



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 3 June 2013**

**10429/13**

**CORDROGUE 44  
ASIE 18**

**NOTE**

---

from:	Australian Regional Chair of the Dublin Group
to:	Dubin Group
No. prev. doc.:	15842/12 CORDROGUE 78 ASIE 99
Subject:	Regional Report on South East Asia and China

---

**1. CAMBODIA**

**1.1 General Situation**

**1.1.1 Drug Use**

There are no consistent statistics as to the exact number of drug users in Cambodia. In 2012, the National Authority for Combating Drugs (NACD) provided an official estimate of 5,000 to 6,000 people. However, in March 2013, during the Annual Drug Control Conference, NACD officials suggested that the actual number of drug users was considerably higher and likely to be over 10,000. The general consensus among the Royal Government of Cambodia and international agencies is that there are currently around 13,000 drug users in Cambodia.

Methamphetamine pills are the most widely used drug in Cambodia, although crystalline methamphetamine is becoming more widely available and its use is on the rise, particularly in Phnom Penh and among youth (NACD 2012c).

In 2010, an estimated 81% of all drug users used mainly methamphetamine, 4% used mainly heroin, 4% used mainly inhalants (glue or other chemicals) and 11% used mainly other drugs (including cannabis). An estimated 77% of all drug users in Cambodia are below the age of 26 years (NACD 2011c). Whereas illicit drug use was previously concentrated primarily in urban settings, in recent years it has been expanding into rural areas, in particular in the provinces adjacent to Lao PDR and Thailand (INCSR Cambodia 2012). Drug use among women and within prisons appears to be on the rise (NACD 2011c, UNODC 2013).

**Table 1. Rank of primary drugs of concern in Cambodia, 2008-2012**

Drug type	2008	2009	2010**	2011***	2012****
Methamphetamine pills	●	2*	1	2	2
Crystalline methamphetamine	●	1*	2	1	1
Ecstasy	●	●	●	6	●
Cannabis herb	●	●	4	4	4
Heroin	●	●	3	5	●
Inhalants	●	●	●	3	3
Opium	●	●	●	●	●

● = Not reported

Source(s): \*NACD 2010a. \*\*2010 rankings based on DAINAP data and Cambodia country reports.

\*\*\*NACD 2012b. \*\*\*\*2012 rankings are based on preliminary data provided by the National Authority for Combating Drugs.

**Table 2. Trend in use of selected drugs in Cambodia, 2008-2012**

Drug type	2008	2009	2010*	2011**	2012***
Methamphetamine pills	●	●	↑	↑	↑
Crystalline methamphetamine	●	●	↑	↑	↑
Ecstasy	●	●	●	↑	↓
Cannabis herb	●	●	●	↑	●
Heroin	●	●	●	↓	●
Inhalants	●	●	●	●	●
Opium	●	●	●	●	●

↑ = Increase, ↓ = Decrease, ↔ = Stable, ● = Not reported

Source(s): DAINAP. \*2010 rankings based on DAINAP data and Cambodia country reports.

\*\*NACD 2012b. \*\*\*2012 drug use trends are based on preliminary data provided by the National Authority for Combating Drugs.

**HIV and Injecting drug use** - In 2011, of the estimated 1,900 injecting drug users in Cambodia, HIV prevalence was estimated at 24.1% according to the National AIDS Authority of Cambodia (NAA 2012). In 2012, the ‘National Population Size Estimation, HIV Prevalence and Related Risk Behaviours’ report (compiled under the auspices of the NACD, Ministry of Health and AusAID), found HIV prevalence had slightly increased among injecting users to 24.8%. The same study identified a significant increase of approximately 4% in HIV infections amongst non-injecting users (HAARP Steering Committee Meeting, 2013).

### **1.1.2 Drug Production**

The manufacture, trafficking and use of illicit drugs in Cambodia continues to grow. Over recent years, Cambodia has become a growing manufacturing and transit location in the Asia Pacific region. In 2012, Cambodian law enforcement authorities seized record amounts of crystalline methamphetamine, heroin and cocaine, most of which was destined for international markets including Australia, Taiwan and Thailand.

During the past twelve months, Cambodian authorities have dismantled approximately 20 clandestine facilities manufacturing methamphetamine or holding precursor chemicals for the manufacture of methamphetamine and MDMA. Most of these were located in Phnom Penh. Many of the raided facilities and seized shipments of precursor chemicals were connected to ethnic Chinese drug trafficking organisations based in Taiwan.

### **1.1.3 Drug Trafficking**

Cambodia continues to be used by Asian and African drug criminals as a major transit country for the trafficking of illicit drugs and precursor chemicals. A large proportion of the methamphetamine and heroin trafficked into Cambodia is produced in manufacturing centres in Myanmar and is then transported along the Mekong River and road networks in Lao PDR and then into Cambodia through its north-eastern borders. The drugs are then often repackaged for further trafficking via air passenger couriers to international markets. The international airports in Phnom Penh and Siem Reap are key trafficking centres for inbound and outbound consignments of illicit drugs (NACD 2012a).

West African drug trafficking criminals are involved in trafficking primarily heroin and cocaine through Cambodia. Cocaine is also smuggled into Cambodia by air and post from a number of countries in South America, North America, West Africa and South-East Asia for export to destination countries along overland routes (NACD 2012a). Additionally, drug trafficking organisations from China and Taiwan are involved in the trafficking of ATS and heroin (NACD 2012c).

In 2012, law enforcement authorities in Cambodia recorded a number of significant seizures of illicit drugs as well as chemicals and equipment used for the manufacture of ATS. In April 2012, Australian authorities seized 13 kg of heroin, shipped by parcel post from Cambodia and concealed as hair products (AFP 2012a). The heroin is likely to have originated from Myanmar.

Although statistics indicate the use of ATS increased in 2012, seizures of methamphetamine pills and ecstasy showed considerable declines during the year. Methamphetamine pill seizures declined by about 70% in 2012, with 72,775 pills seized during the year compared with 238,994 pills seized in 2011. The number of ecstasy pills seized in Cambodia remains small compared with elsewhere in the region. In 2012, a total of 1,373 ecstasy pills were seized, which is about 83% lower than the number of ecstasy pills seized in 2011 (7,855 pills) (NACD 2013a). However, crystalline methamphetamine seizures have increased significantly in Cambodia during the past three years. In 2012, a total of 28.1 kg of crystalline methamphetamine was seized, which represents a 47% increase from the amount seized in 2011 (19.1 kg) and the highest amount ever reported from the country.

The size of safrole seizures has steadily increased over the last 5 years. In May 2012, the Cambodian National Police conducted a series of drug raids – possibly the most extensive in Cambodia’s history – and uncovered six illicit drug manufacturing sites in Phnom Penh and seized large amounts of substances used in the production of ecstasy and methamphetamine. The haul included nearly 4,000 litres of safrole-rich oil (SRO), enough to manufacture about 30 million ecstasy pills.

#### **1.1.4 Drug Sources**

Large quantities of methamphetamine are manufactured domestically; however, most of the methamphetamine (and heroin) trafficked into and through Cambodia originates from Myanmar. In recent years, large quantities of pharmaceuticals, including pseudoephedrine, have been seized in Cambodia. In 2009 and 2010, drug law enforcement authorities dismantled a number of facilities that were extracting ephedrine from raw ephedra grass and pseudoephedrine from pharmaceutical preparations. Authorities believe that the extracted precursor material was intended for further trafficking to illicit crystalline methamphetamine manufacturers in the region (NACD 2011c). Cambodian drug trafficking groups involved in clandestine ATS production generally work with partners from other countries. The harvesting of safrole rich oil, a common precursor for MDMA, continues to be a serious law enforcement and environmental concern in Cambodia.

### **1.2. Update on Cambodia's institutional framework**

Cambodia signed the United Nations Convention against Transnational Organized Crime (UNTOC) and the three UN Drug Conventions on 7 July 2005. The ratification process was completed in September 2007, when Cambodia acceded to the 1972 Protocol of the 1961 Single Convention on Narcotic Drugs.

Cambodia's previous Law on the Control of Drugs was enacted in 1997, but as the drug situation changed rapidly in Cambodia, lawmakers found that the law was inadequate to tackle the scale of the problem. The law was subsequently amended on two occasions in order to make it comply with the mandatory provisions of the UN Conventions. Those amendments still proved insufficient to address the situation and there remained a number of loopholes in the law which needed to be addressed. In January 2012, a new Law on Drug Control was adopted. It introduces new classification of addictive drugs, defines the anti-drug institutions and contains anti-money laundering provisions as well as recognising the right to voluntary access to drug treatment for drug users and the respect of psychosocial and health care providers to provide assistance to people who use drugs, in health structures and in the community.

In February 2013, the Government of Cambodia approved the New National Strategic Plan on Drug Control (2013-2015) which outlines the Royal Cambodian Government's (RCG) plan to further implement the Drug Law. The National Strategic Plan consists of 5 Strategies, 7 Strategic Measures, 35 Programmes, and 103 Activities. The 5 priority strategies include:

1. Drug Demand Reduction
2. Drug Supply Reduction
3. Treatment, Rehabilitation, and Re-Integration
4. Law Enforcement
5. International Cooperation

Law enforcement capacity remains limited in Cambodia. Corruption within law enforcement agencies should be addressed with further efforts to reduce drugs trafficking and abuse. The Royal Government of Cambodia has sought to reform and enhance the capacity of law-enforcing institutions. It is working with concerned parties to take a multi-pronged approach to combat the domestic production and distribution of drugs. Cambodia is also seeking to improve the awareness, capacity, commitment, professionalism and accountability of law-enforcing institutions in order to improve implementation of the Law on Drug Control.

With growing understanding that solely focusing on law enforcement and punitive approaches alone cannot control the production, sale and use of drugs, the Cambodian Government is adopting strategies aimed at reducing demand. The Cambodian Government has conducted a public awareness campaign through the media and prevention activities in schools and started a community based drug treatment program. Under this program, law enforcement has been enabled to provide a supporting environment allowing differentiation between drug users from drug traffickers. A methadone maintenance program for heroin users and needle exchange program has also been implemented by the Ministry of Health with UN technical support and funding from Australia.

### **1.3. Update on major bilateral and multilateral programs**

Donor assistance has largely focused on individual donors' strengths and priorities, rather than on a strategic or sector-wide approach. This also reflects the different development priorities of the donor partner agencies (law enforcement, health, NGOs) involved in delivering the assistance.

### 1.3.1 Supply reduction

A UNODC survey demonstrated insufficient knowledge amongst Cambodia authorities about how to reduce supply at the primary border crossing points. To increase capacity and awareness to prevent drug trafficking at the border, UNODC has assisted the Royal Cambodian Government to establish seven Border Liaison Offices (BLOs) in smuggling hot-spots along Cambodia's land borders. The BLO programme promotes informal "horizontal communication" between agencies and across borders, as well as providing skills training and some communication and transport equipment under the UNODC-supported initiative "Partnership against Transnational-crime through Regional Organized Law-enforcement (PATROL)", and is meant to expand as more BLOs are needed to control transnational forms of crime along Laos and Vietnam. There are plans to establish five new BLOs (one at the border with Vietnam and four along the border with Thailand) in the upcoming year.

