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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, provincial authorities reported 4,000 drug users to the National Authority for Combating Drugs (NACD). However, the *Integrated Biological and Behavioural Surveys (IBBS)*, commissioned by the *HIV/AIDS Asia Regional Program (HAARP)* and other international agencies, estimated the number of drug users to be considerably higher and likely to be over 10,000. The Survey takes into consideration the hidden population (migrant workers, entertainment workers, etc). The general consensus among the Royal Government of Cambodia and international agencies is that there are currently around 13,000 drug users in the country.

Methamphetamine (either in pill or crystalline form) is the most widely used drug in Cambodia. Crystalline methamphetamine is becoming more popular among youth and more widely available on the streets. (NACD 2013).

In 2010, the latest year for which data are available, an estimated 81% of all drug users used methamphetamine, 4% used heroin, 4% used inhalants (glue) and 11% used other drugs (including cannabis). An estimated 77% of all drug users in Cambodia are below the age of 26 years (NACD 2011). Whereas illicit drug use was previously concentrated primarily in urban areas, in recent years it has been expanding into the rural areas, in particular in the provinces adjacent to Lao PDR and Thailand (INCSR Cambodia 2012).

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	●	●	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 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	●	●	●	↑	●
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 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

Over the recent years, the manufacturing of illicit drugs in the country has become a serious concern for national authorities.

Large quantities of methamphetamine are manufactured domestically; however, due to the lack of available data the full extent of illicit drug manufacture in Cambodia is unknown. During the past few years, Cambodian authorities have dismantled nearly 20 facilities that were manufacturing methamphetamine or producing precursor chemicals for the manufacture of methamphetamine and MDMA. Some of the seized facilities as well as seized consignments of precursor chemicals were connected to ethnic Chinese drug trafficking organisations based in Taiwan Province of China (NACD 2012c). The illicit harvesting of saffron-rich oil (SRO), a common precursor for ecstasy, continues to be a problem in Cambodia.

In May 2012, police conducted a series of drug raids and uncovered six illicit drug manufacturing sites in Phnom Penh including one clandestine laboratory that was manufacturing both methamphetamine and ecstasy (NACD 2012d). Authorities seized large amounts of substances used in the production of ecstasy and methamphetamine including nearly 4,000 litres of SRO, most of which was believed to be destined for further trafficking to Canada via Vietnam and China (NACD 2012d).

The illicit cultivation of cannabis takes place in Cambodia, although it continues to decline (NACD ADEC 2013).

1.1.3 Drug trafficking

Transnational organised criminal groups from Asia and West Africa continue to target Cambodia as a major transit country for the trafficking of illicit drugs and their precursor chemicals. Large amounts of methamphetamine (in pill and crystalline form) and heroin manufactured in Myanmar continue to be trafficked into Cambodia through its north-eastern border with Lao PDR (NACD 2013c). A large portion of the drugs, in particular crystalline methamphetamine and heroin, are then often repackaged for further trafficking via overland routes and air passenger couriers to neighbouring countries (primarily Thailand and Vietnam) and to international markets, in particular Australia. In addition, the international airports in Phnom Penh and Siem Reap are being increasingly used as key trafficking centres for both inbound and outbound consignments of illicit drugs (NACD 2012a). Between August and October 2012, a total of nine persons were arrested for attempting to smuggle crystalline methamphetamine and cocaine into the country. In addition, multi-ton consignments of precursor chemicals and drug manufacturing equipment were smuggled through the seaport in Sihanoukville and river ports in Phnom Penh in 2012 (NACD 2013c).

Drug trafficking organisations continue to recruit women and minors to traffic illicit drugs into and through Cambodia. In addition, there has been an increase in smuggling drugs to Cambodia via parcel post express delivery services (CCE 2013).

Cocaine is smuggled into Cambodia by air and post from a number of countries in South America, North America, West Africa and Europe for export to third countries along overland and air routes (NACD 2012a; NACD ADEC 2013). A large number of the drug couriers arrested had been recruited by West African drug trafficking organisations. Some drug trafficking organisations from China, including Taiwan Province of China, are involved in the trafficking mainly of ATS and heroin (NACD 2012c).

In August 2012, a two-star general of the royal Cambodian Armed Forces and his bodyguard were arrested for their involvement in drug trafficking. Cambodian police seized from them roughly 85,000 methamphetamine pills, more than 1 kg of ecstasy (INCSR Cambodia 2013).

1.1.4 Drug seizures

Crystalline methamphetamine seizures have increased significantly in Cambodia during the past three years. In 2012, a total of 33.5 kg of crystalline methamphetamine was seized, representing a 75% increase over the amount seized in 2011 (19.1 kg) and the highest amount ever reported from the country. Methamphetamine pill seizures declined by about half (53%) in 2012, with 112,723 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).

The smuggling and diversion of precursor chemicals from legitimate trade channels remains a problem in Cambodia. In 2012, an estimated 51 mt of precursor chemicals were seized in the country (NACD 2013c).

Safrole-rich oil (SRO) continues to be illegally harvested and sold in Cambodia. SRO have various licit commercial uses in the perfume and pesticide industry, but can be diverted for the illicit manufacture of ecstasy. Cambodia is one of the three countries in the region (along with China and Vietnam) to have specific regulations for production and trade of SRO. In 2012, the amount of SRO seized (about 8.8 mt) was considerably higher than the amount seized in the previous year (2.3 mt) (NACD 2013b). However, SRO seizures have shown an overall downward trend since 2008, when a total of 42 mt of SRO was seized (14.2 mt seized in 2009 and 6.8 mt seized in 2010) (NACD 2013b).

In 2012, a total of 41 kg of cocaine was seized in Cambodia, a dramatic increase over the 1.1 kg seized in 2011 and the highest total ever reported from the country (NACD 2013a). The largest amount of cocaine seized in Cambodia previously was in 2006 when 5.1 kg were seized. A large portion of the cocaine smuggled into Cambodia is destined for Thailand and other markets in the region.

1.1.5 Drug sources

A Substantial quantity of methamphetamine is 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 Organised 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 a number of loopholes remained in the law which needs 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. The new law also recognises the right of drug users to voluntary access treatment and the right 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 Royal Government of Cambodia approved the New National Strategic Plan on Drug Control (2013-2015) which outlines its plan to further implement the Law on Drug Control. The National Strategic Plan consists of five strategies, seven strategic measures, 35 programmes, and 103 activities. The five 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 at the national level (through the NACD), the inter-ministerial level (with 22 ministries), the provincial level with the Provincial Drug Control Committee (PDCC), and the local level with the PDCC Sub-Committees.

With growing understanding that solely focusing on law enforcement and punitive approaches alone cannot control the production, sale and use of drugs, the Royal Government of Cambodia is adopting strategies that aim at reducing demand and better involve the community through the Community Competitive Plan (CCP) and the Village-Commune Safety Policy. The Royal Government of Cambodia 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 a needle exchange program have 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 Government of Cambodia to establish seven Border Liaison Offices (BLOs) in smuggling hot-spots along Cambodia's land borders. Over the past year, five new BLOs have been established (one at the border with Vietnam and four along the border with Thailand). The BLO programme promotes informal "horizontal communication" between agencies and across borders and provides skills training and some communication and transport equipment under the UNODC-supported initiative "Partnership against Transnational-crime through Regional Organised Law-enforcement" (PATROL). The programme is meant to expand as more BLOs are needed to control transnational forms of crime along Lao PDR and Vietnam.

The Australian Federal Police (AFP) works to build the capacity of the Cambodian National Police (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. While 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 CNP's successful drug raids in 2012 and 2013.

Additionally, the Australian Government's HIV/Aids Asia Regional Program (HAARP), targets the reduction of the spread of HIV through injecting drug use in Cambodia. HAARP facilitates key service delivery of the National Strategic Plan for Illicit Drug Use Related to HIV/AIDS 2008-2010. The program aims to expand the coverage of the Needle Syringe Program (NSP) in Phnom Penh and in four provincial 'hotspots'. It also promotes the opioid substitution treatment through the Methadone Maintenance Therapy (MMT) program. Additionally HAARP Cambodia aims to strengthen Cambodia's multi-sectoral response to HIV and harm reduction and to ensure its sustainability when the Program will end in 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 Cambodia Anti-Drug Department (CADD) on an ad-hoc basis.

