Foreword

It is our great pleasure to present the second issue of the ASEAN Drug Monitoring (ADM) Report for the year 2016, which is the only official report of annual drug situation analysis in ASEAN. The ASEAN Drug Monitoring Report 2016 also contributes to the celebration of the 50th Anniversary of ASEAN that falls on 8 August 2017. Within the framework of the ASEAN Narcotics Cooperation Center (ASEAN-NARCO) under the ASEAN Senior Officials on Drug Matters (ASOD), the ASEAN Drug Monitoring Network (ADMN) was set up and the ADMN Team was formed in 2015 with the cooperation of the national drug control focal points of ASEAN Member States. The Plus Three Countries and the United Nations Office on Drugs and Crime (UNODC) were invited to share information and experiences on drugs monitoring with the ADMN.

The current Report contains a summary of drug situation in each ASEAN Member States and responses to such situation. The data appears in the report is a result of the hard efforts in data collection on supply and demand situation by the ADMN which is not at all an easy task. Consequently, other sources of data are also used for the review and analysis in this report. Methamphetamine remains the major drug of choice in ASEAN followed by Crystal Methamphetamine (ICE), cannabis and heroin. The abuse of methamphetamine increased in some ASEAN Member States and new kinds
of substance were found spreading among young drug users. More community-based treatment approach was taken into account focusing on sharing experience and information on this treatment programme. Drug seizures increased in every ASEAN Member State since illicit drug trafficking was intercepted in air, land and sea routes. In addition, there was an emergence of illicit drug trafficking by mail in some ASEAN Member States, and these transactions were facilitated by online communication and payment. Large amount of illicit precursor chemicals were also smuggled into the illicit drug production sites in the Golden Triangle using some ASEAN Member States as transit points.

There is a major change in the production of this report. Apart from the review and analysis by Thailand Substance Abuse Academic Network, we mobilised more participation of the ASEAN Member States by forming an ASEAN Editorial Board comprising members of the ADMN Team since the Report and the network belong to ASEAN Member States. The ASEAN Editorial Board met for the first time during the 4th ADMN Operational Workshop on 30 July-1 August 2017 in Khon Kaen Province, Thailand to review the final draft of the ADM Report 2016 before releasing to ASEAN Member States and the public. We would like to express our gratitude to the Standing Office on Drugs and Crime (SODC) of Viet Nam for organising the launch of the ADM Report 2016 in advance on 26 July 2017 at the sidelines of the 38th ASOD in Ha Noi, Viet Nam.

Thailand as the coordinator and facilitator of the ADMN and ADMN Team would like to thank all stakeholders for their valuable contribution in the development of this Report. The inputs from the heads of national drug control focal points and ADMN Team are highly appreciated.
We would also like to thank the ASEAN Secretariat and the Administrative Committee of Thailand Substance Abuse Academic Network as well as ASEAN Dialogue Partners and UNODC for their assistance and cooperation for the success of the Report. Last but not least, we would like to thank the Office of the Narcotics Control Board (ONCB) of Thailand for financing all activities of the ADMN including the publication of this Report.

“Securing ASEAN Communities Against Illicit Drugs”

ADMN Team
July 2017
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>i</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>v</td>
</tr>
</tbody>
</table>

### Chapter 1
Overview of ASEAN Drug Trends and Patterns

### Chapter 2
ASEAN Country Report

- Brunei Darussalam                                                   | 17   |
- Cambodia                                                             | 20   |
- Indonesia                                                            | 26   |
- Lao PDR                                                              | 29   |
- Malaysia                                                             | 33   |
- Myanmar                                                              | 41   |
- Philippines                                                          | 46   |
- Singapore                                                            | 52   |
- Thailand                                                             | 56   |
- Viet Nam                                                             | 61   |
# Table of Contents

## Chapter 3

Major Drug Problems in ASEAN 73
- Cannabis 75
- Opium 79
- Heroin 83
- Methamphetamine (Tablet) 87
- Methamphetamine (Crystal) 91

## Chapter 4

Research Knowledge and Innovation 95

## Chapter 5

Policy and Implementation Programme 111

## ANNEX

Annual Report on Drug Situation in China 2016 133
Chapter 1

Overview of ASEAN Drug Trends and Patterns
The ASEAN Drug Monitoring (ADM) Report 2016 presents a comprehensive annual overview of the latest drug situation in ASEAN by focusing on the demand and supply of the main illicit drug types encountered in the region. Chapter 1 of the Report provides an overview of the drug situation in ASEAN. Chapter 2 focuses on ASEAN Member States’ individual report on their national drug situations. Chapter 3 presents major drug problems in ASEAN; plant-based such as heroin, opium, cannabis and kratom, synthetic drugs such as methamphetamine tablet (Yaba), crystal methamphetamine (ICE) and new psychoactive substances (NPS). Chapter 4 introduces research knowledge and innovations undertaken by the Member States. Chapter 5 highlights ASEAN’s best practices in policy and implementation programmes.

ASEAN covers a land area of 4.5 million km². Based on the world population data by the United Nations Department of Economic and Social Affairs (UN DESA) and ASEAN Statistical Yearbook, the population of ASEAN has increased from 186.4 million in 1955 to 631.8 million in 2016, with a rate of 1.09%-2.83% per annum, ranging from 0.4 million in Brunei Darussalam to 255.7 million in Indonesia. ASEAN population accounts for 8.62% of the world population, with Indonesia representing 40.77% of the ASEAN population. ASEAN population density is 149 people per km², where 48.8% of the population lives in urban area. Gender ratio (males: females) in ASEAN is about 1:1 and median age is 29.1 years. Approximately 60% of ASEAN population is under the age of 35 and 43% is under the age of 24.

According to The World Bank, 68% of ASEAN population are 15-64 years old (varies from 61.4% in Lao PDR to 72.8% in Thailand). The Human Development Index (HDI), a composite statistic of life expectancy, education and income per capita indicators, cited in the United Nations Development Programme (UNDP)
Human Development Report 2015, varies from 0.536 for Myanmar to 0.912 for Singapore with an average of 0.673 for ASEAN. It is estimated that the population of ASEAN will increase to 792 million people in 2050.

The ASEAN economy is projected to grow by over 5% per year and become the fourth largest economy in the world by 2050. For example, Cambodia is attracted by strong tourism, export of garments and agricultural production, as well as the profits from oil and gas extraction to come in the future. Meanwhile, Viet Nam flourishes through private investment and rapidly developing domestic demand.

However, there is still the threat of unemployment. The rate of unemployment has increased by 2.9% across Southeast Asia and the Pacific. In ASEAN, several countries are releasing workers from state-owned enterprises as there are insufficient opportunities for them. Almost 57% of all workers in the region remain below the poverty line. The inability to find legitimate employment makes them vulnerable to risky or indecent work (ILO 2007).
The United Nations Office on Drugs and Crime (UNODC) estimated that around 5% of the global adult population used drugs at least once in 2015. The situation is worsened by the fact that about 29.5 million of those drug users, or 0.6% of the global adult population, suffer from drug use disorders (UNODC 2017).

In ASEAN, drug use could be estimated from national representative surveys and information gathered through studies that use indirect methods to estimate the number of drug users. Household surveys could be carried out every three to five years in some ASEAN Member States. The latest survey was the Thailand National Household Survey 2016. However, many countries do not conduct such surveys on a regular basis and some others do not conduct them at all.

In the absence of data on overall drug use, data on drug users admitted to treatment was used as an estimate. In 2016, over 190,000 drug users in ASEAN were admitted into drug treatment. The overall ASEAN admission rate was 27.8 per hundred thousand population. Indonesia had the lowest rate at 3.5 per hundred thousand population in contrast to Thailand at the highest rate of 232.4. Admission rate in Myanmar, Cambodia and Indonesia decreased compared to 2015 whilst Thailand, Malaysia and Brunei Darussalam increased. The admission rates in Viet Nam, Singapore and the Philippines were stable.
Total Annual Demand
Admission (Rate per 100,000 population)

all admission 2016 193,704 (27.8)
Over 80% of the people who were given treatment were methamphetamine users (both tablet and crystal). Cannabis users formed less than 10% and the remainders were opiates users. The volume of admission to drug treatment programmes by drug types in 2016 varied by Member States. Member States provided the drug treatment programmes tailored to the needs of their drug users. Hence, there would be differentiated content provided in the treatment and rehabilitation of drug users, who may vary in their profiles and eligibility for such programmes. Most of the people seeking treatment in Myanmar and Malaysia were heroin users while the rest were methamphetamine users (both tablet and crystal). The admission rate of methamphetamine users in Thailand and Singapore had slightly increased from 2015, while it had drastically increased in Indonesia. The rise of methamphetamine use is alarming. 7.5% of the overall admissions were females and one-third of them received treatment for the first time.

ASEAN is situated closely to areas where the cultivation, manufacturing, and trafficking of drugs is prevalent. The Golden Triangle is an area of approximately 950,000 km² that overlaps the mountains of three countries of Southeast Asia: Myanmar, Lao PDR and Thailand. It is well recognised worldwide as a drug manufacturing area. In 2016, almost half of a million individuals of ASEAN nationals were involved in both natural and synthetic drug supply. Overall ASEAN drug offenders’ rate was 74.9 per hundred thousand population, ranging from 10.8 in Myanmar to 668.7 in Malaysia. The offender rate in Myanmar, Thailand and Singapore had decreased while for the rest of ASEAN Member States, it had increased from 2015.
Admission by major drug type, by member states

(Rate per 100,000 population)
Total Annual Supply
Offenders (Rate per 100,000 population)

*The indicated drug offenders for Singapore cited in this report refers to arrested drug abusers who are Singapore Residents (i.e. Singapore citizens and Permanent Residents of the country). The total population used in the calculation comprises Singapore Residents and Non-Residents.

all offenders 2016 477,623 (75.6)
Apart from the five major drugs of the region, namely, dried cannabis, heroin, opium, methamphetamine tablet (Yaba) and crystal methamphetamine (ICE), the emergence of New Psychoactive Substances (NPS) and other drugs is of increasing concern. In 2016, two-thirds of the offenders arrested by ASEAN Member States were involved in drug-related offences with Amphetamine-Type Stimulants (ATS) particularly methamphetamine (both tablet and crystal). Thailand, Indonesia, Malaysia and the Philippines are countries with more than ten thousand methamphetamine offenders. From over 360,000 cases reported by ASEAN Member States, 75% were methamphetamine-related cases with the total seizure of over 50 metric tons.

More than 7,000 offenders were foreigners including ASEAN nationals who committed drug offences in other ASEAN Member States. Interestingly, two-thirds of foreigners who had trafficked drugs across borders were ASEAN nationals, 22.9% were from countries in Asia and Oceania, and the rest of the world accounted for 10%. Half of the traffickers from ASEAN were reported by Thailand and Lao PDR. There were a higher proportion of traffickers from Asia and Oceania reported by Myanmar and the Philippines.
Offenders by major drug type, by member states

*The indicated drug offenders for Singapore cited in this report refers to arrested drug abusers who are Singapore Residents (i.e. Singapore citizens and Permanent Residents of the country). The total population used in the calculation comprises Singapore Residents and Non-Residents.

(Rate per 100,000 population)
ASEAN Member States faced the problem of illicit drugs historically, from opium cultivation and heroin production to methamphetamine manufacturing along the Golden Triangle area. To jointly address the problem, Thailand, Myanmar and Lao PDR collaborated with China in the Safe Mekong Operation Project (SMOP) in 2013. This project aimed to suppress drug trafficking activities along the Mekong River and around the area of the Golden Triangle. In 2015, this international law enforcement initiative has been expanded to include Viet Nam and Cambodia. At present, this cooperative measure emphasises intelligence exchange, joint investigation and operation on interdiction of essential chemicals and precursors. In addition, alternative development measures have been undertaken. It is expected that this collaboration will reduce drug production and trafficking activities in the Golden Triangle, resulting in ASEAN drug situation being under control by the next three years.
Chapter 2

ASEAN COUNTRY REPORT
Overview
In 2016, Narcotics Control Bureau (NCB) had arrested 641 drug users with 410 cases investigated under the Misuse of Drugs Act, Chapter 27. In comparison to 2015, this was a 0.3% increase from the 639 persons arrested in 2015. Statistics compiled by NCB shows that 48% of the total arrests made were new arrests. The drug arrests constitute about 0.15% of our population remains unchanged in 2016.

Drug Arrests
The arrests made consist of 559 males and 82 females. Out of the total arrests, 65% arrests were made in Brunei Muara District, 85% locals and 90% from the Malay ethnic group. 64% of the arrests were unemployed, 32% were employed and subsequently 4% are students. Statistics also show that majority of the arrests were 31 years and above group and they make up for the 55% of the total arrest. 37% of arrests are aged between 21 and 30 and only 8% of the total arrests are 20 years and below.

Joint operations are aimed at further strengthening inter-agency efficiency in combating criminal related activities in Brunei Darussalam. NCB had made 483 nationwide land operations and 72 marine operations in 2016, inclusive of joint operations with other enforcement agencies.

Only a small percentage of drug arrests made were of drug trafficking offences. Out of the total 641 arrests, the following are the different types of drug trafficking offences committed under the Misuse of Drug Act (MDA), Chapter 27:
Misuse of Drug Act (MDA)  
Chapter 27  

<table>
<thead>
<tr>
<th>Offence</th>
<th>No. of arrests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficking in a controlled drug</td>
<td>0</td>
</tr>
<tr>
<td>Possession of controlled drug for the purpose of trafficking</td>
<td>27</td>
</tr>
<tr>
<td>Import and export of controlled drug</td>
<td>23</td>
</tr>
</tbody>
</table>

In our effort to intercept the trafficking of drugs at the border, NCB are also stationed at the six border control posts in Brunei Darussalam namely at Brunei International Airport, Kuala Lurah Control Post, Ujung Jalan Control Post, Labu Control Post, Sungai Tujoh Control Post and Serasa Ferry Terminal. In 2016, 75 arrests were made at the various border check points for a number of drug offences. Out of the total arrests, 43 were of Brunei nationality and 56 were of Malay ethnicity. 97% were charged under Section 6(b) of MDA, Chapter 27 for consumption of controlled drugs as they were tested positive for drugs. About one third of the total arrests made at the border check points were charged under Section 5 of MDA, Chapter 27 for the illegal import and export of controlled drug.

Drug Seizures
Syabu (Methamphetamine) remains to be the most commonly abused drug in 2016 as 586 out of 641 arrests were caught for consumption and possession of Syabu and the 724.21g of Syabu seized is estimated to be worth BND141,220. Cannabis remains to be the second most abused drug with a total of 43 arrests and subsequently the total of 5966.09g of cannabis seized is estimated to be worth BND89,491. Majority of the drugs users involved in Syabu and Cannabis were from the
Malay ethnic group within the age range from 31 years old and above and are unemployed.

Although statistics show that youth below the age of 20 years old involved with drugs make up a small number of only 18 persons, NCB highly regards this group of drug users and urge parents and guardians to closely monitor the movement and activities of their own children in an effort of protecting them from negative influences and social issues.

**Drug Demand Reduction Strategy**

Our drug demand reduction strategy comprising of Preventive Drug Education, Treatment and Rehabilitation as well as aftercare efforts continues to be a key focus of NCB’s strategy. Our Preventive Drug Education efforts to increase our outreach. In 2016, we had reached 18,030 students through school-based activities, 3,771 workforce through workplace-based activities and 6,236 citizens through community based activities throughout 2016.

Throughout the year 2016, NCB had received 273 individuals to undergo supervision scheme in which 22 supervisees were registered voluntarily. At the same time, Pusat Al-Islah received 104 individuals to undergo treatment and rehabilitation where 27 were admitted voluntarily. NCB hopes for recovering drugs users to be able to guide themselves towards a successful recovery and reintegration into society.
CAMBODIA

INTRODUCTION
The Royal Government of the Kingdom of Cambodia has delegated the National Authority for Combating Drugs (NACD) to take all responsibilities in dealing with all drug related problems.

Although synthetic drug manufacturing had not been discovered in 2016, Cambodia remained a country being affected by transiting drug trafficking from various sources in and out of the region. Currently, illicit drug trafficking and use become one of the major concerned issues of the country.

1. Drug Situation in 2016
1.1 Drug Production
No case of synthetic drug manufacturing and drug crop cultivation had been discovered in second six month 2016. However, 36.861 Kg of dried cannabis had been seized by law enforcement agencies.

1.2 Drugs Trafficking
Cambodia was affected by regional and international drugs trafficking via land, water and air route. North-Eastern border of the country remained a region where drugs, mostly synthetic drugs were smuggled into Cambodia before continuing to their destination countries in and out of the region. The most common of drug trafficking are ATS,
especially in crystalline form and Heroin.

1.3 Drugs Abuse
Drug abuse remained a concern issue. It kept increasing and spreading from urban to some rural areas of the country. Crystalline Methamphetamine (ICE) remained the most common of drug abuse (71.04%), followed by methamphetamine in tablet form (17.91%), ketamine (0.91%), and heroin (0.75%). In term of age group, people aged between 18 and 25 accounts for 43.93% and between 26 and 35 accounts for 41.07% and in term of occupation, student accounts for 28.61%, jobless 4.24%, labor 21.21%, business-man 5.04%, government official 2.99%, entertainment worker (EW) 0.41%, and other 10.58%.

2. Achievement in 2016

2.1 Drug Prevention
All preventive measures such as media, campaign, meeting, workshop, outreach etc. had been intensified and carried out by all NACD member minis-tries and institutions as well as some relevant local and international NGOs and private sectors. Social Communication Systems such as telephone, twitter, facebook, telegramme, etc. had also been used to provide drug preventive education. Approximately 13,660,860 persons (about 80% of total population) were directly or indirectly provided with drug preventive messages.

