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**Myanmar/Burma**

**1. General Situation**

*1.1 Opium and opiates*

Myanmar is considered to be the second largest producer of opium in the world, behind Afghanistan. East Asia illicit opiate industry value is estimated at \$16.3 billion per year, the majority of which is driven from Myanmar opium/heroin. 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. Until 2006 there was a considerable decrease in the total area under opium poppy cultivation in Myanmar, as a result of efforts to eradicate opium poppy cultivation as well as the imposition by local authorities of an opium ban in the Wa region in June 2005 and in the Kokang Special Region in 2003.

However, illicit opium poppy cultivation has since increased although it is still well below the levels reached in the 1990s. After reaching a minimum level in 2006, opium cultivation began to gradually increase again in 2007. According to the UNODC Opium Poppy Survey report<sup>1</sup> on Myanmar, poppy cultivation in Myanmar rose **13%** from the previous year to **57,800 hectares**, more than doubling since 2006. The combination of an increase in both cultivation and yield of opium poppy in Myanmar in 2013 resulted in a rise in opium production of some **26%** in comparison to 2012. The best estimate for 2013 opium production in Myanmar alone is some **870 tonnes**, the highest since assessments by UNODC and the Government began.

In addition to the increase in production, it is important to note the sophistication in cultivation. The farmers use irrigated fields and fertilizers to increase productivity, while planting in lowland paddy and use intercropping such as with beans, and multi-stage planting to mitigate eradication.

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. According to the UNODC survey, poverty and food insecurity are major drivers of poppy cultivation for most poppy farmers.

## *1.2 Amphetamines (ATS)*

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. East Asia illicit ATS industry value is estimated at \$15 billion per year.

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<sup>1</sup> UNODC (2013) South-East Asia Opium Survey 2012: Lao PDR, Myanmar.

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. 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.

Based on the seizure volume, domestic production of ATS is estimated to be over 1 billion pills per year. In 2013, Myanmar recorded the seizure of over 10.2 million methamphetamine pills. The seizure in 2009 was the highest at 23.8 million, while 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 amounts 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. In fact, the seizures of Myanmar meth (pills and crystal) in Northern Thai is multi-millions in the first 3 months of 2014.

With respect to crystalline methamphetamine, large shipments of this ATS destined for international markets were seized in Myanmar in 2009 and 2010. After recording seizures of 124 kg and 226 kg in 2009 and 2010 respectively, seizures 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.

### *1.3 Drug use and Treatment*

The prevalence of all three drugs, opium, heroin and ATS, was higher in 2013 than in 2012, with the greatest difference observed in ATS prevalence.<sup>2</sup> The UNODC estimates that there are between 300,000 to 400,000 drug users in the country, while the Government of Myanmar's estimate is 75,000-150,000. In Myanmar, heroin and opium maintain high usage rates, though ATS is now considered by the Myanmar Police Force to be the primary drug of use. 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. Approximately 4,700 patients are on MMT, and another 1,500 are in drug treatment centers.

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<sup>2</sup> UNODC (2013) Patterns and Trends of Amphetamine-Type Stimulants (ATS) and Other Drugs - Challenges for Asia and the Pacific 2013.

## *1.4 Challenges in border areas*

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 2019.

## **2 Update on Myanmar’s anti-drug strategy**

### *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.

### *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 that the law be revised to impose a less severe punishment in recognition that drug dependent individuals should be treated as patients rather than criminals.

### *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. After a 10-year low in 2006, poppy cultivation has steadily increased in Myanmar, with 2013 cultivation level 2.7 times that of 2006 (UNODC, SE Asia Opium Survey, 2013).

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 2013, the Myanmar Government reported that it had seized 239 kg of heroin; 1792kg of opium; 467 vials of morphine injection vials; 10.2 million methamphetamine pills; 142 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). Other seizures of precursors in 2013 includes Pseudoephedrine (3,581kg), Ephedrine (170kg), and Caffeine (13,482kg), which are not domestically produced but smuggled across its porous borders from the neighbouring countries. In addition, the CCDAC has reported the eradication of 12,257ha (2012/2013) and 12,774 (2013/2014) 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. 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 on consultations with Myanmar Government counterparts, civil society, and Member States meeting their 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:*** Currently, 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, enabling them to transform their agricultural livelihood following bans on opium poppy cultivation imposed by Wa authorities. Currently UNODC is supporting farming communities in Hopong, Loilen, and Pinlon townships in southern Shan State to transform farming practices that will see more of the communities' resources spent increasing and diversifying food crop production and ultimately 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 collaboratively by 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 2014 Opium Poppy Survey report was released in December 2014.