The United Kingdom continues to support police capacity building in anti-trafficking and drug smuggling in collaboration with the Serious Organised Crime 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 10 temporary centres for drug education and rehabilitation (TCDER) with a total of 1,162 patients, which are managed by the Ministry of Social Affairs, other Government ministries, the civilian and military police, and NGOs (NACD 2012a).

However, there is concern amongst international and Government agencies that these 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, with the UNODC as the lead agency, given its role as conduit of funding to the NACD and its technical expertise. This effort has led to the establishment of detoxification and rehabilitation centres with vocational training and 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 mid-2013, CBTx has been providing ongoing treatment for over 1,200 drug users. Additionally, the Program has provided training to 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 NACD, Ministry of Health, UN Country Team and Provincial partners including the Provincial Health Department, local health and social service providers, which has allowed for heightened community awareness.

Partnerships have been established with law enforcement authorities, which has increased their understanding of drug use and CBTx. As a result, 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 Identification of needs for external assistance

Lack of resource mobilisation from donor countries and sufficient financial support from the Royal Government of Cambodia to support the CBTx affects progress of the project. 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.

1.5 Mini Dublin Group coordination

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. The Mini Dublin Group did not meet in the second half of 2013, but consulted via email on this update.

1.5.1 Mini Dublin Group assessment of emerging threats/trends

- The manufacture, trafficking and use of illicit drugs represent 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 organised 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 organisations 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.

1.5.2 Mini Dublin Group assessment of political will

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 in drug-related arrests. However, the Royal Government of Cambodia seems to still have some difficulties in full implementation of its anti-drug policy because of a lack of funding, equipment and human resources.

The Royal Government of Cambodia has planned to join ASEAN and China Drug Free Mechanism by 2015.

1.5.3 Mini Dublin Group recommendations for strengthening counter-narcotics efforts

- Continuing support for the Royal Government of Cambodia to implement the seven strategic measures under the newly adopted 2013-2016 National Strategic Plan.
- The Royal Government of Cambodia, 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 strengthen 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 to 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 Royal Government of Cambodia through increased information sharing and meetings with relevant stakeholders.

2. LAO PEOPLE'S DEMOCRATIC REPUBLIC

2.1 General situation

Countering drug use and related crime is one of the Lao Government's highest national priorities. Despite this, scarce resources, capacity constraints and porous borders are making it very difficult to staunch the use and trafficking of narcotics in Laos, indeed drug use and seizures are continuing to increase. Enhanced transport infrastructure, including regional connectivity in the lead-up to the launch of the ASEAN Economic Community in 2015, is likely to be facilitating more transnational organized crime in Laos, including drug trafficking.

In response, regional government-to-government cooperation has also increased, including at the operational level. A two-month operation in the golden triangle region involving authorities from Laos, China, Myanmar and Thailand took place in 2013, resulting in more than 2,000 arrests and the seizure of more than 9.78 tonnes of psychotropic substances across the four countries (individual statistics for Laos are not available).

High levels of use of Amphetamine Type Stimulants (ATS), especially among Lao youth, are still the highest priority drug problem in Laos. 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 (US\$2.50) each. With more than half the population of Laos under 25 years old, ATS use is expected to continue to increase.

While there has been no evidence of ATS production in Laos to date, Laos is considered to be vulnerable to production, given the ease of establishing mobile and clandestine laboratories and Laos' proximity to major precursor-producing countries and major ATS markets.

There has been a sharp increase in drug seizures in Laos this year to date, which is likely to reflect both the regional law enforcement operations in the golden triangle region earlier this year (see above), as well as increased drug use and trafficking in the country. Of particular concern, the figures for the first six months of 2013 incorporate a very large increase in heroin seizures, a doubling in ATS seizures and for the first time ever substantial seizures in Laos of both cocaine and ice.

Drug Seizure Statistics 2008-2013 (source: UNODC)

Year	Heroin (Kg)	Opium (Kg)	ATS (tablets, millions)	Cannabis (Kg)	Cocaine (Kg)	Ice (kg)	Arrest cases
2008	17.5	11.8	1.23	804.6	2	0	222
2009	29.3	49.9	2.33	975.9	0.1	0	473
2010	84.3	86.5	24.5	3,521	0	0	581
2011	43.4	63.9	4.6	1,617	0	0	1,037
2012	45	87.6	10.071	2,836	0	0	1,223
2013 (first six months)	188	58	11.8	4,595	10.5	5.1	645

While the results of the Opium Survey 2013 are not yet available, preliminary analysis indicates that after five years of continual growth in poppy production, opium cultivation may have declined slightly this year. 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 difficult to reach. The price of opium, at up to US\$1,600/kilogram, remains attractive to farmers in remote mountainous regions who generally have few alternative sources of income. At the same time evidence indicates that most farmers with access to alternative development project support have successfully moved away from opium to other forms of agricultural production. Laos remains the third largest producer of illegal opium in the world after Afghanistan and Myanmar, with around 3 per cent of total global production.

There is no evidence of heroin production in Laos. However the seizures indicate that heroin is being increasingly trafficked from Myanmar through Laos into China, Vietnam, Cambodia, Thailand and then to other markets. Heroin use including injecting drug use in Laos is also likely to be increasing, although data is incomplete. In 25 remote and mountainous villages in two northern provinces of Laos, considered susceptible to intravenous drug use, 549 drug users were sampled of which 46 were injecting heroin and 17 per cent of these were HIV positive (HIV/AIDS Asia Regional Program in Lao PDR/HAARP).

2.2 Update on Lao PDR's institutional counter-narcotics programs

The Lao Government's National Drug Control Master Plan 2009-2013 remains the core national policy tool for counter-narcotics work. The ambitious Plan consists of nine components with an estimated cost of US\$72 million. It is estimated that only around 28 per cent of activities under the Plan have been achieved to date, due in part to a lack of funding. As a result, the Lao National Commission for Drug Control and Supervision (LCDC) is recommending that the Plan be extended for a further two years to enable more work to be done. Extending the Plan to 2015 would also bring it into line with the timing of the Government's four-year economic planning framework, in particular the National Socio-Economic Development Plans.

If the Master Plan is extended as proposed, the LCDC proposes to focus on the following priority activities during the next two years:

- i) enhanced demand reduction through ongoing raising of awareness and advocacy against drugs, particularly through the education system;
- ii) continued development of alternative and improved treatment options for addicts and users, including outpatient services;
- iii) improved law enforcement against traffickers; and
- iv) continued cooperation with neighbouring countries and with the international community, including to strengthen border liaison offices.

In relation to (ii), and in response to donor proposals, efforts are already underway to improve treatment options for drug addicts in Laos, including by providing new outpatient services. For example a pilot outpatient treatment/counselling centre opened in Vientiane with UNODC and other donor support in July 2013.

According to the Supreme Public Prosecutors Office, around 80 per cent of all court cases and sentences in Laos are drug-related. This translates to around 4,800 people incarcerated in prisons in Laos at any one time for drug offences. Many of these are serving long sentences, including life sentences, and a significant number have received the death penalty (although this has not been carried out in Laos in recent years). According to the LCDC, Lao authorities are frequently unable to identify or capture major traffickers because their resources and capacity are minimal compared to the financial backing behind criminal syndicates. Laos would welcome further international assistance in this area.

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 LCDRC, and co-chaired by the mini Dublin Group Chair (Japan or Australia on a rotational basis) and UNODC. The IDSWG met most recently on 3 October 2013, at which time developments and donor support to the sector were reviewed.