2.2 Drug Treatment and Rehabilitation
Community-Based and Center-Based Drug Treatment and Rehabilitation had been used to deal with drug addict. In 2016, 11,601 drug addicts among 20,621 were provided treatment and rehabilitation, of whom 4,300 were provided with community based drug treatment and rehabilitation (CBTx)
including 83 on methadone programme and 7,301 were provided with center based drug treatment and rehabilitation.

National Committee on Drug Treatment and Rehabilitation had been established through which a Secretariat had also been appointed to manage day-to-day work related to drug treatment and rehabilitation. A Guideline on Harm Reduction had been developed and put in place to ensure the effectiveness and efficiency of the programme implementation. Specific action plan and guideline for drug treatment and rehabilitation were also drafted to support drug treatment and rehabilitation programme.

2.3 Law Enforcement

4,246 drug cases were cracked down and 9,933 drug offenders were arrested and 179.858 kg of drugs were seized in 2016 (see details in the tables).

### Drug Related Cases In Association With Offenders:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Case</td>
<td>152</td>
<td>198</td>
<td>309</td>
<td>400</td>
<td>1,005</td>
<td>818</td>
<td>889</td>
<td>1,337</td>
<td>3,061</td>
<td>4,246</td>
</tr>
<tr>
<td>Offenders</td>
<td>279</td>
<td>394</td>
<td>615</td>
<td>864</td>
<td>2,381</td>
<td>1,788</td>
<td>1,830</td>
<td>3,142</td>
<td>7,008</td>
<td>9,933</td>
</tr>
</tbody>
</table>
Main Drugs Seizure by Cambodian Law Enforcement in Grammes:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecstasy</td>
<td>103.05</td>
<td>1,818.78</td>
<td>133.52</td>
<td>-</td>
<td>3,159.43</td>
<td>21.26</td>
<td>1,652.60</td>
</tr>
<tr>
<td>Cocaine</td>
<td>920.68</td>
<td>1,130.00</td>
<td>41,077.50</td>
<td>12,851.00</td>
<td>7,476.20</td>
<td>5,250.00</td>
<td>14,004.86</td>
</tr>
<tr>
<td>Meth WY</td>
<td>7,447.14</td>
<td>22,478.06</td>
<td>10,660.61</td>
<td>17,334.91</td>
<td>8,703.09</td>
<td>26,576.62</td>
<td>44,162.46</td>
</tr>
<tr>
<td>Meth ICE</td>
<td>9,924.11</td>
<td>19,120.14</td>
<td>28,066.47</td>
<td>32,448.82</td>
<td>29,009.38</td>
<td>72,858.36</td>
<td>66,332.07</td>
</tr>
<tr>
<td>Heroin</td>
<td>2,356.91</td>
<td>2,070.89</td>
<td>319.06</td>
<td>38,337.68</td>
<td>1,837.46</td>
<td>2,464.79</td>
<td>6,271.95</td>
</tr>
<tr>
<td>Cannabis</td>
<td>4,142.98</td>
<td>210,242.96</td>
<td>2,460.00</td>
<td>168,537.00</td>
<td>27,070.92</td>
<td>1,511,454.49</td>
<td>36,861.69</td>
</tr>
</tbody>
</table>

Drugs Purity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meth WY</td>
<td>Tablet</td>
<td>15-28%</td>
<td>14-20%</td>
<td>3-19%</td>
<td>3-18%</td>
<td>10-19%</td>
<td>1.34</td>
<td>0.46</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22.95</td>
<td>22.42</td>
</tr>
<tr>
<td>2</td>
<td>Meth ICE</td>
<td>Crystal</td>
<td>75-83%</td>
<td>70-85%</td>
<td>10-84%</td>
<td>4-84%</td>
<td>3-86%</td>
<td>0.71</td>
<td>1.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89.27</td>
<td>97.31</td>
</tr>
<tr>
<td>3</td>
<td>Ecstasy</td>
<td>Capsule</td>
<td>75%</td>
<td>-</td>
<td>78%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Ecstasy</td>
<td>Tablet</td>
<td>-</td>
<td>17-40%</td>
<td>40%</td>
<td>6%</td>
<td>23-39%</td>
<td>34-37%</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Heroine</td>
<td>Powder</td>
<td>20-85%</td>
<td>50-85%</td>
<td>10-70%</td>
<td>20-84%</td>
<td>33-71%</td>
<td>33.66</td>
<td>41.59</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77.78</td>
<td>80.29</td>
</tr>
<tr>
<td>6</td>
<td>Cocaine</td>
<td>Powder</td>
<td>60-70%</td>
<td>60-80%</td>
<td>70-80%</td>
<td>50-80%</td>
<td>58-62%</td>
<td>52.15</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58.13</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Ketamine</td>
<td>Tablet</td>
<td>10-20%</td>
<td>8-30%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Ketamine</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46-57%</td>
<td>40-54%</td>
</tr>
</tbody>
</table>
2.4 Precursors Control
NACD has cooperated with the Ministry of Industry and Handicraft, Ministry of Health, and Council for the Development of Cambodia in managing, controlling, and following closely the data controlling chemical substance related to List IV of the Law on Drugs Control. Chemical substance with license from the Council for the Development of Cambodia, technical standard required by Ministry of Industry and Handicraft, and the license from the Ministry of Health.

2.5 International Cooperation
NACD continues to facilitate and strengthen the bilateral and trilateral cooperation mechanism with Thailand, Lao PDR and Vietnam through a visit to study and experience the training courses and workshops with great results. NACD has a better cooperation with Lao PDR than last year which resulted in the cooperation targeting and suppressing a number of major groups. NACD continues to focus on strengthening and increasing international cooperation through annual meeting and the strengthening of mechanism in implementing many action plans with the Greater Mekong Sub-region countries, regional countries, and other developing partners.

Conclusion
In order to ensure effectiveness in combating drug’s crimes with total involvement of all sources, the Royal Government of Cambodia (RoGC), had laid down the Order No.001 dated in February 01, 2016. A remarkable result is shown by some 3 times increase in both number of the arrests in association with drug cases compare to the same period.

Even though Cambodia is not a production site, but still affected by the attempt of illicit drug syndicates to explore Cambodia as illicit drugs production site. Noted that, the drug related issues become spread out from
urban to rural areas, particularly in the number of drug users among the youth.

Furthermore, considering the risk under the transaction of illicit drugs smuggling activities in regional and global market; in late 2016, the RoGC had laid down an Anti Illicit Drug Campaign Action Plan of the 1st Six Month of 2017 covering from January to June of 2017. Act as the driving force for all involvement from various concerned public and private entities and agencies up to religious affairs in pursuing the vision: “Together involvement for better life and drug-free community”.
Local Drug Situation in 2016

Indonesia is one of destination countries for drug trafficking which controlled by national and international syndicates. Indonesia has taken a serious action on this situation. President Joko Widodo declared national emergency state on drug users and urged for Big War against all forms of narcotic crime.

This serious action encouraged the Narcotics National Board (BNN), as a government institution tasked to implement Prevention and Eradication of Drugs Abuse and Illicit Trafficking (P4GN), to be more aggressive in dealing with drug problems in Indonesia through demand reduction strategies such as providing immunity to the society against drugs abuse and supply reduction strategies through strict and measurable law enforcement in order to deter drug syndicates.

Law Enforcement

To support better law enforcement efforts in the fight against narcotics, BNN armed itself with updated weapons and added forces with 50 units of K9 along with 100 Dog Handlers.

In 2016, BNN with Indonesian National Police and Customs have investigated 36,282 drugs cases, arrested 47,391 suspects consist of 47,228 Indonesian citizens and 163 foreigners, and seized about 13.9 tons of cannabis, 2.63 tons of methamphetamine (Shabu) and 1.7 millions tablets of ecstasy. For money
laundering case of narcotic crimes, Indonesia has revealed 21 cases with 30 suspects and confiscated assets worth US$ 19,666,797,857 (over USD19 billion).

Prevention
In 2016, BNN has conducted prevention activities in the form of advocacy, dissemination and campaign of “STOP NARKOBA” (Stop Drugs Abuse) as many 12,566 activities involving 9,177,785 people from various groups, including society, workers, and students. In the same year Deputy of Prevention, BNN with the Ministry of Education and Culture compiled drug prevention contents in a form of an integrated curriculum for all levels of education starting from early childhood education.

There are government, private and education institutions, as well as society and community groups which BNN increased their awareness on drugs problems. So every area of Indonesia has become aware and implemented anti-drug policy in their environments.

In 2017, 15,772 P4GN volunteers were formed to assist BNN in creating a healthy and clean environment from drug abuse.

To optimize the prevention of drug abuse, BNN is always creative in the “STOP NARKOBA” campaign, for example by launching 36 units of P4GN dissemination vehicles travelling across all provinces in Indonesia. This vehicle is expected to reach all areas of the country to increase public awareness of the drug abuse and illicit trafficking. In addition, BNN has an information dissemination programme through videotron distributed to 15 points based on the level of drugs abuse in each province.

Community Empowerment
There are 2,932 community empowerment activities involving 423,961 people. From these activities the potential of the people in narcotics prone areas have increased. They become more productive and creative in establishing business
opportunities for a better life as well as are able to change the narcotics prone area into a conducive and livable area.

As an effort on early drug abuse detection, BNN facilitated the narcotics urine test activity with 180,858 people. The result was 844 people tested positive for using narcotics.

With the intention to maximize the service of narcotics urine test, in 2016 BNN has also added 80 community empowerment vehicle units to assist the narcotics urine test activity in several prone of narcotics provinces in Indonesia.

**Rehabilitation**

In 2016, BNN has rehabilitated 16,185 drugs abusers, not only in rehabilitation centers but also in prisons. BNN provided post-rehabilitation services to 9,817 ex-drug abusers. BNN also maximized the rehabilitation programme by providing support to rehabilitation agencies from government and community components spread throughout Indonesia. In order to fulfill the rights of drug abusers who are in a legal process to obtain Standard Rehabilitation Services. In 2016 BNN has also conducted an integrated assessment service for 2,676 people. This number has doubled or increased by 111% from the previous year.

**Regional and International Coopera- tion**

The Government of Indonesia strengthens cooperation and collaboration among local agencies with different mandates and responsibilities on the commitment to combat drugs abuse and Illicit trafficking. In 2016, Indonesia has signed an MoU with the National Police of Colombia and with the Office of the Narcotics Control Board (ONCB) of Thailand. Indonesia has also conducted a joint working group with National Control Bureau (NCB) of India and a bilateral meeting with the National Narcotics Control Commission (NNCC) of China as an implementation of the signed MoUs.
LAO PDR

Local Drug Situation in 2016

Overview of Drug Situation
Lao PDR is still used as transit country for ATS, heroin, as well as precursor chemicals. The drug trafficking through Lao PDR has been increasing with higher frequency and volume.

Northern border is still being used as the main gateway of drug flow to Lao PDR while border in the southern part of the country has been increasingly used for drug outflow.

Methamphetamine tablet (ATS) remains the main drugs of abuse, while the number of opium users remains almost stable.

The Government of Lao PDR prioritized the fight against drug trafficking and use and instructed line sectors, local administrations and public to focus on the successful implementation of national legislative strategies against drugs such as the Law on Narcotics and the National Drug Control Master Plan 2016-2020.

Measure taken on Drug Control
Civic Awareness Campaign
LCDC mobilize communities through effective civic awareness campaigns to prevent drug abuse, production, and trafficking. Our Local Drug Control Agencies have worked actively towards drug prevention by means of drug education and anti-drug campaign to
raise drug awareness in society, primarily among youth population of negative impact and danger of drugs.

LCDC and local authorities have strived for establishing families, villages, educational institutions, firms, and other organization to be drug-free places.

**Alternative Development**

We integrated AD programmes into national drug control plans and policies. We jointly with China and UNODC conducted an annual opium crop monitoring and assessments.

We are implementing an AD programme in Houaphan Province, Northern part of Lao PDR; there are 2,881 households with 20,419 persons residing in the 38 target village of 4 districts.

**Drug Demand Reduction**

In order to save victims of drug use, currently amounting to about 70,000 persons, the authorities of the Lao PDR provide 12 standard and non-standard of rehabilitation and vocational training centers while two are under construction. Due to this enhanced efforts the number of rehabilitated and reintegrated drug users has increased, we annually treated between 3,000 - 4,000 users of different kinds of drugs.

At present, we also have 13 Community-Based Treatment (CBT) that we based at the district hospital, and we are seeking to expand the availability of Community-Based Treatment (CBT) for ATS users principally, counseling services to a much larger part of the population by enabling hospitals, clinics, doctors’ offices and high schools across the country to offer such services.

**Law Enforcement**

In 2016, Lao law enforcement agencies have made achievement in suppressing drug trafficking throughout the country with 2,508 cases, (2,258 cases in 2015 and 1,868 cases in 2014); the total number of drug-related arrests was
3,740 offenders (3,346 offenders in 2015 and 2,889 offenders in 2014) including 74 non-nationals (90 persons in 2015 and 65 persons in 2014). Over the past few years, the vast majority of drug-related arrests have involved methamphetamine tablets.

**International Cooperation**

Border Liaison Offices (BLOs) have been installed at border check-points along neighboring countries to assure safe international borders against illicit drug trafficking and smuggling.

**Report of Seizure of Illicit Drug From 2014 to 2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin (Kg)</th>
<th>Opium (Kg)</th>
<th>ATS (Tablet)</th>
<th>Cannabis (Kg)</th>
<th>ICE (Kg)</th>
<th>Powder Drug (Kg)</th>
<th>Arrest case (Cases)</th>
<th>Arrest person (Persons)</th>
<th>Arrest person “Foreigners” (Persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>181.79</td>
<td>12.76</td>
<td>3,832,895</td>
<td>1,233.30</td>
<td>19.40</td>
<td>1,494.49</td>
<td>1,868</td>
<td>2,889</td>
<td>65</td>
</tr>
<tr>
<td>2015</td>
<td>134.44</td>
<td>51.61</td>
<td>6,331,692</td>
<td>3,258.05</td>
<td>141.9</td>
<td>4,372.21</td>
<td>2,258</td>
<td>3,346</td>
<td>90</td>
</tr>
<tr>
<td>2016 (early 6 Month)</td>
<td>125.66</td>
<td>16.36</td>
<td>1,443,012</td>
<td>214.30</td>
<td>23.00</td>
<td>1,102.61</td>
<td>1,148</td>
<td>1,660</td>
<td>32</td>
</tr>
</tbody>
</table>

Lao PDR has implemented existing bilateral and multilateral agreements on drug control cooperation, exchange of information and intelligence and against drug trafficking with ASEAN and friend countries. The regional cooperation such as the joint operation “Safe Mekong” strengthened networks and collaboration at regional level between Lao PDR, China, Myanmar and Thailand has been established.
The Lao PDR pays high attention to regional and international collaboration to combat drug menace and tackle challenges. As drug prevention is considered as a first priority task. The Lao Government pays seriously attention to strengthening international cooperation to fight against drugs.

Lao PDR has signed bilateral agreement on cooperation against illicit trafficking of narcotic drug and psychotropic substance and precursor chemical control with a number of friendly countries namely: ASEAN, China, Cuba, India, Russia, USA and UNODC, etc.

Conclusion
As we all are well aware, the solution to this drug issue is not an individual responsibility of any particular country. The cooperation in the field of civic awareness, alternative development, drug demand reduction and law enforcement must to be the ex-change information and as well as share of good practices and experiences. The successful in fighting drugs would not have been possible without such international cooperation.
**Local Drug Situation in 2016**

**Introduction**
Illicit drugs remain one of the main threats to the national security. The emergence of synthetic drugs such as ATS is a challenge to the government in achieving a drug-free state. This new wave is sweeping the world and has begun to spread in the country, especially among the youth and the upper middle class.

**Drug Addiction**
In 2016, a total of 30,844 addicts were detected showing an increase of 15.7% compared to the same period a year before (26,668 addicts). They consisted of 22,923 new addicts, an increase of 13.0% compared to 20,289 of those for the same period a year before. The rest were 7,921 relapse/repeat addicts, indicating an increase of 24.2% compared to the previous year (6,379). In 2016, youth aged 19-39 have dominated the number by 16.1% (22,709 addicts). Numbers of addicts detected among teenagers (aged 13-18) and adult (aged 40 and over) are alarming for the period of 2015 and 2016, as the numbers increase by 15.2% and 14.7%, respectively.

**Prevalence of Drugs**
The primary drug used in Malaysia remains to be opiate-based (heroin and morphine). After heroin, methamphetamine is the second type of drug commonly used in Malaysia. The use of ATS especially methamphetamine has substantially increased in recent years. In 2016, a total of 16,985 addicts...
were detected using heroin and morphine, indicating an increase of 2.2% compared to 16,616 in 2015. In the same year, 10,107 addicts were detected using methamphetamine compared to 8,133 addicts in year 2015, indicating an increase of 24.3%. However, the use of ATS pills has shown significant increase by 159.4% (3,395 addicts in 2016 compared to 1,309 addicts in 2015). Marijuana use indicates a decrease about 11.0% for 2016 compared to the previous year (1,236 addicts in recent year compared to 1,389 in 2015). Currently, kratom is the most commonly used New Psychoactive Substances (NPS) in Malaysia.

**Strict Laws**
The laws related to illicit drugs remain strict in Malaysia and the penalty for breaking them is severe. As an illustration, the demand, early 2016, to legalize the use of marijuana or cannabis for personal or medical purpose has been rejected by the government. Even the idea to commercially cultivate kratom plant locally to be exported to pharmaceutical company abroad has been alienated by the government. These decisions are arrived solely for the best interest of our people. We believe the legalization of drugs such as cannabis and cultivation of kratom will bring more harm than benefit to our people. It is our huge responsibility to protect the young and the future generation from the harm these drugs and psychoactive substances may bring to the society and nation if not strictly controlled.