Additionally, 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 address the problems associated with 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.

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.

To cope with recent gradual increase of poppy re-cultivation, as succeeding alternative development activities in Northern Shan State, JICA and Ministry of Border Affairs had signed the MOU on a new five-year technical cooperation project in order to support ex-opium poppy farmers to stabilize their livelihood through strengthening farming skills and diversifying income sources. The project, which targets Kyaukme, Muse and Laukai districts, commenced in May 2014 with five long-term experts based in Lashio.

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)*

WFP has continued providing food and livelihood support to vulnerable and food insecure communities in Shan State through its four sub-offices located in Lashio, Pang Kham and as a consequence of the Myanmar government poppy eradication efforts by destroying poppy fields throughout the country, the livelihood of the poppy farmers was severely affected. In cooperation with its partners, WFP had carried out food assistance to the ex-poppy farmers to alleviate the negative impacts brought by the opium eradication and enhance their resilience and coping capacity.

In February 2012, WFP restarted its partnership with UNODC to assist the ex-poppy farmers with general food distribution. The food assistance was initially provided to 45 villages in central HoPone and PinLaung Townships where farmers' poppy fields had been destroyed. In 2012, an emergency food security assessment had been conducted 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 the poppy eradication intervention. The main findings indicated that the food security situation of the communities affected was stable and no immediate assistance was deemed necessary. The majority of the impacted households have sufficient income for their basic food needs while few households were reportedly forced to purchase food on credit or borrow from friends and relatives. WFP had closely monitored the affected communities for their resilience and if assistance is needed, food or cash based programmes had been carried out for these vulnerable communities.

In 2013, WFP continued its assistance to the ex-poppy farmers through asset creation activities; pond renovation, water supply system which increase the agricultural production in the water-scarce and hilly mountain areas. WFP food assistance in partnership with UNODC reached over 16,500 people with 766 metric tonnes (mt) of food in Shan State since 2012.

In addition to assist vulnerable ex-poppy farmers, WFP continues to support the communities most in need through its asset creation, nutrition, education and emergency response activities. In 2013, WFP reached more than 1 million people across the country with over 61,900 mt of food which includes rice, fortified vegetable oil, pulses, iodized salt, nutrient-rich blended food for children under 5 and pregnant and lactating women, high energy biscuits for school children and cash US\$173,300 for asset creation activities.

WFP is currently providing food assistance to vulnerable communities in Magway Region, Chin, Kachin, Rakhine and Shan States. The areas of intervention is expanding to South East Region with a new Mawlamyine sub-office opened in June 2014 .

In 2014, WFP provided food Assistance to 1,113,743 highly food-insecure and vulnerable beneficiaries, through relief, food/cash for work, education, and nutrition interventions.

## *Australia*

Australia, through the Australian Federal Police (AFP), continues to support counter-narcotic efforts in Myanmar, through police-to-police cooperation with a specific focus 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 Sagaing, Magway, Shan and Kachin.

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, Denmark, the European Union, France, Ireland, Italy, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and the United States of America. Australia is the third largest donor to LIFT. Through LIFT approximately US\$200 million has been invested to improve the food and livelihoods security of the poorest and most vulnerable people in Myanmar. Shan State is one of the target regions for LIFT.

Australia is investing AUD12 million in livelihood and rural development research through the Australian Centre for International Agricultural Research (ACIAR). This research will eventually be incorporated into developing future livelihood activities throughout Myanmar.

## *United States of America*

The United States supports counternarcotics efforts in Myanmar through funding of approximately \$2 million USD from the U.S. Department of State, International Narcotics and Law Enforcement (INL) Bureau for drug demand reduction, interdiction, and law enforcement capacity building. In addition to INL programming, the Drug Enforcement Administration (DEA) supports counternarcotics efforts in Myanmar through cooperation with the Central Committee for Drug Abuse Control/Myanmar Police Force-Drug Enforcement Division.

INL counternarcotics programming supports the following drug demand reduction activities: i) a comprehensive country-wide drug user survey to be conducted by UNODC; ii) the first Myanmar Drug Demand Reduction Stakeholders Conference, co-organized by UNODC, WHO, Colombo Plan and CCDAC/DED and the Ministry of Health; iii) and training for drug treatment providers in cooperation with the Colombo Plan. INL counternarcotics programming supports the following drug interdiction activities: i) annual UNODC Opium Surveys and ii) capacity building activities for counternarcotics law enforcement officials, including trainings, workshops, study tours, and exchanges at the International Law Enforcement Academy in Bangkok, Thailand.