Recent developments in counter-narcotics assistance to Laos include:

- i) Thailand is continuing to support an alternative development project in Oudomxay Province, which has seen income of some former opium poppy farmers increase 8-fold through alternative agricultural production;
- ii) 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;
- iii) Germany supports several alternative livelihoods projects in northern provinces, and provides a German volunteer to work with recovering addicts;
- iv) The EU supports a project promoting licit crop production and small farmer enterprise development in Houaphan Province;
- v) Luxembourg has funded a sub-project to transfer innovative alternative development technologies to ensure food security in two northern provinces;
- vi) UNODC, the United States and Australia are supporting a community-based opium addiction and civic awareness project and a pilot project on community-based treatment for ATS users;
- vii) Japan is 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 is supporting a harm reduction project for Laos aimed at preventing HIV among vulnerable communities including injecting drug users;
- ix) Several donors are providing training and other assistance to Lao counter-narcotics officials through police-to-police channels;
- x) UNODC, with US funding, is conducting a project in evidence-based approaches to investigation and prosecution.

2.4 Identification of needs for external assistance

The Master Plan contains a range of pipeline projects that have been identified but not yet funded. More broadly, key challenges where Laos is seeking further external counter-narcotics assistance include the following:

- i) increasing Lao agencies' capacity to deal with significant increases in ATS use, as well as the emergence of crystal meth and other new psychotropic substances;
- ii) building technical capacity across all dimensions of counter-narcotics work, including in the legal sector;
- iii) reducing remaining illicit opium cultivation, including through alternative development and poverty reduction in vulnerable areas;
- iv) supporting expanded outpatient treatment options; and
- v) strengthening and expanding regional and interagency partnerships, including to strengthen border control.

2.5 Implementation of mini Dublin Group recommendations made in April 2013

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.

Given the amount of work still to be done under the existing National Drug Control Master Plan, Mini Dublin Group members support the Lao Government's proposal to extend the current Master Plan to 2015.

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.

Pilot alternative treatment programs have now commenced operation and are ongoing, with financial and in-kind support from several mini Dublin Group members.

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 are actively considering options to incorporate counter-narcotics activities into wider programming; for example the EU is seeking to include counter-narcotics elements in a possible new major program of support for basic education.

Recommendation 4 - consider options for providing and encouraging further donor support to narcotics-related work, including capacity building for relevant Lao Government agencies.

Some donors noted that in a tight fiscal environment it had been difficult to allocate funding to counter-narcotics work in Laos in recent years, although a number (notably the United States and EU) both expressed their commitment to further support in this sector. Given the determination of the Lao Government at the highest levels to prioritise counter-narcotics efforts, the mini Dublin Group in Vientiane encourages members of the central Dublin Group to review options for providing additional funding assistance to enable Laos to carry out additional activities under its Master Plan.

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. New funding has not been available to support further activity in this area in the past six months.

2.6 Mini Dublin Group coordination

(i) Mini Dublin Group’s assessment of emerging threats / trends

The widespread and growing use of ATS among Lao youth remains the key threat in Laos. In addition to the direct and obvious impact on health and crime rates, it is impacting directly on productivity and on the ability of Laos to meet Millennium Development Goals. The significant increase in heroin seizures, and the appearance for the first time of substantial shipments of ice in Laos, are also of concern.

(ii) 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 in recent high-level discussions with Government.

Laos has been cooperating increasingly with neighbouring countries in 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.

(iii) Mini Dublin Group's recommendations for strengthening counter-narcotics initiatives

The mini Dublin Group in Laos considers that its priorities six months ago should remain current for the next reporting period, to allow us to continue to build on progress. As such, the mini Dublin Group makes the following recommendations:

- i) Recommendation 1 – Encourage and support the Government in its efforts to realise core priorities under the current National Drug Control Master Plan (likely to be extended to 2015).
- ii) Recommendation 2 – Continue to 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 – continue to 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

UNODC: United Nations Office On Drugs and Crime

3. BURMA/MYANMAR

3.1 General situation

Myanmar is considered to be the second largest producer of opium in the world, behind Afghanistan. In 1999 the Myanmar Government 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. As a result of efforts to eradicate opium poppy cultivation since 1999, there has been a measurable decline in domestic opium cultivation and potential production. This decline in cultivation was also aided 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 report¹ 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 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), with a large volume of these ATS being produced in the eastern border areas of Myanmar. The most common type of ATS produced is methamphetamine.

The 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.

¹ UNODC (2012) South-East Asia Opium Survey 2012: Lao PDR, 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 production is fluctuating as well. It is important to note, for example, that Myanmar's neighbouring countries of China, Lao PDR and Thailand have seized significant amount of methamphetamine originating from Myanmar since 2009. Seizures of methamphetamine pills in Myanmar and neighbouring countries 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 153kg 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 maintain high usage rates, though ATS is now considered the primary drug of use by the Myanmar Police Force. Opiate use has decreased over the past six years, a reduction which coincides with a reported increase in the use of methamphetamine pills. 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 regularly affected 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 security environment of these areas. Therefore unless the underlying security factors 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 Myanmar's anti-drug 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. Currently, the 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. It is proposed that the law be revised to impose a less severe punishment in recognition of the view 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 three phase, 20-year drug control plan (1999-2019) aimed at a drug-free country by 2019. In the first phase, the main priorities were assigned to the eradication of opium poppy cultivation. The remaining phases will see the Government set priorities on: the rehabilitation of illicit drug users; the establishment of further special anti-narcotic task force units; 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 again begun to increase.

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 currently operates 26 Anti-Narcotic Task Force (ANTF) units across the country. In September 2013, the Union Ministry for Home Affairs announced the name change of the Anti-Drug Department to Anti-Drug Police Force, which will be headed by a Police Brigadier General (as yet unannounced). The Union Ministry for Home Affairs also announced the creation of 24 new ANTF units, which will take the total number of ANTF units to 50. 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, the seizure of illicit narcotics and precursor chemicals significantly increased in 2012, in contrast to 2011, however 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 (ATS precursor chemical); and, 6,946 kg of cold/flu medicine tablets containing pseudoephedrine (ATS precursor chemical). In addition, the CCDAC has reported the eradication of 23,717 ha of opium poppy field, and the arrest of almost 6,000 persons for illicit narcotic-related offences.

Being 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 programmes

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.

Current interventions in Myanmar are being consolidated into a new UNODC Country Programme for Myanmar (2014-2017). The Country Programme has been conceptualised based on consultations with Myanmar Government counterparts, civil society, and Member States as to their priority needs. The Country Programme initially covers four years, from 2014 to 2017; however, it is anticipated that most of its outcomes and outputs will remain relevant over a much longer timeframe. Current Country Programme thematic areas of support include assistance in illicit trafficking and law enforcement; anti-corruption; criminal justice reform; HIV and drug demand reduction; and, alternative livelihoods for opium growing communities.

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. UNODC is working in 10 townships out of the HIV National Strategic Plan's 29 priority townships in need of HIV interventions. In addition, UNODC provides HIV and AIDS awareness training to law enforcement personnel. UNODC's HIV programming is implemented with support from the Three Millennium Development Goals (3MDG) Fund. Under this support intervention activities are implemented in Sagaing Region, Shan State, and Mandalay Region. 3MDG-supported and UNODC-delivered programming is implemented through drop-in and outreach modalities and provides access to HIV prevention, treatment and care services for thousands of injecting and non-injecting drug users.

Alternative livelihoods: Building on 30 years of work in the Greater Mekong Region, UNODC has been delivering 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 a ban on the cultivation of opium poppies 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. This assistance is being expanded to communities in Mong Nai and Mong Pan townships in southern Shan in a programme being implemented jointly between UNODC, the Myanmar Government, the Myanmar Army, and the Restoration Council for Shan State/ Shan State Army (RCSS/SSA) ceasefire group. The programme is funded by the European Union, Japan, and Germany.

Research and survey: UNODC has been carrying out the Myanmar Illicit Crop Monitoring Programme (ICMP) in cooperation with the Myanmar 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 and the United States. The 2013 Opium Poppy Survey report will be released in October 2013.

In addition to opium surveys, UNODC also monitors synthetic drugs through the UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme, which 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.

Myanmar has been one of the priority countries for the SMART programme in this region, and in this country the programme focuses 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.

A regional SMART report update will be released in October 2013. 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;

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 US\$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 early 2014.