**Comprehensive, Integrated and Balanced Approach**
Malaysia’s continuous commitment to address drug problem is evidenced by the declaration on February 2016 by the Deputy Prime Minister who is also the Minister of Home Affairs that year 2016 is “The Year of War on Drugs”. This is consistent with Malaysia’s commitment to address drug problem through a comprehensive, integrated and balanced approach between
demand and supply reduction. These measures, among others, include preventive education, introduction of voluntary treatment and rehabilitation known as 1Malaysia Cure and Care Clinic, reintegration of former drug users into society, utilization of Integrated Substances Control Management Systems (SPIKES) by the Pharmaceutical Services Division of the Ministry of Health and the establishment of the Special Tactical Intelligence Narcotics Group (STING) by the Royal Malaysia Police (RMP) with the view to investigate and arrest local and international drug kingpins and syndicates.

**Demand Reduction: Treatment**

Malaysia through the National Anti-drugs Agency (NADA) is committed to implement and improve the voluntary, open-access and comprehensive approach to drug abuse treatment and rehabilitation as alternative to compulsory center for drug users. This is evidenced by the current operation of ten voluntary treatment centers (1 Malaysia Cure & Care Clinic) in Malaysia.

To address the needs of increasing Amphetamine Type Stimulants (ATS) cases, a voluntary treatment center in Johor Bahru, with the assistance from Hospital Permai – a psychiatric hospital nearby, provides appropriate treatment services to ATS users. Apart from readily available services such as thirty eight Cure & Care Service Centers (community-based), seventy five Caring Community Houses (community-based), and a dedicated vocational center known as Cure & Care Vocational Center (CCVC). Malaysia also introduced Mobile Caring Services consisting of three customized buses to provide demand reduction services to targeted individuals at hard-to-reach locations in three different regions. In addition, the number of client Integration centers has also been increased from eleven in 2015 to nineteen in 2016 as transit centers to help recovering drug users from compulsory treatment centers to
reclaim their lives in the community after their release.

Recognizing the specific needs of women affected by drug addiction, Malaysia has, for many years, set up a dedicated treatment center for women which among others ensure that they have access to adequate health services and counseling, including those needed during pregnancy. Likewise, a voluntary treatment facility for children has been established to cater to their specific needs, while in treatment, including the opportunity for schooling. Apart from that, a special treatment modality based on Islamic principles is also implemented in selected NADA’s treatment facilities. A more recent development is the plan to set up a number of one stop centers for addiction (OSCA) by the Ministry of Health in collaboration with NADA.

Demand Reduction: Prevention

The drug problems including ATS have been continuously addressed not only through supply reduction but also demand reduction activities. For instance, youth-at-risk who are found to be more attracted to ATS have been given special attention in NADA’s national preventive programmes such as SHIELDS for secondary students, SMART for out-of-school youth, and Tomorrow Leaders for students at higher learning institutions. Extensive campaigns through mass media such as television and radio, and new media such as Facebook, Twitter and Instagram have been launched and utilized to raise public awareness on the harms and negative consequences of drugs including ATS. Moreover, focused prevention programmes which are community-based are targeted at high risk groups in high risk areas throughout the nation. My Beautiful Malaysia, one of the initiatives under the National Blue Ocean Strategy (NBOS), is another example through which NADA
participates along with other agencies to improve the conditions of high risk communities and simultaneously wipe out drug scenes.

**Harm Reduction**

To control and reduce the harms associated with illicit use of drugs, the government has approved harm reduction programme in 2006. Methadone Maintenance Therapy which is part of harm reduction programme has tremendously reduced the HIV infection rate among intravenous drug users from 79.6 percent in 2001 to only 11.1% percent in 2016. This is quite an achievement. However, this programme does not signal that the government is tolerant to the illicit use of drugs. This strategy is adopted by the government with cautions and with a view to reduce the associated harms of using drugs while concurrently taking every necessary measures to curb illicit drug trafficking and prevent new drug users.

**Supply Reduction**

Malaysia drug situation is under control with regular detection and disruption of drug trafficking syndicates networks, dismantling of clandestine laboratories, seizures of drugs and illegal proceeds of drug trafficking by Royal Malaysia Police and other law enforcement authorities in Malaysia. Extensive air and maritime traffic to and through Malaysia create high potential for traffickers to use Malaysia as a transit point for narcotics moving from and to other countries such as Hong Kong, Taiwan, China, Indonesia and Australia via parcels, maritime containers, and air cargo.

Narcotic Crimes Investigation Department (NCID) of RMP has successfully contained the Iranian syndicate activities where they have shifted their operation and no longer attempted to establish illicit ATS manufacturing facilities albeit on smaller mini laboratories in Malaysia. In addition, close and strategic collaboration with foreign counterparts remains critical in
NCID’s fight against cross-border drug trafficking. To further improve supply reduction efforts, law enforcement capacity at various entrances has been increased from time to time. For instance, pharmacy enforcement officers are stationed at various entrances (total of seventy three entry points) all over Malaysia to assist the customs in screening imported goods, mainly pharmaceutical products, cosmetics and chemicals. RMP also increases NCID’s capabilities by enhancing the strength of its personnel in Malaysia international airports especially in Kuala Lumpur International Airport (KLIA) with a view to effectively preventing drugs from being smuggled into Malaysia.

Cooperation among relevant agencies namely the Royal Malaysia Police, the Royal Malaysian Customs, the Pharmaceutical Services Division, the Department of Chemistry Malaysia and even the Malaysia Maritime Enforcement Agency in supply reduction efforts will always be strengthened. In this regard, a National Seaport Interdiction Task Force has been recently initiated by the Royal Malaysian Customs to better coordinate our drug enforcement efforts at seaports.

Challenges Posed By NPS and Precursors

Malaysia underscores the challenges posed by new psychoactive substances (NPS) that are not controlled under the international drug control treaties and that may pose potential public health risks and as well as the proliferation and diversion of chemical precursors used in the illicit manufacture of narcotic drugs and psychotropic substances and the emergence of new methods of diversion used by organized criminal groups. Malaysia underlines the importance of enhancing information-sharing and early warning networks on NPS and precursor chemicals and strengthening partnerships with industry. In this regard, Malaysia is in the process to schedule NPS under our existing national legislation for better
control and trade monitoring. Malaysia is encouraged by the introduction of the International Import/Export Authorization System (I2ES) which facilitates a faster Import/Export Authorization verification process in addition to real time endorsements of Export Authorizations by relevant Competent Authorities. Malaysia would like to take this opportunity to urge all ASEAN Member States to use the I2ES and request that training for the users could be organised, in order for the I2ES to be used to its full potential.

Community and NGOs’ Involvement

The participation and engagement of various government agencies, civil society, communities and health care professionals in demand reduction strategy are always emphasized and encouraged through different ways and mechanisms such as the National Task Force on Prevention, the National Task force on Treatment and Rehabilitation, the District Committee on Treatment and Rehabilitation, and volunteers against drugs known as SKUAD 1Malaysia. The recent example of this commitment is the launching of Malaysian Substance Abuse Council (MASAC) in May 2016 by the Deputy Prime Minister of Malaysia. This marks Malaysia’s recognition to the important roles played by a nongovernmental organization (NGO) such as MASAC. It is expected that MASAC which consists of various drug-related NGOs is capable to coordinate their efforts and contribution to effective drug demand reduction efforts especially in treatment and rehabilitation.

Evidence-Based Practices and Capacity Building

The government continuously places great emphasis on providing quality services in demand reduction activities, namely prevention, treatment and rehabilitation with a view to establishing evidence-based and best practices. Thus, over the years, studies on the effectiveness of demand reduction
Programmes have been conducted by researchers from local universities through scholarly research grant. In this regard, the capacity of research will also be improved. Moreover, the competency and expertise of demand reduction workforce is always improved by sending them to different training and professional development programmes such as post-graduate substance abuse programme at two local universities (Islamic Science University of Malaysia and University Malaysia of Sabah) and trainings provided by the Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE).

**Conclusion**

In conclusion, Malaysia underscores the importance of cooperation and coordination among related agencies and interested parties through the existing machinery such as the Cabinet Committee on Eradication of Drugs and all its sub-committees. Consistent with the International Drug Control Conventions and related mandates, Malaysia also pledges to enhance our cooperation with all stakeholders in both regional and international levels to promote sharing of knowledge, expertise and best practices on drug demand reduction efforts. Regional and international cooperation in supply reduction is also of paramount importance since illicit drug syndicates and operations know no border.
Local Drug Situation in 2016

Since 2002, an Illicit Crop Monitoring Programme (IMCP) had been jointly conducted by the Central Committee for Drug Abuse Control and the UNODC, then this project was annually extended to 2015. According to the 2015 IMCP report, 173,000 households involved in opium cultivation such as labor and 133,000 households had grown the opium in their own land. The peace process between the ethnic armed groups and the government could make a significant milestone in the history of the war against narcotic drugs. The ethnic armed groups, who entered into peace process, joining hands with the government and together they cooperated in implementation of tasks on regional development, poverty reduction and crop substitution for achieving success in the narcotic drug control, which reduce the sewn acreage of opium poppy from 163,000 hectares in 1996 to 21,600 hectares in 2006. However, the opium cultivation had increased again due to the unbelievable changes of drug market chain since the international drug demand was re-soared and other factors also had driven to turn back dependence of opium cultivation such as lack of sustainable development programmes, lack of peace and the rule of law and order in some border region, lack of effective control on the incoming precursor chemicals and lack of sufficient assistance from international organizations. These factors caused the
production of opium to rise starting from 2007 to 2013, six successive years.

According to the 2014 and 2015 ICMP opium survey report, the cultivation decreased from 57,800 hectares in 2013 to 57,600 hectares in 2014 and 55,500 hectares in 2015 likewise, the production also decreased in three successive years from 870 metric tons in 2013 to 647 metric tons in 2015. Due to the geographical features, the Shan State, where most opium is cultivated, is accounted for 90% of the total for the whole country. The cultivation and yield of opium are shown as follows.

Implementation of tasks on Alternative Development; For elimination of the cultivation of opium, it is required that the living standard and socio-economic status of the farmers must be enhanced. Therefore, CCDAC and UNODC are jointly conducting three alternative development programmes in Shan State (South); one alternative development programme is being implemented jointly by the CCDAC and the ONCB of Thailand in Tachileik and Monghsat districts in Shan State (East); and additional areas are being drawn up to implement alternative development programmes jointly with the National Narcotics Control Commission of China in Shan State (North).
Efforts on Law Enforcement

The law enforcement tasks on narcotic drugs are being implemented in Myanmar mainly by the Military, the Myanmar Police Force and the Customs Department. The Myanmar Police Force, so as to more effectively implement its duty of suppression of narcotic drugs has formed Drug Elimination Division in 2013, under the command of Myanmar Police Force. For the specific duty on suppression of narcotic drugs, 50 Special Anti-Drug Squads had been formed and assigned to perform duties in 50 strategic areas where activities on narcotic drugs are ramping.

The narcotic drugs mainly seized in Myanmar are in Table.

Significant Seizures of Narcotic Drugs in 2015 and 2016

Seizure of ATS: On 26 July 2015, led by Pol. Capt. Win Myint, a patrol-team from Mingalardon township Police Station Seized 26.7 Million of Amphetamine Type Stimulant tablets worth of 133.5 billion kyats in total from inside container 4G/8554 KIA BONGO Vehicle on six-way road in Minglardon Industry Zone.

According to the follow-up information, combined team seized 3.825 million of ATS at the Kaladan Delta Development Co, Ltd’s residence and other places. After interrogation, Drug Law Enforcement officials arrested 13 offenders and 26 Fugitive which were taken action by 1993 Narcotic Drug Law.

Operation Dragon

1. On 2016 November 15 at 08:10 am, Yangon International Airport Drug Enforcement team seized 160 g. of Ketamine from CaiJengZe (male) Chinese (Taiwan) who intended to fly Taiwan with Airline CI 7916. He was taken charges by the law of 1993 Narcotic Drugs and Psychotropic Substances Law Section, proceeded at the Mingalardon Police Station.
1,110 kg of methamphetamine hydrochloride seizure

2. Further investigation on above case, Yangon Drug Enforcement Team seized 1110 Kg of Methamphetamine Hydrochloride (ICE) from Hung Ching King (male) Chinese (Hong Kong) and Wang Wei Jung (male) Chinese (Taiwan) in Yangon on 2016 November 17, 20.05 hrs.

622.3 kg of Ketamine seizure

3. In connection to the above seizures, Yangon Drug Enforcement Team seized 622.3 Kg of Ketamine from Lin Shih Chang (Male) Chinese (Taiwan) and Lin Cheng Chun (Male) Chinese (Taiwan) in Yangon on 2016 November 17, 2350 pm. Both of the offended criminals were charged by 1993 Narcotic Drugs and Psychotropic Substances Law.

2,466,460 tablets of Yaba Seizure

4. Further investigation regards mentioned above resulted Yangon Drug Enforcement team enable to seize 2,466,460 pills of Yaba at the resident of Aung Kyaw Myint (male) (Myanmar) in Minglardon Township, Yangon, on 2016 December 10, 21.45 hrs. The offended criminal was also charges by 1993 Narcotic Drugs and Psychotropic Substances Law.

1,200 pills of Yaba Seizure

5. In connecting to the previous seizure of Methamphetamine, Loilem (Shan State) Drug Enforcement Team seized 1200 pills Yaba and a pistol at the resident of Yan Yin Hwah (female) Myanmar in Namsan on 2016 December 11, 1500 pm. She was taken charges against by 1993 Narcotic Drugs and Psychotropic Substances Law.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin (kg)</td>
<td>88.54</td>
<td>42.43</td>
<td>335.79</td>
<td>238.95</td>
<td>435.4643</td>
<td>186.0411</td>
<td>769.26</td>
</tr>
<tr>
<td>Morphine (kg)</td>
<td>98.20</td>
<td>36.80</td>
<td>45.75</td>
<td>71.55</td>
<td>-</td>
<td>-</td>
<td>171 inject</td>
</tr>
<tr>
<td>Opium (kg)</td>
<td>764.78</td>
<td>828.27</td>
<td>1,478.35</td>
<td>2,356.98</td>
<td>1,828.4051</td>
<td>888.844</td>
<td>945.70</td>
</tr>
<tr>
<td>Inferior Opium (kg)</td>
<td>148.00</td>
<td>281.64</td>
<td>80.79</td>
<td>65.98</td>
<td>134.0985</td>
<td>34.9203</td>
<td>47.19</td>
</tr>
<tr>
<td>Stimulant Tablets (million)</td>
<td>2.19</td>
<td>5.89</td>
<td>18.16</td>
<td>10.18</td>
<td>12.65</td>
<td>49.95</td>
<td>98.35</td>
</tr>
<tr>
<td>ICE (kg)</td>
<td>226.12</td>
<td>33.4</td>
<td>426.66</td>
<td>173</td>
<td>47.1175</td>
<td>2,261.6938</td>
<td>2464.08</td>
</tr>
<tr>
<td>Marijuana (kg)</td>
<td>205.60</td>
<td>196.39</td>
<td>80.28</td>
<td>37.16</td>
<td>205.5458</td>
<td>87.7056</td>
<td>188.78</td>
</tr>
<tr>
<td>Mitragyna speciosa (kg)</td>
<td>375.26</td>
<td>969.49</td>
<td>330.15</td>
<td>218.95</td>
<td>605.3193</td>
<td>867.3515</td>
<td>1412.72</td>
</tr>
<tr>
<td>Ketamine</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>940.16</td>
</tr>
</tbody>
</table>
Local Drug Situation in 2016

The Philippine government has a continuous intensified drive against illegal drug trafficking and abuse. The war against drugs is not yet over. The President of the Philippines mandated all drug law enforcement agencies to intensify the anti-drug campaign relentlessly and sustainably.

The result of the 2015 Nationwide Survey on the Nature and Extent of Drug Abuse in the Philippines, commissioned by the Dangerous Drugs Board to the Resources, Environment, Economics Center for Studies, Inc. (REECS) revealed that there are an estimated 1.8 Million current users in the country or equivalent to 2.3% prevalence rate. Majority of the users were males, employed adults with at least a high school education. Based on the survey, the most commonly abused substances are cannabis or marijuana, methamphetamine hydrochloride or commonly known in the Philippines as “shabu” and cocaine.

Based on the result of the implementation of Project “Tokhang” involving house visitations by the Philippine National Police to persuade suspected illegal drug personalities to stop their illegal drug activities from July 2016 which led to the voluntary surrender of 1.14 million drug personalities as of December 2016, the law enforcement agencies estimated a number of 4 million drug users nationwide.
The Demographic Profile of Current Users based on the 2015 survey is shown below:


<table>
<thead>
<tr>
<th>Demographic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>More males than females (Ratio = 7:1)</td>
</tr>
<tr>
<td>Age Group</td>
<td>More pervasive among adults ages 18 yrs to 59 yrs than children and the elderly</td>
</tr>
<tr>
<td>Civil Status</td>
<td>No difference between single, separated nor married</td>
</tr>
<tr>
<td>Occupational Level</td>
<td>More common among those who are working or with some sort of income</td>
</tr>
<tr>
<td>Highest Educational Attainment</td>
<td>High School (2.6%) and College Level (2.3%)</td>
</tr>
<tr>
<td>Annual Family Income</td>
<td>P 50,000 to P 87,400</td>
</tr>
<tr>
<td>Drug of Abuse</td>
<td>Cannabis (Marijuana) Methamphetamine Hydrochloride (Shabu) Cocaine</td>
</tr>
</tbody>
</table>

On the other hand, admissions from the different treatment and rehabilitation centers nationwide, shows an increasing trend. From 2,744 reported cases in 2012, it went up to 3,266 in 2013 and 4,392 in 2014; continued increase to 5,402 and 6,079 in 2015 and 2016, respectively. In 2016, it was evident that the most commonly abused drugs were methamphetamine hydrochloride or shabu, cannabis sativa or marijuana, and ecstasy.
Reported Cases from Treatment and Rehabilitation Centers

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New admission</td>
<td>2,192</td>
<td>2,618</td>
<td>3,388</td>
<td>4,325</td>
<td>4,688</td>
</tr>
<tr>
<td>Re-admission</td>
<td>404</td>
<td>446</td>
<td>772</td>
<td>1,077</td>
<td>1,126</td>
</tr>
<tr>
<td>Outpatient</td>
<td>148</td>
<td>202</td>
<td>232</td>
<td>0</td>
<td>265</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,744</td>
<td>3,266</td>
<td>4,392</td>
<td>5,402</td>
<td>6,079</td>
</tr>
</tbody>
</table>

The profile of drug users based on the treatment and rehabilitation facilities for years 2015 and 2016 has no significant difference except that the nature of drug use changed from poly-drug use in 2015 to mono-drug use in 2016.

