600,000
Primary objective:	To reduce diversion and illicit use of precursors in East Asia.
<b>Project Name:</b>	<b>Primary prevention of ATS Abuse among Youth in Thailand and the Philippines</b>
Duration:	January 2002 – December 2007
Drug Control Sector:	Prevention
Government Agency and other participating countries:	Philippines: Dangerous Drugs Board (DDB) Thailand: Office of the Narcotics Control Board (ONCB)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific

Total budget:	US\$ 453,130
Primary objective:	The project aims at improving the governmental and non-governmental capacities of Thailand and the Philippines to deliver primary prevention initiatives that are relevant to youth and their vulnerability toward illicit abuse of ATS.
<b>Project Name:</b>	<b>Improving Access for Young People with ATS Abuse to Effective Treatment</b>
Duration:	November 2006 – December 2009
Drug Control Sector:	Treatment
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 991,600
Primary objective:	To strengthen the capacity and preparedness of government and non-government agencies to improve access to comprehensive, good practice treatment for young people experimenting with ATS or developing ATS related problems.
<b>Project Name:</b>	<b>Consolidation and Enhancement of the Border Liaison Office Mechanism (BLO) in East Asia</b>
Duration:	April 2007 – Mid 2011
Drug Control Sector:	Rule of Law (Law Enforcement)
Government Agency and other participating countries:	Cambodia: National Authority for Combating Drugs (NACD) China: National Narcotics Control Commission (NNCC) Lao PDR: Lao National Commission for Drug Control and Supervision (LCDC) Myanmar: Central Committee for Drug Abuse Control (CCDAC) Thailand: Office of the Narcotics Control Board (ONCB) Viet Nam: Standing Office on Drug Control (SODC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 1,821,625
Primary objective:	To continue to provide support to strengthen those Border Liaison Offices (BLOs) where the cooperative environment has yet to reach a sustainable level, and expand BLO responsibility to cover other transnational crimes.
<b>Project Name:</b>	<b>Global e-Learning for Drug Control and Crime Prevention</b>
Duration:	September 2006 – September 2008
Drug Control Sector:	Rule of Law (Law Enforcement)
Government Agency and other participating countries:	Indonesia: National Narcotics Board (NNB) Malaysia: National Anti-Drugs Agency (NADA) Philippines: Dangerous Drugs Board (DDB)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 549,600
Primary objective:	To capitalize on the established UNODC computer based training* (CBT) programme developed in East Asia by integrating CBT into a global e-Learning strategy for training law enforcement personnel thereby strengthening the capacity of Governments to counter illicit drug trafficking and transnational organized crime.
<b>Project Name:</b>	<b>The Expansion of Computer Based Drug Law Enforcement Training in East Asia</b>
Duration:	January 2003 – December 2007
Drug Control Sector:	Law Enforcement
Government Agency and other participating countries:	Indonesia: National Narcotics Board (NNB) Malaysia: National Anti-Drugs Agency (NADA) Philippines: Dangerous Drugs Board (DDB)
Executing Agency:	United Nations International Drug Control Programme
Total budget:	US\$ 862,190
Primary objective:	To enhance Governments' capacities to develop and implement self-sustaining training programmes to counter drug trafficking and cross-border organized criminal activity through the application of a computer-based training* programme.



<b>Project Name:</b>	<b>Development of Community-Based Drug Abuse Counseling, Treatment and Rehabilitation Services in Cambodia</b>
Duration:	21 October 2005 – 31 December 2009
Drug Control Sector:	Prevention Treatment and Rehabilitation
Government Agency:	The Secretariat, National Authority for Combating Drugs (NACD)
Executing Agency:	UNODC Project Office in Cambodia
Total budget:	US\$ 1,143,634
Primary objective:	The project aims to increase the capacity of Cambodian healthcare professionals, both at the governmental and non-governmental level, to respond to the needs of people suffering habitual or problematic drug use, through coordinated, community-based counseling, treatment and rehabilitation care programmes.
<b>Project Name:</b>	<b>Strengthening the Secretariat of the National Authority for Combating Drugs (NACD) and the National Drug Control Programme of Cambodia</b>
Duration:	01 January 2001 – 31 December 2007
Drug Control Sector:	Prevention Treatment and Rehabilitation
Government Agency:	The Secretariat, National Authority for Combating Drugs (NACD)
Executing Agency:	UNODC Project Office in Cambodia
Total budget:	US\$ 2,267,300
Primary objective:	This project aims at providing support to the NACD Secretariat that will enable it to carry out its mandated functions. The project is implemented in two phases; the first phase (2 years) will consolidate the basic functions of the NACD Secretariat and the second phase (2 years) will further build and sustain the Secretariat's capacity and produce and begin implementation of a coordinated National Drug Control Plan.
<b>Project Name:</b>	<b>Suppression of production and trafficking of amphetamine-type stimulants (ATS) in South China</b>
Duration:	January 2005 – February 2007
Drug Control Sector:	Counter Narcotics Enforcement
Government Agency:	National Narcotics Control Commission (NNCC)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 430,000
Primary objective:	The project aims at strengthening the capacity for law enforcement, intelligence analysis, and drug identification and analysis in Fujian and Guangdong Provinces in Southern China, as well as increasing the capacity for communication with drug control counterparts in other provinces and in neighbouring countries. It would lead to a model for similar capacity building in other Chinese provinces.
<b>Project Name:</b>	<b>Support for Victims/Witnesses of Trafficking in Human Beings in the Philippines</b>
Duration:	July 2005 – December 2006
Drug Control Sector:	Anti Human Trafficking
Government Agency:	Department for Social Welfare and Development (DSWD)
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 244,000
Primary objective:	To provide support for Victims/Witnesses of Trafficking in Human Beings in the Philippines
<b>Project Name:</b>	<b>Computer Based Training (CBT) Module on Human Trafficking</b>
Duration:	December 2003 – December 2006
Drug Control Sector:	Organized Crime/Trafficking in Human Beings
Government Agency:	Royal Thai Police
Executing Agency:	UNODC Regional Centre for East Asia and the Pacific
Total budget:	US\$ 115,260
Primary objective:	To enhance the understanding and awareness of law enforcement agencies in South East Asia of human trafficking as a special crime type to enable better detection and responses by utilizing a computer based training model.

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