



# ASEAN

## DRUG MONITORING REPORT 2015



ASEAN-NARCO  
ASEAN Narcotics Cooperation Center







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# Preface

ASEAN region has long been facing the illicit drug problem which remains a threat for ASEAN Member States. The flow of illicit drugs in the region can be traced from the drug seizures. Drugs from other regions have been smuggled into the region as well. ASEAN as one community has become a transportation hub for Asia. Lesser control of transaction of funds, goods, resources including labor may also facilitate illegal business and transnational crimes. Drugs, drug abuse and drug-related problems may multiply in many ASEAN Member States which causes difficulty for ASEAN to pursue its aspiration of drug-free ASEAN.

ASEAN Drug Monitoring Network was initiated by Thailand within the framework of ASEAN-NARCO to be a platform for ASEAN Member States to share data and information on drugs, drug situation and to identify early warning signs of emerging

drug problem, and to establish a network of drug information. The ASEAN Drug Monitoring Network Team had been formed with the cooperation of ASEAN Member States as a result of the First ASEAN Drug Monitoring Network Operational Workshop held on 24-26 February 2016 in Bangkok. Each ASEAN Member State appointed 3 persons, one for demand data, one for supply data and one for data management who is also the national coordinator for the ASEAN Drug Monitoring Network. ASEAN Drug Monitoring Network Questionnaire was developed for data collection for the formulation of ASEAN Drug Monitoring Report 2015. The ASEAN-NARCO Website will be utilized for online database and sharing of information among ASEAN Member States. Non-restricted information will be accessible by the public on the ASEAN-NARCO Website.





Data collected by ASEAN Drug Monitoring Network Team through the questionnaire were analyzed with the collaboration of the Administrative Committee of Substance Abuse Academic Network of Thailand that coordinated with national Drug Monitoring Focal Points of ASEAN Member States in order to formulate the ASEAN Drug Monitoring Report 2015. The present report is the first report of ASEAN that reflects the trend of illicit drug situation which will be beneficial

to monitor the illicit drugs situation in the region. The ASEAN Drug Monitoring Report 2015 represents the collective work of ASEAN Drug Monitoring Network Team of ASEAN Member States. The ASEAN Drug Monitoring Network Team looks forward to the improvement of data collection, analyses, interpretation, and presentation in the coming year which will result in an improvement of the next ASEAN Drug Monitoring Report 2016.

**ASEAN Drug Monitoring Network Team**

**August 2016**





# Contents

Preface	i
Contents	iii
<i>Chapter 1</i>	
Overview of ASEAN Drug Trends and Patterns	1
<i>Chapter 2</i>	
ASEAN Country report	7
BRUNEI DARUSSALAM	7
CAMBODIA	9
INDONESIA	12
LAO PDR	14
MALAYSIA	17
MYANMAR	19
THE PHILIPPINES	21
SINGAPORE	23
THAILAND	25
VIET NAM	28





## Contents cont.

### *Chapter 3*

Major Drugs Problem in ASEAN 31

### *Chapter 4*

Research Knowledge and Innovation 47

### *Chapter 5*

Policy and Implementation Program 53

### *Chapter 6*

Statistical Annex 67





# Chapter 1

## Overview of ASEAN Drug Trends and Patterns

The Association of Southeast Asian Nations (ASEAN) was established on August 8, 1967. The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam. The 10 ASEAN Member States are committed to provide our people and communities with a society free from drug abuse and its ill-effects by reducing the severity of the drug problem with the goals of reducing drug crops, illicit drug trafficking, and the spread of drugs. Office of the Narcotics Control Board of Thailand has proposed the establishment of the ASEAN Narcotics Cooperation Center (ASEAN-NARCO) on September 3, 2013 at the 2<sup>nd</sup> ASEAN Ministerial Meeting on Drug Matters (AMMD) in Brunei Darussalam which was well accepted by the Member States. The ASEAN-NARCO aims to be the regional center for the coordination, implementation, surveillance and information exchange on drugs (both demand and supply).

The ASEAN Drug Monitoring Report 2015 presents a comprehensive annual overview of the latest 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 overview of ASEAN drug trends and patterns. Chapter 2 focuses on ASEAN Member States' self-report on their drug situations. Chapter 3 presents major drug problems in ASEAN

which are heroin, opium, methamphetamine tablet (yaba), crystal methamphetamine (ice), and cannabis. Chapter 4 introduces research knowledge and innovation undertaken by the Member States. Chapter 5 highlights best practices in policy and implementation program.

ASEAN covers a land area of 4.4 million square kilometers. Based on the world population data by United Nations Department of Economic and Social Affairs and ASEAN Statistical Yearbook 2014, the population of ASEAN has increased from 567.3 million in 2006 to 631.8 million in 2015 at a rate of 1.14% per annum. In 2015, the ASEAN population accounted for 8.55% of the world population. Of these, Indonesia represented 40.47% of the ASEAN population. Sex ratio (male: female) in ASEAN is about 1:1 and it varies from 0.95 in Cambodia to 1.07 in Brunei Darussalam. 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 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 692 million people in the next ten years.

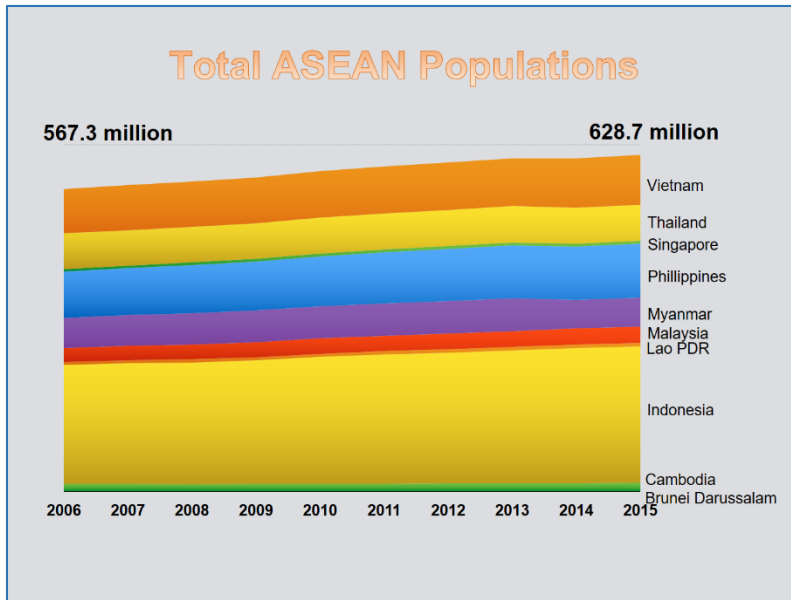


Fig. 1-1: Total ASEAN Populations

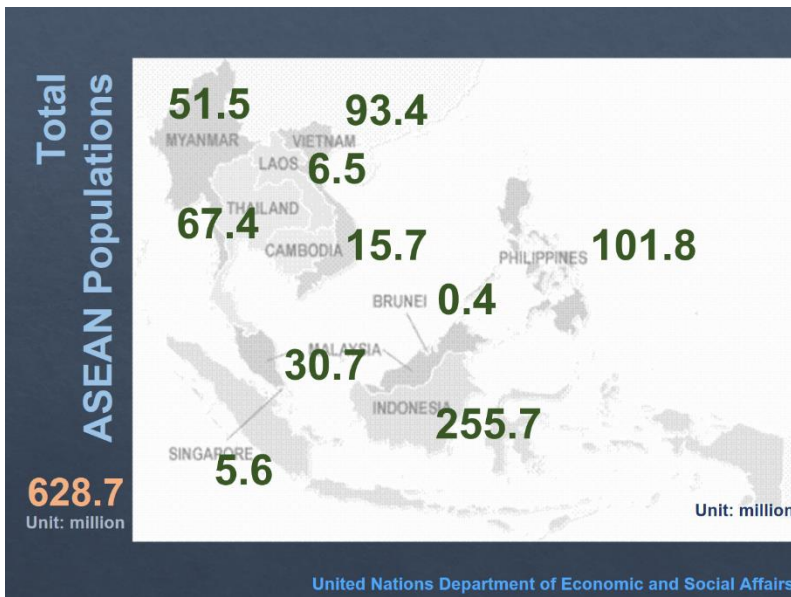


Fig.1- 2: Total ASEAN Populations



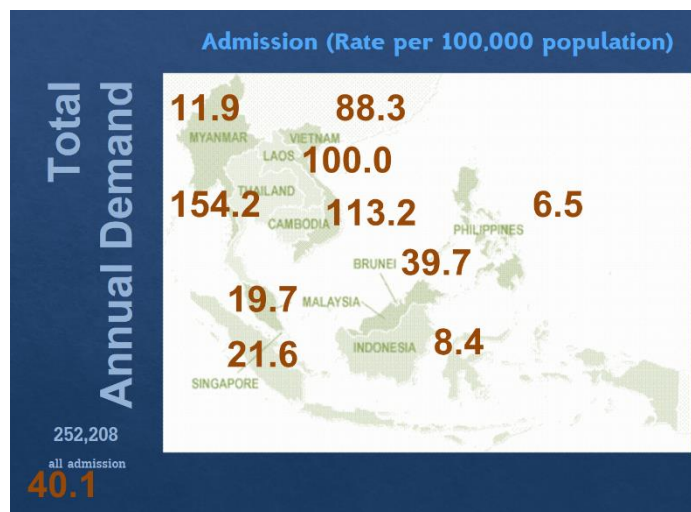
However, the United Nations Office of Drugs and Crime (UNODC) estimated that 5.2% of people between the ages of 15 and 64 years used an illicit drug and 0.6% of the population was estimated to suffer from the problem of drug use. In ASEAN, drug use could be estimated from national representative surveys and information gathered through studies that use indirect methods to estimate the number of drug users. Household surveys on drug use are expensive, although it could be affordable if carried out every three to five years in some countries. 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 in treatment are obtained as an alternative. In 2015, over 2.5 hundred thousand drug users had accessed treatment. Overall ASEAN admission rate was 40.1 per hundred thousand population, ranging from 6.5 in the Philippines to 154.2 in Thailand. Over 70% of the people who accessed treatment were methamphetamine

users (both tablet and crystal). Cannabis users were less than 10%, the remainders were opiates users.

The volume of admission to drug treatment programs by drug types in 2015 varied by Member States. (Member States provide the drug treatment programs 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 programs.) Over 50% of the people who accessed treatment in Lao PDR, Viet Nam, and Indonesia were opiates users, while Thailand, Brunei Darussalam, the Philippines, and Singapore were Amphetamine Type Stimulants (ATS) users. Thailand and Brunei Darussalam had slightly decreased in admission rate while the rest had slightly increased from 2014. Of all admission, 7.5% were females. One - third of the people who accessed the treatment were the first time entrants.

**Fig. 1- 3:** Total annual demand all admission (Rate per 100,000 population)



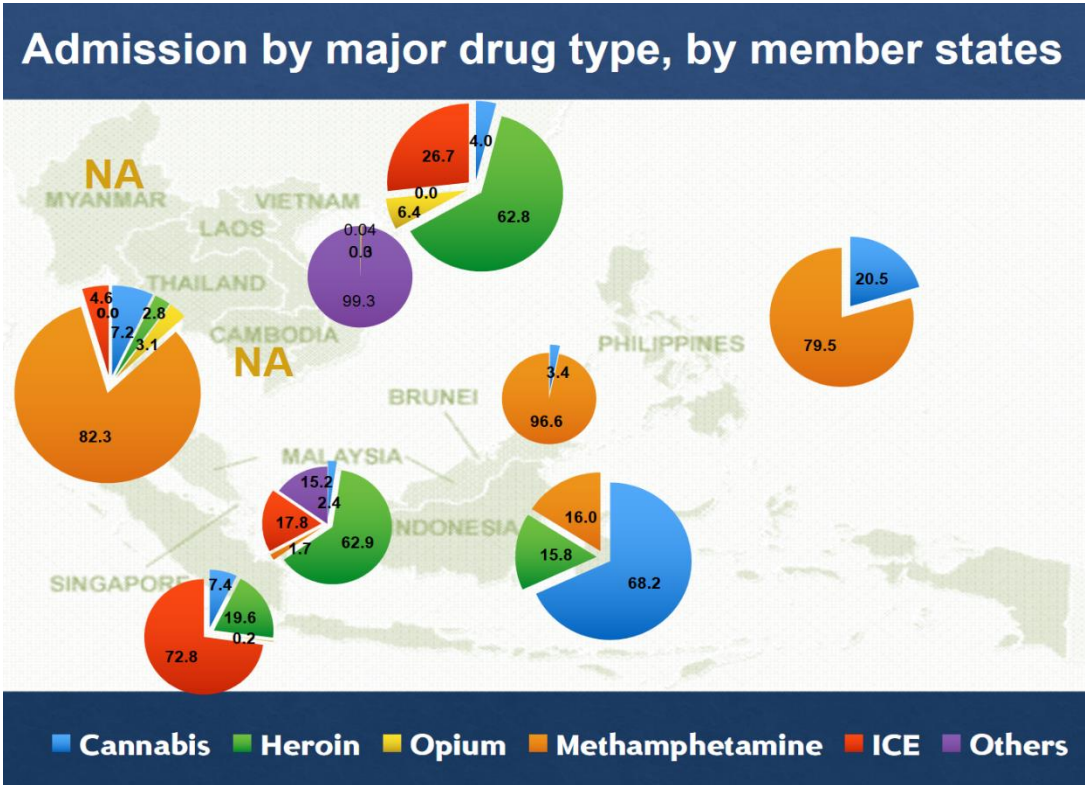


Fig. 1- 4: Admission by major drug types, by Member States

ASEAN is situated closely to the areas where the cultivation, manufacturing, and trafficking of drugs taken place. In 2015, almost half of a million individuals were involved in both natural and synthetic drugs supply. Overall ASEAN drug offenders' rate was 75.3 per hundred thousand population, ranging from 17.9 in Myanmar to 305.7 in Thailand. Thailand and Cambodia had slightly decreased in the offender rate while the rest had slightly increased from 2014. Although dried cannabis, heroin, opium, methamphetamine tablet (yaba), and crystal

methamphetamine (ice) are the five major drugs of the region, the emergence of new psychoactive substances and other drugs are alarming. 62% of the offenders involved in ATS, particularly methamphetamine (both tablet and crystal). Thailand, Indonesia, Malaysia, and the Philippines are countries with more than ten thousand methamphetamine offenders. Of all over two hundred thousand cases, 72% were methamphetamine related cases with the seizures of over one hundred metric tons.

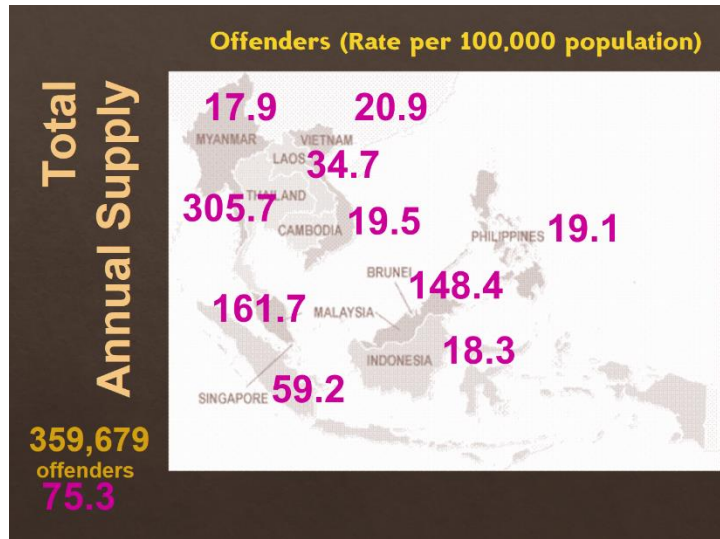


Fig. 1- 5: Total Annual Supply, Offenders (rate per 100,000 populations)

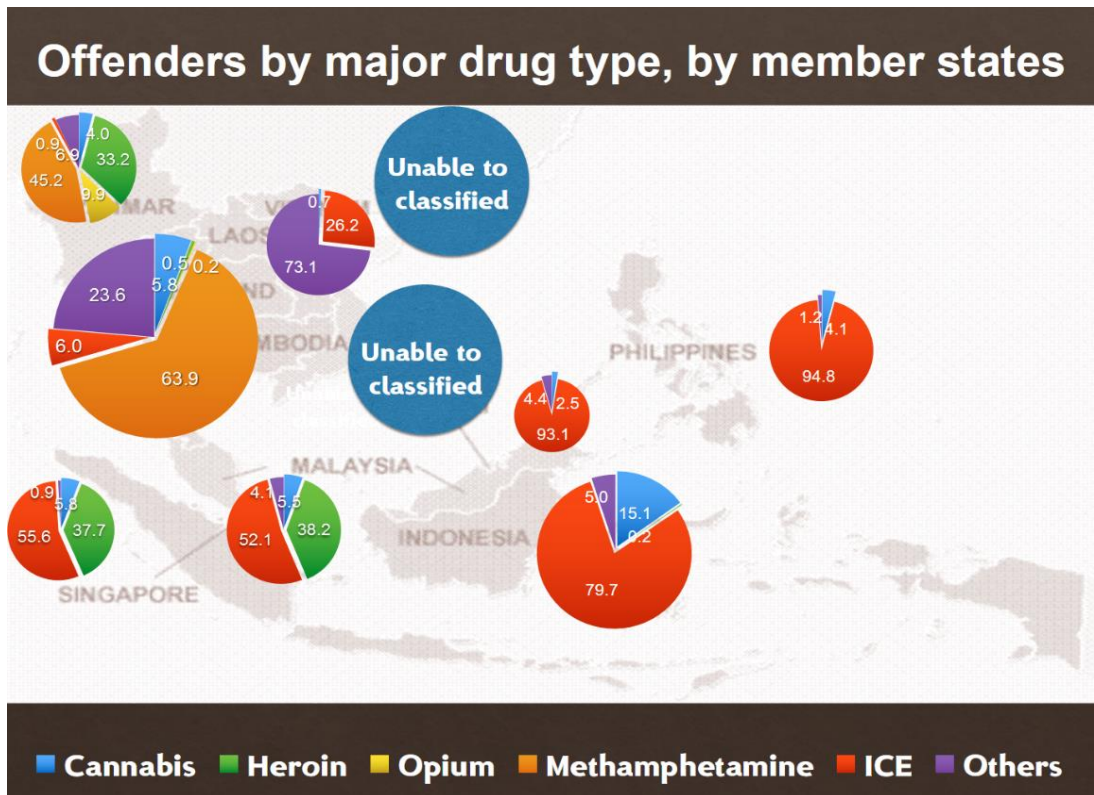


Fig. 1-6: Offenders by major drug types, by member states

❖ 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 of Singapore residents and non-residents.