Profile of Drug Abusers (Facility-Based)

<table>
<thead>
<tr>
<th>Demographic Indicator</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>31 years old</td>
<td>31 years old</td>
</tr>
<tr>
<td>Sex Ratio (Male to Female)</td>
<td>14:1</td>
<td>13:1</td>
</tr>
<tr>
<td>Civil Status</td>
<td>Single (49.13%)</td>
<td>Single (48.96%)</td>
</tr>
<tr>
<td>Status of Employment</td>
<td>Unemployed (53.20%)</td>
<td>Unemployed (44.69%)</td>
</tr>
<tr>
<td>Educational Level</td>
<td>College Level (28.34%)</td>
<td>College Level (27.14%)</td>
</tr>
<tr>
<td>Average Monthly Family Income</td>
<td>P10,172.00</td>
<td>P 13,937.65</td>
</tr>
</tbody>
</table>
### Demographic Indicator

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of Residence</strong></td>
<td>Mostly Urban (NCR-43.89%)</td>
<td>Mostly Urban (NCR 42.41%)</td>
</tr>
<tr>
<td><strong>Duration of Drug Use</strong></td>
<td>More than 6 years</td>
<td>More than 6 years</td>
</tr>
<tr>
<td><strong>Nature of Drug Use</strong></td>
<td>Poly Drug Use</td>
<td>Mono Drug Use</td>
</tr>
<tr>
<td><strong>Drugs/Substances of Abuse</strong></td>
<td>Meth, Marijuana, Cocaine</td>
<td>Meth, Marijuana, Ecstasy</td>
</tr>
</tbody>
</table>

### Supply Reduction

The positive effects of the intensified supply reduction efforts undertaken by the Philippine Drug Enforcement Agency, Philippine National Police, National Bureau of Investigation, Bureau of Customs, Armed Forces of the Philippines, and other law enforcement units were evident in the significant results of the anti-drug operations conducted nationwide. From January to December 2016, 34,077 anti-drug operations were conducted which resulted in the arrest of 27,943 drug personalities against whom 22,114 drug cases were filed. Moreover, seizure of Php18.27 billion (USD 368 million) worth of dangerous drugs and controlled precursors and essential chemicals (CPECs) including 2,200.52 kg of shabu, 1,154.47 kg of dried cannabis leaves, 21,736 ecstasy tablets, and 70.60 kg of cocaine was documented.

Supply of shabu in the Philippines is ensured through local manufacturing carried out by drug syndicates. Since 1997, 106 shabu laboratories, including 10 in 2016, were dismantled nationwide.

Utilization of minors to transport illegal drugs is continuously observed. From 2011 to 2016, 1,199 minors were rescued from involvement in illegal drug activities.
Notable in 2016 were five incidences of bulk interception of cocaine at the country’s international airports which resulted in the arrest of six foreign nationalities. Seized during the airport interdiction operations were a total of 45.88 kg of cocaine.

To combat the drug menace, the Philippine government has developed its own plan of action and has taken steps for revision of its National Anti-Drug Strategies, which delineate the roles/functions of government agencies based on RA 9165. It will further strengthen Supply and Demand initiatives of the government, review and amend the law/policies and establish systems at the LGU level. The new National Drug Strategy will be adopted through an Executive Order (EO) by the new Administration.
To be able to come up with evidence-based policies, the country collects quantitative data/information on law enforcement, treatment and rehabilitation admissions from both residential and outpatient facilities, and violations of R.A. 9165. Reports are usually collected on a quarterly basis through the Integrated Drug Abuse Data and Information Network or IDADIN. The said system is about to undergo enhancement to improve data collection and management.

Another system, which is being developed, is the Integrated Drug Monitoring and Reporting Information System or IDMRIS, which will serve as a tool for monitoring and evaluating the implementation of the Philippine Anti-Drug Strategy or PADS.

The IDMRIS is being developed to create a mechanism or tool that will provide a systematic way to record and report various anti-drug prevention programmes and activities with the use of information and communications technology.

The Philippine government continuously implements a holistic and balanced approach in order to suppress the problems posed by dangerous drugs through proactive advocacy, consensus building, sharing of drug information and best practices; enhanced network of control measures, strengthened rule of law and boosting of alternative development programmes.

The scourge of the drug problem will continue but beneficial results of our collaboration, cooperation, courage, dedication and commitment will remain in the years to come and ultimately spell success in our common fight against drug abuse and illicit drug traffic.
Local Drug Situation in 2016
Singapore arrested a total of 3,265 drug abusers in 2016, a 2% decrease from the 3,343 drug abusers arrested in 2015. While the number of repeat drug abusers arrested decreased by 6%, from 2,034 in 2015 to 1,917 in 2016, the number of new drug abusers arrested increased by 3%, from 1,309 in 2015 to 1,348 in 2016. The proportion of young drug abusers below 30 remained high, contributing to 41% of total drug abusers and close to two-thirds of new abusers.

Drug Type
Methamphetamine and heroin remained the two most commonly abused drugs in Singapore. 1,956 methamphetamine abusers (60%) and 1,041 heroin abusers (32%) were arrested in 2016. Cannabis was the third most commonly abused drug, with 228 cannabis abusers (7%) arrested in 2016.

Of the 3,265 drug abusers arrested in 2016, 545 abusers (17%) were poly-drug abusers who abused more than one type of drug.

Methamphetamine abusers made up the largest proportion of all new abusers. Of the 1,348 new abusers arrested in 2016, 79% (1,068) had abused methamphetamine. Cannabis was the second most commonly abused drug among new abusers. New cannabis abusers increased by 17% from 156 in 2015 to 182 in 2016.
Age Group

41% (1,341) of all drug abusers arrested in 2016 were below 30 years old. Drug abusers in the 20-29 age group continued to form the largest group of abusers at 33% (1,064).

New abusers (1,348) made up 41% of all abusers (3,265) arrested. There was an increase in new abusers arrested across all age groups, except for the “below 20” group. Nearly half (650 or 48%) of new abusers belonged to the 20 to 29 age group. Close to two-thirds (894 or 66%) of new abusers were aged below 30.

Drug Enforcement and Initiatives

Singapore’s primary drug enforcement agency, the Central Narcotics Bureau (CNB), continued to maintain intensive enforcement efforts against drug offenders and works closely with its Home Team counterparts to keep Singapore streets drug-free. In 2016, CNB supported by the Singapore Police Force (SPF), conducted 19 island-wide operations targeting drug traffickers and abusers. Together with SPF and the Immigration & Checkpoints Authority (ICA), CNB also conducted 1,920 operations at the land, air and sea checkpoints to intercept drugs entering Singapore. Major operations led by CNB crippled the operations of 23 drug syndicates.

Singapore had actively co-operated with its regional counterparts to tackle the drug menace. In 2016, CNB conducted 11 joint operations with its counterparts, of which six operations were conducted with the Narcotics Crime Investigation Department (NCID) of the Royal Malaysian Police (RMP). The drugs seized in 2016 were estimated to have a street value of about S$7.98 million. There was a 22% increase in cannabis seizures, from 44.29kg in 2015 to 54.01kg in 2016.
## ASEAN Drug Monitoring Report 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin No.3</td>
<td>53.67 kg</td>
<td>52.41 kg</td>
<td>-2.35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine (‘ICE’)</td>
<td>15.58 kg</td>
<td>18.27 kg</td>
<td>+17.27%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>44.29 kg</td>
<td>54.01 kg</td>
<td>+21.95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>NIL</td>
<td>2 g</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Ecstasy’</td>
<td>2,943 tablets + 2.49 g</td>
<td>3,891 tablets + 97.94 g</td>
<td>+32.21% (tablets) +3,833.33% (weight)</td>
<td>≈ S$8.56 million</td>
<td>≈ S$7.98 million</td>
</tr>
<tr>
<td>Methamphetamine tablets (‘Yaba’)</td>
<td>142 tablets</td>
<td>242 tablets</td>
<td>+70.42%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketamine</td>
<td>2.28 kg</td>
<td>1.53 kg</td>
<td>-32.89%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nimetazepam</td>
<td>33,685.5 tablets</td>
<td>19,550 tablets + 9.41 g</td>
<td>-41.96% (tablets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine (‘Subutex’)</td>
<td>620 tablets¹</td>
<td>NIL</td>
<td>-100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Psychoactive Substances (NPS)</td>
<td>3,172 tablets + 3.54 kg</td>
<td>1,769 tablets + 87.17 g</td>
<td>-44.23% (tablets) -97.54% (weight)</td>
<td>≈ S$8.56 million</td>
<td>≈ S$7.98 million</td>
</tr>
</tbody>
</table>

¹ All 620 Subutex tablets were seized from a single case in July 2015.
It was also observed that drug syndicates and peddlers have taken advantage of the borderless nature of the Internet to conduct illegal drug activities. The number of people arrested in Singapore for buying drugs and drug-related paraphernalia online increased significantly from 30 in 2015 to 201 in 2016. Most of those found to have obtained drugs or drug-related paraphernalia online were between the ages of 20 to 39. CNB will continue to work closely with its Home Team counterparts and strategic partners to build up its detection and enforcement capabilities against online drug trafficking activities. Tough action will also be taken against persons involved in such illegal activities.

To address the high proportion of new abusers being young persons below 30 years old and more liberal attitudes among them, CNB conducted a new

social media branding - CNB.DrugFreeSG and introduced the revamped Drug Buster Academy Bus. This was to expand youth outreach by harnessing technology and social media. Community support remains vital in the fight against drug abuse. Apart from reaching out to schools, CNB also worked with new partners such as the National Library Board to bring anti-drug skits to the community, and launched anti-drug youth advocate programmes with an emphasis on peer support.

---

1 A survey conducted by the National Council Against Drug Abuse (NCADA) in 2016 found that young people below the age of 30 were more open-minded towards drugs, compared to the 2013 survey. The full results of the survey will be released in April 2017.
THAILAND

Local Drug Situation in 2016

Thailand still faced the serious problem of methamphetamine. There seemed to be attempts to reproduce illicit drugs close to Bangkok as there were 3 cases in which production equipment were seized, namely, in Dan Makham Tia District in Kanchanaburi Province, Maung District of Nakhon Pathom Province (nearby Bangkok), in Phra Samut Chedi District of Samut Prakarn Province (another province adjacent to Bangkok). The seized production equipment included tablet punching machine as well as ICE production equipment with several kinds of precursor chemical. There were other cases that some equipment used in narcotics production were confiscated but essential precursor chemicals were not found in the arrested locations, therefore, it could not be confirmed that such places were narcotics production sites. These production were believed to serve local drug users because Yaba was the most commonly used drug while ICE was often found in the same markets. Production cases were found close to Bangkok, perhaps to avoid being detected during the transportation.

The new treatment policy and the drafting of the Narcotics Code of Laws with provision of more opportunity for drug users to access treatment as patients made some drug users and
some government personnel change their behaviour and gave some distortions in the reported data.

The opium cultivation in Thailand is controllable. In 2016, there were 7 provinces where cultivation of opium poppy was detected. Most of the opium poppy plantations were in Chiang Mai Province while the opium poppy cultivation area in Tak Province increased by 4 times. Most of the cultivation was for household use or used in certain local areas. In 2016, only 80% of opium poppy cultivation area was eradicated. In the non eradicated cultivation areas, opium poppy growers tried to cultivate opium poppy again. Signs of the return of heroin can be seen from the spreading of opium poppy cultivation. The opium poppy cultivation sites became scattered, located in more remote area and was covered with other farm crops to avoid being uncovered and eradicated by the authority. Moreover, there was off-season opium grown in dry season, using fertilizers and irrigation sprinklers. Consequently, it was more difficult to uncover and eradicate. The sustainable alternative development has been implemented in the area that remained facing the problem of opium poppy cultivation. The eradication measure would be used where the development measure has been implemented but the farmers continued to grow opium poppy.

70% of drug smuggling was along the Thailand-Myanmar border in the North of Thailand, 29% was in the Northeast and 1% was in other regions of Thailand. The statistics of illegal drug cases of the Office of the Narcotics Control Board compiled from the Narcotic Case Report (NCR) database showed that in 2016 there were 152,055 cases and 157,339 offenders. The graph showed that the arrested illegal drugs cases decreased in the last three years.
Statistic of Drug Case and offender

<table>
<thead>
<tr>
<th>Year</th>
<th>Case</th>
<th>Offender</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>237,922</td>
<td>238,330</td>
</tr>
<tr>
<td>2012</td>
<td>232,488</td>
<td>232,604</td>
</tr>
<tr>
<td>2013</td>
<td>273,364</td>
<td>270,714</td>
</tr>
<tr>
<td>2014</td>
<td>209,582</td>
<td>212,788</td>
</tr>
<tr>
<td>2015</td>
<td>166,637</td>
<td>171,967</td>
</tr>
<tr>
<td>2016</td>
<td>152,055</td>
<td>157,339</td>
</tr>
</tbody>
</table>

The illicit drugs seized over this period show the followings:

**Yaba:** In the year 2016, Yaba had the highest number of arrest with 95,895 cases; 101,946 offenders with seized 103.9 million tablets, a decrease from the previous year. The most frequent routes for trafficking were the Northern border of Thailand, from neighbouring country through the Northeastern border and Western border respectively.

**ICE:** ICE was imported, stored and disposed with Yaba because the producers and traffickers were of the same groups except for the West African Syndicates who imported ICE from China and African countries. ICE was smuggled mostly by couriers and through international airports and parcels post. Recently, the West African Syndicates have tried to expand their illicit drugs market from tourists in the tourist attraction areas to urban areas. In 2016, the arrested cases related to ICE composed of 10,495 cases, 11,901 offenders and 1,565 kilogrammes of drugs, a decrease from last year.
**Heroin:** The major trafficking routes for heroin are the same as those of Yaba and ICE, and sometimes the traffickers smuggled these illicit drugs together. In 2016, there were 738 arrested heroin case, 883 offenders, decreasing from the year 2015.

**Cannabis:** There were 8,409 arrested cannabis cases with 9,247 offenders and 31.7 tons of seized drug. Most of these arrested cases were imported from neighbouring country crossing the Mekong River and destined to a third country through the east coast and southern border between Thailand and Malaysia.

Regarding the age of offenders, most drug distributors were juveniles (40.4-4.1%) aged below 24 years followed by the age group of 25-29 years at 19.2 - 21.7%. Moreover, these are the main group of offenders in the last 5 years consecutively.

Foreign drug offenders operated in Thailand as drug dealers and drug couriers. Foreign drug offenders of various nationalities were arrested every year especially drug offenders from neighbouring countries such as Cambodia, Lao PDR, Malaysia and Myanmar. These are also the main nationalities of offenders who were arrested continuously.

**Prevalence and Trends**

In Thailand, all kinds of drugs use has decreased comparing to the year 2015. Methamphetamine remains the most common illicit drug used, mainly concentrated among young people aged between 20-24 years old. However, heroin and pharmaceutical drugs were slightly increasing and tended to widespread among young adults, especially in major cities including Bangkok, Chiang Mai and Songkhla. In general, illicit drug use is more common among males than females. The National database on the drug users who received treatment showed that
around 75% of patients in treatment centers reported methamphetamine as the main drug of choice, followed by cannabis and ICE. In addition, around 20% reported that they used one or more psychoactive substances. The trend of poly drug use was slightly increasing from last year. The mix of pharmaceutical drugs such as “Procodyl” and “Tramadol” with soft drinks used among teenagers leads to acute intoxication. With the growing misuse of pharmaceutical drugs and the poly drug user, along with the returning of heroin abuse problem, there has been growing awareness of potential harms that can result from the misuse.

**Drug and Related Harms**

In Thailand, data on drug related infectious diseases are collected by the Bureau of Epidemiology, Ministry of Public Health. Measures to minimize harm caused by Human Immunodeficiency Virus (HIV) infected were introduced. Additional information is collected through database on harm reduction services. The results from these sources are similar. The prevalence of HIV infection has declined. Nonetheless, the infections are still high among vulnerable groups including Men having Sex with Men (MSM), People Who Inject Drugs (PWID), and sex workers. The estimated number of PWID in Thailand is 71,000. Among the number, there are 42,000 people or 60% injecting drug at least once a month. According to the available data, people who injected drugs and got HIV infected by 22%, Hepatitis C by 71% and Hepatitis B by 12%. There is no data on drug induced deaths available at the moment.
VIET NAM

Local Drug Situation in 2016

I. Overview

1. Drug use situation

Drugs currently used in Viet Nam are still mainly heroin and synthetic drugs. Among them, heroin is the most commonly used drug, accounting for 50%. The source of heroin is mainly transported from the Golden Triangle. Meanwhile, the abuse of synthetic drug, especially ATS, has increased sharply especially among young people. Synthetic drug in Viet Nam is mainly transported from the northern border of the country.

In 2016, there were 210,751 drug users, most of whom lived in communities accounting for 67%.