The Australian Federal Police works to build the capacity of the CNP, including by funding and supporting a CNP Transnational Crime Team, which has had a number of recent successful anti-drug operations. The Transnational Crime Team includes an AFP adviser. It is able to deal with any transnational crime, its primary focus is transnational drug trafficking. The Transnational Crime Team led a number of the Cambodian National Police's successful drug raids in 2012.

The Australian Government continues its efforts to strengthen the legal and judicial system in Cambodia through its 'Cambodia Community Justice Assistance Partnership' (CCJAP, previously known as the 'Cambodia Criminal Justice Assistance Project'). CCJAP has supported community-based crime prevention programs, improvements in prison management and the development of a training handbook of criminal law court procedures for criminal authorities aimed at assisting to criminal justice reform. The program has recently been consolidated and places increased emphasis on working with local authorities, communities and civil society to prevent crime and improve community safety.

Additionally, the Australian Government supports aims to reduce the spread of HIV associated with injecting drug use through HAARP. HAARP facilitates key enabling, and service delivery elements, of the National Strategic Plan for Illicit Drug Use Related to HIV/AIDS 2008-2010.

The program is supporting the scale up and expanded coverage of needle syringe programs (NSP) in Phnom Penh and in up to four provincial 'hotspots'. It also supports the establishment of opioid substitution treatment through providing procurement, technical and client support services for a methadone maintenance therapy (MMT) program. Additionally HAARP Cambodia works to strengthen Cambodia's multi-sectoral response to HIV and harm reduction. HAARP Cambodia is now focussing on ensuring that sustainable systems are built for supporting harm reduction programs for when HAARP finishes in June 2015.

The Government of Japan is, together with other donors, supporting the Global SMART Program to assist with data collection and analysis of drug trends (production, drug trafficking and abuse).

Of late, Japan has completed its Project on Prevention of Drug Abuse, as well as its support (through the Human Security Trust Fund) to the consolidation and enhancement of the Border Liaison Office (BLO) mechanism in East Asia, and the development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia implemented by UNODC in Cambodia with several partners. Japanese support included sending Cambodian law enforcement officials for training in Japan and bringing experts from Japan to support law enforcement officials in Cambodia in the field of drug analysis and drug control via international transit points.

The government of the United States of America supports capacity building of Cambodian authorities to address a range of criminal activity, including drug trafficking. Some of the work in strengthening systems and training of law enforcement personnel have mutual benefit, such as crime scene investigation and evidence management training. Additionally, Bangkok-based Drug Enforcement Agency officers provide technical assistance through joint operations and narcotics-specific training to the NACD and CADD on an ad-hoc basis.

The United Kingdom continues to support police capacity building in anti-trafficking and drug smuggling in collaboration with Serious Crime Organization Agency (SOCA) and the Royal Government of Cambodia. In addition to trafficking of persons (particularly children), the government of the United Kingdom has a strong focus on suppressing money laundering. The SOCA official with responsibility for Cambodia (based in Hanoi) has recently provided positive feedback regarding Cambodia's progress in this area.

### **1.3.2 Demand and Harm Reduction**

Cambodia has 13 temporary centres for compulsory drug education and rehabilitation which are managed by Government ministries and the civilian/military police, Ministry of Social Affairs and NGOs (NACD 2012a).

However, there is concern amongst international and Government agencies that these drug treatment centres do not have treatment as a focus. International technical experts working in the field have sought to address this gap by developing medical treatment services with the support of the Royal Government of Cambodia and the UN Country Team. UNODC was well placed to be the lead agency, given its role as conduit of funding to the NACD and its technical expertise. This has led to the development of voluntary community-based treatment, as a sustainable drug treatment alternative to the compulsory centres for drug education and rehabilitation. This approach, championed by the Royal Government of Cambodia and piloted in Banteay Meanchey Province is showing promising results in reducing drug dependence and providing healthcare amongst drug users. Since last year, the Community Based Treatment (CBTx) Program has expanded to Stung Treng and Battambang provinces.

CBTx promotes a continuum of care and strengthened community mechanisms to provide services and referrals for drug prevention and treatment (including harm reduction interventions) and rehabilitation for all people who use drugs. By the end of 2012, CBTx was providing ongoing treatment for over 1000 drug users. The program has provided training of 170 health staff from four provincial referral hospitals and 15 health centres, as well as NGOs, to improve understanding of drug dependence and treatment options, patient assessment and treatment planning, counselling techniques and pharmacotherapy.

CBTx has facilitated stronger relationships between key national agencies such as the National Authority for Combating Drugs, Ministry of Health, UN Country Team and Provincial partners such as the Provincial Health Department, local health and social service providers allowing for heightened community awareness.

Partnerships have been established with law enforcement, which has increased their understanding of drug use and CBTx. Specifically, this has encouraged police to address drug dependence as a health concern that requires treatment rather than punitive responses. Drug users are now less likely to hide and are more likely to engage with NGOs and local authorities due to a more supportive law enforcement environment in the communes (local government areas) covered under CBTx.

#### **1.4. Place and date of meeting of mini-Dublin group**

On the April 26th 2013, the mini-Dublin group convened at the Australian Embassy in Phnom Penh, Cambodia. Attendees included embassy officials from Australia, Japan, the UK and US. Apologies were received from Denmark, France, Germany and Sweden. The National Authority to Combat Drugs and the UNODC made presentations on the drug situation in Cambodia and their activities in the previous 12 months.

#### **1.5. Progress on recommendations from previous report**

The new Law on the Control of Drugs has been passed and approved by the Royal Government of Cambodia, providing momentum to improve the national drug control response.

Lack of resource mobilization from donor countries and or sufficient financial support from the Cambodian Government to support the Community Based Treatment Project (CBTx) affects progress of the project. This should be addressed as Cambodia is clearly the leading country in the region exploring evidence based alternatives to compulsory drug treatment centres.

#### **1.6. Mini-Dublin Group Assessment of Needs**

##### **1.6.1 Emerging threats/trends**

- The manufacture, trafficking and use of illicit drugs is a significant and worsening problem in Cambodia.
- Cambodia has become a favoured transit and storage location for international drug traffickers. In 2012, a significant number of seizures of illicit drugs – including methamphetamine, cocaine and heroin – were recorded in Cambodia. Most of this was related to transnational organized criminal activity.

- Methamphetamine use continues to expand. Illicit drug use was previously concentrated primarily in urban areas, but has expanded into rural areas in recent years, in particular in the provinces adjacent to Lao PDR and Thailand.
- Drug trafficking organizations from China and Taiwan are involved in the trafficking of ATS and heroin. West African networks are involved primarily in the trafficking heroin and cocaine through Cambodia to markets in the region.

### **1.6.2 Political Initiatives**

There appears to be strong political will to tackle drug trafficking and production with multiple approaches addressing production, supply and demand. The Royal Government of Cambodia has focused on drug education for the public to raise awareness and understanding and on building the capacity of law enforcement officers to deal with this issue. As noted above, the Royal Government of Cambodia introduced the new Law on Drug Control as part of the National Strategic Development Plan (NSDP). Recent efforts under this plan have led to an increase in detection of drugs and drug-related arrests. However, the Royal Government of Cambodia seems to still have some difficulties in full implementation of their anti-drug policy by the lack of funding, equipment and human resources.

### **1.7. Recommendations for Strengthening Counter-Narcotics Effort**

- Continuing support for the Cambodian Government to implement the seven strategic measures under the newly adopted 2013-2016 National Strategic Plan.
- The Cambodian Government, with support from relevant partners, should aim to develop procedures and initiatives to implement the Law on Drug Control. This includes development of Sub decrees as per the articles of the Law, and awareness campaigns regarding the law for all stakeholders (including law enforcement, prosecutors, judiciary, and the general public).
- Cambodian authorities should strengthened border control and provide increased capacity building for officials working at the land border, including in Border Liaison Offices. There should also be more capacity building in technical skills for law enforcement personnel, including training in improved investigation techniques, collection/handling of evidence, forensics methods/techniques.

- The Royal Government of Cambodia should build on its initial leadership on community based treatment initiatives by dedicating more resources to this effort. Donors should look at supporting the Royal Government of Cambodia's commitment community based treatment initiatives. The Ministry of Health should identify community based treatment as a high priority for donor funding in order to have the best chance of attracting donor funds committed in the health sector.
- The drug situation in Cambodia needs be better monitored. A national system to collect accurate and reliable data should be created with the input of the different ministries concerned (Ministry of Interior, Ministry of Justice, Ministry of Health, etc). The statistics generated by the database would help to inform the design future drug policies and consequently a better response to needs. The development of a national database would provide reliable statistics to monitor the trends in drugs use.
- As drug trafficking by air is of growing importance, Cambodian authorities should place special focus on Phnom Penh and Siem Reap international airports. Drug detection methods and deterrence strategies should be implemented based on best practice models found in other countries.
- Donors should look to harmonise and coordinate their assistance to the Cambodian Government through increased information sharing and meetings with relevant stakeholders.

## **2. LAO PEOPLE'S DEMOCRATIC REPUBLIC**

### **2.1. General Situation**

Located at the hub of the Mekong sub-region, Lao PDR continues to face security, social and economic challenges posed by narcotics trafficking, production and use. Increasing movement across its borders (shared with Myanmar, China, Vietnam, Cambodia and Thailand), including as a result of enhanced regional transport infrastructure, appears to be exacerbating drug trafficking and its links with other transnational crime such as people smuggling and money laundering.

Notwithstanding the arrest of drug lord Nor Kham in 2012, drug seizures in Laos have continued to trend upwards. In April 2013, media reported that Lao authorities had seized a cargo boat on the Mekong River in which 22 million amphetamine tablets were found. Two crew were reportedly killed and several others went missing.

## Drug Seizure Statistics 2008-2012

Year	Heroin (Kg)	Opium (Kg)	ATS (tablets, millions)	Cannabis (Kg)	Cocaine (Kg)	Arrested foreigners	Arrest cases
2008	17.5	11.8	1.23	804.6	2	6	222
2009	29.3	49.9	2.33	975.9	0.1	20	473
2010	84.3	86.5	24.5	3,521	0	16	581
2011	43.4	63.9	4.6	1,617	0	77	1,037
2012	45	87.6	10.071	2,836	0	41	1,223

The increase in seizures may represent inter alia enhanced cooperation and information sharing between regional countries in relation to counter-narcotics activities.

In March 2013, Chinese media announced that Laos, China, Thailand and Myanmar would conduct a joint two-month campaign to crack-down on drug-related crimes on the Mekong River in the so-called Golden Triangle region. The campaign is running from 20 April to 20 June.

High levels of use of Amphetamine Type Stimulants (ATS), especially among Lao youth, are still the highest priority drug problem in Laos. According to the Lao Government, it is estimated that there are over 40,000 ATS users in Laos (out of a total population of less than 7 million). Of these it is estimated that around 11 per cent are addicts. Methamphetamine tablets can be purchased cheaply in Laos for around 20,000 kip (US2.50) each.