The Japanese Government has contributed US\$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 US\$2.5 million (2002-2014 total) to the UNODC project for illicit crop monitoring in Myanmar. The Government of Japan contributed US\$750,000 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 US\$5 million to WFP PRRO in Myanmar including Northern Shan State in 2010. The Japanese Government funded in 2009 US\$130,000 to AMDA, a Japanese NGO, for their project for upgrading a rural health centre in Kokang Region.

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

World Food Program (WFP)

In 2011, the Myanmar Government 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 continued its partnership with UNODC on assets creation activities, such as road renovation, which enabled 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.

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 WFP'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 3 MDG Fund. The Fund is supporting HIV harm reduction projects in Shan, Kachin, Mon and Mandalay states.

The Global Fund to Fight AIDS, TB and Malaria is also providing significant funding for HIV prevention treatment and care in Myanmar, including HIV harm reduction services.

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 US\$100 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.

European Commission

The European Commission (EC) 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 EC 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 delays and activities on the ground only started in early 2011. The EC and UNODC have agreed to review the strategy following the decision from the Myanmar Government 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 EC is also one of the donors contributing to the LIFT fund and to the 3DF.

3.4 Place and date of meeting of Mini-Dublin Group in Myanmar

Do to time constraints, a meeting was not held.

3.5 Prioritized 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. Further, the production and trafficking of other illicit drugs, most notably ATS and its precursors, increased in 2013, with ATS now considered the primary drug of use in Myanmar by the Myanmar Police Force. Continued inaccessibility, due to security 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, which has included the creation of 24 new ANTF units. 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.

3.7 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.

ANNEX

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
1	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	Project for the Eradication of Opium Poppy Cultivation and Poverty Reduction in Kokang Special Region	\$11,000,000		Covers infrastructure, agriculture, livelihood improvement, health and education aimed at mitigation of the critical situation of the people in poverty after eradicating opium poppy cultivation and demonstration of model porvetry reduction activities in the Kokang Region.	Kokang Self-Administered Zone	2005	2011	Completed. (Japanese experts were not allowed access to project sites since the Kokang Incident in Aug 2009; field activities of the project were carried out by local staff)
2	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	Buckwheat cultivation project as substitute crop of opium poppy	\$4,860,000		Introduced buckwheat cultivation as substitute crop of opium poppy, and supported its quality maintenance and marketing (export to Japan).	Northern Shan State (Kokang, Muse, Lashio, Kyaukse District)	1997	2005	Buckwheat cultivation component was merged into the Kokang Project (only technical support). Private sector (local company) took over the activities and is continuing in Kokang, Kyaukse and extended to PaO areas (Southern Shan State) .

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
3	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	The Increase of Food Production (2KR/Grant Aid)	\$5,770,000		Fertilizer and agriculture machineries (Tractor, thresher, etc) provided through 2KR was distributed to farmers of Northern Shan State through NaTaLa.	Mainly Kokang and Wa region	1998	1999	Completed
4	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	The Project for Electrification of Kokang Region in Northern Shan State	\$1,714,000		Electric poles, transformers and electric grid from Tarshwetan to Kyasishu are installed. In addition, technical transfer on electrification was conducted for Myanmar and local electric engineers.	Kokang region	2001	2003	Completed

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
5	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	The Project for Improvement of the Road Construction Equipment for Kokang Region in Northern Shan State.	\$4,633,000		To renovate access road to mountain villages, road construction equipments (grader, wheelloader, vibration road roller, dump trucks, etc) were provided through NaTaLa with maintenance workshop. 10 km of demonstration road between Laukai and Tarshwetan was constructed.	Kokang region	2001	2003	Completed
6	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	Primary Health Care Project in Kokang Special Region	\$240,000		AMDA (Association of Medical Doctors of Asia) had implemented the project for improvement of community-based health programs, strengthen of function of border areas and improvement of hygiene conditions with JICA's Grassroot Technical Cooperation Program.	Kokang region	2004	2006	Although JICA's Grassroot Technical Cooperation Program was completed, AMDA is continuing the activities by own and other financial resources in Kokang region to date.

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
7	Japan	Bilateral (Ministry of Progress of Border Areas and National Races Development Affairs)	The Kokang Region Opium Poppy Eradication Support Programme	\$400.000		World Vision had implementedThe Kokang Region Opium Poppy Eradication Support Programme in Konkyan township in sectors of health, livelihood improvement, agriculture with JICA's Grassroot Technical Cooperation Program.	Kokang region	2004	2007	Although JICA's Grassroot Technical Cooperation Program was completed, World Vision is continuing the activities by own and other financial resources in Kokang region to date.
8	Japan	UNODC	Drug Control and Development in the Wa Special Region of Shan State	\$4.430.000		Supported the transition to sustainable development by strengthening the Wa personnel capacity to plan and coordinate work to reduce poverty and sustain the elimination of opium in the Wa Region	Wa	1996	2007	

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
9	Japan	UNODC	2007 Food Security Programme for Burma/Myanmar (4 Village Tracts)	\$152.609		Focuses on poverty alleviation through improved food security. Targets interventions in the areas of i) food security and increasing legal production in agriculture ii) development of small farmers' associations and cooperatives iii) prevention of opium production, consumption and treatment	Pinlon, Southern Shan State	2010	2010	
10	Japan, USA, Italy	UNODC	Illicit Crop Monitoring in Myanmar	\$2.530.389		To provide verifiable estimates on the extents and evolution of opium poppy cultivation in Myanmar to national authorities, regional and sub-regional regional corporation mechanisms as well as UN and international community	Shan, Kachin and Kyah states.	2002	2014	On-going.

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
11	Japan	World Food Programme	Improving the food security, nutrition status and livelihoods of vulnerable groups (Protracted Relief and Recovery Operations (PRRO))	\$750.000		Food assistance was provided to highly food-insecure and vulnerable groups (children under five and pregnant and lactating women, as well as school-age children in Kokang)	Northern Shan State	2009	2009	755 mt of rice and 112.5 mt of blended food were procured.
12	Japan	World Food Programme	Improving the food security, nutrition status and livelihoods of vulnerable groups (Protracted Relief and Recovery Operations (PRRO))	\$650.000		Food assistance was provided to highly food-insecure and vulnerable groups	NFI for Northern Shan State	2006	2006	Completed
13	Japan	World Food Programme	Improving the food security, nutrition status and livelihoods of vulnerable groups (Protracted Relief and Recovery Operations (PRRO))	\$1.130.000		Food assistance was provided to highly food-insecure and vulnerable groups	Lashio, Wa, Kokang, Magway	2006	2006	Completed

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
14	Japan	World Food Programme	Improving the food security, nutrition status and livelihoods of vulnerable groups (Protracted Relief and Recovery Operations (PRRO))	\$280.000		Food assistance was provided to highly food-insecure and vulnerable groups	Northern Shan State	2005	2005	Completed
15	Japan	World Food Programme	Emergency Operation	\$500.000			Northern Shan State	2004	2004	Completed
16	Japan	World Food Programme	Emergency Operation	\$300.000			Kokang	2003	2003	Completed
17	Japan	Japanese NGO	Upgrading a Rural Health Center in Kokang Region	\$130.000		Upgraded a rural health center in Kokang Region	Kokang	2009	2009	Completed
18	European Commission	UNODC	Reducing injecting drug use and its harmful consequences in the Union of Myanmar		951,570 Euro	To reduce injecting drug use and its harmful consequences, with a particular focus on reducing the transmission of HIV/AIDS among injecting drug users (IDUs) and their families and communities, through increased access to information and services for drug users.	Myanmar	2003	2006	Completed

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
19	European Commission	UNODC	Reducing injecting drug use and its harmful consequences in the Union of Myanmar		640,000 Euro	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.	Myanmar with special focus in Mandalay Division and Northern Shan State	2006	2008	Completed
20	European Commission	UNODC	2007 Food Security Programme for Burma/Myanmar in 6 village tracts" Hopong Township, South Shan State	\$2.635.000	1,445,000 Euro	To contribute to the achievement of MGD 1 in Myanmar and reduction of opium poppy cultivation. Improve household food security and income from legal activities in three village tracts of Hopong Township.	Hopong, Southern Shan State	2009	2014	On-going.