Proportion of drug users by age

<table>
<thead>
<tr>
<th>Age</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>0.53%</td>
</tr>
<tr>
<td>16 - under 18</td>
<td>0.76%</td>
</tr>
<tr>
<td>18 - under 30</td>
<td>36.75%</td>
</tr>
<tr>
<td>30 and over</td>
<td>61.96%</td>
</tr>
</tbody>
</table>

Recently, Viet Nam has detected the trade and use of new psychoactive substance called XLR-11 impregnated in herbal packages called "American Grass". Although the substance has been put on the national drug control list since 2015, there are still many difficulties in examining purity and identifying standard samples. In addition, the sale of crystal narcotic drugs having a major component of Benzylisopropylamine which is not on the control list, was also reported.
2. Drugs and HIV/AIDS

As of August 2016, there were more than 8,000 people living with HIV, including 5,266 people living with AIDS and 1,600 people living with HIV/AIDS. Out of total reported HIV cases, injecting drug users account for over 50%.

People infected with HIV in a closed setting in Viet Nam are provided with care and treatment for opportunistic infections. Those who are qualified and adhered to the treatment procedure are treated with antiretrovirals (ARV). Up to now, 1,520 HIV-infected patients have received ARV treatment. The number of patients alived and treated is 1,413.

Being aware of nature and danger of drugs and HIV/AIDS in prisons, educational institutions, reformatories, over the past years, Viet Nam has provided propaganda on drugs education and HIV suppression for prisoners, inmates, and students in a variety of forms and contents, in accordance with their perceptions and actual conditions of each unit.

3. Drug-related crime situation

Drugs are smuggled into Viet Nam mainly through land road and air routes, while sea route is potentially at high risk.

- By land
  + North-west border and north-central routes: A large number of drug trafficking groups into Viet Nam, mainly heroin.
  + Northern border with China: Continued detection and prevention of various cases of transporting hundreds of heroin blocks from Viet Nam to China and large-scale synthetic drugs cases trafficked from China to Viet Nam.

- By air
  Drug trafficking by air route is getting more and more complicated; the criminals often take advantage of travelling to transport drugs with a variety of sophisticated tricks. Particularly, in recent
times, the transport of drugs through air cargo delivery services has tended to increase, including:
+ Viet Nam to Australia and vice versa;
+ Viet Nam to China, Taiwan;
+ Viet Nam to several countries in Southeast Asia such as Thailand, Malaysia, Indonesia, Singapore, Cambodia and vice versa;
+ West Africa through Doha (United Arab Emirates), India into Viet Nam.

- **By sea**

Due to impact of international, regional and domestic drug-related crime situation, the diversity and convenience of sea transport along with the high profits from illegal drug trade, situation of drug-related crime through sea route in Viet Nam has unpredictable characters, recorded as follows:
- Entry: From Africa, South America, South Asia to Viet Nam
- Exit: from Viet Nam to Australia; Viet Nam-China; Viet Nam-Taiwan.

**Modus Operandi**

Drugs are concealed in food, handicrafts or cosmetics, or mixed with shrimp sauce to be sent abroad as gifts or hidden in car tyres or printer cartridges and then sent via express mail service (EMS). Recently, criminals have been transporting drugs by public transports such as long-haul passenger trains and trains, impersonating reporters and wearing uniforms to avoid the functional forces’ surveillance in delivery process of drug.

On sea routes, drug traffickers are equipped with modern, high-tech equipment. In the process of exchange, trade and transport of drugs, they often use specially designed vessels with multiple hidden compartments for concealment and design ships with multiple layers and hulls to make it difficult for functional forces to uncover and inspect. Drug traffickers also take advantages from open trade policies to transport illicit drugs such as impersonating export-import companies.
abroad; entrusting many companies to carry out import and export activities to hide their identities and the origin of goods containing drugs. Besides, drugs are subtly hidden in trousers, frozen fishes, frozen potatoes, cabbages, sandal bags, furniture, woodcrafts, etc. or hidden in cargo accessories such as container cases, force-bearing wooden ballets, machinery parts, etc.

II. Drug Control Efforts

1. Law Enforcement

Strengthen cross-border cooperation

On the land route, Viet Nam has launched campaigns of propaganda and suppression against drug-related crimes on the Viet Nam-China border and Viet Nam-Laos border and also organized meetings on drug prevention and suppression with Lao PDR and Cambodia. The bordering provinces have closely coordinated and implemented many cooperative operation plans, organized periodical or ad-hoc meetings, exchanged information, conducted area surveys, shared experience on enhancing capacity to fight against drug-related crimes. Viet Nam authorities have coordinated with Lao counterparts to detect large-scale drug trafficking routes along North West and North Central border areas.

Currently, Viet Nam has set up and operated 16 BLOs offices on the borderline with neighbouring countries, including 4 BLOs along Viet Nam-China border, 6 BLOs along Viet Nam-Laos border and 6 BLOs along Viet Nam-Cambodia border.

Prevent diversion of precursors

Up to present, there are 43 precursors under control list of Viet Nam. To prevent the diversion of precursors, Viet Nam has organized training courses to raise awareness of organizations and individuals about management and control of precursors in utilization, storage, trade, export and import of precursors.
Viet Nam recently issued the Amended Decree 126 supplemented Decree 82 of 2013 with a list of drugs and precursors; formulated Plan 4104 to set up an inter-agency task force of coordination and management over legal activities related to drugs including monitoring, survey, management of addictives, psychotropic drugs at the border areas; created management software of addictive drugs and launched the operation of data center to control illegal activities related to drugs; added a number of new drugs to the category of narcotic substances;

Simultaneously, Viet Nam strengthened cooperation with the International Narcotics Control Board-INCB and member states by providing transactional identification, purpose of imported precursors, destinations, etc. to control precursors, addictive-, and psychotropic drugs under the mechanism of notification for online exported precursors (PENonline); participated in international campaigns to share information related to trade, import and export of high-risk precursors. In 2016, through PENonline system, Viet Nam has exchanged more than 120 pieces of information with International Narcotics Control Board (INCB) and other concerned countries.

**Strengthen joint-cooperative initiatives**

Viet Nam actively joined ASEAN Airport Interdiction Task Force (AAITF) and ASEAN Seaport Interdiction Task Force (ASITF), shared and exchanged information with ASEAN Drug Monitoring Network (ADMN) under ASEAN-NARCO cooperation framework, Safe Mekong initiative and Golden Triangle cooperation plan, etc.

The local functional forces have brought into full play of the regional initiatives through development of action plans to increase coordination at the airport; setting up task forces responsible for prevention and suppression of drug-related crimes through air and sea routes.
Drug seizures
In 2016, Viet Nam has discovered and investigated 19,333 cases, arrested 31,001 subjects (1,512 cases and 3,326 subjects higher than 2015), seized 607.8 kg of heroin; 14.52 kg of cocaine; 92.13 kg of opium; 145.51 kg of dry cannabis; 1,211 kg of raw cannabis; 839.63 kg and 427,655 tablets of methamphetamine; 1.6 kg of XLR-11 (American grass); 04 kg of ketamine and other exhibits, assets.
According to statistics in 2016 and early 6 months of 2017, drug investigation police coordinated with functional forces, seizing 325 guns, over 4000 bullets, 63.2 billion VND and many other evidences.

2. Treatment and rehabilitation
Reducing demand for drugs use is Viet Nam’s top priority. Viet Nam has been actively participating in regional and global demand reduction programmes such as the United Nations Office on Drugs and Crime’s Global Programme for Analyzing, Reporting and Monitoring Synthetic Drug Trend (SMART) and UNODC’s global programme on drug addiction (TREATNET), etc. to update information on trends, modes and status of synthetic drugs and current appropriate drug treatment measures.

Strengthen drug treatment policy
From 2015 till now, Viet Nam has issued a Joint Circular regulating the order and procedures for identifying drug addiction and Decision by the Prime Minister approving drug detoxification facility; promulgated the circulars on training framework for counseling and treatment of drug addiction; promulgated documents guiding provinces and centrally-run cities to turn the compulsory drug treatment facilities into voluntary drug treatment facilities and community facilities in accordance with local current situation.

Drug treatment challenges: A rapid increase in the number of synthetic drug addicts in drug treatment facilities (nearly 65% nationwide) - while specific treatment plan for this is not available and staff are not well-qualified for the
need to innovate drug treatment. Early drug addiction intervention and prevention programmes are unavailable - partly leading to an increase in the number of drug addicts.

**Treatment and aftercare management**

In the implementation of the Government Resolution on strengthening the direction on drug treatment in the current situation, Viet Nam has been organizing drug treatment in the following models:

- **Centre-based treatment**
  There are 123 drug treatment facilities treating and accommodating for 31,455 people, including more than 19,546 of people in 105 public drug treatment facilities and nearly 3,700 people being treated in 22 private drug treatment facilities.

  The current number of compulsory drug treatment facilities is reduced from 123 to 105, specifically: 6 establishments provide compulsory drug treatment; 79 comprehensive drug treatment facilities (compulsory, voluntary, methadone treatment); 18 voluntary drug treatment facilities; 2 establishments receiving homeless drug addicts (18 facilities under transitions to other functions - no longer provide drug treatment) 100% provinces and cities in Viet Nam issued plans or schemes to implement the reform of drug treatment: addiction is considered a chronic disease which needs long-term treatment and voluntary drug treatment is encouraged

- **Family and community based drug treatment and after care management**
  There were 34,084 people provided with treatment at family and community bases. 17,103 people were treated in the family and 16,981 people were treated in community.

- **Methadone Maintenance Therapy (MMT)**
  Up to now, there have been 63 of 63 provinces/cities in Viet Nam provided
MMT for 53,000 people in 282 MMT facilities. In addition, most of drug treatment centres have been converted to multifunctional facilities, including MMT.

In addition to these drug treatment models, Viet Nam is currently conducting a research, trial production of treatment medicines such as Bông Sen, Cedemex, Hentos, Kamat and other models of treatment such as electrodes, physical therapy and treatment research for ATS users.

**- SUBOXONE Maintenance Treatment (SMT)**

SMT has been developed in 3 cities/provinces of Hanoi, Ho Chi Minh, and Bac Giang for 163 patients. Suboxone is a prescribed medication that can support treatment of heroin addiction and dependence on other opiates. It is a combination of buprenorphine, which can be used as a stand-alone treatment for opiate dependence and naloxone, which is used to treat opiate overdose.

**Outcomes of Drug Treatment in 2016**


**3. Preventive education and propaganda**

In Viet Nam, this work has been promoted and become a regular and continuous movement at local level, such as: training workshops, parades, meetings, exhibitions, signing up, competitions, sports, camps, production of communication materials, exhibition on drug prevention and control, demonstration, painting contest under the theme "children’s vigilance of drugs", etc.
Annually, in response to the Action Month for Drug Prevention and Control, the National Day for Drug Prevention and Control (June 26th), the National Committee held a mass commencement ceremony to display the strength of the socio-political organizations and the extensive propaganda on drug prevention and control.

News agencies at central and local levels published articles and reports on drug prevention and control. Many newspapers, radio channels and television stations have set up fora, reports, documentaries, etc. propagandizing examples of good deeds in drug prevention, control and treatment. Other forms of propaganda (meetings, camps, seminars, talk shows, publications, and brochures) also come into practice. Propaganda content focuses on the harmfulness of drugs, education on prevention skills and encouragement against stigmatization and discrimination of drug addicts, raise the responsibility of families, schools, agencies, enterprises, branches and levels, especially local authorities, which creates a movement for the masses to condemn drug-related crimes and addiction.

4. Sustainable alternative development
Re-cultivation area of narcotics containing plants has dropped from 189.3 hectares in 2007 to 8.3 hectares in 2017. The total area has been restrained and reduced continuously since the last 4 years.

Table of areas of plants containing narcotic substances (discovered and eradicated)

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area (acre)</td>
<td>40.2</td>
<td>25.8</td>
<td>19</td>
<td>18.5</td>
<td>11.7</td>
</tr>
</tbody>
</table>

Opium is commonly cultivated in northern mountainous provinces, while cannabis is mainly grown in small provinces in the Central, Central Highlands, South of the country and Mekong River Delta.
Viet Nam has made great efforts to eradicate narcotic bearing plants and implemented sustainable alternative development through drug prevention, poverty alleviation, construction of new countryside, which are mainly about building support infrastructure for disadvantaged areas or areas with high poverty rates such as transportation, irrigation, clean water supply, healthcare and education facilities, etc; support people’s life and production by providing support on housing, residential or production land; providing help for the poor on agricultural production, seeking jobs to eliminate hunger and alleviate poverty, increase income; effectively support local vulnerable people to access basic social services; vocational training, production training.

The New Countryside Programme realizes the provision of investment of 2.5 times higher as compared to that of regular villages. Each village receives an annual amount of one billion VND to invest on building infrastructure and 300 million VND on developing, seeds supporting, and product consumption (Poverty Reduction programme 135); Support plant varieties for over 100,000 households, livestock breeds for 15,000 households. Localities have implemented more than 100 models of production development, organized 582 training courses on agricultural & forestry, provided vocational training for 240,000 workers from poor households, support preferential credit loans to develop production.

The situation of re-planting narcotic crops since 2010 up to present shows that we have controlled significantly re-planting situation in key areas. Re-cultivation area is controlled to a low level and tends to decrease. In key areas for planting and re-planting plants containing narcotics, rate of poverty reduction has been accelerating, annual decrease of 4% to 5% (the national average decline of 2%), at the end of
2016 poverty rate fell to about 20% (national average rate of about 9%).

5. Enhanced international cooperation and domestic legal basis
Viet Nam has ratified three United Nations International Conventions on Drug Control (1961 Convention, 1971 Convention and 1988 Convention), signed 14 Memorandums, Agreements and Cooperation Agreements on drugs and crime control with other countries in the region and outside.

In 2015, Viet Nam signed a Letter of Agreement on Drug Control Cooperation with Thailand and Cooperation Agreement on Drug and Precursors Control between Viet Nam and Peru at the APEC Summit in November 2016, creating a legal basis to promote cooperation with countries in the field of drug control.

Viet Nam is in the process of amending and supplementing the system of legal documents related to drug control statistics to meet the requirements of statistics and reporting in the current situation which include the Law of Drug Control (2000) and the Amendment of Law on Drug Control (2008), Decree 123 on amending and supplementing the list of drug and precursors issued with Decree 82 by the Government on list of drug and precursors to add the new drug XLR-11, Decision 127 by the Prime Minister promulgating the regime of reporting and providing statistics on drug control; Circular No. 12 (2011) by the Minister of Public Security prescribes forms, reporting and statistics on drug control.

6. Research
- Conducted a research on using Clonidine in drug treatment in community.
- Conducted a research on amphetamine use situation in Northern communities.
- Conducted a research on clinical characteristics and treatment of ATS abuse.
- Sociological Survey on illegal drug user in 2016.

III. Conclusion

In the year 2016, Viet Nam has obtained remarkable achievements in the fight against drug-related crime. As we all are well aware, the measure taken on drug issue is not an individual responsibility of any particular country and in facing with escalating drug challenges, Viet Nam assures the continuous efforts in the field of raising public awareness, alternative development, demand and harm reduction, as well as law enforcement, through a holistic and balanced approach.

Viet Nam underscores the importance of cooperation and coordination among relevant agencies and interested parties through existing mechanisms and frameworks, with particular on promotes sharing of knowledge, expertise and best practices on drug matters and pledges to affirm joint commitment to effectively address and counter the world problem in consistence with the International Drug Control Conventions and in accordance with guidelines and principles by UNGASS 2016.
Chapter 3

Major Drug Problems in ASEAN
Cannabis plant is believed to be human’s oldest cultivated narcotic crop and has spread to Southeast Asia since 1,000 A.D. Despite the perceived usage of cannabis as a cooking ingredient, traditional medicine and recreational use by some, studies have shown negative effects of cannabis use. The latest household survey in Thailand (2016) estimated 5.8% lifetime prevalence of the population aged 12-65 years and an annual prevalence of 2.8%. Despite the prevalence rates, the number of cannabis users who have accessed treatment appears to be small.

According to admission data in 2016, 8.9% of all admissions are cannabis users. In 2016, over 17,000 cannabis users had registered for drug treatment. This number of cannabis users who accessed treatment increased 1.4 times from the past year. The number in Singapore and Thailand had increased while that in the Philippines seemed to be stable. On the other hand, the number in Indonesia had drastically decreased.

The proportion of the new admission increased 9% from 2015 to 87.6% of the overall ASEAN admission rate for cannabis users even though the overall admission was 2.7 per hundred thousand population. The new admission ranges from 27.4% in Viet Nam to 100% in Brunei Darussalam.

---

2 Lifetime prevalence is the proportion of a population that at some point in their life (up to the time of assessment) have experienced drug use.
Male population accounted for over 90% of cannabis users in every ASEAN Member States. The proportion of male cannabis users remains relatively similar to 2015 in all ASEAN Member States.

In Thailand, 30% of cannabis users were temporary workers, 24% were unemployed and 19% were students. About half of the cannabis users aged below 25 years old.
Over 30,000 cannabis offenders accounted for 7.34% of all offenders arrested in 2016. The number of cannabis offenders arrested was similar to that of 2015. There were about 5 cannabis offenders in hundred thousand population in ASEAN. There were over 25,000 cannabis cases which increased 1.5 times from 2015. The rate of cannabis cases in Myanmar, Indonesia and Thailand has decreased while in Brunei Darussalam and the Philippines, the rate has increased.

More than 10,000 metric tons of cannabis were seized in ASEAN in 2016. This was a drastic increase from 2015. The average cannabis seizure was 0.5 metric ton per case.

Cannabis offender rate in Brunei Darussalam and Cambodia had decreased while it has increased in the rest of ASEAN Member States. This may be considered as a warning sign that cannabis is an increasing threat to the region.
Opium

The opium trade in Indochina has a long history back to the early eighth century when Arab Turkish merchants first introduced opium to China. Eventually, opium dependency among Chinese communities created a high demand that encouraged opium poppy cultivation. Opium poppy cultivation and opium use was known among tribal people such as the Hmong and Mien, who brought the poppy seeds with them as they migrated southward to the Golden Triangle area. The Golden Triangle area, including Myanmar, Northern Thailand and Northern Lao PDR, was the world’s second largest source of opium poppy cultivation.