According to the Opium Survey 2012, conducted by the UNODC and the Government of Laos with funding support from the United States, Laos has seen a continued increase in poppy cultivation from 4,100 ha in 2011 to 6,800 ha in 2012, an increase of 66 percent. The yield was estimated at 6kg per hectare. The Lao National Commission for Drug Control and Supervision (LCDC) reported the number of regular opium users to be 10,776 in 2012. Opium production and use is largely found in the remote, mountainous provinces of Phongsali and Houaphan in northern Laos, bordering China and Vietnam, where poppy fields are usually difficult to reach.

Nevertheless the Lao Government has reported that eradication was undertaken on 707ha during or after the 2012 opium survey.

In 2012 the average price of opium in Laos rose to US\$1,800/ kilogram. The increasing price of opium makes its cultivation very attractive to farmers in remote mountainous regions who generally have few alternative sources of income. Provision of development assistance to the most affected provinces, including Phongsali and Houaphan, is therefore very important, and current funding lags far behind the needs.

There is no evidence of heroin production in Laos. However heroin is trafficked from Myanmar through Laos into China, Vietnam, Cambodia, Thailand and then to other markets.

Ongoing high rates of poverty (around 19 per cent countrywide), low levels of education and a large youth component of the overall population mean that Laos will continue to be at high risk of drug use and trafficking for many years.

## **2.2. Changes to the Institutional Counter-Narcotics Framework**

The Government of Laos' National Drug Control Master Plan 2009-2013 remains the core national policy tool for confronting narcotics-related challenges. Ambitious and multi-faceted, the plan consists of nine components with an estimated cost of US\$72 million, but many remain unfunded. The Lao Government has not allocated significant budget funding to implementation of the Master Plan or related projects, but provides in-kind support to a range of projects under the Master Plan through personnel and office space.

Acting Chair of the LCDC, Mr Kou Chansina, told donors in late 2012 that the following were Laos' highest priorities in relation to counter-narcotics work in 2013:

- (i) review and assess implementation of the Master Plan 2009-2013 and develop a new national strategy for 2014-2020;
- (ii) focus on nationwide civic awareness on drugs and advocate against drugs, focused on youth and the development of drug free education institutions, village and businesses;

- (iii) improve treatment and rehabilitation for addicts, including through enhanced life-skills training, improving capacity at existing drug treatment centres and constructing new centres in some provinces for community-based treatment;
- (iv) continue to seek international donor support to enable improved implementation of the Master Plan and development of the next strategy; and
- (v) continue cooperation with neighbouring countries to exchange information and prevent trafficking across borders.

In relation to (iii), efforts are already underway by Lao authorities to improve treatment options for drug addicts, including by providing more and improved outpatient services.

Around 80 per cent of all court cases in Laos are drug-related. The Lao National Assembly has stressed the importance of addressing the increasing number of long-standing drug-related legal cases, which stem in part from limited understanding of Laos' Drug Control Law. In March and April, a number of workshops were held in provincial regions to provide systematic training for district and village-level officials on the law and its implementation (with support from UNODC and the United States).

In 2012 Lao authorities undertook an effective crack-down on illegal activities including the sale of narcotics at the resort town of Vang Vieng, which is frequented by international backpackers among others. Vang Vieng had been the location of a number of tourist deaths in recent years.

### **2.3. Update on Major Bilateral and Multilateral Counter-Narcotics Programs**

An Illicit Drug Sector Working Group (IDSWG) forms part of the broader Round Table and sectoral framework for donor coordination in Laos. The IDSWG is chaired by the LCDC, and co-chaired by the mini Dublin Group Chair (Japan or Australia on a rotational basis) and UNODC. The IDSWG met most recently in October 2012, at which time developments and donor support to the sector were reviewed.

Recent developments in counter-narcotics assistance to Laos include:

- (i) Luxembourg has funded a new sub-project to transfer innovative alternative development technologies to ensure food security in two northern provinces;
- (ii) Thai-Lao-UNODC technical cooperation on alternative development was reviewed in February 2013; Thailand has agreed to continue support for this project, which has seen income of some former opium poppy farmers increase 8-fold through alternative agricultural production;
- (iii) A Partnerships against Transnational Crime through Regional Organised Law Enforcement (PATROL) Project, agreed between UNODC and the Lao Ministry of Public Security, is supporting 74 Border Liaison Offices to address transnational crime issues;
- (iv) UNODC and the United States have been supporting a community-based opium addiction and civic awareness project and a pilot project on community-based treatment for ATS users;
- (v) Germany continued its support to several alternative livelihoods projects in northern provinces, and provided a German volunteer to work with recovering addicts;
- (vi) The EU continued to support a project promoting licit crop production and small farmer enterprise development in Houaphan Province;
- (vii) Since the beginning of 2013, Japan has been constructing schools in remote districts on the basis of pledges from school principals that the schools will remain drug-free. JICA is also supporting a 5-year project supporting human resource development in the legal sector;
- (viii) Australia extended its harm reduction project for Laos aimed at preventing HIV among vulnerable communities including injecting drug users;
- (ix) Both the United States and Australia are providing training and other assistance to Lao counter-narcotics officials through police-to-police channels and, in the US case, funding basic training by and for the Lao narcotics police;
- (x) UNODC, with US funding, is conducting a project in evidence-based approaches to investigation and prosecution, which should facilitate the successful prosecution of drug cases.

## 2.4. Identification of Needs for External Assistance

At the IDSWG meeting in late 2012, LCDC advised that of the estimated \$72m needed to implement the national Master Plan, only around 20 per cent had been funded to date. Moreover out of 1,100 villages targeted for post-opium growing support, only 15 per cent had been covered to date under alternative development projects. LCDC further advised that the treatment and rehabilitation of drug addicts was limited by funding constraints, and that Border Liaison Offices suffered from a lack of trained staff, equipment and budget funding.

A range of pipeline projects have been identified but not yet funded. These include:

Alternative Development:

- (i) Increase food security and promote licit crop production in Phongsali Province (\$800,000), Luang Prabang Province (\$600,000), Xieng Khuang Province (\$700,000); Vientiane Province (\$500,000); Houaphan Province Phase II (\$700,000); and
  - (ii) Phongsali alternative livelihood and food security project (phase II) (\$600,000).
- (i) Demand Reduction:
- (i) Project to pilot and implement community based drug treatment services (\$500,000) (part-funded);
  - (ii) Creating a healthy and safe environment for urban youth at risk, Vientiane (\$750,000);
  - (iii) Implementing Effective Drug Prevention and Awareness Raising Campaigns (\$500,000).

At the IDSWG in late 2012, the Office of the Supreme People's Prosecutor sought further support for capacity building for law enforcement and prosecution staff, noting the challenges currently being experienced with legal proceedings in relation to drugs cases. They advised that drug testing equipment was also urgently required. The Ministry of Health echoed the need for capacity building, noting that its greatest need in relation to demand reduction/prevention was a lack of trained staff and social workers.

## 2.5. Implementation of Previous Recommendations / Conclusions

*Recommendation 1 – continue to highlight to the international community the growing narcotics challenges faced in Lao PDR.* Mini Dublin Group members have continued to incorporate narcotics issues in their reporting.

*Recommendation 2 – Actively seek to expand donor assistance to the Lao National Drug Control Master Plan 2009-2013.* Mini Dublin Group members continue to assess options for supporting this sector, and conveyed information regarding sector needs to the wider donor community through the IDSWG/round table donor coordination process in late 2012. Some new donor funding to the sector has been forthcoming as a result. However given Laos is a least developed country – which has other major challenges including significant unexploded ordnance contamination and high levels of maternal mortality and malnutrition - counter-narcotics activities sometimes struggle to compete for limited donor funds.

*Recommendation 3 – seek to take a more comprehensive and better coordinated approach to anti-narcotics activities, inter alia by including anti-narcotics strategies and messages in development projects in at-risk areas, even where those projects are not primarily focused on narcotics outcomes.* Donors will continue to consider options for improving coordination as per this recommendation.

*Recommendation 4 – continue to extend collaboration between the Lao Government and international partners, including through information sharing by law enforcement authorities.* While many members do not have law enforcement staff in-country, information sharing and collaboration among law enforcement officials are increasing. Law enforcement officials attend mini-Dublin and IDSWG meetings where possible. Still, law enforcement information-sharing with donor countries remains an area for improvement.

*Recommendation 5 – recognise the growing linkages between traditional drug control issues and other forms of organised crime, and take a comprehensive approach that goes beyond law enforcement and criminal justice responses.* A number of the activities (including in particular 3(iii) above) respond directly to this recommendation.

## **2.6. Mini Dublin Group Meetings**

### **2.6.1 Mini Dublin Group's assessment of emerging threats / trends**

The widespread and growing use of ATS among Lao youth is the key threat in Laos. Until the ATS-supply situation in neighbouring countries is brought under control, this problem will remain acute. In addition to the direct and obvious impact on health and crime rates, it may impact directly on the ability of Laos to meet core Millennium Development Goals.

The continuing increase in opium production, which is then trafficked to regional and then sometimes third markets, is also of considerable concern. Due to the remote and mountainous nature of Laos' northern provinces, the level of economic impoverishment and lack of alternative livelihoods available to people in those regions, this will be a particularly intractable problem for years to come.

### **2.6.2 Mini Dublin Group's assessment of political will and counter-narcotics initiatives**

The Lao Government recognizes the challenges of increasing ATS use and addiction and places a high priority on counter-narcotics efforts. This can be seen through high-level political statements and discussions involving Cabinet members and provincial Governors in late 2012.

At Laos' National Day Against Drug Abuse and Illicit Trafficking (11 October 2012), Deputy Prime Minister Asang Laoly addressed a high-level meeting involving government representatives, the Buddhist clergy, students and others to encourage more active efforts in combating drugs. The Deputy Prime Minister called on the Party, Government and people to raise responsibility for preventing the spread of drugs to a higher level. He said narcotics prevention activities should be a focal point for the Party and for every sector, both private and public, and for local administration down to village levels. The Deputy Prime Minister also called on donors to continue to give assistance, both technical and financial, to assist Laos to resolve drug issues.

Laos has been cooperating increasingly with neighbouring countries in cooperative counter-narcotics activities, including through the joint two-month campaign referred to in Section 1 above, working with China on satellite surveys of opium production for eradication, and through regional meetings and activities such as the ASEAN Senior Officials Meeting on Drug Matters and the ASEAN China Cooperative Operations in Response to Dangerous Drugs (ACCORD).

The lack of budget funding and capacity limitations are the key constraints on Lao Government agencies in meeting Laos' national Master Plan objectives.

### **2.6.3 Mini Dublin Group's recommendations for strengthening counter-narcotics initiatives**

The mini Dublin Group in Laos makes the following recommendations:

- (i) Recommendation 1 – Encourage and support the Government in its efforts to review the current National Drug Control Master Plan and develop a new strategy for 2014-2020.
- (ii) Recommendation 2 - Encourage and support the Government in its efforts to develop evidence-based addiction treatment programs for ATS users (eg community-based treatment and, for full-blown addicts, medically-sound systems at treatment centres) and place emphasis on rehabilitation and vocational training.
- (iii) Recommendation 3 – seek to take a more comprehensive and better coordinated approach to anti-narcotics activities, inter alia by including anti-narcotics strategies and messages in development projects in at-risk areas, even where those projects are not primarily focused on narcotics outcomes.
- (iv) Recommendation 4 - consider options for providing and encouraging further donor support to narcotics-related work, including capacity building for relevant Lao Government agencies
- (v) Recommendation 5 – support collection of data and reporting of statistics on drug law enforcement, including arrests, prosecutions and convictions, as well as gender-disaggregated figures.