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
21	European Commission	UNODC	2007 Food Security Programme for Burma/Myanmar in 4 village tracts" Hopong Township, South Shan State	\$2.325.000	1275000 Euro	To contribute to the achievement of MGD 1 in Myanmar and reduction of opium poppy cultivation. Improve household food security and income from legal activities in two village tracts of Hopong Township.	Hopong, Southern Shan State	2009	2014	On-going.
22	Germany	UNODC	Increasing Food Security and Promoting Licit Crop Production and Small Farmer Enterprise Development in Lao PDR and Myanmar	\$1.933.900	#####	Focuses on poverty alleviation through improved food security. Targets interventions in the areas of i) food security and increasing legal production in agriculture ii) development of small famers' associations and cooperatives iii) prevention of opium production, consumption and treatment	Loilen, Pinlon, Southern Shan State	2011	2013	Ongoing

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
23	Germany	Welthungerhilfe/German Agro Action	Improvement of Basic Infrastructure and Livelihoods in 49 Villages in Former Poppy Growing Areas		500,000 EURO		Wa Special Region Northern Shan State	2009	2012	Ongoing, expatriate access impossible since August 2010
24	Germany	UNODC	Global Partnership on Alternative Development	\$220.600		Contributed to a sustainable reduction of illicit crop cultivation through integration of development counter narcotics objectives into broader development policies, plans and programmes		2007	2010	Completed.
25		UNODC	Support of Uprooted People in Loilen Township (11 Village Tract)	\$1.308.500		Improve sustainable livelihood as a whole, from improving livelihood assets of the farmers, as well as acting on livelihood process and structures.	Loilen, Southern Shan State			Secured government approval already.

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
26	3DF	UNODC	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	\$3,324,800		To prevent and reduce injecting drug use, HIV/AIDS and related vulnerability through strengthening CBOs and Township Project Management Committees in priority townships in Myanmar.	Shan State	2007	2011	Completed
27	Australia	UNODC	Reducing the spread of HIV/AIDS among injecting drug users through the HAARP Country Flexible Programme in Myanmar	\$2,635,000		To reduce the spread of HIV related harm which is associated with injecting drug use.	State (Shan, Kachin) Division (Yangon, Mandalay)	2008	2012	On-going.
28	Australia	UNODC	KOWI (the Kokang and Wa Initiative)	\$1,200,000		UNODC's Kokang and Wa initiative in Shan State aims to provide for the basic human needs of poor farmers and their families to curb opium production	Kokang and Wa	2006-2007	2007	Completed

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
29	UNAIDS	UNODC	Harm Reduction Review	\$66,380		Analysed present situation in the Union of Myanmar including best practices and provide possible strategies and recommendations for expansion of services.		2010	2010	Completed.
30	Multi-donors	World Food Programme	“Improving the Food Security, Nutritious Status, and Livelihoods of Vulnerable Populations in Myanmar” (Protracted Relief and Recovery Operation, PRRO 200032)	6,200,778 (January 2010 – March 2011)		The activities include the provision of food assistance to integrated livelihood activities for vulnerable people and to primary schoolchildren, as well as nutrition support to children under 3, pregnant and lactating women and HIV/TB patients under treatment.	Lashio, Wa Kokang, Wa and Taunggyi	2010	2012	Completed

	Donor	Recipient Agency	Project/Program Title	Budget (USD)	Other currency	Description	Region(s)	Start Year	End Year	Status
31	Multi-donors	World Food Programme	“Assistance to Vulnerable Families” (Protracted Relief and Recovery Operation, PRRO 10066.3)	\$15,961,000		Food assistance was provided to highly food-insecure and vulnerable groups, through food for work, food for training, food for education, and nutrition support to children under 3, pregnant and lactating women and HIV/TB patients.	Lashio, Kokang, Wa and Taunggyi	2007	2009	Completed
32	Multi-donors	World Food Programme	Supporting Transition by Reducing Food Insecurity and Undernutrition among the Most Vulnerable (Protracted Relief and Recovery Operation, PRRO 200299)	\$167,687,584 (total cost for 3 years)		Food assistance is being provided to highly food-insecure and vulnerable groups, through food/cash for work, food for education, and nutrition support to children under 5, pregnant and lactating women and HIV/TB patients.	Kachin, Shan, Chin, Rakhine, Magway Region	2013	2015	

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 at the centre of mainland South-East Asia makes it a strategic hub for narcotics trafficking. Thailand has long land borders with neighbouring countries that have substantial illicit narcotic production and transshipment networks. In addition, in 2012 approximately 23 million tourists entered Thailand through numerous ports of entry. The growing scale of international visitors 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), consistent with trends emerging in other South-East Asian locations. 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. Thailand's position as a regional hub for international air travel at numerous airports cements its importance as a launch or facilitation point for the movement of illicit commodities.

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. There have been some reports of the emergence of Mexican crime groups in the region.

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 continues 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 potentially 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.

UNAIDS assesses that 25.2 per cent of Thailand's injecting drug users are infected with HIV. This is a higher percentage than most other South East Asian countries.

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

4.2 Changes to Thailand's institutional counter-narcotics 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 document updates Thailand’s “Kingdom’s Unity for Victory over Drugs” strategy, released in 2011.

The 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 (Minister of Labor). 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. Law enforcement agencies are seeking to improve their capability to pursue more serious and organised crime networks.

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 has extended its international law enforcement liaison network with Thai officers now resident in a number of South East Asian locations.

Since April 2013, Thailand has been participating with Laos, Myanmar and China in a joint counter-narcotics operation along the Mekong River.

Thailand has called for an ASEAN narcotics control board with enforcement powers to boost regional efforts to combat drug trafficking. It has offered to host the headquarters of any such regional drug enforcement agency.

4.4 Mini Dublin Group meetings (place, date and attendees)

A meeting of the Mini Dublin Group was convened on 27 September 2013 at the Australian Embassy in Bangkok. UNODC and ONCB made presentations. The following countries attended:

- Australia (Chair and Host)
- Japan (Co-chair)
- Belgium
- Canada
- France
- Germany
- Japan International Co-operation Agency
- Norway
- Portugal
- Spain
- Sweden
- United States

In 2014, Japan will chair the Mini Dublin Group in Bangkok.

4.5 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 May 2013 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

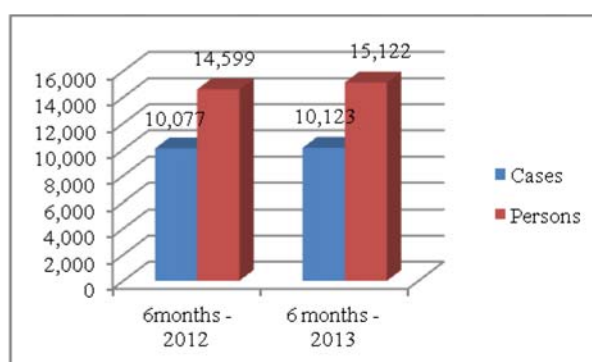
The United Nations Office on Drugs and Crime's (UNODC's) '2013 World Drug Report' identifies New Psychoactive Substances (NPSs) as an emerging global problem, including in South-East Asia and Viet Nam.

Since 2010, Amphetamine-Type Stimulants (ATS) have been the second most widely used drug in Viet Nam. ATS use is most prevalent among young people living in large cities, border areas and industrial zones. But the use of ATS and other illicit drugs continues to rise in rural areas.

Although heroin and opium are still the main drugs consumed or trafficked in Viet Nam, synthetic drugs are increasingly prevalent in the country's illicit drugs market.

Drug law enforcement agencies investigated 10,123 narcotics cases and arrested 15,122 people involved in drug related crime in the first six months of 2013, according to the Ministry of Public Security (MPS)². They also seized 466 kg of heroin, 83 kg of opium, 115 kg of cannabis, and 46 kg and 140,000 tablets of synthetic drugs. These figures reflect an increase in seizures compared with the same period in 2012 (10,077 cases investigated; 15,122 arrests; seizures of 210.50 kg of heroin, 70.84 kg of opium, 1.5 ton of fresh cannabis, 96.1 kg and 6 blocks³ of dried cannabis, 121.38 kg and 365,988 tablets of synthetic drugs)⁴.