According to the total admission data, 2.1% was opium users. In 2016, around 4,000 opium users received treatment. This was 20% lower than in 2015. The overall admission rate for opium users in ASEAN in 2016 was 0.62 per hundred thousand population. The proportion of the new admission was 36.8% was comparable to 2015.

Males make up around 90% of the total opium users in ASEAN and this trend is quite similar to 2015. However, the proportion would differ among ASEAN Member States. For example, female users formed was around 20% in Thailand, and 50% in the Philippines. In Thailand, 59% of opium users were agriculturists, 25% were temporary workers and 7% were unemployed. About half of opium users aged 40 years and above and approximately 7% were injecting drug users (IDU).
In 2016, UNODC estimated that global opium production increased 30% from 2015. It is estimated that opium poppy cultivation area in ASEAN was over 60,000 ha. There were around 500 opium offenders arrested in ASEAN which accounted for 0.14% of all drug offenders in 2016. The number of opium offenders decreased 2.5 times from 2015. Rate of opium offenders was 0.09 per hundred thousand population. There were over 400 opium cases and this number is twice lower compared to 2015. Overall, the rate of opium cases per hundred thousand population in ASEAN Member States have decreased.

0.5 metric ton of opium was seized in ASEAN in 2016, which was three times lower compared to 2015. The average weight of opium seized was 1 kg per case. The decrease of opium seizures may be a good sign of ASEAN’s opium control measures.
OPIUM: Quantity seized by member states (Kg.)
Heroin

Heroin is an opiate most commonly used as a recreational drug for its euphoric effects. UNODC estimated that there were 16.5 million users worldwide. Heroin (diacetylmorphine), a semi-synthetic opiate derived from opium and first synthesized in 1874, is recognised as one of the most harmful drugs. Southeast Asia (i.e. the Golden Triangle) is one of Asia’s two main opium-producing areas, and the other is situated in Afghanistan in the Golden Crescent. Based on UNODC, and the Southeast Asia Opium Survey 2014 conducted by Lao People’s Democratic Republic and Myanmar, over 70 metric tons of heroin in the world market could be produced in the Golden Triangle. Heroin produced in the Golden Triangle, apart from supplying to ASEAN, is also exported to other regions.

According to the admission data, 6.0% were heroin users. In 2016, over 11,000 heroin users received treatment, which was 40% lower than 2015. Overall ASEAN admission rate was 1.82 per hundred thousand population in 2016. The number of new admission was 33.1% which was a drastic increase compared to 2015. The number of new admission was reported to have increased in Thailand and decreased in Indonesia and Singapore.

In all ASEAN Member States, over 90% of heroin users are male and this was a slight increase from 2015. However, each ASEAN Member State may present different figures. In Indonesia, Cambodia and Thailand, female heroin users were around 6-7%, while in Singapore was 17%. In Thailand, 35% of heroin users were temporary workers while 25% were agriculturists and 15% were unemployed. About half of heroin users were aged between 25 and 39 years old. About 20% of admissions were IDU.
There were about 70,000 heroin offenders which was a significant decrease compared to 2015. For every hundred thousand population in ASEAN, there were 11.12 heroin offenders. This was a slight increase from 2015. Over 60,000 cases were detected with 1 metric ton of heroin seizure (an average of 0.01 kg per case). Heroin production cases were rarely reported. Taking into consideration the decreasing number of heroin seizures being reported by ASEAN Member States, however according to UNODC Southeast Asia Opium Survey 2014 it may not reflect a decline of heroin market in the region.
HEROIN: Quantity seized by member states (Kg.)
ATS is a group of drugs which mainly includes amphetamine and methamphetamine. Methamphetamine, chemically similar to amphetamine, is a strong central nervous system (CNS) stimulant that has been used as a recreational drug. Formerly popularly known as speed or uppers, it was used by athletes, college students, motorcycle gangs and truck drivers. ATS has always been ranked among the top three drugs used in Southeast Asia since 2009. Methamphetamine seizures increased from 34 tons in 2009 to 88 tons in 2013. In 2016, methamphetamine seizures from ASEAN Member States amounted to over 150 metric tons.

According to admission data, 67.4% of all admissions were methamphetamine users, specifically methamphetamine tablet called “Yaba”, containing a mixture of methamphetamine, caffeine, pseudoephedrine, ephedrine and others. It was 1.4 times higher than the past year. In 2016, around 128,000 Yaba users received drug treatment. Overall ASEAN admission rate increased to 20.4 per hundred thousand population compared to 2015. The proportion of new admission was 79.6%, which was a notable increase from 2015.

Similar to other drugs, approximately 90% of Yaba users were males, ranging from 88.8% in Indonesia to 97.6% in Malaysia. The ratio of male to female Yaba users increased slightly from 2015. In Thailand, 40% of Yaba users were temporary workers while 16% were unemployed and 13% were students. About half of the Yaba users were aged less than 40 years old and less than 1% of admissions were IDU.
Methamphetamine tablet: Admission by member states

Methamphetamine tablet: Gender by member states
About 142,000 Yaba offenders accounted for 34.5% of all offenders in 2016. Overall Yaba offender rate in ASEAN was 22.6 per hundred thousand population. Over 130,000 cases were detected with 150 metric tons of Yaba seized. Yaba production cases were reported with only a few identified production sites. Nonetheless, investigations are ongoing to uncover the remaining production sites, particularly in the Golden Triangle area.
Methamphetamine tablet: Quantity seized by member states (Kg.)
Methamphetamine (Crystal)

Crystalline methamphetamine commonly known as “ICE” or “Shabu/Syabu”, a white crystal, was extensively used during the World War II. In the late 1960s, it became known as a dangerous drug that created detrimental health threats to its users. UNODC reported that crystalline methamphetamine seizures in East and Southeast Asia increased from 8 to 14 metric tons from 2009 to 2013.

According to admission data, 15.6% of all admissions were crystalline methamphetamine users. In 2016, around 30,000 crystalline methamphetamine users received drug treatment. This was a 2.5 times increase from the previous year. The overall admission rate in ASEAN was 4.7 per hundred thousand population. The proportion of new admission was 87.8%, which was a major rise from 2015.

87.4% of crystalline methamphetamine users were male, ranging from 76% in Thailand to 94.4% in Cambodia and Malaysia. In Thailand, 42.0% of crystalline methamphetamine users were temporary workers, 25.4% were unemployed and 12.0% were merchants. About half of the crystalline methamphetamine users were aged less than 40 years old.
Methamphetamine (crystal): Admission by member states

Methamphetamine (crystal): Gender by member states
About 171,000 crystalline methamphetamine offenders accounted for 41.2% of all offenders in 2016, which was a minor increase from the previous year. The overall offender rate in ASEAN was 27.1 per hundred thousand population. Over 140,000 cases were detected with more than a total of 10 metric tons of crystalline methamphetamine seized.

ASEAN will continue to investigate the source of crystalline methamphetamine flowing into the region as there were only a few crystalline methamphetamine production sites known. Both tablet and crystalline methamphetamine remained the key challenges to be tackled with in the region.
Methamphetamine (crystal): Quantity seized by member states (Kg.)
Chapter 4
Research Knowledge and Innovation
A team of psychiatrists and researchers from the Institute of Mental Health, Singapore, conducted a literature review on cannabis in 2015. The research team reviewed more than 500 papers from international medical journals in the US and Europe (e.g. Journal of the American Medical Association, European Journal of Clinical Pharmacology) and other sources of information, such as international medical bodies (e.g. American Psychiatric Association, British Medical Association).

The scientific findings from the review are broadly classified in four areas:

- Harmful effects of cannabis use (including on the brain structure and function, development of psychiatric conditions and physical health);
- Addictiveness of cannabis;
- Effectiveness of cannabis for medical use; and
- Recommendations from international regulatory and medical bodies.

---

3 The Research Team is chaired by Dr Jimmy Lee, a Consultant with the Department of General Psychiatry at the Institute of Mental Health, Singapore, and an Assistant Professor with the Office of Clinical Sciences at Duke-NUS Medical School. Members include Dr Christopher Cheok (Vice Chairman Medical Board at the National Addictions Management Service, Institute of Mental Health), Dr Gomathinayagam Kandasami (Consultant and Chief of the Department of Addiction Medicine at the Institute of Mental Health, and an Adjunct Assistant Professor in Psychological Medicine at National University of Singapore (NUS) Yong Loo Lin School of Medicine and Duke-NUS Graduate Medical School), Dr Attilio Rapisarda (Senior Research Fellow with the Institute of Mental Health, and an Assistant Professor at Duke-NUS Medical School), and Dr Ho New Fei (Research Fellow with the Institute of Mental Health, and an Affiliated Research Fellow with the Harvard Medical School).
Key Findings

Harmful effects of cannabis use

1. Long-term use of cannabis was found to be associated with structural and functional changes in the adult brain, and impaired memory and decision making. In particular, THC (tetrahydrocannabinol), the psychoactive substance found in cannabis, was found to lead to brain volume reduction, which was associated with memory deficits and behaviours suggestive of depression.

2. Exposure to cannabis for children in utero or in adolescence was associated with adolescent brain changes that persist till adulthood. This was subsequently associated with a lower IQ, and a persistent and irreversible decline in cognitive performance in adulthood.

3. There is evidence linking THC use to impaired psychomotor performance, leading to an observed 7-fold increased risk of fatal accidents on the road.

4. Research studies provided consistent evidence linking cannabis use to the development of major psychiatric conditions, such as schizophrenia, depression and bipolar disorder, particularly for early, chronic cannabis use.

5. The effects of smoked cannabis on physical health, such as cancers, poor oral hygiene and respiratory diseases, are similar to those of tobacco smokers. Cannabis users were also found to have a higher risk of contracting tuberculosis (TB) and a higher risk of mortality after myocardial infarction (heart attack).
6. Cannabis use in pregnancy was also linked to **low birth weight in babies**, and **medical complications** such as pre-term delivery and growth retardation.

**Addictiveness of cannabis**

7. The studies in this review show that **cannabis is addictive**. Among those who used cannabis, about **1 in 10 will develop dependence**. This increases to **1 in 2 among those who used cannabis daily**.

8. The evidence from human studies to support cannabis as a gateway drug is mixed. However, animal studies have shown that the use of cannabis and other addictive substances, such as heroin, increases the likelihood of using other illegal drugs.

**Effectiveness of cannabis for medical use**

9. There is some medical evidence to support the use of **purified synthetic cannabinoids** for the treatment of **limited conditions**, such as chemotherapy-induced nausea and vomiting, chronic pain, and spasticity due to multiple sclerosis.

10. However, the use of cannabinoids has to be weighed against its potential side effects, as information on their long-term safety and efficacy is scarce. There are **other currently available treatment options for these conditions, with comparable efficacy**.

11. There is insufficient evidence to support the use of cannabinoids for **other medical conditions**.
Recommendations from international regulatory and medical bodies

12. Most medical bodies do not support smoking cannabis for medical application. (Smoking as a form of administering medication is not practised today.) They also acknowledge that the evidence for the use of medical cannabis is inconclusive, and that further study is needed before a recommendation can be made.

13. The US Food and Drug Administration (FDA) has not approved the use of cannabis plant as medicine. The British Medical Association rejected the legalisation of marijuana. The World Health Organisation listed the potential harmful effects of cannabis use online.

Conclusion

A. Cannabis is harmful. Cannabis use, in particular THC, has been linked to anatomical and functional changes in the brain. It has also been linked to the development of serious mental illnesses such as schizophrenia, and may have adverse consequences to foetal health.

B. Cannabis is addictive. Cannabis, specifically THC, is addictive.

C. Insufficient evidence on the effectiveness of medical cannabis. There is some evidence to support the use of cannabinoids for certain limited conditions, but insufficient evidence to support the use of cannabinoids for most conditions.
### (II) Study on Harm Reduction and Harm Eradication

This study conducts a comparative analysis of data on the approaches adopted in 11 countries to deal with the problem of illicit drug use and its consequences for individual users and the community at large. The 11 countries comprise those in Europe, Asia, and the Commonwealth. The study focuses on the harm reduction and harm eradication programmes adopted in these countries, and compares it to the approach adopted in Singapore, which is solely focused on harm eradication.

**Key Findings**

1. The problem of drug addiction is an issue in all 11 countries, irrespective of their level of socio-economic development. In recent years, most of the 11 countries have shifted from harm reduction to the strengthening of the harm eradication approach.
   a) All 11 countries offer the full range of drug addiction treatments, comprising harm reduction as well as abstinence-based rehabilitation programmes.
   b) Governments continue to meet their international obligations on supply-side enforcement against drug trafficking.
   c) They also have education and information programmes on the harmful effects of illicit drugs, which are primarily targeted at young people.

2. Harm reduction is premised on the addict being able to make rational choices to protect or enhance his well-being. However, evidence has shown an addict’s ability to make rational decisions on his own
welfare is impaired by his addiction.

a) Setting up needle exchange programmes, drug consumption rooms, and decriminalising illicit drug use facilitates this addiction.

b) The problem of drug addiction requires comprehensive multi-pronged solutions that address the harm inflicted on both the individual and the community.

3. **Needle exchange programmes need close scrutiny.**

a) The number of sterile injecting kits distributed by needle exchange programmes does not appear to have led to a corresponding decrease in the prevalence of HIV/AIDS among injecting drug addicts.

b) **Needle exchange programmes support intravenous drug use.** Intravenous drug use is a dangerous practice that increases the risk of fatal overdose, causes severe physical harm, and may lead to riskier practices like groin injecting.

4. **Opiate substitution therapy is plagued by ethical, medical and logistical problems.**

a) Ethical – investing resources on a treatment that is merely palliative and replaces one addiction drug for another

b) Medical – high risk of misuse and mortality; in particular, there is a greater risk of overdose immediately after leaving therapy, arising from the high rates of relapse and lower tolerance to opiates upon return to use.

c) Logistical – requires careful coordination among physicians, nurses, and pharmacists, and the assumption that addicts will comply with the regime
5. Governments must continue to fulfil their duty to identify and abolish illicit substances that threaten the health of individuals in the community, particularly the young. They should also adopt a harm eradication approach to tackling drug addiction, which emphasizes prevention, rehabilitation, recovery, the provision of treatment (medical, psychiatric and psychological), support (from loved ones and the community), and supply reduction.

6. All rehabilitation methods should be designed and implemented not only based on their demonstrated effectiveness but also on the principle of respect for the individual drug addict’s well-being and his/her right to a drug-free lifestyle.

Conclusion

Harm eradication should continue to be the cornerstone of Singapore’s approach to tackling drugs.

In 2015, the National Council Against Drug Abuse (NCADA) commissioned the Perception Survey 2015/2016 to examine the following:

A. Perceptions of and attitudes towards drug taking and CNB’s anti-drug campaigns and exhibitions;

B. Perceptions of and support towards Singapore’s tough drug laws and policies;

C. Knowledge of drug abuse and their sources of information

There are two components to the perception survey, a youth segment conducted with 2,748 youths (13 to 30 year old) and a public segment conducted with 1,212 adults (31 to 60 years old). For more details of the survey, please refer to NCADA’s website at https://www.ncada.org.sg.

Key Findings

1) There is strong support for Singapore’s drug-free approach and laws

A. At least 89% of youths felt that Singapore’s drug laws were effective in keeping the drug situation under control, and over 75% of youths were supportive of Singapore’s drug-free approach. This represents continued strong support for Singapore’s drug-free approach.

B. The majority of survey respondents were found to hold negative views towards drugs. This was consistent across genders, ethnic

---

\(^4\) The National Council Against Drug Abuse (NCADA) is an advisory committee to the Ministry of Home Affairs (MHA), formed in 1995 to help the Government gather feedback and ideas from the community to enhance and strengthen the national anti-drug strategy.
groups, education and income levels.

C. Overall, 81% of total respondents interviewed perceived drugs negatively, with over 50% associating drugs with intrinsic harms such as “affecting one’s body and mind” or “addiction”.

2) More liberal attitudes towards drugs amongst youths
A. Youths were found to hold negative attitudes towards drugs, and a majority continued to disagree with liberal attitudinal statements such as “I would try taking drugs if it was not illegal”.

B. However, there was an increase in liberal views about drugs among those aged 13 to 21, from 11% in the 2013 survey to 16% in the latest survey. More youths in this age group agreed with liberal statements such as “It is alright to try drugs for a new experience”.

E. Majority of the youths formed their perceptions about drug-related matters through indirect sources such as mainstream and social media.

D. Nevertheless, at least 94% of all youths (under 30 years old) were confident in their ability to resist peer pressure and to say no to drugs. The key deterrent for them was the anti-drug laws.

3) More youths perceive cannabis to be less harmful and not addictive
A. Over 33% of youths felt that cannabis was not addictive, and this misperception was largely perpetuated by various online
sources, which propagated misinformation that cannabis had medicinal uses and should therefore be legalised. 35% of youths also perceived cannabis as a popular drug in Singapore, up from 17% in 2013.

B. Some respondents said that if drugs were made legal, there would be an increase in the abuse of drugs such as cannabis.

4) Parental influence is key in deterring drug abuse

A. Parental influence was found to be effective in deterring drug abuse. Almost half of the secondary school and junior college respondents were found to have had conversations with their parents about drugs, and 9 in 10 were less likely to abuse drugs after talking to their parents about it.
THAILAND

(I) National Household Survey on Substance Abuse 2016

The Office of the Narcotics Control Board (ONCB), Ministry of Justice supported the Administrative Committee of Substance Abuse Academic Network (ACSAN) to conduct a national household survey in order to estimate the number of people involved with narcotic drugs since 2001. The latest survey was done in 2016 to estimate the number of drug users in Thailand. The targeted population are Thai people aged ranging from 12 to 65 years old. 32,410 individuals were sampled through stratified five-stage cluster sampling from 27 provinces nationwide. Data was collected in an interview by Administrative Committee of Substance Abuse Network (ACSAN) researchers. Data double entry was used to construct the research database. Statistical analysis was done by ISAN Substance Abuse Academic Network (ISAN).