### **Acronyms**

LCDC: Lao National Commission for Drug Control and Supervision  
NDCM: National Drug Control Masterplan  
UNODC: United Nations Office On Drugs and Crime

### **3. BURMA/MYANMAR**

#### **3.1. General Situation**

In the 1980s Myanmar was the world's largest producer of illicit opium, and opium production continued to increase until its peak in 1993 . In 1999 the Government of Myanmar and local authorities engaged in a 15-year plan to eliminate opium poppy cultivation by 2014. This Plan has now been extended a further five years and will conclude in 2019. A measurable decline in domestic opium cultivation and potential production began. This decline in cultivation was aided also by the imposition by local authorities of an opium ban in the Wa Region in June 2005, and in the Kokang Special Region in 2003.

After reaching a minimum level in 2006, opium cultivation began to gradually increase again in 2007. According to the UNODC Opium Poppy Survey report on Myanmar, there was an estimated year-on-year increase in area under poppy cultivation of 17%, from 43,600 ha in 2011 to 51,000 in 2012. This was accompanied by an estimated year-on-year increase in potential opium production of 13% over the same period. Geographically, opium poppy cultivation still appears to be confined largely to the highland areas of Shan State, with much smaller areas of cultivation reported in other states such as Kachin, Kayah and Chin.

Countries in East and South East Asia have seen an increase in the manufacturing, trafficking and consumption of amphetamine-type stimulants (ATS). A large volume of these ATS are produced in the eastern border areas of Myanmar. The most common is methamphetamine. This illicit production of methamphetamine is aided significantly by the use of precursor chemicals which are trafficked into eastern Myanmar from India and China. Recently there has been a shift in the production practices for methamphetamine from sourcing raw precursor chemicals in bulk to sourcing these chemicals from processed, licit pharmaceutical preparations. Since 2009 there has been an annual increase in the seizure of licit pharmaceutical preparations, such as cold and flu medications containing ephedrine or pseudo-ephedrine, being trafficked into Myanmar to be used in the production of methamphetamine and other ATS. This shift reflects a broader global trend, however, and is not unique to Myanmar.

A significant portion of these ATS pills produced in the eastern border regions of Shan State subsequently are trafficked via various routes directly to Thailand, China and Lao PDR. There is evidence also of new transnational trafficking routes for this ATS along Myanmar's western border with Bangladesh and India.

In 2012, there was a significant increase in seizures of ATS pills when compared with those which were recorded for 2011. In 2012, Myanmar recorded the seizure of over 18 million methamphetamine pills, which is 3 times higher than the seizure in 2011 but still lower than the 23.8 million recorded as seized in 2009. The seizure in 2008 and 2007 were 1.1 million and 1.6 million respectively. This fluctuation in volume of domestically-seized ATS pills does not indicate necessarily that methamphetamine manufacture is fluctuating as well. It is important to note, for example, that Myanmar's neighbouring countries of China, Lao PDR and Thailand seized significant amount of methamphetamine originating from Myanmar since 2009. Seizures of methamphetamine pills in Myanmar and its neighbours in 2011 was more than 140 million pills. The preliminary data suggests the total seizure in these four countries would surpass 150 million in 2012. This indicates the manufacture of methamphetamine pills in Myanmar remains high.

With respect to crystalline methamphetamine, large shipments of this ATS destined for international markets were seized in Myanmar in 2009 and 2010. After recording the seizures of 124 kg and 226 kg in 2009 and 2010 respectively, the seizure dropped to only 33 kg in 2011. However, in 2012, Myanmar authorities seized more than 153 kg of crystalline methamphetamine and 274 litres of liquid crystalline methamphetamine (or, semi-finished product). Most of the crystalline methamphetamine that has been seized in northern Thailand in recent years is alleged to have originated from the eastern border areas of Myanmar. The seizure of the first ever crystalline methamphetamine manufacturing facility in Lauk Kai, located in Eastern Shan State at the Myanmar-China border, in July 2012, may support this indication. A significant amount of finished product, semi-finished product and precursor chemicals also were seized together with equipment used in the production of crystalline methamphetamine.

In Myanmar heroin and opium are the primary drugs of use. This opiate use has decreased over the past six years, a reduction which coincides with a reported increase in the use of methamphetamine pills. As a result ATS is now ranked the third most commonly used drug in the country. Of concern in relation to this reported increase in ATS use is the fact that, like other countries in this region, drug treatment facilities in Myanmar are vastly under-resourced, and possess no treatment facilities specifically designed to treat ATS dependency.

As noted above most domestic opium cultivation, and heroin and ATS production, occurs in Shan State and, in particular, in the eastern areas along the border with China. These border areas, most of which are controlled by various armed ethnic groups, remain affected regularly by sporadic armed conflict between state and non-state actors, as well as between competing non-state groups. The continuing situation of human insecurity that is evident in many areas of Shan State – but specifically along the eastern border – is leading to increases in opium poppy cultivation, ATS production, and illicit drug trafficking. This is in turn leading to further deterioration in the human security environment of these areas. Therefore unless the factors which are underlying this insecurity are addressed and resolved, Myanmar authorities will find it difficult, if not impossible, to achieve their stated goal of eliminating illicit drug production by 2014.

### **3.2. Update on the country's anti-drugs strategy**

#### **3.2.1 Changes/additions to the counter-narcotic institutional framework**

There have been no significant changes to Myanmar's counter-narcotic institutional framework over the last year.

#### **3.2.2 Legal/Legislative changes including money laundering**

The Central Committee for Drug Abuse Control (CCDAC) is preparing a revision of the Narcotic Drugs and Psychotropic Substances Law of 1993. This law stipulates that an illicit drug user who fails to register at a medical centre recognised by the government or who fails to abide by the directives issued by the Ministry of Health for medical treatment shall be punished with imprisonment of 3 to 5 years, and it is proposed that it be revised to impose a less severe punishment in recognition that drug dependent individuals should be treated as patients rather than criminals.

### **3.2.3 Assessment of Myanmar's anti-narcotics strategy**

The Myanmar Government is implementing a 20-year drug control plan (1999-2019) aimed at a drug-free country by 2019. The drug control plan will be implemented in three phases. In the early stage, the main priorities were given to the eradication of opium poppy cultivation; and, in the remaining phases, the Government set priorities on: the elimination of drug illicit drug user; the establishment of a special anti-narcotic task force; local participation in the implementation of the drug control process; and, cooperation with international organisations. The drug control plan addresses 51 townships covering 55,112 square miles and a population of approximately 3.8 million inhabitants. During the past 10 years Myanmar authorities have achieved a significant decrease in opium cultivation in the first and second phases of the programme. More recently, however, cultivation has begun to increase again.

The Central Committee of Drug Abuse Control (CCDAC) under the Ministry of Home Affairs is the leading counter-narcotics agency. The CCDAC consists of a number of thematic work committees (crop substitution; livestock breeding; medical treatment; rehabilitation; youth education; law enforcement; administration of seized narcotic drugs; international relations; control of precursor chemicals; effective settlement of narcotic drug cases, and others) and operates 26 Anti-Narcotic Units across the country. CCDAC coordinates law-enforcement activities of the Myanmar Police Force, the Customs Department and other relevant authorities, and alternative development activities in cooperation with the Ministry of Border Affairs.

According to data reported by CCDAC, seizure of illicit narcotics and precursor chemicals significantly increased in 2012, in contrast to 2011, but was still lower than total seizures in 2009. In 2012, the Myanmar Government reported that it had seized 336 kg of heroin; 1.5 mt of opium (including both high-grade and low-grade product); 197 kg of opium oil; 467 vials of morphine injection vials; 18.2 million methamphetamine pills; 153 kg of crystalline methamphetamine (also called 'ice') & 274 litres of semi-finished crystalline methamphetamine; 80 kg of cannabis; 358 kg of ephedrine (which is an ATS precursor chemical); and, 6,946 kg of cold/flu medicine tablets containing pseudoephedrine (which is an ATS precursor chemical). In addition, the CCDAC has reported that 23,717 ha of opium poppy field was eradicated, and almost 6,000 persons were arrested for illicit narcotic-related offences in 2012.

Being a party to a number of bilateral and multilateral agreements on counter-narcotics cooperation in the region, Myanmar cooperates with other countries in information sharing and other activities for the elimination of drugs; however, as the State budget for counter-narcotic activities is limited, international cooperation for the training of Myanmar officials and alternative development is crucial to achieve progress in combating illicit narcotics production.

### **3.3. Update on major bilateral and multilateral counter narcotics programs**

#### **3.3.1 UNODC**

The UNODC mandate is to assist Member States to address the salient threats posed by drugs, crime, corruption and terrorism. UNODC addresses rule of law problems by working in the following areas: trafficking, governance and criminal justice. UNODC tackles health and development challenges through its Drug Demand Reduction, HIV-AIDS and sustainable livelihood work.

The present interventions in Myanmar are based on the existing framework of the UNODC Regional Programme (2009-2012). The Regional Programme provides specific guidelines to assess progress made by Member States to address the salient threats posed by organised crimes as well as the effectiveness of UNODC's contribution in the Region.

The Regional Programme has been conceptualised based on both the UNODC Strategy (2008-2011) and consultations with Member States as to their priority needs. The Regional Programme initially covers four years, from 2009 to 2012. However, it is anticipated that most of its outcomes and outputs will remain relevant over a much longer timeframe. Ongoing relevance will be reviewed annually and the Regional Programme will be revised as required.

Drug Demand Reduction, HIV/AIDS prevention and care: UNODC has supported the development and implementation of community-based drug demand reduction and HIV/AIDS prevention and care (as related to injecting drug users) programming since 1994. Up to December 2012, UNODC was working in 10 townships out of the HIV National Strategic Plan's 29 priority townships in need of HIV interventions. In addition, UNODC provided HIV and AIDS awareness training to law enforcement personnel. UNODC's HIV programming was implemented with support from the Australian government under its HAARP initiative.

Under this support to December 2012 intervention activities were implemented in Kachin State, Shan State, Mandalay Region and Yangon Region. HAARP-supported and UNODC-delivered programming was implemented through drop-in and outreach modalities and provided services for 18,817 injecting and non-injecting drug users to the end of 2012.

**Alternative development and sustainable livelihood:** Building on 30 years of work in the Greater Mekong Region, UNODC delivers alternative livelihood programming to populations in remote areas of the Northeast. Through a 10 year long project implemented in the Wa Special Region 2, UNODC provided assistance to ex-opium poppy farmers, thereby enabling them to transform their agricultural livelihood following an opium ban imposed by Wa authorities. Currently UNODC is supporting farming communities in Hopong, Loilen, and Pinlon townships in southern Shan State to alter farming practices that will see more of their time and investments spent in increasing diverse food crop production and the ending of opium poppy cultivation. UNODC is targeting an estimated population of about 70,000 opium farmers and relatives living in 228 villages of these townships. The projects are funded by the European Commission, Japan, and Germany.