Interestingly, two-thirds of the foreigners who had trafficked drugs across borders had been from neighboring countries within ASEAN, another 22.8% were from other countries in Asia & Oceania. The rest of the world accounted for 10%. There

were a higher proportion of traffickers from Asia & Oceania reported by Myanmar and the Philippines, while the rest of the countries reported a higher proportion of traffickers originating from ASEAN.

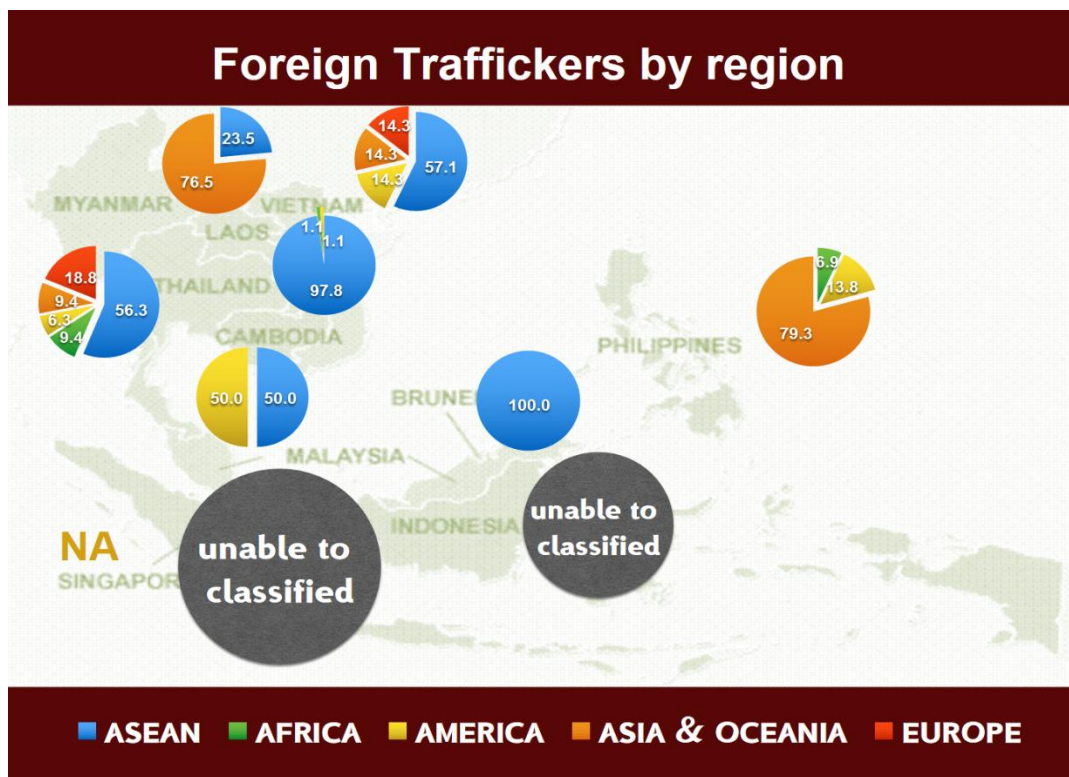


Fig. 1-7: Foreign Traffickers by region

Since ASEAN Member States faced the problem of illicit drugs together historically, from opium cultivation and heroin production to methamphetamine manufacturing along the golden triangle area, Thailand, Myanmar, and Lao PDR collaborated with China in the “Safe Mekong Operation” in 2013, aimed to suppress drug trafficking along the Mekong River and nearby golden triangle area. In 2015, this international law enforcement initiative

moves forward to invite Viet Nam and Cambodia to join. At present, cooperative measure emphasizes intelligence exchange, joint investigation and operation on interdiction of essential chemicals and precursors. However, alternative development is planned. It is expected that this collaboration will affect the drug production and trafficking in the golden triangle area, resulting in ASEAN drug situation being under control in the next three years.



# Chapter 2

## ASEAN Country report



### BRUNEI DARUSSALAM

#### Summary Report of Drug Situation in BRUNEI DARUSSALAM in 2015

##### Overview

Narcotics Control Bureau (NCB) as the leading agency in combating drug crimes in Brunei Darussalam has conducted 642 operations in 2015 (565 land operations and 77 marine operations). NCB has also conducted and participated in 57 joint operations involving national law enforcement agencies in Brunei Darussalam. Joint operations are aimed at further strengthening inter-agency efficiency in combating criminal related activities in Brunei Darussalam.

Drug related arrests constitute only 0.15% of our total population in 2014 (population of 411,900) and 0.14% in 2015 (population of 441,201). In 2015, Narcotics Control Bureau (NCB) arrested 639 persons

comprising of 535 males and 104 females. 90% of these arrests were Bruneians, 92% were of Malay ethnicity. 65% were unemployed. Out of the total arrest made in 2015, 345 were new drug arrests (54%) and the remaining 294 were repeated drug arrestees. Half of the new arrests were 21 – 30 years of age and 38% were above 31 years. On the other hand, more than two - third of the repeated arrestees were above the age of 31.

Methylamphetamine continue to be the most common drug abused in Brunei Darussalam which makes up 91% of the total arrests made in 2015. Only 5% of the arrestees involved cannabis, 2% were involved in Nimetazepam (Erimin 5), 1% ecstasy and 1% Ketamine.

#### In the year 2015, the following drugs were seized:

Type of drugs	Total drugs seized
Methylamphetamine (Crystallized)	1429.51 grams
Cannabis (Herbs)	3000.83 grams
Nimetazepam (Erimin 5)	243 tablets
Nimetazepam (Erimin 5)	4.06 grams
Ecstasy	43 tablets
Ecstasy	30.38 grams
Ketamine	10.190 grams



Only a small percentage of drug arrests made were involved in drug trafficking offences. Out of the total 639 arrests, the following number of arrests was involved in drug trafficking offences under the Misuse of Drug Act (MDA), Chapter 27:

Misuse of Drug Act (MDA) Chapter 27	Offence	No. of arrests
<b>Section 3(a)</b>	Trafficking in a controlled drug	5
<b>Section 3A</b>	Possession of controlled drug for the purpose of trafficking	55
<b>Section 5</b>	Import and export of controlled drug	12

In order to intercept the trafficking of drugs at the border, Narcotics officers are stationed at the six borders in Brunei Darussalam namely Brunei International Airport, Kuala Lurah Control Post, Ujung Jalan Control Post, Labu Control Post, Sungai Tujoh Control Post and Serasa Ferry Terminal. In 2015, 56 arrests were made at the borders for various drug related offences. 39 arrests were Bruneian and 44 were of Malay ethnicity. Out of the total arrests, 94% were charged under Section 6(b) of MDA, Chapter 27 for consumption of controlled drugs as they were tested positive of drug when entering the country. Only one - fifth of the total arrests made at the border were charged under Section 5 of MDA, Chapter 27 for import and export of controlled drug.

In 2015, out of the total amount of seizures made, 1.8 kg of cannabis was seized at the borders, 13.09 grams of crystallized Methylamphetamine, 9.5 grams of Ketamine, 208 tablets of Nimetazepam (Erimin 5), and 26 tablets of Ecstasy were subsequently seized at the borders.

In support of Article 12 of the 1988 UN Convention, NCB, together with The Royal Customs and Excise Department and the Pharmaceutical Enforcement, Unit of

Pharmaceutical Sciences under the Ministry of Health form the Competent Authority for the Control of Precursor Chemicals in Brunei Darussalam. These three departments, each with a different role and responsibility meets to share and discuss any pending issues and improve any procedures and matters relating to the control of precursor chemicals in Brunei Darussalam. No diversion of precursor has been encountered so far and there has not been any clandestine laboratories dismantled in Brunei Darussalam.

### Treatment and Rehabilitation

The Al-Islah Treatment and Rehabilitation Centre is the only approved treatment and rehabilitation of drug institution in Brunei Darussalam which adopts the psycho-social model focusing on behavioral changes through Therapeutic Community Program, spiritual therapy, life skills and vocational training.

In 2015, 105 residents were registered to undergo treatment and rehabilitation in the centre through court's order (24 residents), Minister's Order (50 residents) and voluntary admission (31 residents) with 79% of the total registered residents being Methylamphetamine users.







# CAMBODIA



## Summary Report of Drug Situation in CAMBODIA in 2015

**Drugs Production:** Manufacturing, Producing, Cultivating and Refining of Safrole Rich Oil (SRO)

There was a case of drugs trading and manufacturing activities in large form that was conducted by a group of appointed criminals in which we have seized illicit drugs in the amount of 54.599 kg.

Moreover, there was a case of cannabis manufacturing and packaging activities with high technology that can guarantee quality and safety in which we have seized dried cannabis of 1,487 kg., cannabis oil of 1.5 kg. Those cannabis were originated from Laos.

Regarding hidden refining yellow wine plant oil, we did not detect any new activities.

### Drugs Trafficking;

Cambodia still continues to be affected by the regional and international drugs trafficking all through land, water and air way. We continue to notice that border gateway of the provinces in the north-east region of the country is the very important gateway for trafficking synthetic drugs type ATS (WY-ICE) and heroin from Laos into Cambodia.

### Drugs Abuse

Our hard work in the past has revealed the number of drug users nationwide which

is 16,575 persons, within which, according to the data, the implementation of the plan to battle against drugs offense showed that there were 8,822 drug users in city and provinces that have not sought treatment while there were 7,753 persons who received treatment.

In order to help the drug users above, we have provided treatment services through program as follows:

- Community-based treatment in Phnom Penh and other provinces
- Methadone Treatment
- Treatment through private and public temporary treatment centres

### Result of Combating Drugs

In summary, ministries, institutions, members of the NACD have put great effort in fulfilling each of our duties to implement the Drug Control Action Work Plan, with great results. However, there remained a number of issues that should be strengthened and reformed;

#### 1. Drug Prevention;

In this respect, we have implemented in four different forms which are: education through media; education through technical expertise of the ministries and institutions (aiming to make general citizens better understand the duties and responsibilities of relevant ministries and institutions);



education through community focusing on raising public awareness on the issues and the impacts caused by drugs; and training of the main persons in order that they have the basis in passing on the education to the members of the community. As a result, there were 3,995,880 participants, in comparison to 1,923,129 participants in 2014, which is an increase of 107.78%.

## 2. Drug Treatment Rehabilitation Vocational Training, Life skill, Integration, and Leaving drugs

In 2015, drug users who receive treatment are in total of 7,753 persons, comprising of:

- 2.1 Those who attended the treatment in district health centres, and commune health centres in Phnom Penh, other provinces and those who received treatment through Methadone were in a total of 2,794.
- 2.2 Those who attended private and public temporary treatment and rehabilitation centres were in a total of 4,959 of which 3,107 have integrated back to the community and the remaining 1,852 persons continued in the treatment.

We also discovered that:

- i. Drug users aged between 18 – 35 years accounted for about 85.87%;
- ii. The types of drug most commonly used were methamphetamine ICE and tablet WY, accounted for about 92.2%.

## 3. Strengthening Law Enforcement Institutions:

We provided training to raise capacity of all types of enforcement officers; those who had been trained, domestically and abroad, were in a total of 3,888. We detected drugs crimes in a total of 3,061 cases, in comparison to 2014, was an increase in double. We have detained in a total of 7,008 accused persons (853 females), in comparison to 2014 was also an increase. Vital evidences were seized in a total of 1,620,234.58 grams (methamphetamine ICE, WY tablets, ecstasy, heroin, cocaine, ketamine, dry cannabis);

### 3.1 Main Drugs Seizure by Cambodian Law Enforcement:

Drug type	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ecstasy	27.00	2.97	572.48	103.05	1,818.78	133.52	-	3,159.43	21.26
Cocaine	-	150.00	995.43	920.68	1,130.00	41,077.50	12,851.00	7,476.20	5,250.00
Meth WY	35,188.83	10,509.48	12,352.41	7,447.14	22,478.06	10,660.61	17,334.91	8,703.09	26,576.62
Meth Crystal	7,350.58	1,933.05	4,591.60	9,924.11	19,120.14	28,066.47	32,448.82	29,009.38	72,858.36
Heroin	12,430.50	5,287.39	26,678.60	2,356.91	2,070.89	319.06	38,337.68	1,837.46	2,464.79
Cannabis	213,005.00	4,983.98	3,820.07	4,142.98	210,242.96	2,460.00	168,537.00	27,070.92	1,511,454.49



### 3.2 Drug related Cases in association with offenders:

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015
Case	152	198	309	400	1,005	818	889	1,337	3,061
Offenders	279	394	615	864	2,381	1,788	1,830	3,142	7,008

### 3.3 Drugs Purity

Nº	Drug Type	Form	2010	2011	2012	2013	2014	2015
1	Meth	Tablet	15 – 28%	14 – 20%	3 – 19%	3 – 18%	10 – 19%	1.34 - 22.95%
2	ICE	Crystal	75 – 83%	70 – 85%	10 – 84%	4 – 84%	3 – 86%	0.71 - 89.27%
3	Ecstasy	Capsule	75%	-	78%	-	-	-
4	Ecstasy	Tablet	-	17 – 40%	40%	6%	23-39%	34 - 37%
5	Heroin	Powder	20 – 85%	50 – 85%	10 – 70%	20 – 84%	33-71%	33.66 - 77.78%
6	Cocaine	Powder	60 – 70%	60 – 80%	70 – 80%	50 – 80%	58-62%	52.15 - 58.13%
7	Ketamine	Tablet	10 – 20%	8 – 30%	-	-	-	-
8	Ketamine	Powder	-	-	10 – 75%	50%-	46-57%	1.04 - 54.89%

#### Precursors Control

We have 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.

#### International Cooperation;

We have continued to facilitate, strengthen the bilateral and trilateral cooperation mechanism with Thailand, Laos and Viet Nam through visits to study and experience the training courses and workshops with great results. We had a closer cooperation with Laos than in the previous year to identify the targets for cooperation and suppressed a number of major groups. We have continued 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 development partners.



# INDONESIA



## Summary Report of Drug Situation in Indonesia in 2015

### Overview

The survey conducted by the National Narcotics Board (BNN) and University of Indonesia for 2008, 2011 and 2014 showed that the prevalence of drug abuse in Indonesia continued to increase among recreational/ conditional users and intensive users. The increase in six years was 50%, despite a decrease in addiction levels among injecting and non-injecting users. Therefore, Indonesia's strategy to increase the number of drug-free communities, reduce the prevalence of drug abuse and detect illicit drug trafficking, was based on four strategies: *Prevention, Community Empowerment, Rehabilitation and Eradication*. Currently Indonesia is not only a transit country, but, with a growing economy and size of population, it has also become an important destination and market for illicit drugs.

In 2015, the main drugs most commonly abused based on the seizure of evidences were marijuana, methamphetamine and ecstasy, while large-scale clandestine laboratory of the Amphetamine Type Stimulant (ATS) was rarely found. As observed currently, the illicit drug trafficking trend in Indonesia has been changing from the use of airports as points of entry and exit, to the use of sea and land borders to smuggle drugs, based on the higher amounts of evidence and drugs seized at the seaports compared to seizures made in the airports.

While drug smuggling and trafficking by air or via couriers remained, drug smuggling by sea has emerged as a new route of trafficking and smuggling. We also uncovered new routes of trafficking using remote border with neighbouring countries like Malaysia and Timor Leste. Due to porous border of Indonesia with more than 17,000 islands, trafficking through sea and remote ports or borders has become a growing concern and challenges to us. Other trafficking modes have also been disclosed namely through mails and package delivery. In 2015 and early of 2016, the massive trend of drug trafficking was to conceal inside iron plates of automotive spare parts and industrial machinery which was unable to detect by regular X-Ray scanning method.

Cannabis was the most used and abused drug in Indonesia and the Government monitored the possible areas of cannabis cultivation, in order to eradicate and prevent the expansion or production. Cannabis remains the most widely used drug in Indonesia. Commercial quantities of cannabis continue to be cultivated in Indonesia, primarily in Aceh province, North Sumatra and also in West Java.

Lately based on drug-related arrests and drugs seized, the trend was moving away from cannabis to the Amphetamine Type Stimulants (ATS). Indonesia has one of the world's largest markets for amphetamine-



type stimulants (ATS). Significant quantities of crystalline methamphetamine and ecstasy continued to be smuggled into Indonesia. In addition, transnational organized criminal groups from outside the region continued to target Indonesia as a destination and transit country for ATS. The primary embark locations for crystalline methamphetamine trafficked into Indonesia were identified as Malaysia followed by the China Hong Kong and Taiwan. Crystalline methamphetamine trafficked into Indonesia from Malaysia was either through direct maritime routes or through land border.

The liberalization of international trade has enabled countries around the world to better access goods and services. However, international drug syndicates have also taken advantage of this freedom by smuggling illegal drugs using country's major airports or seaports and land cross border. Indonesia faced the potential threat of international syndicates which have a wide scope of operation in the country.

The Government of Indonesia put emphasis on the close coordination and cooperation among ASEAN member states. Indonesia has also been intensifying its commitment in the fight against illegal drugs and advocating a culture of cooperation with other regional and international counterparts. Under the framework of interdiction task forces, Indonesia continues to enhance and integrate its interdiction collaborations. The duty of interdiction task forces also includes cooperation among the various agencies in Indonesia in order with different mandates and responsibilities but with one goal - to eradicate drugs trafficked into and out of Indonesia. The interdiction task forces are

put in place at international entry points, such as international airports, international seaports and land crossing borders. The membership of interdiction task forces consists of agency personnel in Indonesia with a mandate and authorization over the country's entry points. Successful collaboration among local agencies with different mandates and responsibilities depends on the commitment to the goal of combating drug trafficking and transnational drug organizations operating in Indonesia.

While in regional and international cooperation scopes, Indonesia has signed memoranda of understanding with 13 countries, namely Lao PDR, Pakistan, Iran, the Philippines, Republic of Korea, Australia, Timor Leste, Mexico, China, Nigeria, Peru, India and Fiji. Indonesia participated in meetings of ASEAN Senior Officials on Drug Matters (ASOD), the Heads of National Law Enforcement Agencies (HONLEAs) for Asia and the Pacific, and the Programmes of the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD), ADLOMINCO Korea, ADEC Japan, and IDEC – Far East Region. Indonesia also participated in the meeting of the Commission on Narcotic Drugs and trainings organized by UNODC and IDEC.