The goals of these programs include: i) enhancing Myanmar's drug demand reductions services; ii) reducing the amount of poppy cultivated and opium produced; and iii) strengthening Myanmar's counternarcotics law enforcement to combat narcotics trafficking.

## ***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.

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

The last Mini-Dublin Group meeting in Myanmar was held on 31 March, 2014. The members shared the narcotic situation updates by UNODC, and discussed the planned and on-going projects of each donor.

## **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.

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

### *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-narcotics efforts.



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.

## 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.

## Thailand

### 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 2014 approximately 24.7 million international visitors entered Thailand through numerous ports of entry. The continuing large numbers 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 2014, there were substantial increases in seizures of 'Ya-ba' and Cannabis, consistent with trends emerging in other South-East Asian locations. Thailand remains one of the largest consumers of 'Ya-ba' and other amphetamine-type substances (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. While the number of ice seizures remained high during 2014, seizures declined by 25 per cent from 2013.

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 PDR 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 water ways 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. The majority of ATS continues to be imported into Thailand from Myanmar, with some shipments also being intercepted from Laos PDR. Most ATS in Thailand is imported rather than manufactured locally.

Heroin is imported to Thailand from production centres in Myanmar and Laos PDR. 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. Seizures of heroin increased more than 500% in 2013.

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 the tourist hubs of Pattaya, Samui and Phuket is potentially fuelled in part by the high volume of foreign tourists visiting these locations. Seizures of cocaine increased almost 300% in 2013, due in part to the interception of significant numbers of Thai females recruited by West African syndicates to import cocaine from Brazil, Peru, Bolivia and Columbia. In the southern part of Thailand, the use of 'Kratom', a mildly hallucinogenic plant, remains common.

Cannabis continues to be cultivated domestically in Thailand as well as smuggled through Laos PDR and other countries.

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

Details of the volume of drug seizures in Thailand, provided by the Thai Office of Narcotics Control Board (ONCB), are at **Attachment A** (below).

## **2. Changes to Thailand's institutional counter-narcotics framework**

Following the 22 May 2014 coup d'état, the governing National Council for Peace and Order (NCPO) issued NCPO Command No. 41/2557 entitled 'The Suppression and Prevention of the Spread of Narcotics'. The order required the Royal Thai armed forces, Ministry of Interior, Royal Thai Police and relevant agencies to strengthen law enforcement measures against drug offences, including asset forfeiture and drug inspections, as well as strengthening rehabilitation measures for drug measures, pursuing prosecutions against government officials involved in illicit trafficking and the implementation of regular NCPO reporting requirements.

Thai law enforcement agencies continue to make regular and large seizures at both land and air crossings. Law enforcement agencies are seeking to improve their capability to pursue more serious and organised crime networks.

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

During the 11<sup>th</sup> 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 police officers now resident in a number of South East Asian locations.

In May 2013, Thailand sent a high-level delegation, led by the Minister of Justice, to participate at the Ministerial Meeting held under the 1993 Memorandum of Understanding (MOU), signed between six Greater Mekong Sub-region countries and UNODC to tackle the illicit drug problem in the sub-region, in Nay Pyi Taw, Myanmar.

Thailand announced the establishment of an ASEAN Narcotics Cooperation Centre in September 2014. The centre aims to enhance information sharing among ASEAN countries, including dealing with cross- border movements of illicit drugs.

Thailand has participated in regional efforts to disrupt and interdict the flow of narcotics and precursor chemicals along the Mekong River.

#### **4. Place and date of Mini Dublin Group meetings**

A meeting of the Mini Dublin Group was convened on 29 September 2014 at the Japanese Embassy in Bangkok. UNODC and ONCB made presentations. Representatives from Thailand, Australia, Belgium, Italy, Spain and the United States participated in the meeting.

#### **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) and harm reduction (reducing the wide range of physical, psychological and social harm 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.

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

### *6.1 Emerging threats/trends*

In line with our 2013 and 2014 assessment, the continued increase in the import and use of ATS in Thailand has been identified as a key threat (see Attachment A). The continued growth of opium poppy cultivation in the Golden Triangle also poses a threat.

Thailand's long borders continue to challenge prevention and detection of narcotics trafficking. Increased use of the Mekong River to traffic ice into Thailand continues to place pressure on law enforcement resources. The scale of people movement to and from Thailand is providing criminal groups with the opportunity to engage in narcotics trafficking under the guise of legitimate tourism. Criminal groups are diversifying their activities to include multiple drug types, demonstrating high-level organisational skills, global networking and adaptability to market trends.

## 6.2 *Political initiatives*

Thailand's ONCB continues to implement supply reduction, demand reduction and harm reduction measures.