**Research and Survey:** UNODC has been carrying out the Myanmar Illicit Crop Monitoring Programme (ICMP) in cooperation with the Government since 2003. This programme produces annual opium surveys which provide verifiable estimates on the extent and trends of opium poppy cultivation in Myanmar to national authorities, regional and sub-regional bodies as well as the United Nations and the international community. The survey contributes to establish a comprehensive crop monitoring system in Myanmar. It builds on the experience acquired in previous years and further strengthens the capacity of the government to maintain such a system. This annual survey is supported by Japan. The 2012 Opium Poppy Survey report was released in October 2012. The 2013 Opium Poppy Survey fieldwork was completed in March 2013 and the 2013 report will be issued in October 2013.

## UNODC Global SMART Programme

The UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme was launched in September 2008. The overarching objective of the programme is to support Member States to make effective evidence-based decisions for designing responses to counter the problem of illicit synthetic drugs. The programme supports this through three primary steps:

- Information is *generated* and *managed* by relevant agencies;
- Information is *analysed* and *reported* through various reports/fora;
- Information is increasingly *used* for the development of policy and strategic interventions.

The Global SMART Programme is being implemented in a gradual, phased manner. East and South East Asia is the first priority region in which the Global SMART Programme is being implemented with Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam as the beneficiary countries.

Myanmar has been one of the priority countries for SMART in this region, and in this country the programme has focused on:

- a) Increasing the information base on and analysis of the ATS situation in the country;
- b) Identifying existing formal/informal data-sharing mechanisms on ATS;
- c) Facilitating discussions on ATS data generation and data sharing between law enforcement, health and treatment agencies;
- d) Facilitating discussions on ATS data sharing between Government agencies and NGOs/INGOs;
- e) Initiating a process to establish a mechanism for information-sharing on ATS health and treatment aspects in the country.

In 2010 the SMART programme also established a mechanism for collecting baseline data on drug use (with a focus on ATS) from drug treatment and drug user-focussed drop-in centres. A year-long data collection process began in the first quarter of 2011 and around 700 responses were received and analysed. The results were shared with the national counterparts in November 2012.

In November 2012, acting upon a request from the Myanmar Government, the SMART programme provided 30 UNODC drug field test kits to CCDAC. UNODC also conducted a one-and-half-day drug training on how to use these kits for 25 front line law enforcement officers and national drug laboratory analysts from across the country. Moreover, SMART also conducted training-needs assessment for forensic drug laboratories in Myanmar during the same period.

The current phase of the Global SMART Programme is being supported by Australia, Canada, Japan, Republic of Korea, New Zealand, Thailand, United Kingdom and United States.

Other relevant UNODC programmes include:

#### UNODC Computer-based Training (CBT) Programme

Since 2000, UNODC has been providing Member States with technical assistance to address a range of issues related to transnational organized crime through computer-based training (CBT). The existing UNODC CBT curriculum contains 78 modules and is available in 18 languages. It is currently being delivered via 300 Centres in 52 countries. More than 100 of these Centres are in South East Asia and the Pacific. The CBT Unit coordinates and implements operations from the Regional Centre in Bangkok.

Details of the CBT implementation in Myanmar are:

- 14 CBT Centres in Myanmar
- Key focal points include Police, Customs, Criminal Investigation Dept (CID)
- CBT operations have been conducted at :
  - The Central Training Institute of Myanmar Police Force, Mandalay;
  - Customs Department, Yangon;
  - Border Liaison Offices (along the borders of Myanmar).

Future CBT activities in Myanmar will include

- Establishing new/upgraded CBT Centres and Sites;
- Provision of training for assigned local CBT Managers;
- Developing and customizing new CBT Courses for Myanmar;

### 3.3.2 Japan

The Japanese Government has conducted a crop substitution programme for the eradication of opium poppy cultivation and poverty reduction in northern Shan State since 1997 through the Japan International Cooperation Agency (JICA). From April 2005 to March 2011, JICA conducted a project for the comprehensive socio-economic development of Kokang Self-Administered Zone, which totalled about \$11 million. This project covered infrastructure, agriculture, livelihood improvement, health and education aimed at the mitigation of the critical situation of the people in poverty after eradicating opium poppy cultivation in the Kokang Self-Administered Zone.

As succeeding activities in Northern Shan State, which aims to support eradication of opium poppy cultivation, JICA, in cooperation with the Ministry of Border Affairs, is making feasibility study arrangements to start a five-year technical cooperation project. This Project for Eradication of Opium Poppy Cultivation and Rural Development in the Northern Part of Shan State will be starting during 2013.

The Japanese Government has contributed \$4.43 million (1996-2007 total) to the UNODC project for drug control and development in the “Wa” Self-Administered Division of the Shan State, and \$2.5 million (2002-2014 total) to the UNODC project for illicit crop monitoring in Myanmar. The Government of Japan contributed \$0.75 million to WFP Food Assistance for Children and Mothers during the lean season through Protracted Relief and Recovery Operations (PRRO) in northern Shan State in 2009 and approximately \$5 million to WFP PRRO in Myanmar including Northern Shan State in 2010. The Japanese Government funded in 2009 \$ 0.13m to AMDA, a Japanese NGO, for their project for upgrading a rural health centre in Kokang Region.

In recent years including early 2011, CCDAC officials participated in the Asia-Pacific Operational Drug Enforcement Conference in Tokyo hosted by the National Police Agency of Japan.

### 3.3.3 World Food Program (WFP)

In 2011, the Government of the Republic of the Union of Myanmar stepped up poppy eradication efforts, destroying standing poppy crops throughout the country. Recognizing the impact this campaign was having on community livelihoods, the Government requested UN Agencies, and particularly WFP, to provide emergency food assistance in areas where poppy eradication efforts were significantly impacting household food security status. In Shan State, WFP implements its activities through four sub-offices located in Lashio, Laukai, Pangkham, and Taunggyi.

In February 2012, WFP restarted its partnership with UNODC in Shan State to assist ex-poppy farmers with general food distributions. The food assistance was provided in 45 villages in central Ho Pone and Pinlon townships as an initial response after the farmers' poppy fields were destroyed. In 2012, WFP food assistance in partnership with UNODC reached over 16,500 people with 766 metric tonnes (mt) of food.

In partnership with local NGOs, WFP also conducted an emergency food security assessment in 10 villages in Pekon and Pinlaung townships in southern Shan State. The objective was to assess the extent to which household food security status was impacted by poppy eradication intervention.

The results of the assessment indicate that:

- In the communities affected in Pinlaung and Pekon, the food security situation was stable and no immediate assistance was deemed necessary;
- Household diet appeared sufficiently diverse, thus indicating adequate food access;
- Market purchases were the main source of rice for households, suggesting household income remains sufficient to afford basic food needs despite the loss of poppy income. Nonetheless, few households were reportedly forced to purchase food on credit or borrow from friends/relatives;
- Continuing monitoring will help understand the resilience of these communities; if assistance is deemed necessary, food or cash-based assistance will be considered.

In 2013, WFP will continue its partnership with UNODC on assets creation activities, such as road renovation, which will enable ex-poppy farmers to diversify their income sources and access markets.

In addition to assisting vulnerable ex-poppy farmers, WFP continues to support the communities most in need through assets creation, nutrition, education and emergency response activities. In 2012, WFP reached more than 1 million people across the country with over 39,700 tons of food such as rice, fortified vegetable oil, pulses, iodised salt, nutrient-rich blended food for children under 5 and pregnant and lactating women, and High Energy Biscuits for schoolchildren.

WFP is currently working in Magway Region, Rakhine, Kachin, Shan and Chin States and plans to expand its area of intervention to new ceasefire areas in the coming years.

### **3.3.4 Australia**

Australia, through the Australian Federal Police (AFP) and the Australian Agency for International Development (AusAID), continues to support counter-narcotic efforts in Myanmar, through police-to-police cooperation and support to the World Food Programme's activities in Kokang, Wa and elsewhere in Shan State.

Australia is also a major contributor to efforts to counter HIV/AIDS in Myanmar through the Three Diseases Fund (3DF), managed by UNOPS, and the HIV/AIDS Asia Regional Program (HAARP), managed by UNODC, and a number of smaller projects.

Australia is also contributing to the Livelihoods and Food Security Trust Fund (LIFT). LIFT is funded by Australia, the European Commission, The Netherlands, Sweden, Switzerland and the United Kingdom. LIFT aims to provide USD100 million over 5 years to improve the food and livelihoods security of the poorest and most vulnerable people in Myanmar, and Shan State is one of the five target areas for LIFT.

### **3.3.5 European Commission**

The European Commission has been supporting the activities of UNODC since 2003.

Two projects aiming at reducing injecting drug use and its harmful consequences were implemented in the period 2003-2008. They contributed to decrease the spread of HIV and mitigate the impact of HIV & AIDS in Myanmar by promoting safe behaviour and improved access to comprehensive services, specifically among intravenous drug users.

The European Commission is currently supporting two food security and crop substitution projects in Southern Shan State for the eradication of opium poppy cultivation and poverty reduction. Originally supposed to be implemented in Pinlaung Township, both projects had to be relocated to Hopong Township since UNODC was denied the MoU to operate in the proposed target areas. The new area of implementation shows similar needs for assistance.

The implementation of these projects has suffered from important delays and activities on the ground only started in early 2011. The EU and UNODC have agreed to review the strategy following the decision from the GoM to intensify the poppy eradication campaign in Southern Shan State. Project support will be channelled in priority to villages (1) in which eradication has already occurred; and, (2) in which there is a high rate of household participation in poppy cultivation (either through direct planting of poppy, or through participation in wage labour in poppy fields), regardless of whether eradication has occurred in, or is planned for, these villages.

The European Commission is also one of the donors contributing to the Livelihoods and Food Security Trust Fund (LIFT) and to the Three Diseases Fund (3DF).

#### **3.4. Place and Date of Meeting of Mini-Dublin Group in Myanmar**

Due to time constraints, a meeting was not held.

#### **3.5. Prioritised Identification of Needs for External Assistance**

- Continued and enhanced international cooperation and capacity building with Myanmar law enforcement agencies on counter narcotics
- Addressing food security issues, including the provision of food and development assistance for former poppy farmers facing serious food shortages
- Continued programmes to improve the livelihood of former poppy cultivating communities including in newly-developed poppy cultivation areas
- Continued surveys and research on opium and ATS production
- Treatment and rehabilitation of addicts and former addicts with an emphasis on supporting methadone programs to treat drug addiction

### **3.6. Mini-Dublin Group Assessment of Needs**

#### **3.6.1 Emerging Threats/Trends**

Opium poppy cultivation in Myanmar has continued to see year-on-year increases in cultivation area since 2006. In 2012 production of opium also increased significantly from 2011 figures. Further, the production and trafficking of other illicit drugs, most notably ATS and its precursors, is increasing. Continued inaccessibility, due to insecurity reasons, to the main areas where illicit drug crop cultivation and drug production occurs continues to represent a considerable challenge to the anti-narcotics efforts by the Myanmar Government and the international community.

Household food insecurity and its apparent relationship to household engagement or re-engagement with illicit drug cultivation and production is a significant, emerging threat in Myanmar.