Indonesia has extradition treaties with Australia, Malaysia, Thailand, the Philippines, Hong Kong (Special Administrative Region of China), Republic of Korea, and Singapore. Indonesia has treaties on mutual legal assistance in criminal matters with Australia, China, Hong Kong (Special Administrative Region of China), Republic of Korea and nine ASEAN Members States.



## LAO PDR



### Summary Report of Drug Situation in Lao PDR in 2015

#### Introduction

Lao PDR is a landlocked country in the center of the Greater Mekong Sub-region that shares long borders with China, Cambodia, Myanmar, Thailand and Viet Nam. Due to its geographic and topographic location and the rapidly emerging economies of some of its neighbors, Lao PDR becomes a transit route for drug trafficking as well as precursor chemicals. The drug trafficking through Laos has been increasing with higher frequency and volume. Northern borders still are the main gateway of drug flow to Laos, while the border in the southern part of the country has been increasingly used for drug outflow.

Methamphetamine tablet (ATS) remained the main drug of abuse, while the number of opium users remained almost stable. Counter investigation techniques have been developed by drug traffickers, fighting with firearms occurred more frequently. Revert back to grow poppy opium was still a problem.

In response, the government of Lao PDR prioritized the fight against drug trafficking and drug use and instructed line sectors, local administrations and the 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. The Lao

National Commission for Drug Control and Supervision (LCDC) has effectively strengthened its monitoring efforts during the last year.

#### Legislation/National Drug Control Policy

Under the National Drug Control Programme implemented from 1994 to 2000, drug control mechanisms have been established such as Provincial Commission on Drug Control and Supervision "PCDC", Provincial Counter Narcotic Police Units "CNU", Border Liaison Office "BLOs" which support capacity building, gradual and balanced approaches to drug control focusing on Alternative Development. The strategy of a "Balanced Approach to Opium Elimination" which includes Alternative Development, Demand Reduction and Law Enforcement has been implemented from 2000 to 2006. In the National Programme Strategy for the Post-Opium Scenario and The Action Plan focused from 2006 to 2009 on 1,100 poorest villages to provide them with Alternative Development, Demand Reduction, Civic Awareness & Law Enforcement linked to the 6<sup>th</sup> National Socio-Economic Development Plan (NSEDP) to overall reduce poverty. The implementation phase of the National Drug Control Master Plan 2009 to 2013 has been extended to 2015 to address the recent rise and



proliferation of illicit drug production, trafficking, abuse as well as activities through a nine-point comprehensive strategy. Development Drug Control Master Plan 5-year (2016-2020) This Drug Control Master Plan was officially approved by the Government recently.

### Alternative Development

LCDC integrated Alternative Development programs into national drug control plans and policies. LCDC jointly with China and UNODC conducted an annual opium crop monitoring and assessment. LCDC has been implementing an Alternative Development program in Houaphan Province, Northern part of Lao. Actually, our local authorities in the Northern part of the country have supported ex-opium poppy farmers in remote areas to gain better living conditions by introducing sustainable Alternative Development and lawful livelihoods.

### Law Enforcement

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. Until now a total of 18 Border Liaison Offices (BLOs) have been established along the border to the following countries: China (1), Myanmar (2), Viet Nam (4), Cambodia (2) and Thailand (9).

In 2015, Police officers have cooperated with concerned sectors at different levels to carry out their function with high responsibility. This could be seen from the crackdown of 2,258 cases, arrests of 3,346 suspects of which 555 were females and 90 were foreigners, seizures of

6,331,692 tablets of Methamphetamine (ATS), 134.84 kg. of heroin, 51.61 kg. of raw opium, 3,258 kg. of dry cannabis, 141.90 kg. of Crystal Amphetamine (Ice), 4,372 kg. of powder for mixing and producing drugs. In addition, vehicles, weapons and other equipment were also confiscated.

### Preventive Education

Attention has been made to raise awareness and disseminate information in various forms to create awareness amongst people in the society to know and understand the rule of law and understand the danger of drugs. A number of people of all ethnicities have been mobilized to participate in drug control and prevention.

In order to contribute to the implementation of the Government Policy on Three Builds Directive connected with the development of the village as a development unit, each locality has actively paid attention to the implementation of the drug free village development plan. Up to now, drug free villages covered 67% of the total villages throughout the country. At the same time, drug free schools covered 69% of the total secondary schools.

The drug free families, villages, education institutes and communities have contributed to the reduction of drug use to a certain extent.

### Treatment, Rehabilitation and Vocational Training Centers

At present the concerned authorities of Lao PDR provide 11 standard and non-standard treatment, rehabilitation and vocational training centers while three are under construction. The authorities concerned plan to expand the availability of



Community-Based Treatment (CBT) for ATS users, including the access to counseling services to all citizens by enabling hospitals, health facilities to offer these services. Until now 281 drug rehabilitation workers were trained in drug counseling and treatment.

### **International relation and cooperation**

Laos has implemented existing bilateral and multilateral agreements on drug control cooperation, exchange of information and intelligence and against drug trafficking with ASEAN countries, friendly countries such as China, Cuba, India, Russia and with international organizations such as UNODC, etc. Regional cooperation such as the joint operation “Safe Mekong”

strengthened networks and collaboration at regional level between Laos, China, Myanmar and Thailand (Joint Operation Safe-Mekong Phase III 2016-2018 will include Cambodia and Viet Nam).

### **Conclusion**

The Government of Lao PDR is undertaking considerable efforts to ensure sustainability of opium elimination as well as to address the threats from other drugs by integrating Alternative Development work nationwide and supporting the development of alternative sustainable livelihoods not only for former and opium poppy growing farmers but also for other vulnerable communities.





## MALAYSIA



### Summary Report of Drug Situation in Malaysia in 2015

#### Overview

In 2015, a total of 26,668 addicts were detected showing an increase of 22.5% compared to the same period a year before (21,777 addicts). They consisted of 20,289 new addicts, an increase of 49.1% compared to 13,605 of those for the same period a year before. There were 6,379 relapse/repeat addicts detected, a decrease of 21.9% over the previous year (8,172).

In relation to gender, in 2015, the number of detected male addicts dominated at 96.2% compared to female addicts at 3.8%. In addition, there was an increase of male and female new addicts respectively by 49.3% and 46.2% between 2014 and 2015.

The drug most commonly taken by addicts within the previous five years (2011-2015) was the traditional drug of opiate. In 2015, a total of 16,616 addicts were detected using heroin and morphine, indicating an increase of 14.6% in the same period compared to 14,495 addicts detected in 2014. In addition, 8,133 addicts were detected using methamphetamine in 2015 and 4,102 addicts in 2014, indicating an increase by 98.3%. Among the total of addicts detected in 2015, youth aged 19-39 have dominated the number by 73.4% (19,578 addicts). As for teenagers aged 13-18, there were a total of 717 detected in 2015. Numbers of addicts

detected among teenagers and youth aged 19-39 for the period of 2014 and 2015 were alarming as the numbers have increased by 15.3% and 24.8%, respectively.

The majority of the drug addicts detected were part-time workers (7,117 addicts), followed by general workers of 5,086 addicts. Only 3,911 addicts detected in 2015 were unemployed.

#### Statistics of Clients in NADA's Facilities

The National Anti-Drug Agency (NADA) implements four (4) programs of treatment and rehabilitation namely:

- Rehabilitation in the Institution (Cure & Care Rehabilitation Centre) ;
- Rehabilitation through career (Cure & Care Vocational Centre) ;
- Open-Access Services (Cure & Care 1 Malaysia Clinic) ; and
- Rehabilitation in the Community (Cure & Care Service Centre, Caring Community House)

There were about 5,521 drug dependents who received treatment and rehabilitation at the 22 Cure & Care Rehabilitation Centers (CCRC) in 2015. The National Anti-Drug Agency has introduced a new approach from institutionalized rehabilitation to an open approach (Open Access Services) with the setting up of the



Cure & Care 1 Malaysia Clinic or (C&C 1 Malaysia Clinic) in July 2010. The Government continues the open access services at 10 Cure & Care Clinics and in 2015, a total of 2,569 clients visited and received various services at the C&C 1 Malaysia Clinic throughout the country.

Recognizing the importance of vocational skills in sustaining recovery, National Anti-Drug Agency provided vocational training in all rehabilitation centers throughout the nation. Apart from that, a special facility known as Cure & Care Vocational Center (CCVC) was set up to provide vocational skill-focused treatment program to suitable clients. In 2015, a total of 130 clients were selected to attend various long-term courses in this facility. For in-community treatment and rehabilitation program, the agency has introduced the CCSC and CCH to offer treatment and rehabilitation in the community settings. In 2015, a total of 1,836 clients (residential) received treatment in 59 CCSCs throughout the country while 47,622 (clients and community members) had received services at 78 CCHs.

## Challenges in Malaysia

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. Based on the clinical evidence, ATS users suffer chronic mental illnesses such as psychosis due to severe brain damage.

The problems of infectious diseases and chronic psychiatric problems among drug addicts are obstacles and challenges that require serious attention. In addition to addiction problems, their psychiatric conditions need to be addressed simultaneously.

## Future Collaboration

Malaysia believes that the efforts to address drug problems could not be dealt single-handedly, thus, bilateral and multilateral cooperation are of paramount importance. Malaysia hopes to benefit from sharing resources and would be most willing to expand cooperation and share information on drug related issues with other countries, consistent with the International Drug Control Conventions and related mandates.



# MYANMAR



## Summary Report of Drug Situation in Myanmar in 2015

### Overview

Since 2002, an Illicit Crop Monitoring Programme (IMCP) had been jointly conducted by the Central Committee for Drug Abuse Control and the UNODC. Since then, this project was annually extended to 2015. According to the 2015 IMCP report, there were 173,000 households involved in opium cultivation such as laborers 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 the peace process, joining hands with the government and together they cooperated in implementing the tasks on regional development, poverty alleviation and crop substitution to achieve success in narcotic drugs control, which can reduce the sown 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 unforeseen changes of drug market chain. The international drug demand was re-soared and other factors also had driven farmers to depend on opium cultivation such as lack of sustainable development programs, lack of peace and the rule of law and order in some border areas, lack of effective control on the incoming of precursor chemicals and lack of sufficient assistance from international organizations. These factors caused the production of opium to rise six successive years starting from 2007 to 2013.

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 878 metric tons in 2013 to 647 metric tons in 2015. Due to the geographical features, Shan State, where most opium is cultivated, was accounted for 90% of the total production in the whole country.

The cultivation and yield of opium are shown as follows

Subject	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cultivation in hectares	21,500	27,700	28,500	31,700	38,100	43,600	51,000	57,800	57,600	55,500
Production (MT)	315	460	410	830	580	610	690	878	670	647
Eradication (ha)	3,612	4,836	4,088	8,273	7,058	28,771	12,255	12,271	15,188	13,450



## Implementation of tasks on Alternative Development

To eliminate the cultivation of opium, it is required that the living standard and socio-economic status of the farmers be improved. Therefore, CCDAC and UNODC have jointly conducted three alternative development programs in Shan State (South), one alternative development program is jointly being implemented by the CCDAC and the ONCB of Thailand in Tachileik and Monghsat districts in Shan State (East), and additional areas are being planned for alternative development programs 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 implemented in Myanmar mainly by the Military, the Myanmar Police Force and the Customs Department. The Myanmar Police Force, in order to implement its duty of suppression of narcotic drugs more effectively has established a 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 were formed and assigned to perform duties in 50 strategic areas where activities on narcotic drugs have been ramping.

The main narcotic drugs seized in Myanmar are as follows:

Type of Narcotic Drugs	2010	2011	2012	2013	2014	2015	2016 April
Heroin (kg)	88.54	42.43	335.79	238.95	435.4643	186.0411	59.3868
Morphine (kg)	98.20	36.80	45.75	71.55	-	-	-
Opium (kg)	764.78	828.27	1478.35	2356.98	1828.4051	888.844	263.2099
Inferior Opium (kg)	148.00	281.64	80.79	65.98	134.0985	34.9203	15.9733
Stimulant Tablets (million)	2.19	5.89	18.16	10.18	12653002	49950912	21449398
ICE (kg)	226.12	33.40	426.66	173.00	47.1175	2261.6938	548.1344
Marijuana (kg)	205.60	196.39	80.28	37.16	205.5458	87.7056	93.3531
Myragyina Speciosa (kg)	375.26	969.49	330.15	218.95	605.3193	867.3515	15.2823

## Significant seizures of narcotic drugs in 2015 and 2016 (up to April)

**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 tablets of Amphetamine Type Stimulant, worth 133.5 billion kyats in total, from inside the container on a vehicle on a

six-lane road in Minglardon Industry Zone. Upon the follow-up information, a combined team seized 3.825 million of ATS more from the Kaladan Delta Development Co, Ltd. and other places. After interrogation, Drug Law Enforcement officials arrested 13 offenders and 26 fugitives which were prosecuted according to the Narcotic Drug Law 1993



## THE PHILIPPINES



### Summary Report of Drug Situation in the Philippines in 2015

#### Overview

The Philippine government has an on-going battle against illegal drug trafficking and abuse for several decades now. This can be seen with the statistics gathered from different sources.

Results of the 2012 National Household Survey conducted by the Dangerous Drugs Board in cooperation with the Philippine Normal University Research Center (PNU) revealed that there could be 1.3 million drug users in the country.

Admissions from the different treatment and rehabilitation centers nationwide showed that there was an increasing trend from 3,266 in 2013 to 4,392 in 2014 and 5,402 in 2015.

In 2015, it was noted that the most commonly abused drugs were methamphetamine hydrochloride or shabu, cannabis sativa or marijuana, and cocaine.

Law enforcement, on the other hand, as undertaken by the Philippine Drug Enforcement Agency, Philippine National Police Anti-Illegal Drug Group, National Bureau of Investigation and other similar agencies, ensure that efforts are continually done to prevent illicit trafficking of dangerous drugs in the country. Utilization of minors to transport illegal drugs is continuously observed.

The deliberate shift of the drug syndicates in bringing the drug supply closer to the consuming market gave rise to the establishment of domestic production facilities in the country. Since 1997 to date, a total of 96 clandestine methamphetamine laboratories have been dismantled by the Philippine drug law enforcement authorities.

The utilization of commercial mail/parcel courier services as means of supply distribution locally, as well as for importation and exportation of illegal drugs through airports and seaports are still prevalent. Since 2014, a total of 95 incidences of trafficking drugs through local courier services were detected. There were seizures of 55.25 kg. of methamphetamine, 6,307 tablets of ecstasy, 1.98 kg. of heroin, 500 pieces of fly high, 27.12 kg. of marijuana bricks and 3.25 kg. of dried marijuana leaves and 30 drug personalities were arrested.

Illegal drug trafficking is still the most pervasive drug activity in the Philippines. Several methods of concealment were observed such as the use of milk boxes, Chinese tea bags, sandals, shampoo bottles, drugs placed in secret compartment of luggages and bags, and some through swallowing.



The first arrest of a drug swallower in the country was recorded in 2013. A Benin national was arrested for attempting to smuggle 448 grams of methamphetamine contained in 60 capsules which he has swallowed.

On December 13, 2015, Philippine authorities have arrested a Venezuelan national who was allegedly an international drug mule. The 39-year-old foreigner was arrested at the Ninoy Aquino International Airport Terminal 2 after yielding 92 pellets of alleged cocaine ingested in his stomach, weighing more or less 13 grams per pellet.

The use of hotels, inns and related rented establishments are allegedly being utilized as venues for illegal drug trade. The drug industry is continuously evolving with

the introduction of new drugs in the market such as fly high, green/brown/white amore and blue android and yellow bitcoin ecstasy.

On March 24, 2014, Philippine authorities arrested an Indian national during a buy-bust operation in Malate, Manila which resulted in the seizure of 223 tablets of “fly-high”. Investigation revealed that the suspect imported ecstasy from The Netherlands using “bitcoin” as mode of payment.

The scourge of the drug problem will continue but the beneficial results of our strong collaboration, cooperation, courage, dedication and commitment will remain in the years to come and ultimately mean success in our common fight against drug abuse and illicit drug trafficking.



# SINGAPORE



## Summary Report of Drug Situation in Singapore in 2015

### Overview

Singapore had arrested a total of 3,343 drug abusers in 2015 under the Misuse of Drugs Act (MDA). This was an increase of 6% from the 3,158 drug abusers arrested in 2014. The number of repeat abusers fell about 2%, from 2,065 abusers in 2014 to 2,034 abusers in 2015. 1,309 new drug abusers were arrested, which represented a 20% increase from the 1,093 arrested in 2014. Of these, more than two-thirds (69%) were below 30 years of age.

### Drug Type

- Heroin and methamphetamine remained the two most commonly abused drugs in Singapore, with methamphetamine overtaking heroin as the most commonly abused drug. 1,858 methamphetamine abusers (56%) and 1,253 heroin abusers (37%) were arrested in 2015. Cannabis is the third most commonly abused drug, with 194 cannabis abusers (6%) arrested in 2015.
- Of the 3,343 drug abusers arrested in 2015, 557 (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 1,309 new abusers arrested in 2015, 77% or 1,014 had abused methamphetamine. Among new abusers, cannabis displaced heroin as the second most commonly abused drug, with an increase of 12% from 139 in 2014 to 156 in 2015.

### Age Group

- 1,336 or 40% of total drug abusers arrested in 2015 were below 30 years old. Drug abusers in the 20-29 age group continued to form the largest group of abusers. Their numbers increased from 920 (29%) in 2014 to 1,053 (31%) in 2015. Drug abusers in the below-20 age group saw the largest percentage increase of about 49%, from 190 in 2014 to 283 in 2015.
- New abusers made up 39% of all abusers arrested. New abusers in the below 20 age group increased by 49%, from 172 in 2014 to 257 in 2015. Nearly half (or 644 abusers) of all new abusers belonged to the 20 to 29 age group. In total, more than two-thirds (or 901) of new abusers were aged below 30.



## Drug Enforcement and Initiatives

As the primary drug enforcement agency of Singapore, the Central Narcotics Bureau (CNB) carried out sustained and intensive enforcement efforts to prevent drugs from entering Singapore. In 2015, CNB conducted 49 major operations, of which 18 were island-wide operations involving the Singapore Police Force (SPF). These operations targeted middle-level traffickers, street-level pushers and drug abusers. Together with SPF and the Immigration & Checkpoints Authority (ICA), CNB also conducted 2,047 operations at the checkpoints to intercept drugs entering Singapore. These enforcement efforts crippled the operations of 21 drug syndicates.