Figure 1: Narcotics cases investigated and people arrested in first 6 months of 2012 and 2013



² Report of the Ministry of Public Security for the first 6 months of 2013

³ 1 block of cannabis is equivalent to 1 kg of cannabis

⁴ Report of the Ministry of Public Security for the first 6 months of 2012

.Figure 2: Synthetic drugs seized over 6 months in 2012 & 2013

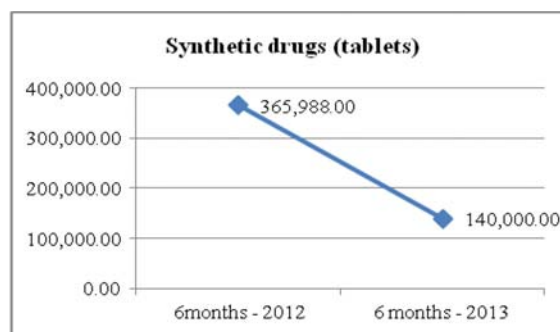
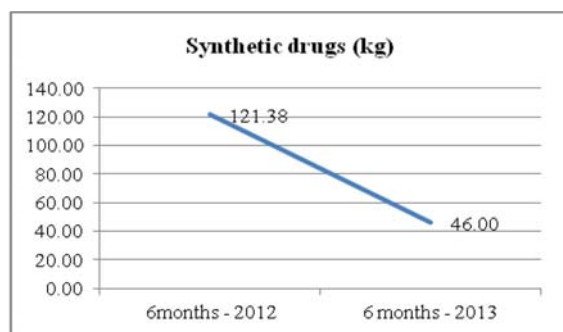
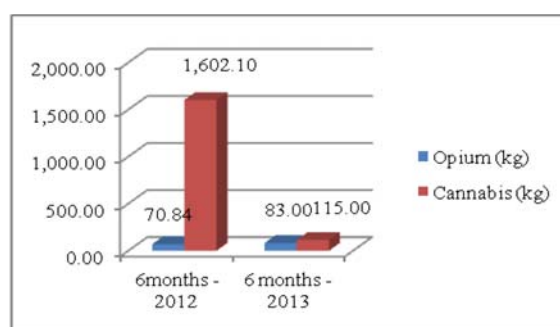


Figure 3: Heroin seized over 6 months in 2012 & 2013



Figure 4: Other types of drugs seized over 6 months in 2012-2013



5.1.2 Drug demand reduction and HIV/AIDS

There were 180,783 registered drugs users in Vietnam in June 2013, an increase of about 5% on the same period last year. 96% of drug users were male; 4% female; 2.2% were aged under 16; 47.8% were between 16 and 30; and 50% were over 30. By drug type, the largest proportion of illicit drug users were heroin users (75%), followed by users of synthetic drugs (10%), opium (7%), cannabis (1.7%) and other drugs (6.3%).

Figure 5: Number of drug users in 6 months of 2012-2013

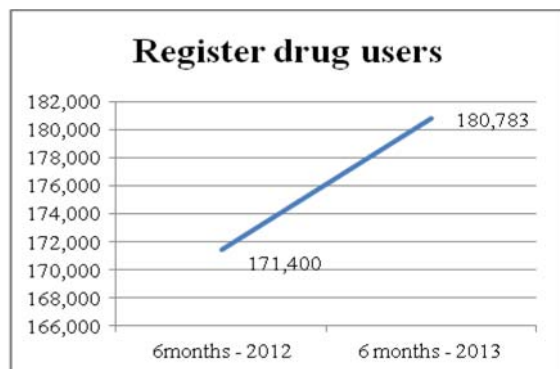


Figure 6: Age of drug users in 6 months of 2012-2013

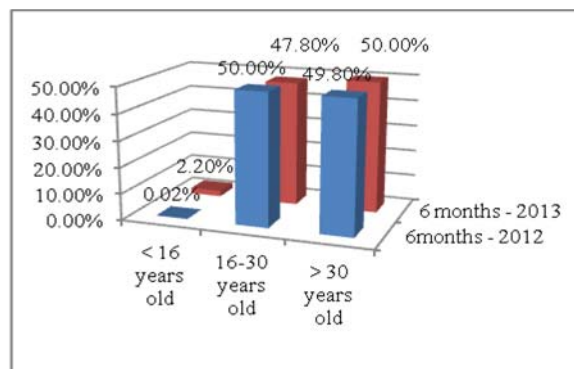
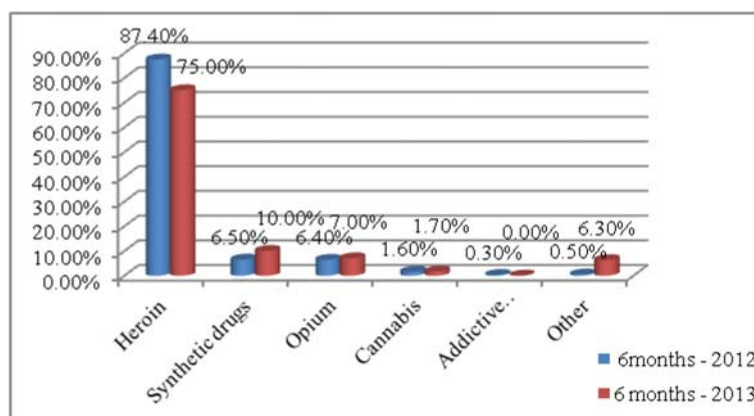


Figure 7: Percentage of total number of drug users by drug type



Injecting drug use is widespread in Viet Nam. 85% of drug users nationwide inject drugs, mostly heroin. 37.7% of all reported HIV cases in Vietnam in 2012 involved injecting drug users, according to March 2013 figures from the Vietnam Authority on HIV/AIDS Control (VAAC).

HIV cases have been reported in all 63 Vietnamese provinces. There were 272,372 people living with HIV/AIDS in the country in December 2012, according to VAAC. The HIV epidemic remains highly concentrated, with the highest prevalence among men who inject drugs (18.8%), men who have sex with men (MSM) (16.7%) and female sex workers (3.2%).

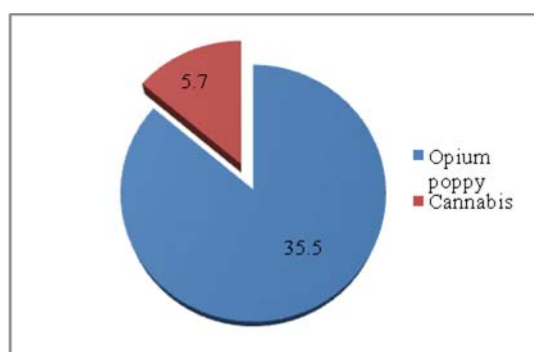
HIV prevention, treatment and care services, and drug dependence treatment are limited. Anti-retroviral (ARV) treatment was being provided in 10 prisons as of December 2012, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). It is expected that 18 prisons (out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

Methadone Maintenance Treatment (MMT) has achieved significant results in many Vietnamese cities and provinces, including Ho Chi Minh City, Ha Noi, Hai Phong, Son La, Hoa Binh, Lao Cai, Can Tho, An Giang, Long An, and Bac Lieu. There were 13,868 people receiving MMT treatment at 61 MMT centres in 20 cities and provinces in June 2013. A further 1,533 people received MMT treatment in the first 6 months of 2013, an increase of 12.9% on 2012.

5.1.3 Cultivation of narcotic containing plants

Although limited, there was an upwards trend in the cultivation of narcotic containing plants in 2013 (an increase of 22% on 2011 figures). 40.2ha of narcotic containing plants were detected and eradicated in 2012, including 34.5ha of opium poppy and 5.7ha of cannabis, according to 2012 government reporting.

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



5.2 Update on the country's anti-drugs strategy

The Vietnamese Government issued a 'National Strategy on Drug Control and Prevention in Viet Nam to 2020, with a Vision to 2030' in June 2011. Following this, the Prime Minister signed (in August 2012) the 'National Target Program on Drug Prevention and Control – 2012-2015'. The Vietnamese Government also issued Decree 96/2012/ND-CP, on 'Regulating Substitution Treatment of Opioid Addiction' (known as the Methadone Decree) in November 2012. The Decree provided for expansion of Vietnam's MMT program. The National Committee on AIDS, Drugs, and Prostitution Control and Prevention has directed relevant ministries and authorities to speed up development and clearance of projects under the National Target Program.