Also of concern is the apparent tightening of controls to access for UN agencies and donors providing assistance for former poppy farmers in certain areas. Although this partly reflects ongoing security issues in these areas, members consider that the controls to geographic access may be going beyond what is necessary. The lack of access to these areas, which in some cases do not fall under regular government control, hinders domestic anti-narcotic efforts.

#### **3.6.2 Political Initiatives**

The Myanmar Government continues to publicise their determination to tackle narcotics production through its extended 20-year narcotics elimination plan, and has revised the structure of CCDAC anti-narcotic teams across the country. However, its activities have been hampered by insufficient funds and inaccessibility to many areas where illicit drugs cultivation and production takes place. The successful implementation of the 20 year plan will depend also on the situation in the Special Region border areas, the political will of the new government continuing through the 2015 election, and continued, expanded assistance from the international community.

### 3.6.3 Recommendations

- That the joint chairs, Japan and Australia, continue to update the document which outlines current and previous anti-narcotics programs in Myanmar and which can be used as a resource to avoid duplication of effort and identify key gaps, and that a draft of this document be available for comment at the next Mini-Dublin Group meeting.
- That the completed report of the Myanmar Mini-Dublin Group committee be forwarded to the Myanmar Government.
- That members urge Myanmar to provide greater access to UN agencies and INGOs into areas of illicit drug cultivation and production concern in order to provide assistance to opium poppy farmers, including through the timely provision of necessary visas and travel authorisations for international staff.
- That members encourage Myanmar and its neighbours, chiefly China, India and Thailand, at the bilateral level and, where appropriate, in multilateral fora to continue to work closely with each other on counter-narcotics strategies.
- That members encourage Myanmar's neighbours to work more closely with the international organisations engaged in counter-narcotics in Myanmar.
- That members seek to strengthen their assistance for alternative development (income substitution, community development, construction of infrastructure) in former poppy-growing areas, concentrating support in centres of opium production in southern and eastern Shan State. Other donor countries should be encouraged to look at strengthening their assistance in these areas.
- That members continue to support the provision of emergency assistance for the immediate needs of former poppy growers facing the loss of their primary income.
- That members continue support for building human resources capacity and to scale up HIV prevention and treatment services for people who use drugs in Myanmar, and in particular, people who inject drugs.
- That members remain alert to the impact of recent and future political developments on counter-narcotics efforts, particularly in Shan State.

## **4. THAILAND**

### **4.1. General Situation**

Thailand's strengths as a regional connectivity hub and growing tourism market have also made it more susceptible to transnational organised crime. Its geographic location – including its long land borders with neighbouring countries with substantial illicit narcotic production and transshipment networks – makes it a strategic hub for narcotic trafficking. The growing scale and diversity of international visitors to Thailand – with approximately 23 million tourists in 2012 – provides a means of concealment for transnational criminal groups and is a challenge for Thai counter-narcotics capacity.

The drug situation in Thailand remains serious. In 2012, there were substantial increases in seizures of 'Ya-ba' and other amphetamine-type substances (ATS). Thailand remains one of the largest consumers of 'Ya-ba' and other ATS in the region. Thailand remains a key trans-shipment route, both from neighbouring countries and further afield, and a preferred geographic location for international syndicates organizing narcotics activities.

Narcotics continue to be trafficked in and out of Thailand via a variety of water, air and land routes. Significant quantities of ATS are concealed in shipments crossing formal land border checkpoints with Myanmar, Laos and Cambodia, while substantial quantities are smuggled into Thailand through green crossings (areas away from the formal border check points) from these countries. Narcotics are also smuggled along the Mekong river as well as through international waters into major Thai sea ports. Greater Bangkok, as a regional air, land and sea transport hub, remains the main market, storage and transit hub in Thailand.

Traffickers continue to find new routes, including through Laos PDR, Cambodia, Vietnam and Malaysia to import drugs into Thailand and avoid detection by Thai law enforcement authorities. The growth in international airlines flying directly into Phuket and other regional airports represents a potential law enforcement vulnerability.

According to the UNODC, international drug trafficking in Thailand continues increasingly to involve West Africans (especially Nigerians), Pakistanis and Iranians. ASEAN nationalities have increasingly been involved as drug couriers.

In line with regional trends, the consumption of ATS in Thailand has increased significantly over the past 5 years. The use of ATS continues to rise, with 'ya-ba' (methamphetamine) the most commonly-used illicit drug in Thailand. Seizures of 'ya-ba' almost doubled in 2012. Thailand's Office of the Narcotics Control Board (ONCB) has also reported an increased prevalence of 'ice' in Thailand. The majority of ATS continue to be imported into Thailand from Myanmar, with some shipments also being intercepted from Laos. Most ATS in Thailand is imported rather than manufactured locally.

Heroin is imported to Thailand from production centres in Myanmar and Laos, as well as Pakistan, Afghanistan and Iran. Domestic production in Thailand in the northern regions bordering Myanmar has declined. Domestic consumption is also believed to be in decline. However, Thailand is being used as a transit hub for other regional markets.

Cocaine – imported primarily from South America by West African groups - and 'ecstasy' are primarily used in expatriate circles but their use is also found among more affluent Thais. Demand for cocaine and other drugs in Pattaya, Samui and Phuket is fuelled in part by the high volume of foreign tourists visiting these locations.

In the southern part of Thailand, the use of 'Kratom', a mildly hallucinogenic plant, remains common locally.

Cannabis continues to be cultivated domestically in Thailand as well as smuggled through Laos and other countries. Seizures of Cannabis by Thai authorities doubled in 2012.

Volumes of drug seizures in Thailand, provided by the Thai Office of Narcotics Control Board, is at Attachment A.

## **4.2. Update on the country's anti-drugs strategy**

### **4.2.1 Changes/additions to the counter-narcotic institutional framework**

On 1 October 2012, the Thai government released a revised national drug control strategy, “Operation to Use the Kingdom’s Power for Sustainable Victory Over Drugs 2013”. This strategy will apply until its review on 30 September 2013.

This document updates Thailand’s “Kingdom’s Unity for Victory over Drugs” strategy, released in 2011.

The new strategy seeks to improve the integration of all measures used in counter-narcotics. It aims to ensure greater coordination across all relevant agencies, including at the provincial levels, and ensure agencies adhere to the rule of law. The strategy empowers the Thai government to open provincial offices and drug control centres. The strategy has sought to encourage public participation, empowerment and awareness.

Implementation of the strategy is being conducted under the supervision of the National Command Centre for Drug Elimination (NCCDE) led by H.E. Police Captain Chalerm Yubumrung, Deputy Prime Minister, as Director of NCCDE. NCCDE is responsible for periodic reports and review of the strategy.

Thai law enforcement agencies continue to make regular and large seizures at both land and air crossings. In 2012, there were fewer reports of seizures involving sea freight/shipping containers, potentially indicating this area could be lagging behind airfreight and passenger monitoring, and could therefore be a vulnerable point for Thailand.

## **4.3. Update on major bilateral and multilateral counter narcotics programs**

During the 11th ASEAN Senior Officials Meeting for Transnational Crime (SOMTC) held in Singapore in October 2011, Thailand was tasked to take the lead on illegal drug suppression activities in the region under the ASEAN Plan of Action to Combat Transnational Crime.

The meeting initiated an exchange of certified Field Training Officers (FTOs) in anti-narcotics operations among member countries as part of efforts to share information and knowledge among ASEAN law enforcement authorities.

Thailand hosted the 12th ASEAN SOMTC in Bangkok in September 2012, followed by consultations with dialogue partners, to follow up progress and revise ASEAN's forward work programme for 2013-15.

From April-June 2013, Thailand will participate with Laos, Myanmar and China in a joint counter-narcotics operation along the Mekong River.

#### **4.4. Place and Date of Meeting of Mini-Dublin Group in Myanmar**

A meeting of the Mini Dublin Group was not convened for this update.

The Australian Embassy in Bangkok updated the May 2013 report on Thailand with data provided by ONCB and through open source reporting, drawing on the April 2013 UNODC Transnational Organized Crime in East Asia and the Pacific Threat Assessment (TOCTA), in consultation with the Embassy of Japan.

The next meeting of the Mini Dublin Group in Bangkok will be convened by the Australian Embassy in the third quarter of 2013. In line with past practice, we will invite officials from the Thai ONCB and UNODC to provide an assessment of the situation in Thailand.

#### **4.5. Prioritised Identification of Needs for External Assistance**

We continue to assess that there is an identifiable need for assistance in establishing medically accepted mechanisms to treat drug addicts (rehabilitation) and in educating all levels of society about the harm of narcotics.

Thai authorities face challenges in implementing a comprehensive three-pronged policy approach of Harm Minimization which comprises:

- Supply reduction (law and order)
- Demand reduction (prevention education and drug treatment)
- Harm reduction (reducing the wide range of physical, psychological and social harms associated with illicit drug use).

While there has been considerable domestic and international attention, support and resourcing in Thailand to address the first component – supply reduction – there remains substantial capacity and resource gaps in addressing demand reduction, and challenges ahead for Thais in implementing harm reduction.

*Assistance for demand reduction in Thailand requires:*

The establishment and maintenance of Community Drug Treatment Services for acute withdrawal and longer rehabilitation which utilize evidence-based practice and are informed by international standards; and the provision of well-targeted evidence-based health promotion strategies which educate vulnerable groups about the potential harms of illicit drug use (including narcotic drugs) and how to access further information, support, counselling and treatment as appropriate.

*Assistance for harm reduction in Thailand requires:*

Public education and advocacy to establish policy and legal environment to support harm reduction service provision.

The establishment and maintenance of a range of services to reduce the physical, psychological and social harms experienced by drug users and the general community as a result of illicit drug use.

These services include but are not limited to: education and behavioural change interventions, drug counselling, establishment of methadone maintenance, voluntary counselling and testing for HIV and hepatitis, hepatitis vaccination, referral for HIV treatment and referral broader health care.

## **4.6. Mini-Dublin Group Assessment of Needs**

### **4.6.1 Emerging Threats/Trends**

In line with our November 2012 assessment, the continued increase in the import and use of ATS in Thailand has been identified as a key threat.

### **4.6.2 Political Initiatives**

Thailand's ONCB continues to develop the national drug strategy aimed at supply reduction, demand reduction and harm reduction.

The increased focus on public awareness campaigns, rehabilitation, medical care and treatment of drug addiction by the Thai government should be further encouraged.

### **4.6.3 Recommendations**

Mini Dublin Group members should continue to provide support through appropriate mechanisms for Thailand's counter-narcotics work. Given the wide range of activity that takes place through Thailand as the focal point for the region, it will be important to cooperate in order to avoid duplication and ensure assistance is well-targeted.

Thailand should also be supported, where appropriate, in its own efforts to become a learning centre in the region.

Ongoing support for regional programs which include Thailand, and for NGOs working in this field, to cover areas not funded through government resources, will continue to be important.