The estimated street value of the drugs seized in 2015 was S\$8.56 million, which was 5% higher than in 2014. Cannabis seizures increased by about 26%, from 35.03 kg in 2014 to 44.29 kg in 2015.

2015 was a milestone year for CNB's preventive drug education efforts and outreach, as it commemorated the 20th anniversary of the Anti-Drug Abuse Campaign. As part of CNB's mission, the Bureau will continue to review and update its preventive drug education and outreach efforts to spread the anti-drug message and garner strong support for Singapore's zero-tolerance approach towards drugs and deter drug abuse in Singapore.

Singapore remains committed to collaborate with her regional partners to tackle the challenging regional drug situation. In 2015, CNB conducted 11 joint operations with its foreign counterparts, including two joint operations<sup>1</sup> with Malaysia's Narcotics Crime Investigation Department (NCID).

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<http://www.thestar.com.my/News/Nation/2015/06/30/Cops-to-crack-down-on-drug-ring/>

[http://www.cnb.gov.sg/newsroom/current/news\\_details/15-02-06/Cooperation\\_by\\_CNB\\_NCID\\_-](http://www.cnb.gov.sg/newsroom/current/news_details/15-02-06/Cooperation_by_CNB_NCID_-)

[\\_Dismantled\\_drug\\_syndicate\\_operating\\_in\\_Singapore\\_and\\_Malaysia.aspx](http://www.cnb.gov.sg/newsroom/current/news_details/15-02-06/Cooperation_by_CNB_NCID_-Dismantled_drug_syndicate_operating_in_Singapore_and_Malaysia.aspx)





## THAILAND



### Summary Report of Drug Situation in Thailand in 2015

#### Overview

In 2015, there were 156,108 arrested for narcotic cases all over Thailand with 172,769 suspects. Most of the cases were possession (58,103 cases) and drug users (58,098 cases) at 33.2% each, followed by 11,792 cases of production or 6.7% and 11,331 trafficking or distribution or 6.5%. In Thailand, production charge also includes repackaging and narcotic crops cultivation. On the demand side, there were 103,917 persons who used drugs and accessed treatment, mostly were on yaba. There were some reported cases on NPS such as Kratom mixtures, Ketamine, pain killers and cough syrup. The majority of addicts aged between 20-24 years (22.1%), followed by 15-19 years (17.96%), while children aged less than 15 years accounted for 2.55%.

#### Law Enforcement

Most of the seized drug was yaba or methamphetamine tablets at 98,937,911 tablets from 98,666 cases, compared with 2014, there were 155,064 cases and the number of confiscated drug was 101,540,365 tablets. Numbers of heroin, raw opium, prepared opium, and opium poppy plant cases, suspects, and seized drug were

smaller than the numbers in 2014, except for poppy plant. The number of opium poppy plant cases and suspects were lower than half of the number in 2014 but the amount of eradicated plant was 1.27 times higher. The number of cocaine cases and suspects in 2015 was a little higher than in 2014 but the amount of confiscated cocaine in 2015 was 1.7 times higher. Major cocaine smuggling cases were arrested in Bangkok/ Samut Prakarn and Phuket, where international airports locate, and Nong Khai, a Thailand – Laos border province. ICE also increased in terms of amount from 1,038.5 kg. in 2014 to 1,133.9 kg. in 2015 while the number of cases dropped from 12,017 to 8,776. A five-head tablet punching machine was confiscated in a province in the North, another simple, hand-operate, single tablet puncher was also found in a province not far from Bangkok. Although unused, it showed that production of yaba could take place within Thailand whenever the situation allows.

Reports from drugs profiling did not show signs of major changes in tool marks, composition, precursor chemicals, or overall characteristics of seized drugs. There were changes only in packaging.



Thai women continued to be employed, forced, or deceived as couriers. There were also couriers from nationals that were not found before and couriers from minority groups were arrested closer to Bangkok and in the southern touristic provinces. This trend might result from tourism promotion strategy and ASEAN connectivity.

### Illicit crops cultivation

Small poppy fields were persistently identified in some certain hard-to-access areas in the upper North of Thailand bordering to Myanmar and Laos. Farmers also used fertilizers and sprinkle to grow off-season opium poppy. However, the yield was not enough to affect domestic situation. Owing to high market price, large quantity of raw opium and prepared opium was smuggled into or trafficked through Thailand. Cannabis cultivation was still found scattering in the Northeast and the West of Thailand. Kratom plants were more difficult to identify but Thailand has started setting up a procedure to estimate the production and kratom plant cultivation areas from pattern of the trees detected from aerial surveys.

### Legislation

In 2015, the sub-committee for drafting the narcotic code of laws reviewed and revised existing narcotic laws and integrated seven narcotic control and relevant laws into one narcotic code of laws. One main objective in revising the narcotics laws was to support the concept of 'drug

users are patient'. The new law will classify drug-related suspects into three categories: 1) drug traffickers/dealers; 2) people who use drugs or are addicted to drugs; and 3) people who distribute or retail drugs to maintain their own drug consumption. Different measures will be adopted for each category of persons who are involved with drugs. There were some amendment in the definition of drugs and substances as well.

### Drug use

Thailand Drug Treatment and Rehabilitation National Plan 2015 put emphasis on improving quality and accessibility of drug treatment facilities. Many provinces provided non-medical rehabilitation camps using a standard program developed by a group of Thai experts. Each camp was supervised by local authorities, including local healthcare units as an alternative treatment and might not be recorded in the national database. Therefore, the numbers of drug-user patients in 2015 were lower than in previous years. Still, there were 103,917 persons undergoing drugs treatment and rehabilitation, mostly were on yaba. Some reported cases were on NPS such as Kratom mixtures, Ketamine, pain killers and cough syrup. The majority of addicts aged between 20-24 years (22.1%), followed by 15-19 years (17.96%), while children aged less than 15 years accounted for 2.55%. Another step to strengthen rehabilitation and social reintegration was to grant a sum of money and occupational equipment to rehabilitated drug users who met the criteria and needed support.



Harm Reduction program as recommended by the World Health Organization has been explored in Thailand since the year 2000. In 2009, there was an MOU between law enforcement agencies, health agencies and courts of justice to implement the recommended harm reduction strategy in selected areas. The project started in ten provinces in 2010 and later expanded to 19 provinces. The pilot project terminated in 2015. An evaluation showed that the harm reduction services for injecting drug users succeeded in increasing access to healthcare services and reducing risk behaviours. Heroin users who were in methadone treatment program did not suffer from withdrawal symptoms and did not have to buy illicit drugs hence could spend money for improving their living condition.

### **New prevention strategy**

In the five-year-prevention plan (2015-2019), Thailand is promoting a more efficient immunity-building method, stronger than giving out information on the danger of drugs. They are cognitive functions - factors that help people make the right decision in everyday life. In 2015, Thailand has started a nationwide program to instill Executive Functions (EF) in small children in their primary age by producing 150,000 sets of story books for small children. Each set has five story books. These story book sets were distributed to 50,000 kindergartens and

small child development centers across the country. One teacher or caretaker from these kindergartens and development centers were trained on how to use the story-telling technique to develop EF in small children. Each of 75 provinces and 50 districts in Bangkok Metropolitan also sent two selected staff to be trained as facilitators in promoting EF as a protective factor for children.

### **International cooperation**

In 2015, ONCB, Thailand provided a training course in drug analysis and profiling each to Myanmar and Cambodia. The golden triangle has been pointed out as a major source of illicit drugs for many decades. This is a common problem that affects drug situation in ASEAN, and all Mekong sub-regional countries have to share responsibility. Therefore, Thailand volunteered to be the coordinator of Safe Mekong Phase II and extended collaboration from four countries, namely, China, Myanmar, Lao PDR, and Thailand to include Cambodia and Viet Nam. Cooperation under Safe Mekong Project has complemented the 1993 MOU between Mekong sub-regional countries and UNODC. Operations under Safe Mekong project have resulted in several successful arrests and confiscated of large number of illicit drugs. Most of all, it has strengthened mutual trust and closer cooperation among member countries.



## VIET NAM



### Summary Report of Drug Situation in Viet Nam in 2015

#### Overview

Traffic of illicit drugs has been developing complicatedly and showing a rising trend in Viet Nam recently. Viet Nam has become a destination and significant transit for trafficking of illicit drugs and their precursor chemicals to international markets. A large share of illicit drugs trafficked into and through Viet Nam, over the past few years, has been smuggled by land and sea from neighboring countries, which partly being further trafficked to other countries. Trafficking of illicit drugs, both inbound and outbound, precursor chemicals via international airports in Viet Nam, by West African drug syndicates remain of concern.

**Land route:** Heroin is trafficked across the border, whereas methamphetamine and pharmaceutical substances were smuggled back into Viet Nam. Along the northern borderlines, functional forces continue to detect many cases of illegal transport in large quantity of heroin and synthetic drugs in crystal and tablets across border.

**Air route:** Drugs smuggled primarily are crystal methamphetamine and cocaine. Detected cases of drug trafficking in large quantity up to hundred bars of heroin and hundred thousands of ATS tablets are recorded locally.

**Modus Operandi:** Drugs are concealed in trucks, rice sacks or in soft drink cans to elude the control by authority; take advantages of policies on investment and export/import, to illegal transport drugs in large quantity.

There have been indications that drug traffickers targeting Viet Nam as a source of precursors. So far, nearly 30 small-scale methamphetamine manufacturing labs have been detected and dismantled. Pseudoephedrine being extracted from addictive pharmaceutical substances or ephedrine and used for synthetic production.

Heroin remains the primary drug of use. Meanwhile, ATS use continues to be on a rise, especially among young population in major cities. Crystalline methamphetamine use becomes increasingly widespread and a number of new psychoactive substances have emerged on the illicit ATS market.

**Actions taken to achieve significant and sustainable reduction in illicit manufacturing and trafficking of drugs and drug-related crime**

Special campaigns have been launched to detect and suppress drug related criminals nationwide, utilizing preventive and suppressive measures along trafficking routes and hotspot areas, aiming at stopping



drugs from outside being trafficked into Viet Nam; dismantling laboratories, retail selling points in major cities and towns.

In 2015, Viet Nam detected 19,517 cases, arrested 29,963 subjects (a decrease of 5% as compared to 2014), seized 1,510 kg.

of heroin (an increase of 63%); 133.8 kg. of opium; 4.5 tons of cannabis; 938 kg. + 696,632 tablets of synthetic drugs (an increase of 179%); 178 kg. of cocaine with many other assets.

- **Total Drug Seizures**

Drug Type	Total seizures (2014)	Total seizures (2015)
Heroin	922 kg.	1,510
Synthetic drugs	352 kg. + 297,285 tablets	938 kg. + 696,632 tablets
Cannabis	442 kg.	4.5 tons
Cocaine	42.6 kg.	178 kg.
Opium	32 kg.	133.8 kg.

Drug related Arrests and Prosecution

Year	Number of Cases arrested	Prosecuted
2014	21,619	14,723
2015	19,517	15,566

- **Precursors control**

Vietnamese functional forces continuously and strictly control license issuance for import and export of precursors, instructing enterprises to seriously observe regulation on management, production and trade of precursors.

To cope with the manufacture of synthetic drugs from Pseudoephedrine derived from cough and cold medicines, Viet Nam has temporarily stopped issuing import

license of Pseudoephedrine since August 2011 and strictly managed over flu medicines containing mixed Pseudoephedrine.

Recently, a new Decree has been issued to revise the controlled list of narcotic drugs and precursor; outlining the work plan of multi-sartorial working group on management over legitimate activities related to narcotic drugs and precursors, with particular on borderline control activities.



## Significant, Sustainable Reduction of Prevalence of Illicit Drug Use

- Illicit drug use in the general population

According to the statistics, in 2015, there were 13,769 registered drug abusers with an increase of 9,708 as compared to 2014.

Male users accounted for 96%; and females were of 4%. Aged under 16 accounted for 2.2%; from 16 to under 30 were 47.8%; and from 30 and older were 50%.

### Preventive Education against drugs

The member ministries and sectors of National Committee on AIDS, Drugs and Prostitution Control have enhanced coordination to actively campaign the mass on drugs controls; organized numerous seminars on the topic of improving the efficiency on drugs control in community; organized training courses on drugs control for officers of 20 border provinces; developed plans to implement the project "Drugs control in the Youth period of 2015-2017"; continued deploying typical model in the project "Building communes, towns free of drugs"; launched the writing competition

of poetry with drugs control theme; organized law and propaganda education programs for pupils in high schools on drugs control for the period of 2015-2017; organized propaganda competition on drugs control among universities and colleges; organized propaganda activities on drugs control on television; organized mobile exhibitions on drugs control; deployed widely model "no drugs and social evil in residential areas of workers"; newly built and maintained nearly 700 drugs control and social evils models for residential areas; maintained typical model of drugs control club "Youth in drugs control"; organized and maintained the operation of hundreds of youth teams on social evil control which attracted nearly 4,000 members; compiled and issued 1,300 drugs control handbooks; distributed 20,000 leaflets and 8,000 posters on drugs control; produced and distributed 1,600 documentary DVDs on drugs control.

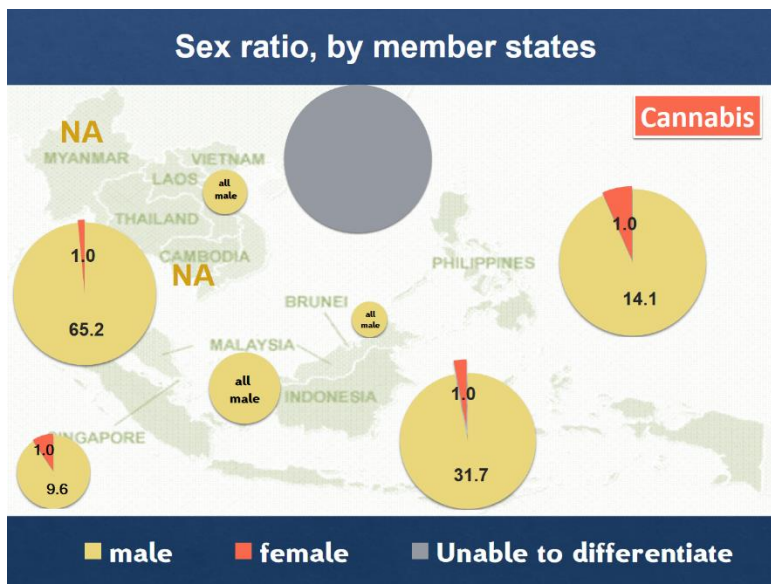
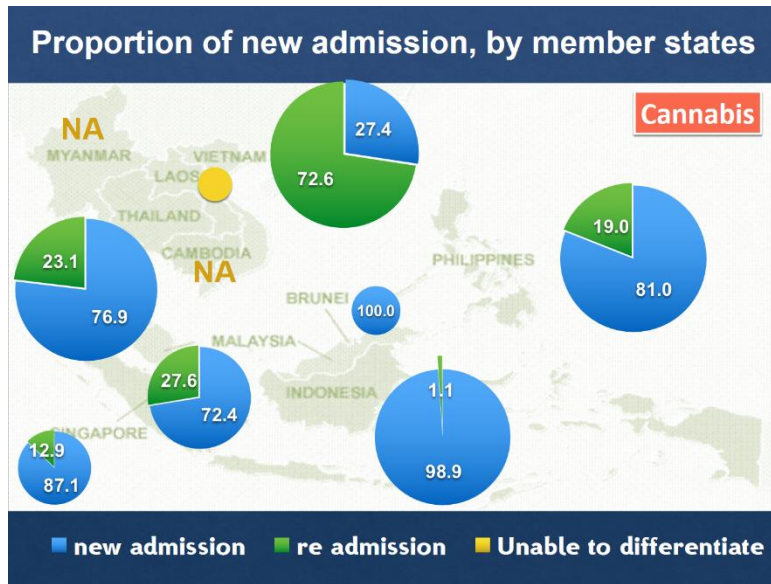
The press and media at central and local levels have published thousands of news, articles, increased the broadcasting time of the propaganda on drugs control in Height Plan of crime suppression, Action Month on Drugs control and the International Day against Drug Abuse and Illicit Trafficking, on the 26<sup>th</sup> of June.



# Chapter 3

## Major Drug Problems in ASEAN

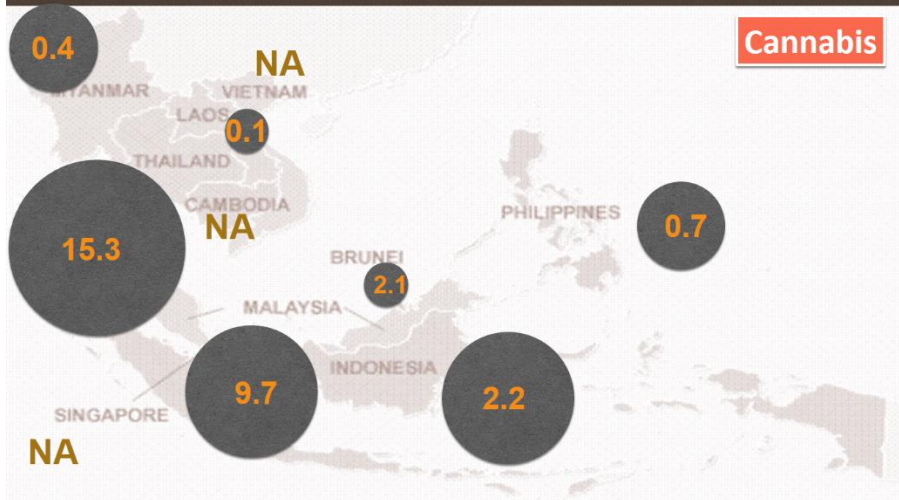
### Cannabis







## Cases by member states



Rate per 100,000 population

## Quantity seized by member states



Weight average by case (kg.)





Cannabis plants are believed to be human's oldest cultivated crops, spread to Southeast Asia since 1,000 AD<sup>2</sup>. Despite the perceived uses of Cannabis as food ingredient, traditional medicine, and recreational use by some; studies have shown the negative effects of cannabis use. The latest household survey in Thailand (2011) estimated 5.1% lifetime prevalence of the population aged 12-65 years and annual prevalence of 0.2%. Despite the prevalence rates, the number of cannabis users who access treatment services seem to be small.