The Ministry of Labour, Invalids and Social Affairs (MOLISA) is currently developing a 'Drug Rehabilitation Renovation Plan' in consultation with relevant ministries. The Plan will include national measures for drug treatment and rehabilitation. Vietnam currently has a system of compulsory detention and treatment of drug users in facilities known as "06 centres". But the government has made some moves towards a greater focus on community-based treatment. How the Drug Rehabilitation Renovation Plan will contribute to phasing out compulsory drug treatment is unclear as drafting isn't yet finalised.

Viet Nam 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) in 2012. MPS is in the process of developing a 'National Strategy on Crime Prevention and Suppression-2020 – 2030', which will set out national crime and drug prevention and suppression priorities.

The National Assembly is currently revising Viet Nam's Constitution. The new version is expected to be passed during the National Assembly session in November. The latest draft no longer includes a provision on compulsory treatment of "drug addiction and...dangerous social diseases" (former article 61, para 4).

As part of a broader legislative review project, the government is also in the process of revising Vietnam's Penal Code, Criminal Procedure Code and other laws regulating drugs and organised crime issues. Drafting committees led by the Ministry of Justice, for the Penal Code, and the Supreme People's Procuracy, for the Criminal Procedure Code, are leading the review process. Draft legislation should be publicly available in 2014, with submission of revised Codes to the National Assembly to follow in 2015. Chapter 18 of the Penal Code covers 'narcotics related crimes' and associated penalties.

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 to the Vietnamese communities in Sydney and Melbourne, primarily because of the links between Vietnamese communities in Australia and southern Vietnam, coupled with 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 have been conducted / resolved in the last six months, highlighting the effectiveness of the working relationship between the AFP and the Narcotics Investigations Department. There were also investigations involving countries additional to Australia and Vietnam. Where necessary, the AFP has brokered collaboration with police agencies in those other countries to progress investigations. In this way, the AFP has helped the Narcotics Investigations Department become a more active partner in transnational narcotics investigations, especially in countries with which Vietnam does not share a border. One particular investigation resolved in September 2013 involved the attempted importation of almost 300kg of ephedrine from India. Six people were arrested, some of whom had travelled to Vietnam whilst the controlled delivery was underway.

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 wants to progress 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 closer cooperation over the medium term is a possibility. 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 intends to strengthen its legal cooperation framework with Vietnamese authorities.

5.3.4 Great Britain

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 kidnappings 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 currently has no specific bilateral cooperation programs on drug-control issues. But the Government of Japan 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. In addition, the DEA and the Department of Defense Joint Interagency Taskforce - West (JIATF-W) partnered with the MPS Counter-Narcotics Department to construct a joint training facility in Vinh, Vietnam, culminating with a ribbon-cutting ceremony officially dedicating the facility in January 2013. DEA and the JIATF-W subsequently conducted two training seminars with the Ministry of Public Security's Counter-Narcotics Department, in June 2013 and September 2013, at the new facility. The seminars provided tactical and emergency medical training to 100 police officers.

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 and 2013, 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 25% of all HIV infections in Vietnam are directly or indirectly associated with injecting drug use. The HIV prevalence rates in the country vary by province with some as high as 60% for this key population.

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 14,244 patients in 62 clinics in 20 of the 63 provinces (as of August 2013). PEPFAR also supports HIV counselling 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 Viet Nam is provided through regional and national projects. The UNODC's recently launched Country Program for Viet Nam was signed by the Vietnamese Government in August 2013. The Programme sets out priorities for further support to Viet Nam from 2012-2017 under five sub-programmes: transnational organised crime and illicit trafficking; corruption and anti-money laundering; counter terrorism; criminal justice; and drug demand reduction and HIV/AIDS.

In the area of illicit trafficking, UNODC has helped enhance national border security efforts 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, including training on basic investigative techniques, money laundering and financial investigation, UNODC has helped to increase the capacity of MPS's Economic Police Department to identify, investigate and prosecute economic crimes. Data for 2010 shows a significant increase in the number of cases handled and the value of assets frozen or confiscated. UNODC has 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 the Vietnamese Government Inspectorate with policy advice to help it assess Vietnam's implementation of the Convention.

UNODC has helped the Vietnamese Government formulate new strategies and policy documents addressing drugs, crime and illicit trafficking in persons. These include National Strategies and Target Programs on drug control and crime prevention, and the National Program Against Human Trafficking. These documents set priorities for national action against drugs and crime, including establishing robust law enforcement measures, fostering cross border cooperation, addressing newly emerging crimes such as environmental and cyber-crime, and strengthening community-based treatment of drug users as an alternative to compulsory treatment.

UNODC aims to address the impact of drug use and drug dependence on individuals, families and communities, through prevention of use, prevention of consequences, treatment and care. Consequently, UNODC has provided technical support to the Vietnamese Government in its efforts to diversify the country's drug prevention, treatment and rehabilitation services and expand evidence-based, voluntary, drug treatment services in communities.

UNODC is also implementing a project on addressing HIV/AIDS among injecting drug users, including in prisons, and is considering piloting MMT in prisons. Further information on these projects is available upon request.

5.4 Place and date of meetings of mini-Dublin groups

In recognition of International Day Against Drug Abuse and Illicit Trafficking, the Australian Embassy, in cooperation with UNODC, convened a meeting of local Mini-Dublin Group participants on 26 June 2013. The meeting included presentations from Assistant Commissioner Steve Lancaster, National Manager, Crime Operations, Australian Federal Police and UNODC Country Manager, Ms Zhuldyz Akisheva, who introduced participants to the United Nations' World Drug Report 2013.

5.5 Prioritised identification of needs for external assistance

Advocacy, policy advice and continued technical assistance are needed to help the Vietnamese government pursue political, social and economic reform. Public administration and judicial reform processes in particular need to be promoted, to ensure protection of rights and access to justice for Vietnam's most vulnerable and disadvantaged people.

Mini-Dublin Group members may consider supporting:

- law reform, including the current Penal and Criminal Procedure Code review process;
- development of drug law enforcement agencies' interdiction, investigation, and intelligence collection and sharing capabilities in relation to drug related crime;
- data analysis to identify trends in drug use, seizures and arrests;
- drug prevention activities, with an adequate focus on synthetic drugs;
- diversification of services for drug users at the provincial level and phasing out of compulsory treatment through closure of 06 centres; and
- HIV prevention and other harm minimisation measures for injecting drug users, including methadone maintenance therapy.

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.

According to the UNODC's recently launched Transnational Organised Crime Threat Assessment (TOCTA), the region's main opiate problem involves the more refined form of the drug: heroin. Methamphetamine has been a threat in parts of East Asia for decades (in the form of yaba tablets), and the popularity of crystal methamphetamine has recently grown significantly.

The production of synthetic drugs in Vietnam, particularly "ice", has increased in both scale and quality. The involvement of elements within overseas Vietnamese communities has contributed to this rise.

Vietnamese drug offenders have resisted law enforcement authorities when faced with capture and in some instances have attempted suicide.

Vietnamese drug trafficking cases have an increasingly strong transnational dimension and involve a range of nationalities, including Thai, Cambodian, Filipino, Indonesian, Malaysian, Chinese and West African.

5.7 Recommendations

The Vietnamese Government should:

- further strengthen inter-agency coordination and cooperation (e.g. information sharing) in implementing action plans and activities under its new National Drug Control and Crime Prevention strategies;
- support cross-border cooperation activities (e.g. increased mutual legal assistance and cross-border operations with neighbouring countries);
- revise relevant legislation (e.g. Criminal Code and Criminal Procedure Code) and develop new laws on the treatment of drug users;
- abolish compulsory drug treatment and diversify services for drug users at the community level as alternatives; and
- increase involvement in supporting the Mini-Dublin Group in Viet Nam through information sharing, organising visits to borders and hotspots in illicit trafficking, and keeping the group updated on national initiatives to address illicit drugs issues.