## Attachment A – THAILAND

### Statistics on Narcotic Seizures in Thailand, 2004 – 2012 (updated March 2013 by ONCB)

TYPE	2004	2005	2006	2007	2008	2009	2010	2011^	2012^
Ya-ba (mill. tablets)	31	18	14	14.1	22.2	27.4	54.1	55.1	94.5
Ice (kg)	47.3	322.7	94	48.1	54.1	213	705.3	1241	1546
Cannabis (kg)	9907.3	13288.3	11573.3	14950.9	18894.7	18088.7	18029.8	12794.8	23375
Cocaine (kg)	12.3	6.78	37.6	18.8	11.5	9.3	31.1	31.8	17.8
Heroin (kg)	820	955	93	294	199.8	143.1	137.6	541	126.1
Kratom Plant (kg)	2055	1743.1	8544	42267.6	12716.3	21879.6	32704.5	22260	NA
PSE Prep (mill.tablets)	NA	NA	NA	NA	NA	NA	NA	36	4.5

^ Figures adjusted from initial source (ONCB annual report 2011) - updated statistics available provided by ONCB March 2013

## 5. VIETNAM

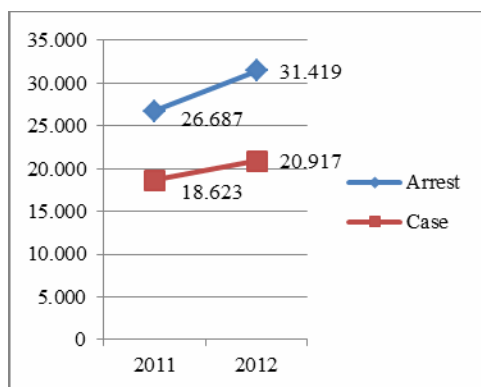
### 5.1. General Situation

#### 5.1.1 Drug trafficking

Although heroin and opium are still the main drugs consumed or trafficked in Vietnam, synthetic drugs are becoming increasingly popular in the country's illicit drugs market.

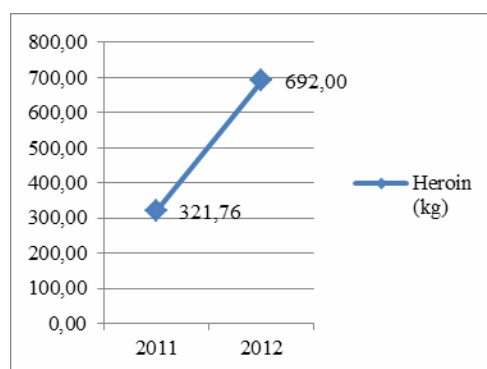
According to information from the Ministry of Public Security (MPS), in 2012, drug law enforcement agencies investigated 20,917 cases, arrested 31,419 people involved in drug related crime and seized more than 692 kg of heroin, 225 kg of opium, 1 metric ton of fresh cannabis, 164 kg of dried cannabis, and 192 kg and 500,000 tablets of synthetic drugs. These figures reveal a significant increase in seizures compared with those for 2011 (18,623 cases, 26,687 people involved in drug related crime; 309 kg and 36 blocks of heroin ; 76.2 kg of opium; 7 metric tons of fresh cannabis and 500kg of dried cannabis; 121.38 kg and 365,988 tablets of synthetic drugs).

*Figure 1. 2011-2012: Number of criminal cases investigated and people arrested*

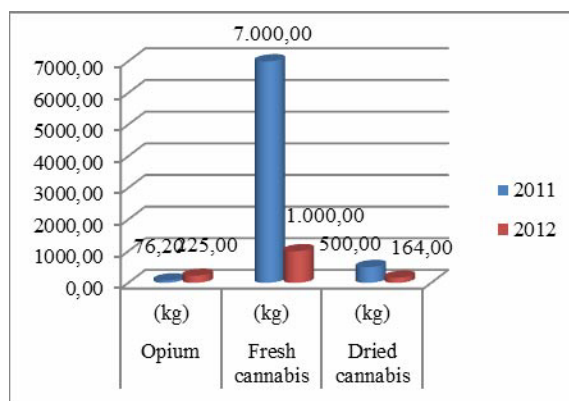
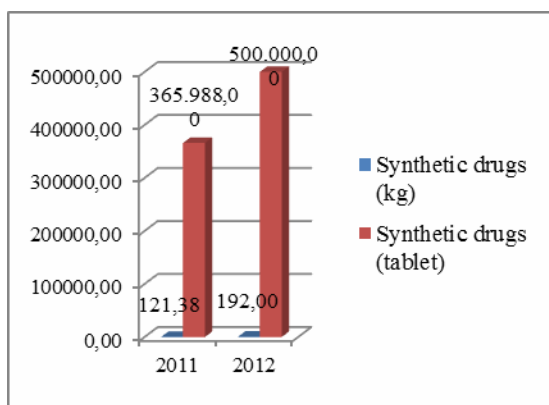


*Figure 3. 2011-2012: seizures of synthetic drugs*

*Figure 2. 2011-2012: heroin seizures*



*Figure 4. 2011-2012: seizures of other types of drugs*

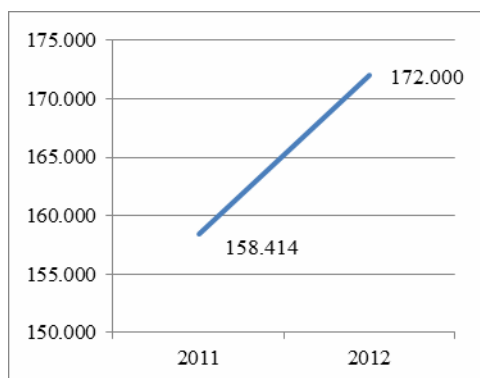


According to the UNODC's 2011 Amphetamine Type Stimulants (ATS) survey, the ATS market in Vietnam continues to expand and diversify. ATS use is increasingly widespread, mainly in big cities. The general level of knowledge and understanding of ATS is minimal. According to MPS, an emerging trend was that synthetic drugs, especially crystal methamphetamine ('ice') were being domestically produced on a larger scale. Manufacturers were Vietnamese who had lived and worked overseas and had indirect or direct experience of synthetic drug production.

### 5.1.2 Drug demand reduction and HIV/AIDS

By the end of 2012, there were 172,000 registered drugs users, an increase of 8.5% on the same period last year. Male users accounted for 96%; female, 4%; people aged under 16 accounted 0.02%; people from 16 to under 30, 50%; and people 30 and older, 49.8%. Heroin users account for 84.7% of drug users.

Figure 5: Number of drug users in 2011-2012 (persons)



In 2012, 23,413 new drug users were admitted for drug treatment in “06 centers” and 6,204 were referred to community and family based treatment. 65% of drug users were living in the community, 24% in 06 centres and 11% in custodial facilities. The Government has expressed its commitment to phasing out compulsory treatment and to diversifying evidence-based services for drug users in line with international standards.

Injecting drug use is widespread. 85% of drug users nationwide inject drugs, mostly heroin. Injecting drug use accounts for half of all reported cases of HIV. At present, HIV cases have been reported in all 63 Vietnamese provinces. According to the Vietnam Authority on HIV/AIDS Control (VAAC), by December 2012, there were 272,372 people living with HIV/AIDS in the country. The HIV epidemic remains highly concentrated, with the highest prevalence in men who inject drugs (18.8%), female sex workers (3.2%) and men who have sex with men (MSM) (16.7%)

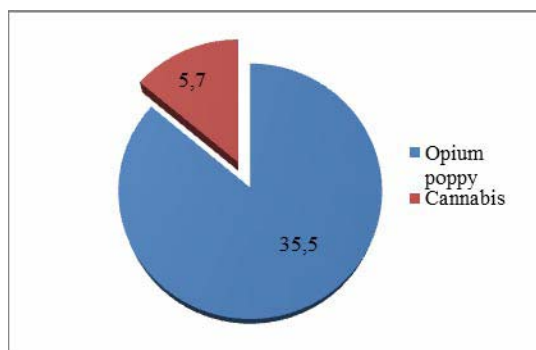
HIV prevention, treatment and care services, and drug dependence treatment are in the early stages of development. Anti-retroviral (ARV) treatment was being provided in 10 selected prisons as of December 2012 with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). It is expected that 18 prisons (out of about 53) will be providing ARV treatment for prisoners under the Global Fund project by December 2013. MPS provides some basic health-related care and has undertaken a small-scale prevention information campaign. But an effective response to the HIV epidemic in these settings is just beginning, and the tools, knowledge and commitment necessary to undertake such a response are still being developed.

Methadone Maintenance Treatment (MMT) in prisons is expected to start in 2014 if the MMT program in the community expands. The government’s ‘Decree 96 on Substitution Treatment for Opioid Addiction’, issued in November 2011, will make it possible for methadone patients moving from the community to custodial facilities to continue methadone treatment. The Ministry of Health’s Circular 12/2013 (issued 12 April 2013) provides further guidance on implementation of MMT programs. There were 60 methadone clinics in 20 of Vietnam’s 63 provinces treating a total of 12,259 patients by December 2012. The government's long-term objective is to have 245 methadone clinics operating in 30 provinces and cities and 80,000 drug users receiving treatment by 2015.

### 5.1.3 Cultivation of narcotic containing plants

Although limited, there was an upwards trend in cultivation (an increase of 22% in comparison to 2011). In 2012, according to a government report, there were 40.2ha detected and eradicated, including 34.5ha of opium poppy and 5.7ha of cannabis.

Figure 6: Total area of narcotic containing plants and crops, 2011-2012 (hectare)



### 5.2. Update on the country's anti-drugs strategy

As a follow up to the approval in 2011 of the ‘National Strategy on Drug Control and Prevention in Vietnam to 2020’ and the ‘Vision to 2030’, the Prime Minister signed on 31 August 2012 the National Target Program on Drug Prevention and Control for the period 2012-2015. On 15 November 2012, the government issued Decree 96/2012/ND-CP, on Regulating Substitution Treatment of Opioid Addiction (known as the Methadone Decree) which provided the basis for a further increase in MMT.

In 2012 Vietnam acceded to the United Nations Convention against Transnational Organised Crime and its supplemental Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (known as the Palermo Protocol).

The government is currently revising Vietnam’s Constitution and the latest draft no longer includes a provision on compulsory treatment of “drug addiction and treatment of dangerous social diseases” (former article 61, para 4). The draft Constitution will probably be sent to the National Assembly by the end of May.

Following revision of the Constitution, the government will revise the Criminal Code, Criminal Procedure Code and other laws regulating narcotics issues.

### **5.3. Update on major bilateral and multilateral counter-narcotics programs**

#### **5.3.1 Australia**

The Australian Federal Police (AFP) has offices in Hanoi and Ho Chi Minh City (HCMC) and is actively involved with the Narcotics Investigations Department of the Vietnamese Police General Department for Crime Prevention and Suppression. Heroin remains the most trafficked commodity but there has been a noticeable rise in the amount of methamphetamine and particularly precursor chemicals for the manufacture of methamphetamine being trafficked from Vietnam to Australia.

The major trafficking route to Australia is via Ho Chi Minh City (HCMC) to the Vietnamese communities in Sydney and Melbourne, primarily because of the people links between Vietnamese communities in Australia and those in southern Vietnam, coupled with the direct air and sea cargo routes to Australia. As a result, HCMC acts as a funnel for illicit drugs and/or precursors trafficked from or through Myanmar, Laos, Cambodia and China.