According to the admission data, 8.9% of all admissions were cannabis users. In 2015, over 12,000 cannabis users accessed drug treatment. Overall ASEAN admission rate was 1.97 per hundred thousand population, ranging from 0.0004 in Lao PDR to 10.71 in Thailand. The proportion of new admission was 78.3%, ranging from 27.4% in Viet Nam to all new admission in Brunei

Darussalam. Gender ratio (male : female) of cannabis users was about 38.3:1. In Brunei Darussalam and Lao PDR, all of admissions were males. In Thailand, 30.8% of cannabis users were temporary workers while 24.7% were unemployed and 19.3% were students. About half of cannabis users aged below 25 years.

About thirty thousand offenders involved cannabis, accounted for 6.57% of all offenders in 2015. Overall ASEAN offender rate was 4.66 per hundred thousand population, ranging from 0.23 in Lao PDR to 29.31 in Malaysia. Over 16,000 cases were detected with 58 metric tons of cannabis seizure (an average of 3.48 kilograms per case). Cannabis production was reported with the total cultivation area of over 250 hectares. Quite a few traffickers were arrested with only seven metric tons in total of cannabis. Retail price in Lao PDR was the cheapest.

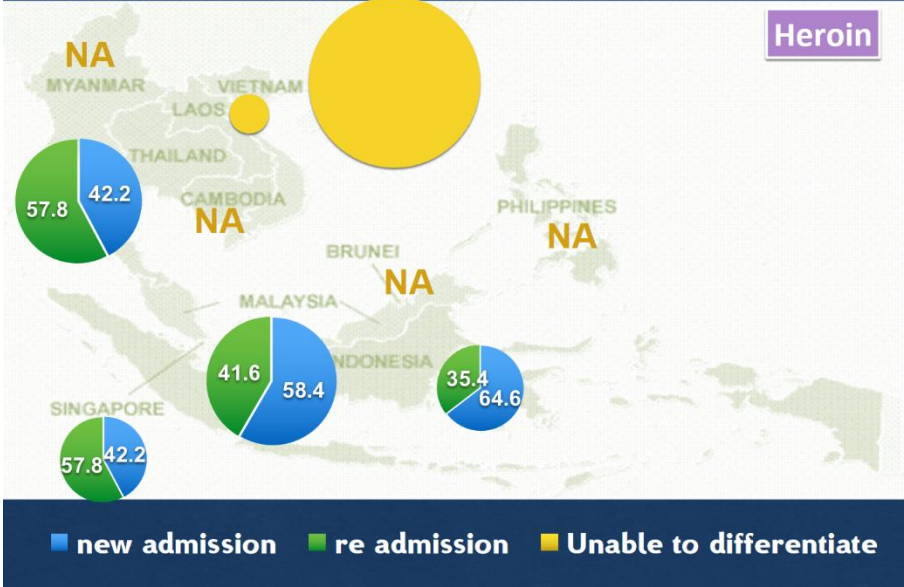
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<sup>2</sup> Warf, B. (2014). High points: An historical geography of cannabis. *Geographical Review*, 104(4), 414-438.

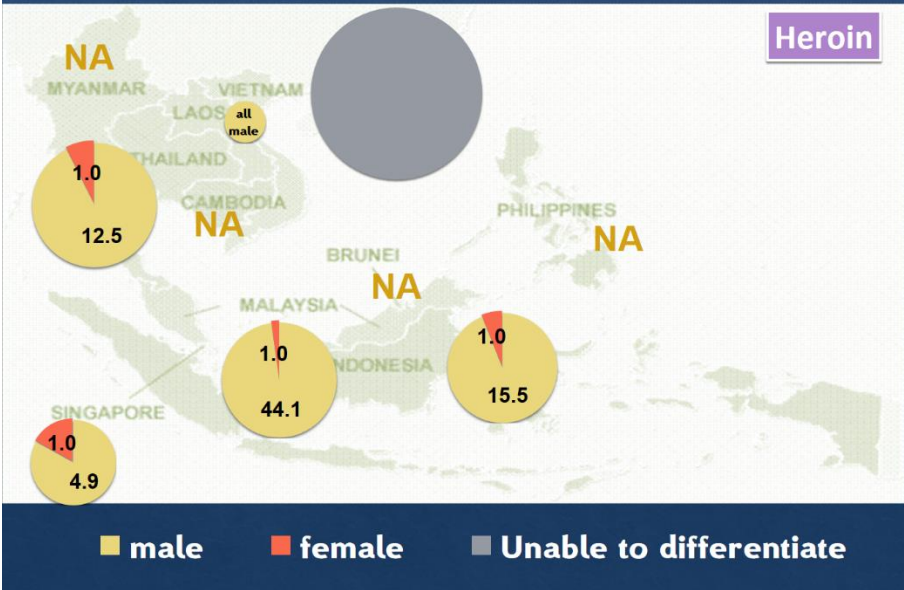


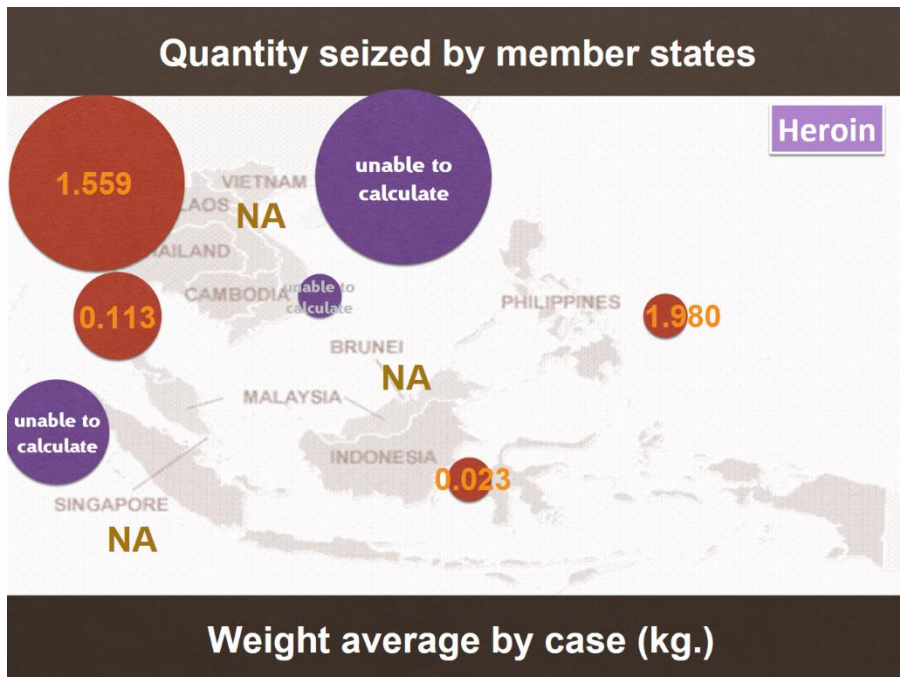
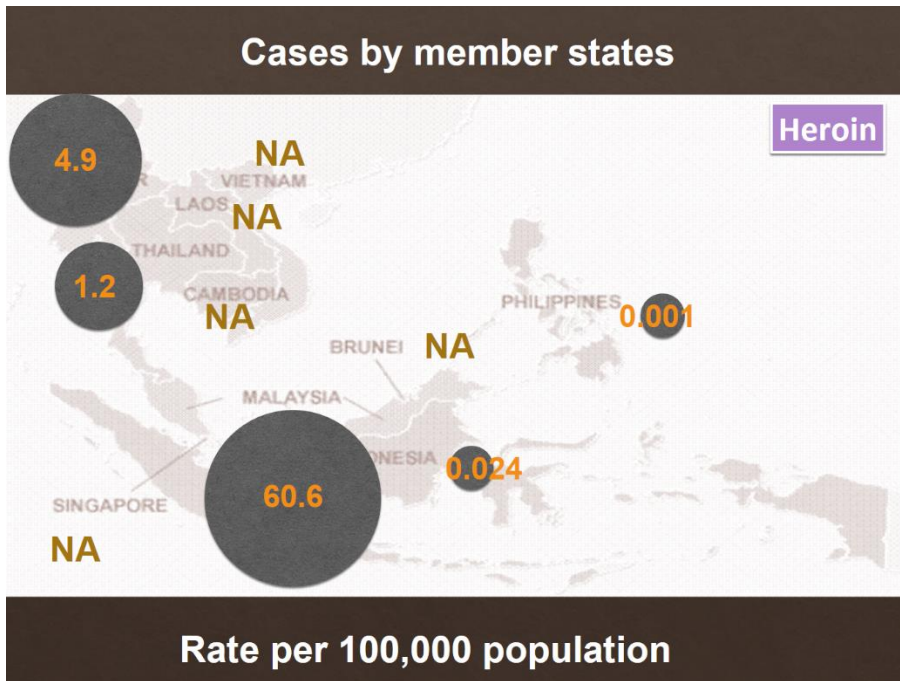
# Heroin

## Proportion of new admission, by member states



## Sex ratio, by member states







UNODC estimated the use of opiates around 0.4 %, or 16.5 million users worldwide<sup>3</sup>. Heroin (diacetylmorphine), a semi-synthetic opiate which derives from opium first synthesized in 1874, is recognized as one of the most harmful drugs. Southeast Asia (i.e. the Golden Triangle) is one of Asia's two main opium-producing areas (another area locates in Afghanistan in the Golden Crescent). It is estimated that over 70 metric tons of heroin in the world market was produced in the Golden Triangle. Heroin produced in the Golden Triangle, apart from supplying ASEAN, is also shipped to other regions.

According to the admission data, 13.9% of all admission were heroin users. In 2015, over 19,000 heroin users accessed drug treatment. Overall ASEAN admission rate was 3.06 per hundred thousand population, ranging from 0.004 in Lao PDR to 16.76 in Viet Nam. The proportion of new

admission was 31.3%, ranging from 27.8% in Viet Nam to 64.6% in Indonesia. Sex ratio (male: female) of heroin users was about 12.0:1. In Lao PDR, all of admissions were males. In Thailand, 35.7% of heroin users were temporary workers while 25.2% were farmers and 15.1% were unemployed. About half of heroin users aged between 25-39 years. About 20% of admission was injecting drug users (IDU).

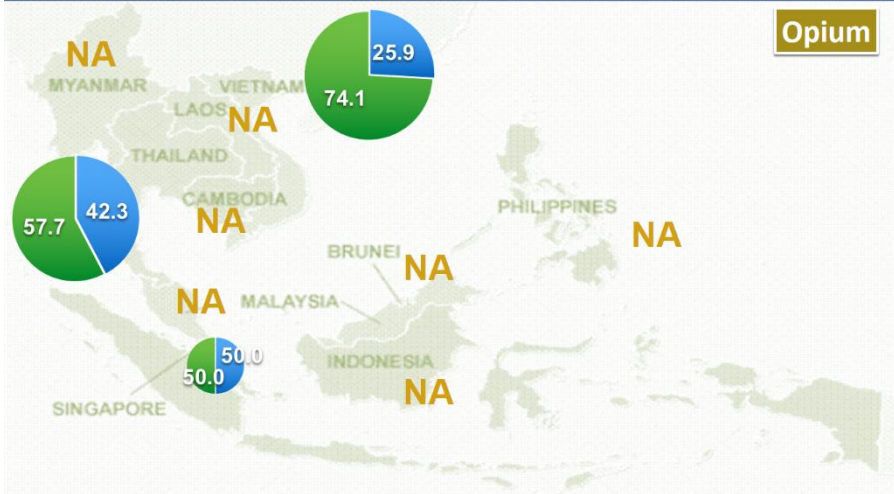
About 67,000 offenders involved heroin, accounted for 15.1% of all offenders in 2015. Overall ASEAN offender rate was 10.73 per hundred thousand population, ranging from 0.03 in Indonesia to 203.4 in Malaysia. Over three thousand cases were detected with 6.3 metric tons of heroin seizure (an average of 1.9 kg. per case). Heroin production cases were rarely reported. Quite a few traffickers were arrested with only 150 kilograms heroin in total seizure. Retail price in Indonesia was the highest.





## Opium

### Proportion of new admission, by member states

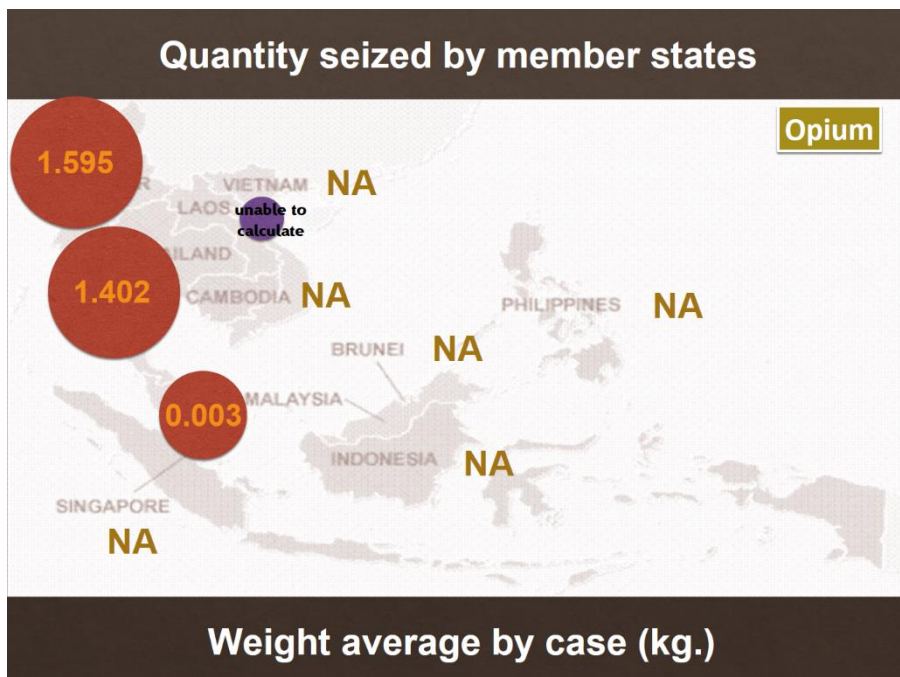
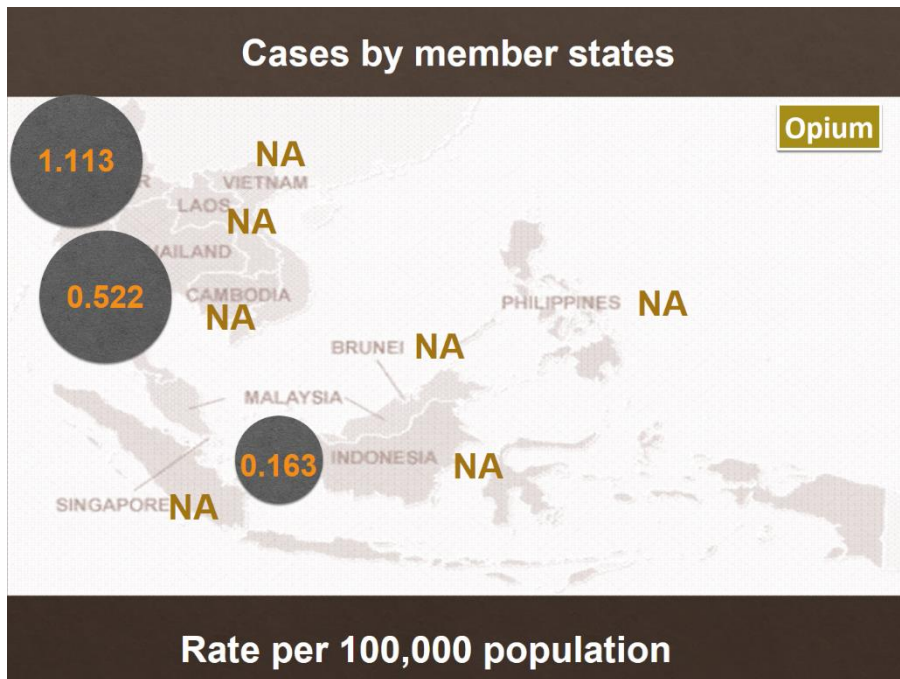


■ new admission ■ re admission ■ Unable to differentiate

### Sex ratio, by member states



■ male ■ female ■ Unable to differentiate





The opium trade in Indochina had a long history back to the early eighth century when Arab Turkish merchants first introduced opium to China. Eventually, Chinese society's dependency on opium, created a high demand that encouraged opium poppies cultivation in the Golden Triangle area. The Golden Triangle area, covering Myanmar, Northern Thailand and Lao PDR, is the second largest source of opium with an estimated overall area of over 63,000 hectares of cultivation.

According to the admission data, 3.4% of all admission was opium users. In 2015, less than 5,000 opium users accessed treatment services. Overall ASEAN admission rate was 0.74 per hundred thousand population, ranging from 0.04 in Singapore to 4.6 in Thailand. The proportion of new admission was 36.7%, ranging from 25.9% in Viet Nam to 50.0% in Singapore. Sex ratio

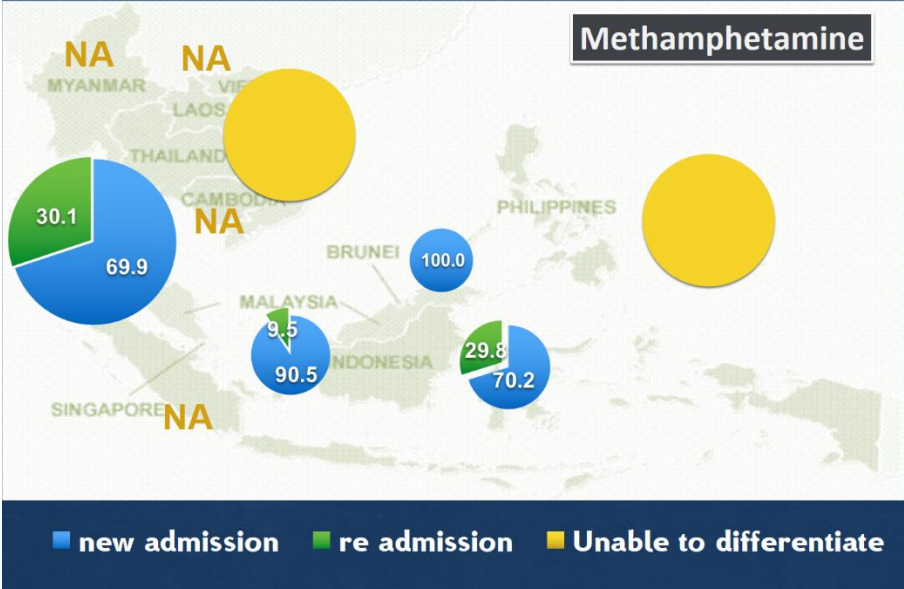
(male: female) of opium users was about 3.7:1. In Singapore, all of admissions were females. In Thailand, 59.0% of opium users were farmers while 25.1% were temporary workers and 7.5% were unemployed. About half of opium users were 40 years of age and above. About 7.8% of admissions were injecting drug users (IDU).