Of 50,968,540 Thai population aged between 12-65 years old, lifetime prevalence (experience using drugs at least one time in their life) was 5.82% or 2.96 million individuals, particularly those who resided in rural area. The highest lifetime prevalence was in the adolescent group. The popular drugs were *mitragyna speciosa* (kratom), cannabis, and methamphetamine tablet (Yaba).

Past year drug users or those who recently used drugs (using drugs at least one time in the past 12 months from the interview date) being targeted for monitoring accounted for 2.80% of the total survey population (1.43 million individuals). Of these, 1.01 million
individuals or 1.99% were current drug users (using drugs at least one time in the past 30 days from the interview date) reflecting the number of population who may need short term or alternative treatment.

A habitual drug user was defined as a person who used drugs more than 5 days a week on average or over 20 days in the past month was targeted for treatment provision. 6.40% of the Thai population (0.33 million individuals) needed a standard or intensive treatment. Of these, over 200,000 individuals used kratom, 60,000 individuals used Yaba, while 41,000 individuals used Kratom Cocktail which is made from boiling kratom leaves and mixed with cough syrup, analgesic drugs, sedatives, etc.), and 13,000 individuals used cannabis.

Although this study estimated the number of drug users based on a trustworthy theoretical framework, the survey by questionnaire might be affected by bias responses. Therefore, the estimated figure shown by this study is considered the lowest estimation of the epidemic.

The result of this survey reflected that preventive actions in Thailand were insufficient. Hence, more intensive measure is needed.
Various drug camps, commonly known in Thailand as treatment and rehabilitation camps for drug users, have been introduced in Thailand since the 2000s. The Office of the Narcotics Control Board (ONCB) had operated this alternative to medical-based treatment programme for over 20 years. ONCB encourages drug users to voluntarily apply for treatment so that they are considered as patients not subject to the criminal justice system.

The programmes used in these camps were developed and modified several times with cooperation from various concerned government agencies, namely Ministry of Public Health, Ministry of Interior, Ministry of Education, Ministry of Justice, the Royal Thai Army and the ONCB. Each programme has been designed to suit different target groups in terms of drugs used, sex, age-group and location.

Several models of drug user rehabilitation camps have been implemented. Drug camps were later referred to more as “behaviour shaping camps” rather than “drug rehabilitation camps” due to several comments on the process conducted in these camps that the 7-10 days treatment in a camp was not sufficient in curing addiction. The ONCB commissioned Khon Kaen University to evaluate five models of drug camps, namely, the 15 - day Rehabilitation Camp, the 9 – day Ton Kla (Sprouts or Seedlings) Camp, the 7 – day New Step Camp, the 45 – day Voluntary Wiwat Phonlamuang Camp and the 80 – day Compulsory Wiwat Phonlamuang Camp.

The study explored the effectiveness of drug camps in Thailand. Four provinces were selected to represent different geographical regions throughout Thailand. The assessments of 2,679 drug
users were carried out longitudinally, aged ranging from 11-67 years old. The assessments were made before entering the camps, after finishing rehabilitation term in the camps, and after a 1 year follow-up. 226 drug camps organizers, community leaders, and lay people were selected as key informants. Twenty communities were observed prospectively and 400 lay people were taken for the study. Self-administered questionnaires were used as well as guided interviews and documents. The study found that the effectiveness of the drug camps was 51.3% (intention-to-treat), while the poly-drug use increased significantly from before entering the camp and 3 months after leaving the camp (repeated ANOVA p < 0.001) particularly among users aged 15 years old and over. Drug camps could be considered as an alternative measure for drug users; however, possible negative impact should be taken into consideration.

Chapter 5
Policy and Implementation Programme
BRUNEI DARUSSALAM

Brunei Darussalam adopts a comprehensive and balanced approach through a supply and demand reduction strategy in addressing the drug problem. Through the demand reduction strategy, it seeks to educate and prevent the demand for drugs and wean drug users off their addiction problem through the treatment and rehabilitation programme as well as after-care services. The Narcotics Control Bureau (NCB) has in place several programmes that targets family, school, workplace and the community at large. This strategy falls under the responsibility of three different divisions under the Bureau namely Preventive Drug Education Division, Al-Islah Treatment and Rehabilitation Centre and Supervision Division.

Supply Reduction strategy includes measures such as the enforcement of drug laws and sentences, prevention of entry and illegal distribution of illicit drugs in order to deter from engaging in illegal drug-related activities and to reduce illicit drug availability.

Preventive Drug Education
Narcotics Control Bureau (NCB) carries out roadshow embedded around interactive activities and visual display in public places of interest, to reach out to all segments of society. Through this, the public are able to interact directly with the awareness promoters. The Bureau also facilitates and supports preventive drug education measures run by our partners in both the public and private sector in carrying out their corporate social responsibility. NCB also collaborated with media such as local media. The Bureau’s partners also include the country’s largest telecommunication company, cinemas, printing companies as well as water bottle companies.
School-Based Programmes - In schools, anti-drug talks and activities are provided to school students from 8-15 years of age. Students are able to participate in an Anti-Drug Explorace that allows them to learn more about the dangers of drugs. In the higher educational institutions, NCB provide Preventive Drug Education in the form of talks and games and as a compulsory component in every induction programme for new intakes of higher education institutions.

Workplace Programmes - NCB also provide workplace prevention programme to promote a drug-free workplace through anti-drug talks, exhibitions and random urine screening of employees.

Community-Based Programmes - In its effort to reach out to all level of society, the Bureau also conducts public events especially during school holidays at shopping malls, convention centers and other public places of interests. During such roadshows, interactive games and activities are also held alongside to attract the public’s attention whilst disseminating anti-drug information.

Treatment and Rehabilitation
The Al-Islah Treatment and Rehabilitation Centre, under the purview of Narcotics Control Bureau (NCB) adopts Therapeutic Community (TC) as the treatment modal for its residents aiming to reinforce positive behaviour. Therapeutic Community is a group-based approach which embraces a set of methods aiming in treating its clients (residents) from emotional disturbances in a communal atmosphere and emphasizes the role of peers in securing safe-environment through the process of learning and support amongst themselves. It also emphasize on family responsibility which encourage behavioural shaping and management, emotional and psychological support, Intellectual and Spiritual support as well as vocational and survival skills.
In accordance with the Misuse of Drugs Act (Chapter 27) and Intoxicating Substances Act (Chapter 161), the three types of admission to the Al-Islah Treatment and Rehabilitation Centre are through Court order, Minister’s order and Voluntary.

Religious Programme – this programme runs in all phases of the treatment and rehabilitation programme in order to enhance individual’s spiritual on achieving inner faith of self-determination in the recovery process.

Vocational Programme- It aims to upgrade the vocational skills and help residents to find employment after released from the center.

Temporarily Released Scheme - The scheme is a transitional phase for residents prior their release from the centre. It aims to support the effectiveness of treatment and rehabilitation process of residents simultaneously to prepare resident mentally and psychologically by gradually moving in the community with the support of family members.

This scheme allows residents to find employment, having employment, participate in any work attachment and involve with community services outside the centre with close supervision of the centre.

Supervision Scheme
Supervision, as an aspect of aftercare services is considered to be vital for the true realisation of the Rehabilitation Process and continuous aftercare support and encouragement must be provided to help former drug users to reintegrate fully into the society.

Supervision Scheme is compulsory in Brunei Darussalam and legally it is provided by the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations, 1987. The supervision scheme is a two-year programme comprising of two phases. Throughout the supervision period, all supervisee are required to vigilant supervision programme, intake assessment,
urine screening, home-visits and family interviews. In addition, further enhancement to the supervision programme is being introduced with the establishment of Counselling and Psychology Units.

In 2016, Al-Islah Treatment and Rehabilitation Centre had a total of 207 residents of which 182 of the total residents were males (88%) and 25 residents were females (12%). 97% of the residents were Methylamphetamine users. 64% of the residents were those who were unemployed. A total of 185 residents were admitted for the first time to undergo treatment and rehabilitation at Al-Islah Treatment and Rehabilitation Centre.

Throughout 2016, Al-Islah Treatment and Rehabilitation Centre has received a total of 104 new residents. Of this number, 26% of the admissions were on voluntary basis. 67 residents had successfully completed their rehabilitation and treatment at the Centre.
In order to ensure effectiveness in combating drug’s crimes with total involvement of all sources, the Royal Government of Cambodia (RoGC), had laid down the Order No.001 dated in February 01, 2016. Remarkable increase result of achievement shown some 3 times compare to the same period in both number of the arrests in association with drug’s cases.

Furthermore, considering of the risk under the transaction of illicit drugs’ smuggling activities in regional and global; in late 2016, the RoGC had laid down *Anti Illicit Drug Campaign Action Plan of 1*st* Six Month of 2017* in which covers from January to June of 2017. Act as the driving force of all involvement from various concern entities and agencies from publics and privates up to religious affairs in pursuing of vision “together involvement for better life and drug-free community”.

Under the implement this Action Plan, one secretariat commission had been set up for coordinating role of all concern agencies not only at the national level but also from local level with participation of publics and privates and other religious affairs. In order to get effective function, 6 committees had been established as following:

a) Committee on Public Awareness  
b) Committee on Administration Measures  
c) Committee on Treatment and Rehabilitation of Drug Abusers  
d) Committee on International Cooperation  
e) Committee on Logistics  
f) Committee on Prevention, Suppression and Interdiction of Illicit Drugs Smuggling via Check-points.
Whereby the Committee on Prevention, Suppression and Interdiction of Illicit Drugs Smuggling for Check-points, had breakdown into 3 sub-committees as:

f.1. Sub-committee on , Suppression and Interdiction of Illicit Drugs Smuggling for Cambodia- Lao border.

f.2. Sub-committee on , Suppression and Interdiction of Illicit Drugs Smuggling for Airports, Seaports , Internationals and Bilateral Checkpoints,

f.3. Sub-committee on , Suppression and Interdiction of Illicit Drugs Smuggling for Parcel Posts.

Moreover of policy is laid down by focusing on:

1. Drug Prevention;
   - Continues to educate danger of drugs though different ways to the target place and vulnerable people.

2. Treatment Rehabilitation Vocational Training, Life Skills, Integration and Withdrawal;
   - Continue to strengthen capacity state, temporary and private centers for drug treatment, rehabilitation and withdrawal.
   - Continue to expand community based treatment programme by applying the three specific mechanisms meaning: Treatment Vocational Training and Integration and continue to implement admin and legislative measures.
   - Continues to collaborate with developed partners, National and International Organization, and
Private Sectors to implement their tasks and responsibilities of drug treatment, rehabilitation, vocational training and integration into the families and communities.

- Continues taking care of drug addicts’ health after withdrawal and continue to cooperate with the National Authority for Combating Drugs and National Aids Authority, and Organization partners to tackle drug, HIV/AIDS issues.

- Continues to collaborate with the Phnom Penh Capital Hall to implement drug control plan 2015 particularly the process of community based treatment by strengthening drug treatment management, vocational training and integration into society.

3. Strengthening law enforcement institution

- Continue to take measures both law and administration to fight against drug plantation, production, trafficking, storage and abusing from small scale to large scale methods.

- Continue to promote the quality of law enforcement in order to dismantle Tran national criminal syndicates by collaborating with neighboring countries and international to jointly suppress and deal against criminals’ trick.

- Continue to strengthen the capacity, willing, virtue, professional, and responsibility of law enforcement institution in order to raise quality and reduce the inactive which is against the professional and responsibilities.

- Continue to strengthen the mechanisms and the capacity of law enforcement in collecting drug cases to legally punish the criminals in accordance with drug control law and judicial reform via law of judges, law of prosecutors, and law of judge council.
4. Precursor Chemical Control
   - Promoting collaboration with relevant ministries, institutions in managing imported legal and illegal precursor chemicals and other raw materials.
   - Protect and control the diversion of legal precursor chemical to illegal synthetic drugs.

5. The International Cooperation with Neighboring Countries
   - Raising the international collaboration with neighboring countries by all means and organizing drug free village, communes and communities in neighboring provinces.
   - Organizing drug-free green village-commune mechanisms in neighboring countries and selecting the ones for role model for sharing the best practices to set the target for drug control cooperation with Laos, Thailand and Vietnam.

- Continue to strengthen Border Liaison Offices (BLO) between Cambodia, Laos and Thailand.

6. International Cooperation among countries in the region and other developed partners.
   - Continue to raise the international cooperation with countries in the regions and other developed partners to strengthen and expand duties stated in the Agreements and UN Conventions on Drug Control.
   - Promoting international collaboration with other countries to seek support drug control activities, especially strengthening collaboration with national and international donors to seek financial support community-based treatment.
   - Continue to mobilize donor countries and developed partners in particular UNODC to support the drug control activities in Cambodia via the implementation action plan Mekong Sub-Region Countries.
- Continues to participate regional and international forums to raise collaboration against all drug trafficking.

7. Strengthening local and international drug control mechanisms

- Continue to strengthen relevant armed institutions both local and international to expand the possibility the effectiveness of the NACD’s strategies.

Drug becomes global concerns, no one can stand alone in fighting against drug, and thus mutual cooperation and assistants is needed.
Preventive drug education and community engagement continue to be key components in Singapore’s fight against drug abuse. In 2016, CNB adopted a new approach to engage youths, through better use of social media and technology and working with youths and key influencers. The main initiatives are as follows:

CNB.DrugFreeSG – Empowering Youths to be Drug-Free with a Touch of Fun and Humour

CNB launched its new social media branding, CNB.DrugFreeSG, across its Facebook, Instagram and Youtube accounts in October 2016, along with its new Snapchat account. CNB can engage youths on these platforms through fun and humour, with bite-sized information, to empower them to lead a drug-free lifestyle.
Drug Buster Academy Bus - Harms of Drug Abuse in Augmented Reality

To complement its social media efforts, CNB’s revamped Drug Buster Academy (DBA) Bus, which roves to community and school events for greater anti-drug outreach. Tapping on technological advances, the DBA uses augmented reality and facial scanning displays to create a personalised and interactive experience for visitors. This allows visitors to experience first-hand the impact of drug abuse on their appearance and health, encouraging greater conversation about the harmful effects of drugs.

Community support for a Drug-Free Singapore

The support of the community remains vital in the fight against drugs. One of the highlights of 2016 was the anti-drug song, “High on Love”, composed by former Singapore Idol Taufik Batisah. CNB also collaborated with the National Library Board (NLB) to bring anti-drug skits to public libraries in the heartlands, and held its annual Anti-Drug Abuse Campaign, re-designed with a youth emphasis.
Anti-drug song, “High on Love”

by Taufik Batisah at the 5th ASEAN Ministerial Meeting on Drug Matters

Former Singapore Idol Taufik Batisah performing “High on Love” at the 5th ASEAN Ministerial Meeting on Drug Matters (AMMD). The song mobilises community support for a Drug-Free Singapore and encourages youths to stay drug free.

“Say No to Drugs” – Anti-drug skits at Public Libraries

Parliamentary Secretary for Home Affairs, Mr Amrin Amin, enjoying the anti-drug skit with children and parents, at the Woodlands Regional Library, 28 August 2016. The anti-drug skits were a collaboration with NLB, targeting primary school students and their parents.

4Watch Taufik’s performance here: https://www.youtube.com/watch?feature=player_embedded&v=94osQPO-cOY
5https://www.cnb.gov.sg/newsroom/archive/archive_details_2016/16-08-30/SAY_NO_TO_DRUGS_Anti-drug_skits_at_public_libraries.aspx
Anti-Drug Abuse Campaign 2016 – first-ever Anti-Drug themed Escape Game!

CNB’s Anti-Drug Abuse Campaign (ADAC) on 25 June 2016, which featured the first anti-drug themed Escape Game, was launched by Parliamentary Secretary for Home Affairs, Mr Amrin Amin. The Anti-Drug Escape Game used challenging puzzles to mimic the phases a drug addict goes through in his/her attempt to escape addiction.

Looking forward to 2017

To address the drug abuse situation in Singapore, CNB will step up its efforts to engage youths on the dangers of drugs. With the appointment of local sports personality, Irfan Fandi, as CNB’s anti-drug advocate in January 2017, CNB hopes to see more youth advocates joining its Anti-Drug Advocate (ADA) Programme to learn more about fighting drug abuse and spreading the anti-drug message among their peers.

The annual Anti-Drug Abuse Campaign for 2017 refreshed, with a renewed focus on involving youths in the fight against drugs. CNB will also continue to enhance its social media efforts, engaging youths to build a Drug-Free Singapore.

---

6 More on the event can be found at https://www.cnb.gov.sg/newsroom/archive/archive_details_2016/16-06-25/DRUGS_ARE_ADDICTIVE_ESCAPING_IS_HARD_DON_T_START.aspx

7 Interested youths who are Singaporean or Permanent Resident can sign up via email at CNB_Preventive_Education_Unit@cnb.gov.sg.
“State-Civil Unity to Save Society from Drugs”

After several decades of intensive law enforcement to control illicit drug problem, the Royal Thai Government is exploring a balanced approach of supply reduction and demand reduction.

The 2015-2019 National Drug Control Strategy outlines the refinement of drug control policy that focuses on health-based approach and human rights. Eight core principles addressing the problem comprise of:

I) Prevention and early intervention for the high risk Drug treatment and rehabilitation
II) Establishment and improvement of Social Reintegration Support System for recovering drug users
III) Supply reduction
IV) International co-operation on drug control
V) Establishment of drug preventive environment
VI) Mobilization of people’s participation
VII) Integrated management

These core principles have become an important change in the Code of Narcotic Laws which is expected to become effective in 2017. Changes in the new drug laws include more opportunity and accesses to voluntary treatment including patient oriented treatment programmes. Legal charges with regard to local addictive plants are also revised and less punishable although not legalized.