6. CHINA

6.1 General situation in China

6.1.1 Production

As in previous reports⁵, China remains one of the main global producers of precursor chemicals. There continues to be a growing chemical manufacturing industry throughout China with over 160,000 chemical enterprises in operation and organized crime has continued to take advantage of this situation to divert legitimately manufactured chemicals or manufacture illicit chemicals. There is a high demand for precursors for use in drug manufacturing in China, which includes the diversion of ephedrine and pseudoephedrine and derivatives such as ContacNT. The challenge still remains in China to prevent such chemicals being diverted domestically and internationally for illicit drug production.

Illicit manufacture of crystal methamphetamine and ketamine was found in a number of provinces in China. In 2012, 579 drug manufacturing cases were cracked (increased by 10.9% from 2011), and 326 clandestine drug laboratories were dismantled (34 less than 2011) by Chinese law enforcement authorities.⁶ Of the 326 clan labs dismantled, 187 were from the Guangdong province and 47 in Sichuan.⁷

6.1.2 Trafficking

The Golden Triangle remains a major drug source to China. In the past two years there has been an increase in the amount of opium production in the north of Myanmar. In 2012, the poppy cultivation in the Golden triangle was 42,500 hectares, an increase of 33.8% from 2011.⁸ According to the National Narcotics Control Commission (NNCC), the amount of manufactured methamphetamine tablets also increased to 8.95 tons, a 26% increase from 2011.⁹ 415 kg of heroin was seized over the China-Vietnam border.¹⁰

⁵ Mini Dublin Group Country Report 2012

⁶ NNCC Annual Report 2013 page 54

⁷ NNCC Presentation to Mini-Dublin June 2013

⁸ NNCC Presentation to Mini-Dublin June 2013

⁹ NNCC Annual Report 2013 page 53

¹⁰ NNCC Presentation to Mini-Dublin June 2013

The Golden Crescent continues to be the world's largest source of opium production. Opium cultivation had decreased from approximately 157,000 hectares in 2008 to 123,000 hectares in 2010, but it has rebounded to 131,000 hectares in 2011 and 154,000 hectares in 2012, an increase of 18% with a potential to produce 370 tons of heroin. 98 Afghan heroin related cases were reported in 2012 with 192.4 kg seized.¹¹

The NNCC has reported that China continues to remain largely a trafficking route for cocaine, with most cocaine seizures occurring in southern cities such as Guangzhou and a total of 130 cocaine trafficking related cases reported.¹²

6.1.3 Demand

The demand for drugs, especially among the youth, remains high. The Government's Drug Control Strategy is broadcasted in various forms of media, including television and newspapers to ensure a wider distribution to its audience. Many drug prevention booklets and texts are published and distributed.

The NNCC monitors and records drug users and in 2012 identified a total of 2,098,000 registered drug abusers of which 1,272,000 are addicted to opioids and 798,000 to synthetic drugs.¹³

Of these users 202,000 drug dependants were under compulsory drug detoxification treatment and over 136,000 people involved in community-based treatment and rehabilitation.¹⁴ A total of 759,000 former addicts were identified as having not relapsed for at least three years

Analysis of drug abuse across China in 2012 is as follows:

Heroin – 1,243,625 users – 59.3%

Amphetamine type drugs – 602,481 users – 28.7%

Ketamine – 160,424 users – 7.6%

Other opioid drugs – 28,326 users – 1.4%

Ecstasy – 34,744 users – 1.7%

Cannabis – 22,855 users – 1.1%

Other drugs – 5,064 users – 0.2%

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ NNCC Annual Report 2013 page 25

6.1.4 Statistics

NNCC published the following statistics in relation to drug control in China:

-Seizures (2012)¹⁵

Precursor chemicals – 5824.2 tons (increased by 217% from 2011)

Heroin – 7.3 tons (increased by 3.1% from 2011)

Opium – 845 kg (decreased by 2.7% from 2011)

Methamphetamine, and tablets – 16.16 tons (increased by 12.8% from 2010)

Ketamine – 4.7 tons (decreased by 12.6% from 2011)

Cannabis – 4.2 tons (decreased by 62% from 2011)

Cocaine – no 2012 figures

Ice – 16.2 tons

TOTAL (not including precursors) – 45.1 tons

-Other statistics (2012)¹⁶

Drug criminal cases recorded – 122,000 (increased by 19.9% from 2011)

Drug suspects arrested – 133,000 (increased by 18.1% from 2011)

Precursor chemical cases reported – 1128

6.2 Short update on China's anti-drugs strategy

6.2.1 Changes/additions to the counter narcotics institutional framework

NNCC is the leading agency of narcotic control in China. The Commission is comprised of representatives from a range of key government ministries bringing a broad response to the issue of drug control. National coordination of drug control activities is the responsibility of the NNCC. The Ministry of Public Security (MPS) on behalf of the NNCC through the MPS Narcotics Control Bureau (NCB) undertakes narcotic enforcement. NCB also operate at provincial level. China Customs and the Anti Smuggling Bureau also enforce narcotics control.

¹⁵ Ibid page 29, 53; NNCC Presentation to Mini-Dublin June 2013

¹⁶ Ibid page 29, 53; NNCC Presentation to Mini-Dublin June 2013

6.2.2 Legal/legislative changes.

China's narcotic legislation is based on the Criminal Law of China 1997 and the Drug Control Law. The major legislative changes in 2012 were:

- Modification of the regulations on the administration of precursor chemicals was initiated;
- In 2013, China and Australia signed an MOU on Precursor control.
- March 2012, the NNCC and Indonesia signed an MOU on drug control cooperation;

6.2.3 Assessment of the Government's political will to conduct a comprehensive and resolute anti-drugs policy.

The overall drug problem China faces with manufacture, trafficking and drug use continues to be major concern for the Chinese Government. The government continues to tackle the issues of drug prevention and education, drug treatment and rehabilitation. China's resolve to tackle the issue of drugs can be seen in the following actions:

- Held narcotic control conferences at provincial and municipal level during the year;
- Increased and continued public education campaigns;
- Several MOU and letters of intent signed along with significant international cooperation efforts
- Active participation in the UNODC and increase of China's financial commitment
- Increased participation and financial support to the Greater Mekong Sub-region (MOU)

6.3 Update on major bilateral and multilateral counter narcotic programs.

China continues to work with international partners: The major bilateral and multilateral programs conducted were:

- NNCC established Border Liaison Offices (BLO) with Myanmar, Lao and Vietnam.
- In 2013, China and Australia signed an MOU on Precursor control.
- March 2012, the NNCC and Indonesia signed an MOU on drug control cooperation;
- MOU signed with Afghanistan on drug control cooperation
- Revised MOI signed between China and the USA

6.4 Place and date of meetings of mini Dublin Groups

June 2013 – Held at the Embassy of Australia.

6.5 Prioritized identification of needs for external assistance

NNCC views to continue to strengthen bilateral co-operation with foreign law enforcement agencies. They have expressed a need for:

- Increased intelligence training and exchange;
- Development of MOU in the area of precursor chemicals.
- Assistance with developing drug signature programs

6.6 Mini-Dublin Group assessment of needs

6.6.1 Emerging threats/trends

The Mini Dublin group identified the following emerging threats and trends:

- Precursor chemicals originating from China is a major issue for all countries;
- The seizure of synthetic drugs from Golden Triangle dramatically surged over last two years;
- Heroin from Golden Crescent were mainly trafficked into China by air and postal service;
- Guangdong province became the major transit and consumption place of cocaine;
- The spreading of synthetic drugs within China arouse major concerns;
- Illegal trafficking and abuse of controlled narcotic drugs and psychotropic substances remain a concern;
- The increase of non-controlled substances mislabeled and trafficked overseas to countries where they are controlled; and
- The increased use of the Internet to purchase chemical based narcotics via parcel post and air freight.

6.6.2 Political initiatives

The Mini Dublin group assessed that the political initiatives currently put in place by the Chinese Government are appropriate and support the needs of the country.

6.6.3 Recommendations

No recommendations were put forward by the Mini Dublin Group.