About 1,400 offenders involved opium, accounted for 0.31% of all offenders in 2015. Overall ASEAN offender rate was 0.22 per hundred thousand population, ranging from 0.18 in Malaysia to 1.68 in Myanmar. About 1,000 cases were detected with 1.4 metric tons of opium seizure (an average of 1.5 kg. per case). Opium production was reported with the total cultivation area of over 100,000 hectares. There was no report of arrested traffickers. Retail price in Lao PDR was the highest.

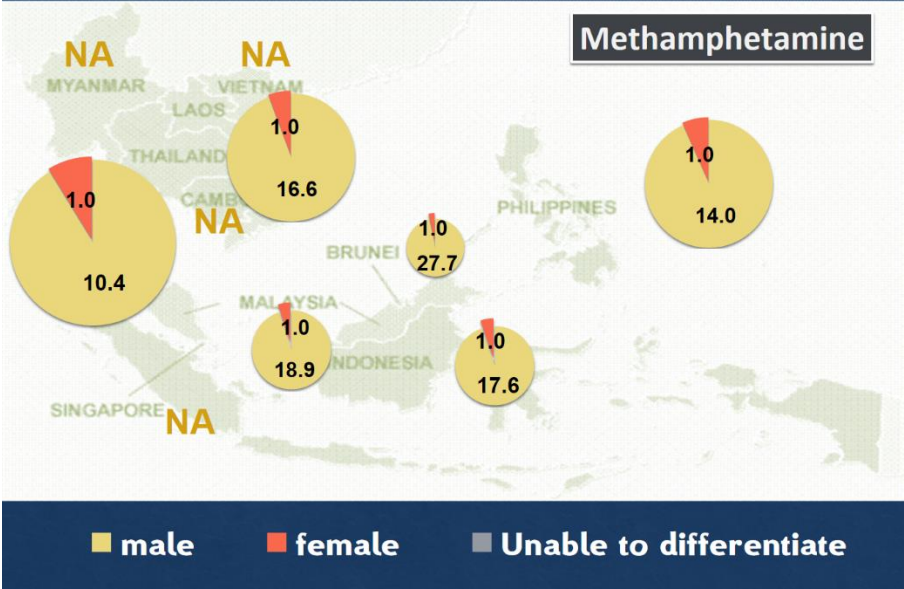


# Methamphetamine

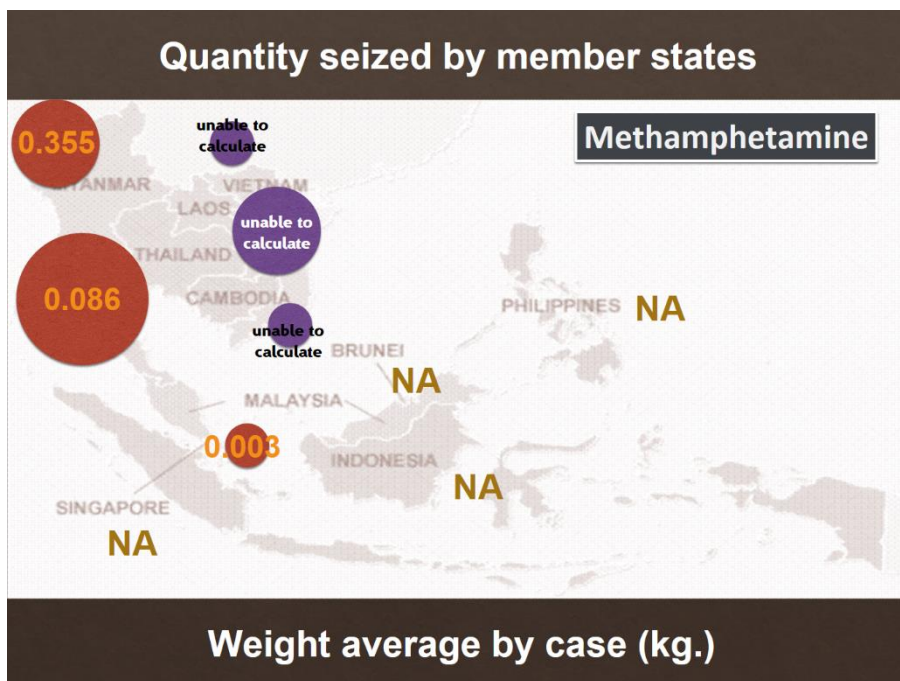
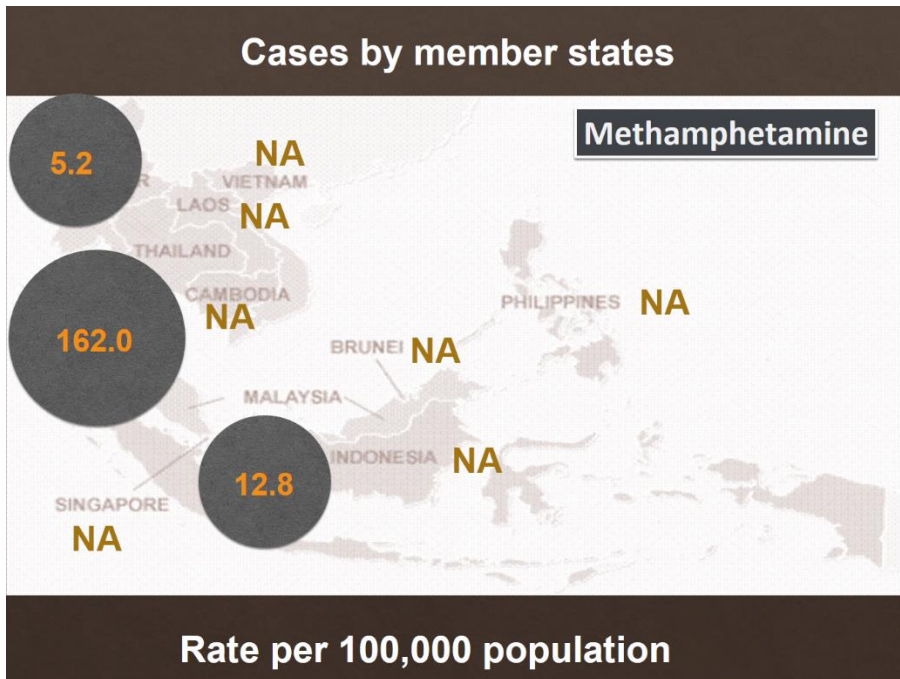
## Proportion of new admission, by member states



## Sex ratio, by member states









Amphetamine-Type Stimulants (ATS) is a group of drugs which principal members include amphetamine and methamphetamine. Users of ATS as the primary drug of use accounted for 70% of all persons in drug treatment in the region<sup>4</sup>. Methamphetamine, chemically similar to amphetamine, is a strong central nervous system (CNS) stimulant that is mainly used as a recreational drug and less commonly as a treatment, discovered in 1919. Methamphetamine seizure increased from 34 tons in 2009 to 88 tons in 2013. ATS have ranked among the top three drugs of use in Southeast Asia since 2009. In 2012, Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam reported the increased use of methamphetamine.<sup>5</sup>

According to the admission data, 63.2% of all admissions were ATS users, specifically methamphetamine tablet (yaba, tablets containing a mixture of methamphetamine and caffeine). In 2015, around 88,000 yaba users accessed drug treatment. Overall ASEAN admission rate was 13.9 per

hundred thousand population, ranging from 0.004 in Lao PDR to 121.6 in Thailand. The proportion of new admission was 63.9%. In Brunei Darussalam, all of them were new admission. Sex ratio (male: female) of yaba users was about 10.8:1, ranging from 10.4 in Thailand to 27.7 in Brunei Darussalam. In Thailand, 42.1% of yaba users were temporary workers while 16.6% were unemployed and 13.8% were students. About half of yaba users aged 40 years and above and less than 1% of admission was IDU.

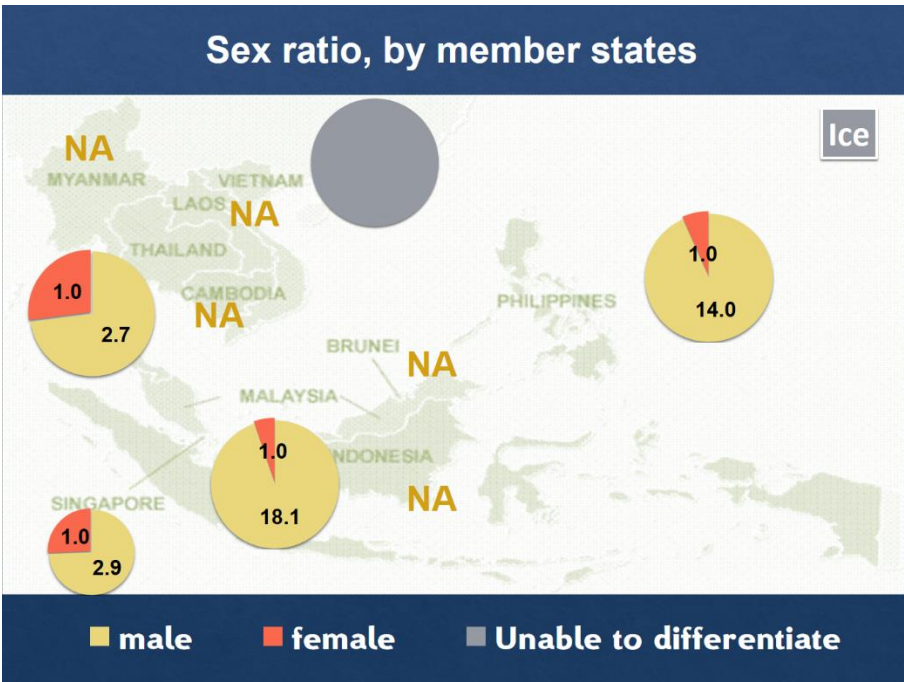
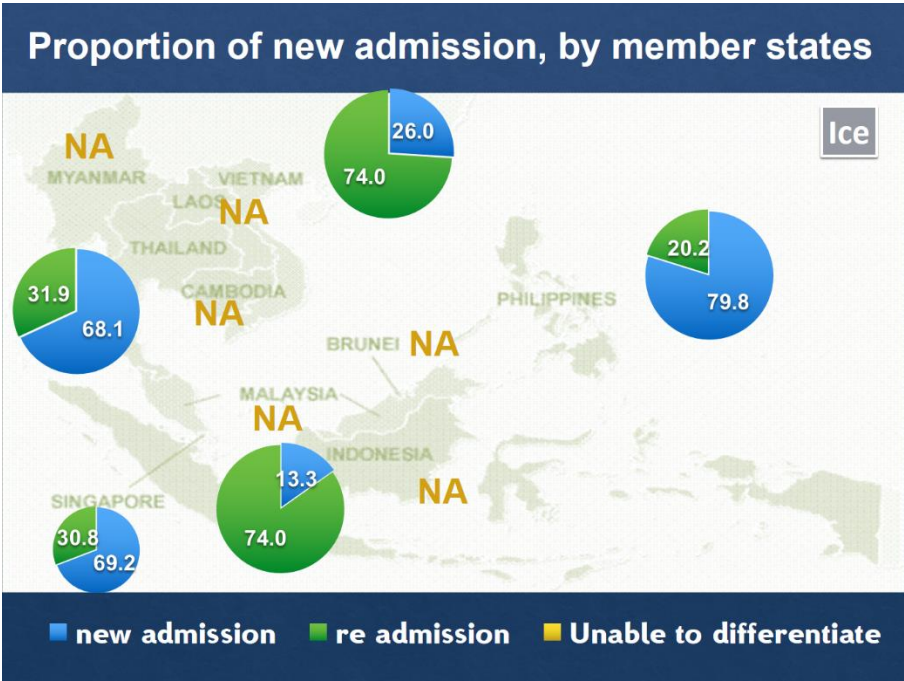
About 135,000 offenders involved yaba, accounted for 30.2% of all offenders in 2015. Overall ASEAN offender rate was 17.7 per hundred thousand population, ranging from 5.2 in Myanmar to 162.0 in Thailand. Over 100,000 cases were detected with 10 metric tons of yaba seizure (an average of 0.9 kg. per case). Yaba production cases were reported with a few production sites. Only 100 traffickers were arrested with only 468 kilograms in total. Retail price varied from country to country.

<sup>4</sup> Kozel, N. J., Lund, J., Douglas, J., McKetin, R., & United Nations Office on Drugs and Crime. (2007). Patterns and Trends of Amphetamine-Type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2006.

<sup>5</sup> Global SMART Programme & United Nations Office on Drugs and Crime. (2013). Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific 2013.

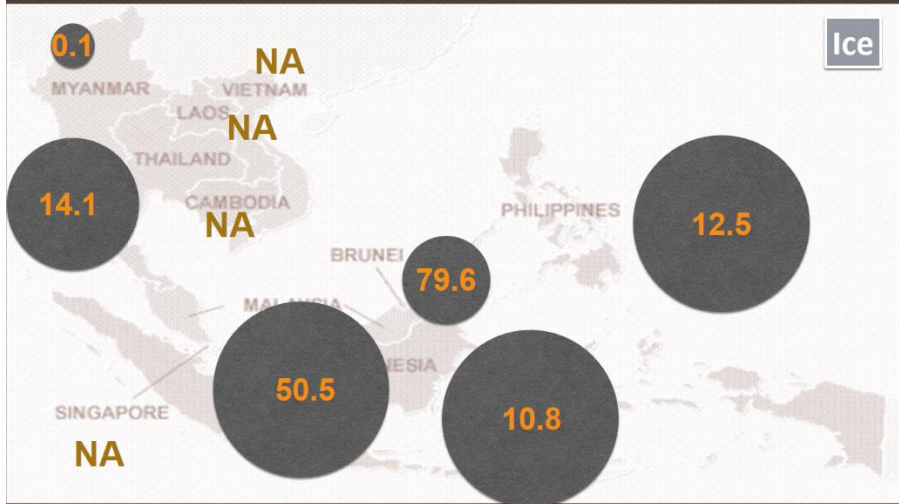


# Ice



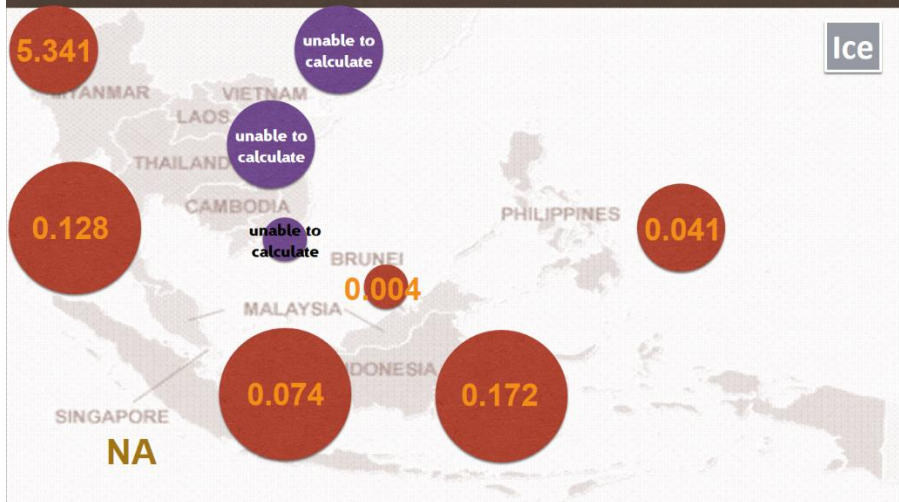


### Cases by member states



Rate per 100,000 population

### Quantity seized by member states



Weight average by case (kg.)





During the World War II, methamphetamine tablets were used to keep the troops awake. After the war, it referred to as "work pills" which were widely used while crystal methamphetamine, a white crystalline, was extensively used to reduce fatigue and suppress appetite. In the late 1960s, crystal methamphetamine became known as a dangerous drug that created substantial health threats to the users. UNODC reported that during the 2009-2013, crystal methamphetamine seizure reported in East and South-East Asia increased from 8 to 14 metric tons<sup>6</sup>.

According to the admission data, 8.7% of all admissions were crystal methamphetamine (*ICE*) users. In 2015, over 12,000 *ICE* users had accessed drug treatment. Overall ASEAN admission rate was 1.90 per hundred thousand population. The proportion of new

admission was 55.5%, ranging from 26.9% in Viet Nam to 79.8 in the Philippines. Sex ratio (male: female) of *ICE* users was about 4.9:1, ranging from 2.7:1 in Thailand to 14.0:1 in the Philippines. In Thailand, 42.0% of *ICE* users were temporary workers while 25.4% were unemployed and 12.0% were merchants. About half of *ICE* users were 40 years of age and above.

About 156,000 offenders involved *ICE*, accounted for 24.72% of all offenders in 2015. Overall ASEAN offender rate was 71.02 per hundred thousand population, ranging from 0.15 in Myanmar to 277.46 in Malaysia. Over 50,000 cases were detected with 8 metric tons of *ICE* seizure in total (an average of 0.18 kg. per case). A few *ICE* production sites were reported. Over 100 traffickers were arrested. Retail price varied from country to country.

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<sup>6</sup> United Nations Office on Drugs and Crime, World Drug Report 2015 (United Nations publication, Sales No. E.15.XI.6).





# Chapter 4

## Research Knowledge and Innovation

### Research Knowledge and Innovation: BRUNEI DARUSSALAM

#### SUPERVISION SCHEME

Supervision as an aspect of aftercare services is considered in Brunei Darussalam to be vital for the true realisation of the Rehabilitation Process. It is felt that continuous aftercare support and encouragement must

be given to the supervisees to help them reintegrate fully into the society.