A number of significant joint investigations were conducted / resolved in the last six months which highlight the effectiveness of the working relationship between the AFP and the Narcotics Investigations Department. Furthermore, there were investigations which involved countries additional to Australia and Vietnam. Where necessary, the AFP has brokered collaboration with police agencies in those other countries to progress investigations and thus assisted the Narcotics Investigations Department in becoming a more active partner in transnational narcotics investigations, especially in countries with which Vietnam does not share a border.

The laundering of the proceeds of drug trafficking activity (including border controlled substances imported into Australia and as the result of domestic cannabis cultivation by Vietnamese groups in Australia) back to Vietnam is an area the AFP is wanting to progress in the coming year with Vietnamese counterparts.

The AFP also has engagement with the Narcotics Investigation Department through a number of capacity building and other initiatives.

### **5.3.2 European Union**

The European Union currently has no specific cooperation programs on drugs or crime in Vietnam but maintains liaison contact with the authorities. One of the stated aims of the EU-Vietnam Partnership and Cooperation Agreement, signed in 2012, is collaboration in the areas of combating organised crime, money laundering and illicit drugs, so we might expect closer cooperation over the medium term. Vietnam was included in the 2009-2012 EU-ASEAN Migration and Border Management Program, created to support the development of an efficient and coherent Integrated Border Management System at selected main border crossing points. One of its main objectives was to facilitate the legal movements of goods and persons, whilst combating transnational crime, illegal migration and people trafficking.

### **5.3.3 France**

France has no specific programs on drug-related issues but regularly conducts training sessions, working visits and exchanges on crime-related matters and aims at strengthening its legal cooperation framework with Vietnamese authorities.

### **5.3.4 UK**

The UK has increased its law enforcement footprint in Vietnam, and is building on existing relationships in 2013. UK co-operation with Vietnam is currently very good but organised crime is a growing phenomenon and it is essential that the UK and Vietnam work even more closely to combat this increasing threat. To that end, the UK opened a Serious and Organised Crime Agency Liaison Office (SOCA) in Hanoi in 2012, covering Vietnam, Cambodia and Laos. This has allowed for a more dedicated relationship with Vietnamese law enforcement.

Vietnamese dominate cannabis cultivation in the UK; however this dominance may be decreasing. Most UK cannabis farms are staffed or run by Vietnamese illegal immigrants, with the money generated by cannabis cultivation in the UK estimated to be between GBP 300 million and GBP 800 million per year. Much of this is known to be sent back to Vietnam through the use of individual couriers or via legitimate Vietnamese businesses. The laundering of the proceeds of crime generated by the cultivation and distribution of narcotics is a key area of work for SOCA. SOCA has identified opportunities for joint work with the State Bank of Vietnam's Anti-Money Laundering Department, as well as the MPS Economic Crime Command and Vietnam Customs, and is currently looking at other joint initiatives with UNODC.

Criminal vendettas and rivalry between crime groups involved in cannabis cultivation have also resulted in a number of kidnaps and murders in the UK Vietnamese community. SOCA and the UK Human Trafficking Centre work closely with ACPO Forces in England and Wales, with support from Vietnamese law enforcement, to tackle this criminal threat.

### **5.3.5 Japan**

There has not been a reported narcotics trafficking case from Vietnam to Japan since 2001. In Japan, most drug trafficking arrests relate to ATS cases. The recent increase in ATS trafficking cases in Vietnam is a trend to which we should pay attention.

Japan has currently no specific bilateral cooperation programs on drug-control issues. The Government of Japan, however, has been promoting “human security” as one of the main pillars of its development aid policy and considers drug control a matter of great importance. It continues to work closely with the Government of Vietnam in efforts to control drugs in collaboration with UNODC.

### **5.3.6 United States of America**

U.S. counter-narcotics objectives in Vietnam are aimed at improving cooperation in cross-border, regional, and international enforcement efforts and assisting Vietnam to expand the capacity of its domestic counter-narcotics law enforcement agencies. Operational cooperation between Vietnamese and U.S. authorities has improved, in particular between the Ministry of Public Security Counter-Narcotics Department and the Drug Enforcement Administration (DEA) Hanoi Country Office, but further progress is needed to achieve significant results.

The U.S. Government continues to use the International Law Enforcement Academy (ILEA) in Bangkok, in cooperation with the Thai Government, to provide law enforcement training to approximately 100 Vietnamese law enforcement officials each year.

The DEA engages in direct cooperation on specific counter-narcotics cases and engages in capacity-building efforts by supporting Vietnamese government participation at international and regional events and conferences, as well as conducting some basic training activities. DEA and the Department of Defense Joint Interagency Taskforce - West (JIATF-W) conducted a training seminar with the Ministry of Public Security’s Counter-Narcotics Department in July 2012.

The seminar provided tactical and emergency medical training to more than 50 police officers. Two similar seminars are scheduled to be held in June and September 2013. In addition, the DEA and JIATF-W partnership with the MPS Counter-Narcotics Department to construct a joint training facility in Vinh, Vietnam, culminated with a ribbon-cutting ceremony officially dedicating the facility in January 2013.

The U.S. Department of the Treasury is working with the General Department of Vietnam Customs Training Academy to develop and incorporate financial investigative techniques courses into its curriculum.

The U.S. Department of State's Export Control and Related Border Security (EXBS) Program supports the comprehensive development of Vietnam's operational capabilities to deter, detect, interdict, and prosecute illicit smuggling of cargo and persons. EXBS engagement targets the full range of threats to trade security, including narcotics trafficking, WMD proliferation, piracy, human trafficking, and contraband smuggling. During 2012, training and equipment was provided to the General Department of Vietnam Customs, Vietnam Marine Police, Border Guard, and other Vietnamese law enforcement entities.

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Vietnam anticipates receiving approximately \$69 million in FY 2013 for a targeted program of health systems strengthening and HIV prevention, care, and treatment among key populations including people who inject drugs (PWID), sex workers, and men who have sex with men (MSM). Injecting drug use plays a significant role in driving HIV transmission; approximately 60 percent of all HIV infections in Vietnam are directly or indirectly associated with injecting drug use. Among its prevention programs, PEPFAR promotes medication assisted therapy, including methadone, an intervention proven to stem the rate of HIV infection among people who use drugs. PEPFAR currently supports MMT for over 13,000 patients in 60 clinics across the country (as of March 2013). PEPFAR also supports HIV counseling and testing and community outreach for key populations. Among the 32 provinces supported by PEPFAR, there is a focus on nine provinces where the epidemic is having the greatest impact: Hanoi, Hai Phong, Quang Ninh, Ho Chi Minh City, Can Tho, An Giang, Nghe An, Lao Cai, and Dien Bien. Through PEPFAR, the U.S. Government also participates in the development and implementation of Vietnam's National Strategy on HIV/AIDS Prevention and Control.

### 5.3.7 UNODC

UNODC assistance to Vietnam has been provided through regional and national projects.

In the area of illicit trafficking, UNODC helped to enhance national efforts in border security in the Greater-Mekong Sub-region, with some significant arrests and seizures directly attributable to the operations of border liaison offices.

Through a dedicated program against money laundering, UNODC helped to increase capacity of MPS's Economic Police Department to identify, investigate and prosecute economic crimes by delivering training in basic investigative techniques, money laundering and financial investigation. Data for 2010 shows a significant increase in the number of cases handled and the value of assets frozen or confiscated. UNODC also provided money laundering and financial investigation training to MPS's Anti-Corruption Related Crimes Department in Ha Noi, Da Nang and Ho Chi Minh City. As a custodian of the United Nations Convention against Corruption, UNODC, as part of One UN, provided policy advice for the Government Inspectorate to make a self-assessment of the implementation of the Convention.

UNODC assisted the Government in formulating new strategies and policy documents addressing drugs, crime and illicit trafficking in human beings, such as National Strategies and Target Programs on drug control and crime prevention and the National Program against human trafficking. These documents set priorities for national actions against drugs and crime, including robust law enforcement measures, cross border cooperation, addressing newly emerging crimes, such as environment and cyber-crime, and strengthening community based treatment as an alternative to the compulsory treatment services.

UNODC aims at addressing drug use and dependence affecting the lives of individuals, families and communities through prevention of use, prevention of consequences, treatment and care. Consequently, UNODC has provided technical support to the Government in the diversification of drug prevention treatment and rehabilitation services, as well as for the expansion of evidence-based, voluntary drug treatment services in communities.

UNODC implements the project on addressing HIV/AIDS among injecting drug users, including in prison settings and is considering possible piloting of MMT in prisons. More detailed information is available upon request.

#### **5.4. Place and date of meetings of mini-Dublin groups**

The last Mini-Dublin Group Meeting was held on 27 April 2012 in combination with the Roundtable Meeting on Drugs, Crime and Human Trafficking Prevention and Suppression, 2011-2015, organised by the Ministry of Public Security and UNODC Hanoi.

There have not been any Mini-Dublin Group meetings since. Australia instead sought updates from member countries and the UNODC and circulated an updated report for approval.

#### **5.5. Prioritised identification of needs for external assistance**

Advocacy, policy advice and continued technical assistance are required to support the Vietnamese government in continuing political, social and economic reform. The public administration and justice reform process need to be promoted more quickly and intensively to protect rights and ensure access to justice, particularly for the most vulnerable and disadvantaged people.

##### Mini-Dublin Group members may consider supporting:

- legislation review, including revision of the Penal and Criminal Procedures Codes as a follow up to revision of the Constitution;
- development of drug law enforcement agencies' interdiction and investigation capacity regarding drugs related crime, intelligence collection and sharing; data analysis to identify trends in drug use, seizure and arrest; support for drug prevention activities including attention to synthetic drugs.
- diversification of services for drug users at provincial level and phasing out of compulsory treatment with the closure of 06 centres.
- HIV prevention and other harm minimisation measures including methadone maintenance therapy among injecting drug users.

#### **5.6. Mini-Dublin group assessment of needs**

##### **5.6.1. Emerging threats/trends**

Illicit drug trafficking and other types of transnational organised crime have become more complex, with offenders adopting more organised and sophisticated modus operandi. Drug offenders have been armed and ready to fight back at the law enforcement authorities when detected and traced. They have also been ready to commit suicide to hide information.

The emerging production of synthetic drugs, particularly “ice”, has been on a larger scale and of higher quality, with involvement from Vietnamese who have lived and worked overseas.

The many nationalities involved in drug trafficking cases, directly or indirectly, include Thai, Cambodian, Filipino, Indonesian, Malaysian and Chinese.

## **5.7. Recommendations**

The Vietnamese Government should:

- further strengthen inter-agency coordination and cooperation (e.g. in information sharing) in implementing new National Drug Control and Crime Prevention strategies with approved action plan and activities;
- support cross-border cooperation activities (e.g. increased mutual legal assistance, cross-border operations with neighboring countries);
- revise relevant legislation (e.g. Criminal Code and Criminal Procedure Code) and develop a new Law on Treatment of Drug Users;
- diversify services for drug users at community level as alternatives to compulsory drug treatment, which should be abolished; and
- become more actively involved in supporting the Mini Dublin Group in Vietnam through sharing information, organising visits to the borders and hotspots in illicit trafficking, keeping the group updated on national initiatives in addressing illicit drugs issues.