Building upon the initial efforts on public health, the Strategy emphasizes
that drug users are patients who need treatment. Ministry of Public Health becomes a vital function to monitor drug treatment at all settings (including prisons) and establish standard drug treatment guidelines with an aim to provide quality and accessible drug treatment for people with drug use problem.

The Royal Thai Government has attached to the balanced approach of supply reduction and demand reduction. There are several on-going drug abuse prevention activities and campaigns to raise awareness in drug abuse targeting at various target audience such as general public, youth in school, employees in work-places, and communities. Various concerned partners from the government and private sectors, as well as civil society are encouraged to mobilize their resources to combat drug abuse problems. The concept of “State-Civil Unity to Save Our Society from Drugs” to sustain drug control at community level is also promoted among concerned government agencies, local authorities and private sectors.
In addition, as a result from the UNGASS 2016, Thailand is revising a new paradigm of national drug control policy, instead of focusing on drug suppression, which has caused problems of overcrowded prisons and quality of treatment access. The new paradigm shift will emphasize on public health related issues, the human rights approach and treatment services, rather than drug suppression, especially when dealing with drug users and addicts. These users and addicts are regarded as patients not criminals and should be treated properly and kept away from all dangers related to drug use.

**Court Diversion**

To pursue this policy, the Ministry of Public Health has made substantial progress based upon the concept. That “Drug users are patients which should be treated properly, and be provided with aftercare services”. The operational treatment mechanism has been established nationwide to provide treatment access. At the same time, the government supports the improvement of treatment standard and quality and extends services for drug users who are imprisoned. The health authorities are also responsible for all demand reduction strategies covering drug abuse prevention, drug treatment and harm reduction aiming at healthcare, safety and well-being of Thai people.

ONCB in collaboration with the Court of Justice and relevant organizations including Thon Buri Criminal Court, Nonthaburi Provincial Court, Chiang Mai Provincial Court, Department of
Probation-Ministry of Justice, Department of Mental Health- Ministry of Public Health, Department of Women’s Affairs and Family Development-Ministry of Social Development and Human Security, and Thai Health Promotion Foundation have signed the Memorandum of Understanding on the Development of Counseling Services for minor drug offenders, misdemeanors offenders, and domestic violence offenders. The MOU aims at providing counseling services for misdemeanors offenders during the release on bail. The counseling services are not limited to psychosocial counseling but include legal, education guidance and other help as needed. The MOU is an effort to help participants avoid incarceration, the collateral consequences of justice involvement, and, in some cases, formal case processing altogether. From 2014-2016, there were 4,947 offenders attended the counseling programme and among those number, the recidivism rate was only 1.2%.

The court diversion model is shown in the following picture.
The diversion begins when an offender is arrested with minor crimes such as drug possession, driving under drug influence, domestic violence or other minor crimes. In case of bail out, the court will order the offender to report at the counseling clinic as a condition for bail out. Similarly, a detainee will be assigned to receive counseling services from the clinic. The clinic is also open for walk-in client who needs legal or other related advice.

The services are provided by trained volunteer professionals in the clinic include family and individual counseling but not limited to stress assessment, health and mental health referral services. There are two attending service results. First is a no show case. A notification letter will be sent to inform the offender. If the person still not shows up, an arrest warrant will be issued and legal actions will be taken. In compliance cases, the judge may apply minimum penalty or diversion or considered dismiss the case.
Annex
Preface

Under the firm leadership of the CPC Central Committee and the State Council, the National Narcotics Control Commission (NNCC) organized relevant departments across the country to implement a series of decisions and deployments made by the central government on drug control in 2016. Centering on the people’s war against drugs and the responsibility for drug control work, and driven by innovation of the drug control mechanism, NNCC implemented various control measures comprehensively and has achieved remarkably progress on all aspects of the narcotics control work. The “4.14” Mechanism for Jointly Combating Drug-producing Crimes was carried out to seriously crack down upon the production of synthetic drugs; the “5.14” Drug Source Blocking and Interdiction Mechanism was further improved and innovated to curb drug inflow from overseas; intensive steps were taken to hit online drug-related crimes to effectively curb the fast spread of drugs online; the “6.27” Drug Prevention and Education Project for Teenagers was implemented to slow down the increase of new drug users; and the “8.31” Project for Community-based Drug Treatment and Rehabilitation was promoted to mitigate the social harm of drugs. Key narcotics control project were launched, leading to changes in certain areas facing serious drug problems. In 2016, 140,000 drug-related criminal cases were solved nationwide by narcotics control departments, with 168,000 suspects captured and 82.1 tons of various drugs seized. Altogether 1.006 million drug
users were identified, including 445,000 newly registered ones. About 357,000 drug users received compulsory drug treatment, 245,000 community-based treatment, and 59,000 community-based rehabilitation services.

Thanks to the further development of people’s war against drugs, the drug situation in China remained stable and generally controllable. The drug problem has not evolved into a major social problem affecting the overall social stability and people’s well-being. However, the drug situation China faces, both at home and abroad, remains severe and complicated, and drugs are continuously spreading around the world. According to the statistics from the United Nations Office on Drugs and Crimes (UNODC), drug trafficking involves more than 170 countries and regions, and drug consumption exists in more than 130 countries and regions with 250 million drug users worldwide. As a global problem, the worldwide spread of drugs poses a major threat and has severe impact on China. Drugs from overseas sources like the Golden Triangle and Golden Crescent keep flowing into China. Drug production and synthetization remain prominent, drug trafficking occurs frequently and intensively. Drug market, especially that of synthetic drugs, keeps expanding, and drugs continue to inflict serious harm on the society. In general, drug problem is still spreading at a fast pace.

I. Drug Abuse

Drug using population in China increased slowly in 2016. The increase of opiate abusers (mainly heroin) slowed down, while that of synthetic drugs abusers (mainly methamphetamine and ketamine) picked up. Abusers of new psychoactive substances (NPS) showed up. The drug abusing type and proportion saw fundamental changes with the abuse of traditional drugs, synthetic drugs and NPS existing at the same time.
Drug using population increased slowly and growth of young drug users slowed down year-on-year. By the end of 2016, there were 2.505 million drug users in China (excluding former drug users who stayed abstinence over three years and those who passed away or left the country), increasing by 6.8% compared with the previous year. Among all the drug users, 22,000 (0.9%) aged below 18, 1.464 million (58.4%) aged 18-35, 1.003 million (40%) aged 36-59, and 16,000 (0.7%) aged over 60. In 2016, the growth rate and proportion of newly identified drug users under 35 in the total number of newly identified drug users dropped by 19% and 2.6% respectively compared with the previous. Meanwhile, the number of drug users under 35 saw a year-on-year decline of 4.1%. So far, drug prevention and education among youths has achieved initial success.

Diversified drugs were abused, with synthetic drugs heading the list. Of the 2.505 million drug users in China currently, 1,515 million (60.5%) used synthetic drugs, 955,000 (38.1%) used opiates, and 35,000 (1.4%) used marihuana and cocaine. Of the 445,000 newly identified drug users in 2016, 81% used synthetic drugs, 15.8% used opiates like heroin and 3.2% used marihuana and cocaine. Among 600,000 relapsed drug users identified in 2016, 62% used synthetic drugs, 37.4% used opiates and 0.6% used marihuana and cocaine. The majority of relapses happened among synthetic drug users instead of opiate users.

Abuse of NPS increased domestically and of other drugs like marihuana became noticeable. In 2016, the National Narcotics Laboratory (NNL) found 22 samples of directly usable NPS from the samples submitted from all over the country. This indicates the existence of NPS users in China, mainly in entertaining places. There were 17,000 marihuana users nationwide, including 4,836 newly identified ones in 2016. Organized marihuana consumption
was also found in certain areas. Methcathinone was abused in provinces like Shanxi, homemade heroin in places like Inner Mongolia, and cough syrup containing compound oral liquid of codeine by youths in certain regions.

II. Sources of Drugs

Drugs were smuggled into China from abroad as well as produced at home, including opiates (e.g. heroin), synthetic drugs (e.g. methamphetamine tablets and crystalline methamphetamine), ketamine and NPS. Heroin and methamphetamine tablets mainly came from the Golden Triangle, while heroin from Golden Crescent and cocaine from South American were also reported. Domestic production of crystalline methamphetamine, ketamine, and NPS was severe, not only consumed in the country, but also smuggled overseas, while illegal sporadic cultivation of narcotic plants still existed in certain regions.

1. Overseas sources

- Golden Triangle, where the drug output increased, remained the main source of heroin and methamphetamine tablets in China. According to the satellite remote sensing data released by NNCC and the Central Commission for Drug Abuse Control of Myanmar, and by NNCC and National Commission for Drug Control and Supervision of Laos, about 44,333 hectares of opium poppy was cultivated in northern Myanmar in 2015-2016 growing season, a year-on-year increase of 3.7%. These plants could be used to produce more than 600 tons of opium or more than 60 tons of heroin. Meanwhile, average annual production of methamphetamine tablets in that region was much larger than heroin production. There was about 5,333 hectares of opium poppy in northern Laos, a year-on-year increase of 13.7%. According to the profiling data from NNL, Golden Triangle heroin and methamphetamine tablets seized in the wholesale link accounted for 95.2% and
87% respectively of all heroin and methamphetamine tablets seized by the law enforcement agencies in China in the same period.

- Golden Crescent remained the largest opium and heroin production area in the world, and drugs from there were trafficked to China from time to time. According to a survey jointly released by the UNODC and the Afghan Ministry of Counter Narcotics, the poppy cultivation area reached 201,000 hectares in Afghanistan in 2016, up by 10% from a year earlier, with a potential production of 4,800 tons of opium, which could be used to make nearly 500 tons of heroin. In 2016, China solved 22 cases involving heroin smuggling from the Golden Crescent to China, seizing 24 kg of heroin.

- South American cocaine was trafficked to China occasionally, mainly to Guangdong and Hong Kong. In 2016, 64 cocaine cases were solved nationwide, with seven provinces involved and 430.6 kg of cocaine seized. Cocaine was smuggled to or via Chinese mainland by Africans, South Americans and Hong Kong residents through logistical parcels or luggage concealment, mostly destined to Guangdong and Hong Kong. By the end of 2016, 394 cocaine users were registered accumulatively across the country.

2. Domestic production

- Crimes related to the production of synthetic drugs in China remain severe, with drug-producing areas expanding considerably. In 2016, 583 synthetic drug production cases were solved in China with 438 underground labs destroyed. Altogether 132 drug production cases targeted by the Ministry of Public Security (MPS) were uncovered, including 33 cases (drug seizure over one ton in each case) and 78 cases (drug seizure over 100 kg in each case), a year-on-year increase of 106% and 32.3% respectively. Under the harsh crackdown efforts, the spreading momentum of drug production in provinces like Guangdong and
Sichuan was curbed to some extent, and drug manufacturing activities continuously moved to other inland regions. Drug production cases were reported in 26 provinces, municipalities and autonomous regions across the country in 2016.

- Diversion of drug precursors was serious in China and a lot of nonscheduled chemicals were diverted to produce illicit drugs. In 2016, 444 criminal cases related to drug precursors were uncovered in the country, seizing 1,584.6 tons of such precursors including 305.43 tons of Category I precursor chemicals, a year-on-year increase of 75.5%. The production, transportation and transaction of these precursors evolved more organized and professional. There were suppliers in some provinces that provided full set of equipment, precursors and additives for drug production. Drug precursors were substituted and updated quickly, and the use of nonscheduled precursor chemicals for producing drugs has become prominent. Due to the growing overseas demand, more precursors may be smuggled out of China.

- Production and trafficking of NPS was serious, and legal alternatives to scheduled NPS have emerged. In 2016, NNL found 1,529 samples of NPS out of the samples submitted across the country, mainly cathinones, synthetic cannabinoids and fentanyl substances. After China scheduled 116 NPS in October 2015, the production and trafficking of controlled NPS was contained. However, legal alternatives have been designed and created by introducing modifications to the chemical structure of controlled substances to circumvent law enforcement. Some lawbreakers even market newly developed analogues to foreign clients. NNL also discovered nonscheduled analogues from the submitted samples.

- Large-scale illegal cultivation of narcotic plants has been basically prohibited in China, but sporadic cultivation still exists in some regions.
The Operation “Sky Eye-16”, in which technologies like satellite remote sensing as well as unmanned aerial vehicles were used to fight harder against illegal narcotic cultivation, was carried out by NNCC in 2016. As a result, 5,578 cases involving illegal cultivation of drug plants were solved, with 5,345 suspects captured. About 5.6 hectares of illegal opium poppies, totaling 1.16 million strains, were discovered and eradicated, a year-on-year drop of 70.9% and 62% respectively. So was 9.8 hectares of illegal marihuana, totaling 1.39 million strains, a year-on-year drop of 92% and 6% respectively.

III. Drug Trafficking
In 2016, drug trafficking in China maintained a high frequency. While international drug syndicates and dealers smuggled drugs into China through multiple channels, domestic ones colluded with overseas dealers to smuggle drugs from boarder areas to inland regions. Bulk and sporadic drug trafficking as well as drug dealings by special groups and migrant population were active. Drug delivery through logistics and internet was prominent. Drug trafficking was intertwined with money laundering crimes. In a word, drug trafficking in China became more organized, internet-based, professional and violent.

- Major drug trafficking cases occurred frequently and drug trafficking activities were more organized. In 2016, 5,458 cases, involving a minimum of 1 kg drug seizure per case were discovered and 5,459 drug production and trafficking groups were destroyed. 961 MPS target cases were solved, including 190 cases with more than 20 suspects captured, and 197 cases with a minimum of 20 kg drugs seized in each case. 13,000 suspects were apprehended in total, including 1,138 organizers. Drug trafficking groups were obviously more organized with stronger capacity. Some of them controlled the regional trafficking network and consumption market, and some
colluded with overseas drug syndicates to form transnational drug trafficking networks.

- Cross-border drug trafficking occurred continuously and frequently, and drug trafficking activities were more internationalized. Motivated by the drug market in China, international drug syndicates and dealers enhanced their crimes to smuggle drugs into China, especially through border areas in Yunnan and Guangxi. In 2016, law enforcement agencies in Yunnan and Guangxi seized 6.6 tons of heroin originated from Golden Triangle, accounting for 75% of China’s total seizures of heroin in the same period. Drug trafficking by foreigners showed a rising trend in China, and smuggling of Golden Crescent heroin to China by African and South Asian drug syndicates was particularly conspicuous. In 2016, 1,481 drug cases committed by foreigners were reported in China, with 1,876 foreign suspects captured and 6.6 tons of various drugs seized. Drug trafficking by sea increased notably.

- Drug trafficking by special groups still existed despite continuous drug control and crackdown efforts, and drug trafficking activities showed distinct regional features. Domestic and overseas drug syndicates organized, hired and controlled special groups to engage in drug trafficking, including pregnant and lactating women, acute infectious patients, seriously ill and disabled people without self-care ability, and HIV carriers. Special groups from provinces like Sichuan and Guizhou and from countries like Myanmar played a particular big role in such activities. However, it is hard to crack down upon them due to regional and migrant features, strong repeatability, and the fact that usually a whole family was involved. In 2016, 4,576 drug traffickers of special groups of Chinese nationality and 782 of foreign nationality were captured in China.

- Internet-based drug trafficking spread rapidly and drug trafficking activities became more covert. A sharply rising number of domestic and
overseas criminal used the internet to make deals. They usually release, order and sell drugs and precursors online. Smuggle drugs through such channels as logistics and postal parcels, and make payments on online platforms. This facilitated drug trafficking, increased its elusiveness, and made the discovery and investigation more difficult accordingly. During the two national on-line drug raids in 2016, Chinese Law Enforcement agencies arrested 21,000 suspects, seized 10.8 tons of drugs and 52 tons of precursor chemicals, and deleted 12,000 pieces of illegal drug-related information.

- Armed drug trafficking cases happened from time to time and violent resistance against law enforcement has grown stronger. There was a clear tendency that drugs and guns were intertwined, and criminals were making violent resistance against laws and escorting drug trafficking with arms. In 2016, 446 gun-related drug cases were solved in 29 provinces, prefectures and municipalities nationwide, especially in Guangdong, Sichuan, Guizhou and Yunnan, posing huge risks and challenges to drug law enforcement officers.

- Drug trafficking activities were closely related with money laundering crimes, which generated exorbitant profits. Drug syndicates made exorbitant profits through drug trafficking, then transferred and cleaned their illegal gains through financial institutions, investment, trade, and underground banks. This trend has become more obvious as more drug-related money laundering cases were cracked by law enforcement agencies in provinces like Guangdong, Jiangxi and Fujian solved many such cases, confiscating more than RMB200 million illegal gains and earnings.

Conclusion

Facing the severe and complicated drug situation at home and abroad, China narcotics control authorities will earnestly implement the important decisions and deployments made by
the central government on drug control in 2017. Centering the goal of preserving a harmonious and stable social environment for the successful holding of the 19th CPC National Congress, drug control departments at all levels will carry out the people’s war against drugs comprehensively by launching special drug control operations aimed at dismantling underground labs, cracking down on drug trafficking groups and controlling the number of drug users. Greater efforts will be made to promote the “4.14” Mechanism for Jointly Combating Drug-producing Crimes and the “5.14” Drug Source Blocking and Interdiction Mechanism. Further work will be done to deepen the “6.27” Drug Prevention and Education Project for Teenagers and the “8.31” Project for Community-based Drug Treatment and Rehabilitation. China’s drug control agencies will promote bilateral and multilateral cooperation with international drug control organizations and foreign counterparts. In addition, they will make further innovations in drug control system and mechanism, optimize the drug governance system, and rigorously implement all drug control measures to deliver concrete results. All these efforts are aimed at containing the spread of drug problems, making breakthroughs and new contributions both in China and the world as a whole.