The total number of supervisees registered to the Supervision Scheme is show as below:-

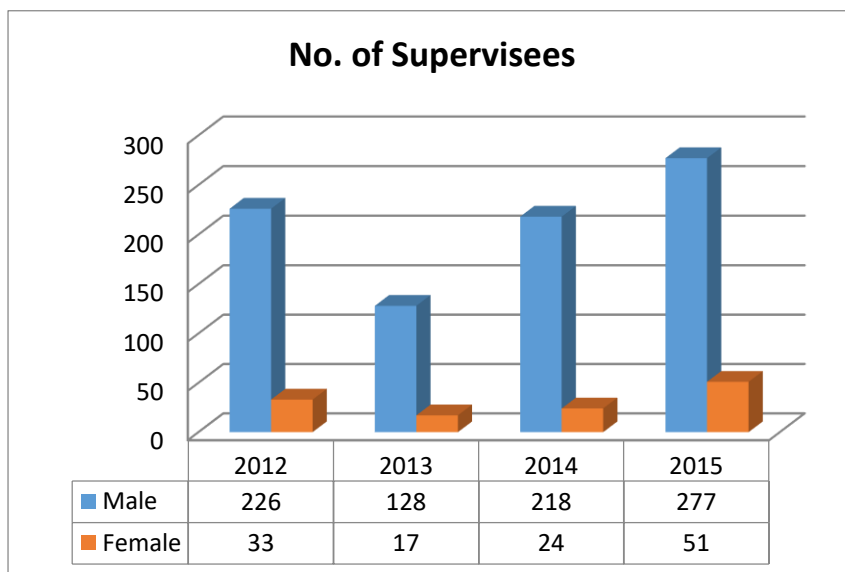


Fig. 4-1: above shows the numbers of supervisees registered to the Supervision scheme from 2012 until 2015.



By the end of 2015, there are 293 supervisees who are still undergoing supervision scheme under the Bureau.

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 NCB, the introduction of peer mentor, reformed drug abuser known as “Rakan Harmoni” group helps to motivate and further guide those drug recovering offenders through peer support group programme.

NCB also provide psych education services to the family members of the supervised, which aims to provide knowledge and assist the family members to understand the early sign of relapse and the reason behind it.

## Research Knowledge and Innovation: THE PHILIPPINES

### 2012 NATIONWIDE SURVEY ON THE CURRENT NATURE AND EXTENT OF DRUG ABUSE IN THE PHILIPPINES

This study is a collaborative research between the DDB and the Philippine Normal University. It was conducted to determine the current nature and extent of drug abuse in the country.

The survey sampled a total of 10, 752 respondents ranging from ages 10 to 69 years old, identified through a proportional sampling. A total of 256 sites served as study areas. Multi-stage sampling technique was employed in selecting the study sites which

included 17 regions, 43 provinces, 42 capitals, 86 municipalities/cities, 137 urban and 119 rural barangays. The data gathering was conducted from the end of October 2012 to March 2013.

Based on the study, it was estimated that there could be 1.3 Million current drug users. The estimate was derived using the 2012 NSCB projected population aged between 10-69 which were 72, 735, 094.





## Research Knowledge and Innovation: SINGAPORE

### THE TASK FORCE ON YOUTHS AND DRUGS (TFYD)

The Task Force on Youths and Drugs (TFYD) was convened in November 2014 to:

- Review the current drug abuse situation among youths and young adults;
- Evaluate the current range of measures from preventive education to detection, enforcement, counselling and rehabilitation; and
- Recommend strategies to strengthen our approach to tackle drug abuse among youths and young adults.

The Task Force has completed its review and announced its recommendations in June 2015, which covered the following areas: targeted prevention, upstream intervention for young abusers and engaging the community. In its review, the Task Force commissioned a research team of psychologists from the Home Team to conduct an in-depth study on young abusers.

#### Methodology

The study was conducted from December 2014 to April 2015 and used both quantitative and qualitative research methods. 700 participants aged 12 to 29 years old, comprising 237 abusers and 463 non-abusers, were surveyed. Participants completed a set of questionnaires that measured the risk and protective factors of drug abuse and their perceptions towards preventive education. The research team

also conducted individual case history interviews with 28 drug abusers to obtain a richer understanding of the factors affecting drug abuse and prevention. The team arranged 18 Focus Group Discussions (FGDs) involving 109 non-abusers to understand their perceptions and thoughts on drug abuse and also their views on the current preventive education efforts.

The research team completed two literature reviews on local and international studies about the risk and protective factors for youth drug abusers, and the best practices on preventive education in other countries.

#### Main findings

The main findings from the study were:

*Finding 1: Cannabis and “Ice” abusers have different profiles.*

The research team identified that the profile of cannabis abusers differed from the other young abusers, who mainly abused methamphetamine or “Ice” (“Ice” abusers). The group of cannabis abusers was more ethnically diverse comprising 34% Chinese and 30% Malays, as compared to “Ice” abusers which comprised 24% Chinese and 66% Malays. In addition, the cannabis abusers came from either middle or high Socioeconomic Status (SES) households, while about half of the “Ice” abusers came from households with low SES.



*Finding 2: Cannabis abusers are similar to non-abusers in that they have strong family support and perform well academically.*

Both cannabis abusers and non-abusers cited that they had strong family support during their teenage years, as they indicated that they had closer parental supervision, as compared to “Ice” abusers. Similar to non-abusers, a low proportion of cannabis abusers had parents with drug use history. A high proportion of cannabis abusers and non-abusers did well academically at school.

*Finding 3: Cannabis abusers and “Ice” abusers have peers who abuse drugs and exhibit poorer discipline in teenage years.*

The presence of drug peers was a key factor that differentiated drug abusers from non-abusers. While curiosity might have sparked the initial thought of drug use among some youths, it was the access to drugs that contributed to drug initiation. Hence, a youth who has easy access to drugs will have a higher chance of drug use as compared to a youth who does not, even though both may be curious about drugs. Based on the study, both groups of drug abusers (cannabis abusers and “Ice” abusers) had drug peers which provided access and opportunity for drug initiation. We also noted a difference in terms of the source of drugs peers. “Ice” abusers were usually introduced to “Ice” by their neighbourhood friends while cannabis abusers were usually introduced to cannabis by their school friends.

In terms of early problem behaviour, both groups of abusers had a high incidence of underage smoking. The study also showed that both groups of abusers were more likely to have disciplinary issues in schools, such as truancy, and prior arrest records, compared to non-abusers.

*Finding 4: Cannabis abusers were influenced by social media and perceived that cannabis was less harmful and addictive.*

Cannabis abusers attributed their cannabis use to the media’s influence. A larger proportion of cannabis abusers cited media celebrities as a reason for drug initiation as compared to “Ice” abusers and non-abusers. The rise in the use of social media has also facilitated the dissemination of inaccurate information regarding cannabis use. Similarly, compared to “Ice” abusers and non-abusers, a larger proportion of cannabis abusers cited influence from what they read on the Internet as a reason for cannabis initiation.

The study found that cannabis abusers tended to perceive that cannabis was less harmful and addictive than tobacco. Cannabis abusers also showed a lack of regard for the legal consequences of cannabis use. They were convinced by the media and Internet that cannabis was not harmful and that Singapore’s laws are too strict. Cannabis use was also generally not frowned upon and this social acceptance of cannabis use was observed not only among cannabis abusers but also among “Ice” abusers and non-abusers.



*Finding 5: Non-abusers were deterred from abusing drugs by the legal and health consequences, and the lack of access to drugs in the community.*

The research team identified two factors that deter non-abusers from experimenting with drugs. First, non-abusers considered the legal and health consequences of abusing drugs. They were deterred by their perceptions of the harsh regimes that abusers faced when they were arrested and potential health risks. Second, even if non-abusers had expressed curiosity regarding experimentation with drugs like cannabis, they generally felt that the lack of access to drugs in the community had prevented them from seeking drugs out. They felt that drug use was very uncommon as they were not exposed to such activity from the interactions with their peers. This was in contrast to abusers, where they perceived drug abuse to be widespread and common among youths, having access to drugs through their peers.

*Finding 6: More engaging and targeted preventive drug education programmes are required to enhance the effectiveness of outreach efforts.*

Youths perceived that the current preventive education efforts, while useful, are repetitive and too generic. They suggested that the programmes be changed to better engage youths. For example, ex-abusers could share their life stories as personal narratives from ex-abusers could be a powerful and impactful way of delivering the anti-drug message.

Other suggestions were to incorporate the preventive message as part of the school curriculum where students could discuss drug abuse issues during civics education classes. Youths also suggested involving them in the development of preventive education programmes so that they could provide feedback on how to reach out more effectively to their peers.

Youths acknowledged that inculcating an anti-drug culture is not the effort of just one agency but is best accomplished through a joint approach by various stakeholders, such as parents, educators in schools and government agencies. They also felt that preventive education should be age-appropriate and tailored to the developmental needs of different age groups. For example, preventive education in primary school should focus on inculcating the harms of drug abuse and enhancing pro-social bonds within the family. For secondary school students who could be influenced by peers and the media, focus should be on helping them build skills to resist negative influences. At post-secondary levels, the development of the self becomes crucial and preventive education should focus on guiding youths to make sound and informed decisions for themselves and their future.

## Conclusion

The study has provided insights on the issue of youth drug abuse and highlighted risk factors that can be addressed through home, school and community initiatives.



## Research Knowledge and Innovation: THAILAND

### SIZE ESTIMATION OF INJECTING DRUG USERS THROUGH THE NETWORK SCALE-UP METHOD IN THAILAND

#### Background

Hard to reach population such as injecting drug users (IDU) is one among the most at risk for HIV infection in Thailand. This study examined an indirect method for estimating the size of IDU population in Thailand.

#### Methods

A household survey was conducted among 3,790 individuals who were 12-65 years old with at least 3 months stayed in the sample households. Through reference groups and summation procedure, the personal network size was estimated. The participants were asked to identify the number of their acquaintances whom they perceived to be IDU. Using the survey result with the network scale-up method, IDU population size was estimated.

#### Findings

The personal network size was estimated to be 71,000 IDUs. The estimated prevalence for total population in Thailand was 110 IDUs per 100,000 population.

#### Conclusions

The results of this study using network scale-up methods in estimating the number of IDU in Thailand was evidence based. In general, size estimation through network scale-up method appears to be an effective approach from the perspectives of rapidity, simplicity, and low cost. Using frequent and thorough size estimation of key hard-to-reach populations (such as IDUs in Thailand), more-effective and targeted policies could be formulated.

#### What this study adds

Regarding IDUs estimation, the Asian Epidemic Model is currently used by the Ministry of Public Health. However, the model used existing registration and experts' opinion to generate the figure which is still controversial on its validity.

This study introduces survey data to better estimate the size of IDUs in terms of validity and acceptability.



# Chapter 5

## Policy and Implementation Program

### Policy and Implementation Program: BRUNEI DARUSSALAM

#### TREATMENT AND REHABILITATION

With effect from 1 February 2008, His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam has consented for Narcotics Control Bureau to take over the management of Rumah Al-Islah from the Prison Department; after 18 years of being under the purview of the Prison Department. This has allowed NCB to closely monitor the development and the effectiveness of the programmes carried out by the centre.

Al-Islah Treatment and Rehabilitation Centre is the only approved treatment and rehabilitation of drugs centre in Brunei Darussalam which adopts the Psycho-social model focusing on behavioral changes through Therapeutic Community Program, spiritual therapy, life skills and vocational training.

The centre adopts Therapeutic Community (TC) as the treatment model 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 emphasizes on family responsibility which encourages behavioural shaping and management, emotional and psychological support, intellectual and spiritual support as well as vocational and survival skills.

In the Therapeutic Community (TC), residents are under close supervision by the mayor (identified reformed drug user) and monitored by the respective personnel. The 4 structures of the programme include the following:

- i. Behavioural change;
- ii. Emotional and psychology;
- iii. Intellectual and spiritual; and
- iv. Vocational and life skills.



In early 2012, a new provision 'Temporary Released Scheme' was introduced. The scheme is a transitional phase for residents prior their release from the centre. It aims to gradually prepare residents psychologically to be integrated in the community. Temporary release 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.

Al-Islah Treatment and Rehabilitation Centre is actively seeking networking with government and non-government organization, small and medium entrepreneurs to support residents in finding and securing employment for residents.

The role of family is vital in support for recovery process of residents. The centre is delivering its services by psycho-educating family members through family visits, social gathering with family at the centre and encouraging regular open family visits with residents.

In 2015, Al-Islah Centre had a total of 170 residents of which 153 of the total residents were males (90%) and 17 residents were females (10%), who were undergoing rehabilitation and treatment. 94% of the residents used Methyalmphetamine as their choice of drug abuse. A staggering number of 55% of the residents were those who were unemployed. A total of 148 residents were admitted for the first time to undergo treatment and rehabilitation at Pusat Al-Islah Centre.

Throughout 2015, Al-Islah Centre has received a total of 104 new residents, whereby 47% were admitted through Minister Order who failed their urine test while undergoing supervision scheme. 22% were admitted through court order and 31% of the admissions were on voluntary basis. At the same time, Al-Islah Centre had recorded 134 residents who successfully completed their rehabilitation and treatment programme in the centre.



## Policy and Implementation Program: INDONESIA

### DRUG DEMAND REDUCTION PROGRAMS IN INDONESIA

In 2015, BNN has done pilot project of drug prevention intervention for 5 target groups: family, community, health sector, school and work place in Jakarta. This intervention is an implementation of the International Standard on Drug Use Prevention by UNODC. BNN also adapted the International Standard on Drug Use Prevention into National Standard on Drug Use Prevention as guideline for prevention worker in Indonesia. In November 2015, BNN held Workshop on Family Based Prevention and was participated by 40 (forty) prevention workers. The goal of this Workshop is to develop the capacity of program coordinators and prevention workers from all province and region in Indonesia in implementing evidence-based family interventions.

Theme for Drugs Prevention Program in 2016 is STOP NARKOBA (Stop Drugs). BNN has several programs with 4 targets: Family, School, Workplace and Community. For family – based prevention, we hold workshop and seminar for moms. The participants for these programs come from women organization, with expectation they will transfer knowledge and skills from these programs to society around them. For school-based prevention, our programs are Salam Pagi (morning meeting) and interactive talk show. For community – based prevention, we have programs such as seminar and training for trainers collaborated

with non-government organization that engaged in drugs abuse prevention.

Besides those programs, BNN also collaborated with media for dissemination information nationwide scale. We collaborated with national newspapers, television and radio. We also have social media to attract youth and to reach wider audience. We are planning to make Drug Abuse Prevention Guideline for family, early childhood education, primary school, secondary-high school, Islamic boarding school, family and 5 religions.

Indonesia has regulation for ministry, government institution/ board and also in all provinces in Indonesia to allocate their budget for drug prevention program in their institution.

To support treatment and rehabilitation programs, BNN has 4 treatment centers: Lido, West Java; Baddoka Makasar, South Sulawesi; Tanah Merah, East Kalimantan; Batam, Riau Islands, North Sumatra and Lampung province. Based on a study by BNN in cooperation with Health Research Center, University of Indonesia entitled National Survey on Drug Abuse Prevalence among Households the drug abuse prevalence in Indonesia has reached 2.18%, or approximately 3.8 to 4.1 million people have ever consumed drugs in the past year (current users) in the age group of 10-59 years.





The study also shows almost half the numbers of households have sought treatment (42%) to get free from the influence of drugs. However, the proportion among boarding households is smaller (18%). The tendency of seeking treatment has increased from 29% (2005) to 42% (2015). The proportion in the city in seeking

access to treatment is greater than in the district. Even one-third of the drug abusers in the general household have sought treatment services. Most of the drug abusers practiced abstinence (39%), followed by medical detoxification (18%) and non-medical detoxification (14%).

## Policy and Implementation Program: LAO PDR

### COUNTRY OUTSTANDING PREVENTIVE IMPLANTED IN LAO PDR

To implement the drug control and prevention plan in the past year, we have paid attention to some main priorities as follows:

➤ Development of Drug Control Master Plan based on the Vision to the Year 2030, the Strategic Plan to 2025 and 5-year Drug Control Master Plan to the Year 2020. This Drug Control Master Plan was officially approved by the Government recently. Attention has been made to awareness raising and information dissemination in different forms to create awareness amongst people in the society to acknowledge and understand the rule of law and to understand the danger of drugs. A number of people of all ethnicities have been mobilized to participate in drug control and prevention.

➤ To stop the illicit opium poppy cultivation and address the poverty of the people, the concerned sectors have coordinated with various public and internal and external private sectors. Attention has been made to the implementation of the rural development project in the Northern provinces to help thousands of families that used to grow opium by shifting to alternative legal occupations. We paid attention to drug addict treatment in drug treatment and habitation centers, hospitals, community-based treatment and family levels in order to help drug victims to normalize their health. In addition to the physical and mental treatment, about 3,000 to 4,000 patients/times were also provided with basic vocational training. This is to provide them with job opportunities after reintegrating to their families.



➤ Each locality has actively paid attention to the implementation of the drug-free village development plan. Up to now, drug-free villages cover 67% of the total villages throughout the country. Drug-free schools cover 69% of the total secondary schools. The drug-free families, villages, education institutes and communities have contributed to the reduction of drug use to a certain extent.

➤ Police officials have cooperated with concerned sectors at different levels to carry out their function with high responsibility. This could be seen from the crackdowns in 2015 of 2,258 cases, arrests of 3,346 suspects, 555 of which were females and 90 foreigners, seizures of 6,331,692 tablets of Methamphetamine (ATS), 134.84 kg. of heroin, 51.61 kg. of raw opium, 3,258 kg. of dried cannabis, 141.90 kg. of Crystal Amphetamine (Ice), 4,372 kg. of powder for mixing and producing drugs. In addition, vehicles, weapons and other equipment's were also seized.

As we know that illicit drugs are a common problem in the region and in the world, international cooperation, especially with the neighboring countries and ASEAN Members States to share lessons and data and information has been highlighted. These countries hosted regular meetings at national and local levels on the rotational basis. We participated in the implementation of a drug control related crime project jointly with five bordering countries. In the previous year, we have cracked down many cases, with a quite high number of arrests, seized drugs, chemical precursors, vehicles, equipment and weapons. Last year achievements in the Lao PDR were made due to a close guidance and leadership from the Government and due to a strong determination with a high sense of responsibility of different sectors and active participation by the people of all strata in the society. Moreover, friendly countries and International Organizations also provided support, funding assistance, data and information sharing, necessary materials and equipment.



## Policy and Implementation Program: MALAYSIA

### PREVENTIVE EDUCATION

Since 2014, NADA has implemented a new approach in order to deliver a better service to the public. The approach is **focused prevention programs** which focus on drug education as well as the concept and context for the promotion of health and well-being as a major outcome of drug prevention. Drug prevention is seen within a context of addressing the factors that can contribute to a person abusing drugs.

Focused prevention measures are planned and conducted at the selected high risk areas with the cooperation of local community to tackle problems according to the needs of that particular area. This approach is in accordance with NADA Act 2004 section 6 (g): to educate the public against dangerous drugs and 6(h): to seek and foster public support in combating drug misuse.

The objectives of the new approach are as follows:

➤ Implementation of prevention programs will be conducted by the local community in which the agency would be a reference to a strategic and/or smart partner in matters related to drug problems in high risk areas;

➤ Drug prevention programs will be implemented in areas classified as high-risk areas and the frequency of the programs depends on the action plan determined by the executive committee of prevention programs; and

➤ The main purpose of the program implemented is to achieve outcomes based on predetermined indicators.

Focused prevention program approach is designed based on the local profiling information which is determined by the State Director, taking into account the following factors:

- i. Number of people under police supervision (drug abuse related cases) in that area
- ii. Crime rates
- iii. Number of complaints
- iv. Number of new drug users
- v. Settlements and economics

The new approach NADA implementing now can be labelled as a comprehensive, cultural sensitive and a well-planned drug abuse prevention plan which involves young people and includes community-wide prevention activities. Methods and activities addressed multiple domains: individual, peer, family, school, community and society as well as multiple risk factors that were taken into consideration in the planning of focused prevention programs. As in June 2015, 177 of risky areas and 178 high risk areas have been recognized.

As of 2015, NADA still maintained the implementation of various programs to the recognized target groups such as risky family, youth, students and community. As in June 2015, about 1,753 programs have been implemented for drug – free learning institution; 291 drug – free family programs; 515 drug – free community programs; and 72 drug – free workplace programs.



## Policy and Implementation Program: MYANMAR

### IMPLEMENTING OF DEMAND REDUCTION

**1. Activities on educating the students and youths:** Tasks on dissemination of drug education to students and youths are being implemented mainly by the Committee for Educating the Students and Youths (Ministry of Education). The tasks are inclusion of the danger of narcotic drugs in the school system, holding talks, exhibitions, and competitions on raising the awareness on the danger of narcotic drugs. Training courses and multiplier training courses on the danger of narcotic drugs and related adverse effects of drug abuse are being held for the teachers.

**2. Drug Education for the General Public:** Tasks on drug education for the public are carried out mainly by the Mass Media Information Committee. The tasks include broadcasting talk shows on the radio and TV, printing drugs related articles, paintings and cartoons in the newspaper, journals and magazines.

**3. Educational Tasks Implemented for out of School Youths:** The non-governmental organizations (NGOs) like Myanmar Anti-Narcotics Association and different levels of Committees on Narcotic Drugs Control are implementing tasks on education for out of school youths.

**4. Implementing Tasks on Drug Treatment:** Drug addicts are being treated by the Drug Treatment Committee (Ministry of Health). There are 26 Major Drug Treatment Centers, 47 Minor Drug Treatment Centers and three Youth Training Centers operated by the CCDAC. Moreover, tasks are being implemented in cooperation with INGO, for reducing the incidence of HIV infection caused by intravenous injection of narcotic drugs.

**5. Implementing of Tasks on Rehabilitation:** Rehabilitation of the detoxified drug addicts are being implemented mainly by the Rehabilitation Committee of the Ministry of Social Welfare, Relief and Resettlement. So that the detoxified drug addicts are able to reintegrate into the society, counseling for their livelihood, skills such as handicrafts are taught to those addicts.



## Policy and Implementation Program: THE PHILIPPINES

The Dangerous Drugs Board has a range of educational programs and services designed to address the needs of every sector of the society. The followings are the outstanding drug prevention activities implemented in the Philippines:

### SCHOOL-BASED

Designed to address the drug problem and instill drug abuse prevention practices among students in school settings. Programs falling under this category include Self-Discovery Seminar for Kids, Barkada Kontra Droga (Peer Group Against Drugs), Life Skills Enhancement Training on Drug Abuse Prevention, Drug Abuse Resistance Education, Seminar on Drug Abuse Prevention Program for Scout Masters and Scout Leaders, Campus Tour on Drug Abuse Prevention for Kids, National Youth Congress on Drug Abuse Prevention Education, and the Seminar-Workshop for College Student Leaders on Drug Abuse Prevention Education.

### COMMUNITY-BASED

Implemented to help the community to convene and address the drug problems on multiple levels, from grassroots to higher tier. Programs include Life Skills. Enhancement Training on Drug Abuse Prevention Education, Seminar on Integration of Drug Abuse Prevention and Treatment in the Primary Healthcare Program, Drug Abuse

Prevention Program for Out-of-School-Youth, Orientation-Seminar on Drug Abuse Prevention for Faith-Based Organizations, Seminar for Pharmacists, Doctors and Allied Professionals, Drug Abuse Prevention Seminar for Transport Groups, and the Seminar-Workshop on the Dangerous Drugs Law for Judges, Prosecutors and Law Enforcers.

### WORKPLACE-BASED

Under the Dangerous Drugs Law, RA 9165, government and private companies with at least ten or more employees are mandated to establish The Drug-free Workplace Program which includes components such as formulation of the drug-free workplace policy, advocacy, capacity-building and drug testing. This program is in collaboration with the Department of Labor and Employment for the private sector and the Civil Service Commission for the government sector.

### FAMILY-BASED

The Family Drug Abuse Prevention Program is intended to make parents appreciate their roles in drug abuse prevention and control. Programs under this are the Seminar-Workshop on Systematic Training for Effective Parenting and the Parent-Youth Resource against Drug Abuse.



## Policy and Implementation Program: SINGAPORE

### PREVENTIVE DRUG EDUCATION & COMMUNITY OUTREACH

Preventive education and enforcement remain key strategies in our fight against drug and inhalant abuse. In 2015, CNB continued to actively spread the anti-drug message through its Preventive Drug Education (PDE) outreach and collaboration with the National Council Against Drug Abuse (NCADA) and community partners. PDE is Singapore's first line of defence against youth drug abuse. The following are some of the key activities and programmes organised in 2015:

#### Anti-Drug Abuse Campaign 2015

CNB commemorated the 20<sup>th</sup> anniversary of the Annual Anti-Drug Abuse Campaign in 2015 with a two-day Anti-Drug Abuse Carnival held on 26 and 27 June 2015 at the Suntec City Convention Hall. The event was jointly organised by NCADA and CNB, in collaboration with Singapore Polytechnic's School of Architecture & the Built Environment. A highlight of the event was a special 20<sup>th</sup> anniversary photo and timeline exhibition, which showcased the joint anti-drug abuse efforts of the community and Government since 1995. A PDE mobile game app, *Nelzon*, which was developed with Nanyang Polytechnic's School of Interactive and Digital Media, was also launched at the event. Another interesting feature was the interactive media wall, where participants

projected their anti-drug pledges using their mobile devices.

The annual anti-drug dance competition, Dance Works!, was held in conjunction with the Anti-Drug Abuse Campaign. A total of 16 teams, comprising primary school students and youths aged 13 years and below, competed for the Category I Championship title, while 18 teams made up of secondary school students and youths aged 14 to 25 years old competed for the Category II championship title. They performed varied routines, from hip hop to contemporary dances, under the theme, "Dance for a Drug-Free Singapore!".

#### Appointment of Jackie Chan as Singapore's First Celebrity Anti-Drug Ambassador

To further spread the anti-drug message among youths, international celebrity Mr Jackie Chan was appointed as Singapore's first celebrity anti-drug ambassador on 7 May 2015. Together with then-Second Minister for Home Affairs, Mr Masagos Zulkifli, Mr Chan launched a new anti-drug mobile game application, *Aversion*. Developed by students from the Nanyang Polytechnic's School of Interactive and Digital Media, the game aimed to educate youths on the harms of drugs in a fun and interactive way.



## Task Force on Youths and Drugs Recommendations

The Task Force on Youths and Drugs (TFYD), co-chaired by then-Second Minister for Home Affairs, Mr Masagos Zulkifli, and then-Minister of State for Education, Ms Sim Ann, convened in November 2014. The TFYD released its findings and recommendations in the following key areas: targeted prevention, upstream intervention for young abusers and community engagement on 26 June 2015. One of the TFYD's recommendations was to develop a toolkit for key direct influencers (parents, educators, counsellors and NS Commanders) to equip them with the knowledge and skills to influence and guide youths away from drugs.

CNB had developed and launched the PDE toolkit for educators and youth counsellors, in consultation with the Ministry of Education at the ACT! Conference on At-Risk Youths on 4 November 2015. A softcopy of the toolkit is available on CNB's website<sup>7</sup>. CNB is working with the Singapore Armed Forces (SAF), SPF and Singapore Civil Defence Force (SCDF) to adapt the toolkit for NS Commanders to raise their awareness about drugs<sup>8</sup>. An updated information brochure and handbook for parents will also be launched in mid-2016, followed by a handbook for parents in the second half of 2016.

Arising from the TFYD's recommendation to enhance PDE efforts at post-secondary levels, CNB has identified the Health Promotion Board (HPB) as a key stakeholder. The Bureau is working with them to leverage their existing platforms such as wellness programmes, to reach out to older youths. This includes outreach through HPB's 'Live it up' Choices programme<sup>9</sup> and sharing of PDE articles on HPB's online portal and mobile app *HealthHub*. CNB is also working with HPB to revamp the Addiction Alley<sup>10</sup>, which will feature updated exhibits on the harmful effects of drug and inhalant abuse.

## Continuing Preventive Drug Education Efforts against Drug Abuse

To spread the anti-drug abuse message, CNB conducted 575 anti-drug and inhalant abuse programmes and activities (including talks, exhibitions, skit performances, road shows, etc.) in 2015. CNB worked with schools to conduct assembly talks and workshops for students, to warn them of the dangers of drug abuse. CNB also produced two new versions of the Anti-Drug Ambassador Activity (AAA) booklet<sup>11</sup> for Primary 4 and Primary 5 students, which incorporated key learning values<sup>12</sup>.

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<sup>7</sup> The resource toolkit can be found at this link: <http://www.cnb.gov.sg/cnbpde/parents/resource-package/default.aspx>

<sup>8</sup> Due to be completed in 2016, the toolkit will also include case studies, a disciplinary framework, helplines and incident management tips.

<sup>9</sup> The 'Live it Up' Choices programme is an interactive health & lifestyle mass talk targeted at tertiary students.

<sup>10</sup> The new Addiction Alley was revamped to provide visitors with a more engaging learning experience. The use of

interactive exhibits and games seeks to engage the visitors and create an immersive experience in their learning of the dangers of drug/inhalant abuse. The new Addiction Alley will be launched in April 2016.

<sup>11</sup> The Anti-Drug Ambassador Activity is an anti-drug activity booklet with a range of interactive tasks to educate students on the dangers of drug abuse. Parents or teachers can use it to engage upper primary students.

<sup>12</sup> Key learning values incorporated in the booklets are: Be Brave, Be Firm and Be Positive.





CNB conducted anti-drug talks for Full-time National Servicemen (NSFs). In July and October 2015, CNB extended these talks to the SAF Officer Cadet School (OCS) and the Civil Defence Academy. CNB is working with the SPF to incorporate anti-drug talks into the training curriculum of its advanced training courses<sup>13</sup>, to reach out to NSFs who will assume future leadership roles.

In reaching out to older youths, CNB has engaged the Institutes of Higher Learning (IHLs) to disseminate key anti-drug messages and co-creation of anti-drug events and activities. For example, Singapore Polytechnic students were actively involved in the planning and organisation of the ADAC 2015. Students from Nanyang Polytechnic were involved in the development of the anti-drug mobile game app. This has enabled CNB to engage the students more actively, to co-create anti-drug content.

CNB will continue to engage stakeholders to combat the inhalant abuse situation in Singapore. For instance, we have reached out to shopkeepers to seek their assistance to refrain from selling inhalant products to persons who might abuse them. In the longer term, under the Taskforce recommendations, the NCADA will develop an Anti-Drug Abuse Advocacy (A3) Network which is envisioned to be a strong network of advocates who would speak up and rally support for the drug-free cause to those within and beyond their respective spheres of influence.

## UPSTREAM INTERVENTION FOR YOUTHS

Apart from PDE, one of the key recommendations under the TFYD for upstream intervention includes the Anti-Drug Counselling and Engagement (ACE) programme, a structured rehabilitative counselling programme developed by the National Addictions Management Service (NAMS). This programme is targeted at youths who are below 21 years old, and who have taken drugs but tested negative in their urine tests, perhaps because they took the drugs some time before the urine test was administered. It seeks to equip these youths with skills to cope with addiction, and also involves their parents to provide support and supervision.

The programme began in Jan 2016. It is a programme conducted by NAMS counsellors over a 3-month period. It comprised of four half-day group counselling sessions and three individual counselling sessions. This will help youths to lead a drug-free lifestyle through experimental learning, support and guidance. There will also be a half-day workshop for their parents to equip them with knowledge and skills to support the children. Parental and school support will be critical for the success of this programme.

<sup>13</sup> The advanced training courses for SPF and SCDF are the Police National Service Officer Cadet Course (SPF), Rota

Commander Course (SCDF) and Section Commander Course (SCDF).



## Policy and Implementation Program: THAILAND

### EXECUTIVE FUNCTIONS (EF): INNOVATIVE PREVENTION MEASURE IN THAILAND

Thailand is promoting a more efficient immunity-building method, stronger than giving out information on the danger of drugs in the five-year-prevention plan (2015-2019). That is cognitive functions - factors that help people make the right decision in everyday life. The target group is primary school children.

#### Executive Function (EF) and drug immunity

“Executive Function” or EF is an ability of the brain to manage human behavior. It is the brain function that helps people control emotions, thoughts and decisions that affect people’s behavior and ability to fulfill their ultimate goal.

#### Keys Executive Functions:

1. Working Memory: Ability to collect information and extract the information from the brain for appropriate use when needed. It helps us learn and not to make repetitive mistakes.
2. Inhibitory Control: Ability to control natural urge or desire so that individuals are capable of overriding their inappropriate urges in impeccable timing.

3. Cognitive Flexibility or Shift: Ability of a person in physical and attitude adjustment to the changing situations and environment.

4. Focus/Attention: Ability to focus or pay attention to ongoing activities, and not to be easily distracted by any internal or external factors.

5. Emotion Control: Ability in controlling one’s emotion in order to maintain a suitable depress, anger, and expression management.

6. Planning and organizing: Ability concerning setting up goals, prioritizing, well-organized and systematic management.

7. Self-monitoring: Ability to self-evaluation, find out one’s error and behavioral effects on others.

8. Initiating: Ability to start and create new things and make it practical.

9. Goal-Directed Persistence: Ability to uphold unwearied tenacity and perseverance aiming to achieve one’s goal.

There are several researches confirming that kids who have been trained and developed EF grow up with immunity and not involved with drugs. Researches also show that if the EF is not completely developed, giving knowledge on danger of drugs would stimulate the eager to try drugs.



**EF must be built up in the early age because:**

- EF does not originally reside within individuals at birth but each individual is born with capacity to develop their own EF. Therefore, anyone can properly perform and develop EF through suitable potential trainings.
- EF can be extensively developed during the first 2 – 6 years of age, and the development rate tends to decrease with time.

According to studies, the best tools to promote EF development in early childhood are playing, music, and storytelling. The Office of the Narcotics Control Board had conducted a feasibility study to develop these instruments. The study showed that

storytelling was the best instrument. Therefore, Drug Prevention Bureau of ONCB collaborated with private sectors and Thai NGOs in producing a series of five story books for small children. The first two stories are suitable for children between 0 – 3 years old and three stories are suitable for children between 3 – 6 years old. These five story books do not directly mention drugs but would reflect the menace of drugs through simple stories and attractive illustrations. There are also easy guidelines and activities for storytellers to evaluate the understanding of children after listening to each story. Basically, the EF development of children in selected areas will be followed-up for five years. This is the first time a long-term follow-up was planned to evaluate the results of a prevention project in Thailand.





# Chapter 6

## Statistical Annex

**Table 1. Annual prevalence of cannabis use**

Country	Age	Annual prevalence (%)	Year	Sources
Brunei Darussalam	15-64	0.02	1996	UNODC: WDR2006
Cambodia	15-64	3.5	2003	UNODC: WDR2012
Indonesia	15-64	0.5	2010	UNODC: WDR2012
Lao PDR	15-64	0.88	2008	UNODC: WDR2012
Malaysia	15-64	1.6	2003	UNODC: WDR2012
Myanmar	15-64	0.94	2005	UNODC: WDR2012
The Philippines	15-64	0.74	2008	UNODC: WDR2012
Singapore	15-64	0.004	2004	UNODC: WDR2006
Thailand	12-65	1.2	2007	UNODC: WDR2012
Vietnam	15-64	0.3	2002	UNODC: WDR2012

**Table 2. Annual prevalence of Opiates use**

Country	Age	Annual prevalence (%)	Year	Sources
Brunei Darussalam	15-64	0.01	1998	UNODC: WDR2006
Cambodia	15-64	0.04	2007	UNODC: WDR2012
Indonesia	15-64	0.51	2010	UNODC: WDR2012
Lao PDR	15-64	0.37	2008	UNODC: WDR2012
Malaysia	15-64	0.94	2009	UNODC: WDR2012
Myanmar	15-64	0.8	2010	UNODC: WDR2012
The Philippines	15-64	NA		
Singapore	15-64	0.32	2010	UNODC: WDR2012
Thailand	12-65	0.2	2007	UNODC: WDR2012
Vietnam	15-64	0.27	2005	UNODC: WDR2012



**Table 3. Annual prevalence of Amphetamine-type Stimulants (Ecstasy excluded)**

Country	Age	Annual prevalence (%)	Year	Sources
Brunei Darussalam	15-64	0.25	2006	UNODC: WDR2012
Cambodia	15-64	0.6	2004	UNODC: WDR2012
Indonesia	15-64	0.18	2010	UNODC: WDR2012
Lao PDR	15-64	1.39	2008	UNODC: WDR2012
Malaysia	15-64	0.55	2005	UNODC: WDR2012
Myanmar	15-64	0.22	2005	UNODC: WDR2012
The Philippines	15-64	2.13	2008	UNODC: WDR2012
Singapore	15-64	0.005	2004	UNODC: WDR2006
Thailand	12-65	1.4	2007	UNODC: WDR2012
Viet Nam	15-64	0.22	2003	UNODC: WDR2012