We should continue to encourage the Thai Government's efforts to conduct public awareness campaigns, rehabilitation, medical care and treatment of drug addiction.

## 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.

MDG members have agreed on the importance of cooperation with Thailand and ASEAN countries ahead of the establishment of the ASEAN Economic Community at the end of 2015, noting that while the AEC will facilitate greater movement of people and goods it also brings downside risks, including making the movement of illicit drugs easier.

MDG members should encourage Thailand and its neighbours to adopt Community Based Treatment and move away from less effective compulsory treatment systems.

Thailand should also be supported, where appropriate, in its own efforts to become a learning centre for counter-narcotics 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, 2005 – 2014

TYPE	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Ya Ba (mil. Tablets)</b>	18	14	14.1	22.2	27.4	54.1	55.1	96	12.8	113.1
<b>Ice (kg)</b>	322.7	94	48.1	54.1	213	705.3	1241	1613	1363	1019.4
<b>Cannabis (kg)</b>	13288.3	11573.3	14950.9	18894.7	18088	18029.8	12794.8	24529	25133	39312.3
<b>Cocaine (kg)</b>	6.8	37.6	18.8	11.5	9.3	31.1	31.8	17.9	69.8	28.6
<b>Heroin (kg)</b>	955	93	294	199.8	143.1	137.6	541	127.2	776	371.1
<b>Kratom (Kg)</b>	1743.1	8544	42267.6	12716.3	21879.6	32704.5	22260	33586	27070	54271.2
<b>PSE Prep (mill. tabs.)</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Figures adjusted from ONCB annual report and statistics provided by ONCB March 2015

### 1. General Situation

#### 1.1 Drug trafficking

The United Nations Office on Drugs and Crime 2014 World Drug Report identifies that:

- Drug use prevalence is stable around the world, with around 243 million individuals, or 5 percent of the world's population aged 15-64 having used illicit drugs in the past year. Problem drug users meanwhile numbered about 27 million, roughly 0.6 per cent of the world's adult population, or 1 in every 200 people. The US, some European, Asian and Australasian countries have seen users switching between heroin and pharmaceutical painkillers, a trend largely dictated by low prices and accessibility;
- East and Southeast Asia, and South Asia continue to be a source of supply of pseudoephedrine and ephedrine used in illicit manufacture of methamphetamine in the region and other parts of the world. At the same time, Asia has increasing numbers of intermediary companies providing opportunity for diversion. The largest portion of licit precursor chemical export in Asia was by the Republic of Korea, followed by Japan, Singapore, Thailand, China and India.

The UNODC's Global SMART Programme June 2014 Drug Control Brief indicated that:

- **Demand:** Heroin remains the most widely used illicit drug. Amphetamine-type stimulants (ATS) use continues to increase, and in 2010 ATS overtook opium as the second most widely used drug. Most of the heroin originates from Myanmar and is trafficked into Viet Nam through Lao PDR. In addition, drug trafficking organizations from West Africa continue to recruit air passenger couriers to smuggle heroin from Southwest Asia as well as cocaine and other drugs into Viet Nam<sup>3</sup>.

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<sup>3</sup> Drug Control Brief, June 2014, UNODC SMART Programme.

- **Supply:** Crystalline methamphetamine use has risen considerably since it was first reported in 2008. During the past few years, a number of new psychoactive substances (NPS) have emerged on the illicit drug market<sup>4</sup>.
- **Transnational organized crime:** Involvement of transnational organized crime (TOC) groups in drug trafficking from West Africa is on the rise. West African drug trafficking organizations are most active in Ho Chi Minh City and elsewhere in the southern part of the country<sup>5</sup>. There are indications that African drug traffickers are increasingly recruiting Vietnamese students and men rather than adult Vietnamese women to smuggle illicit drugs to markets in the region<sup>6</sup>.

According to the National Committee, in the first 6 months of 2014, law enforcement agencies investigated 10,256 drug trafficking cases and arrested 15,298 drug offenders. They seized 478.70kg of heroin, 14.10 kg of opium, 909.10 kg of cannabis, 127.50 kg and 197,097 tablets of synthetic drugs. These figures reflect an increase in the number of illicit drug trafficking cases as well as an increase in heroin seizure, synthetic drugs and cannabis but a decrease in opium when compared with the same period of 2013 (466 kg of heroin, 83 kg of cannabis, 46 kg and 140,000 tablets of synthetic drugs and 83 kg of opium)<sup>7</sup>.



Figure 1: Number of cases and persons in the first

6 months of 2012, 2013 and 2014

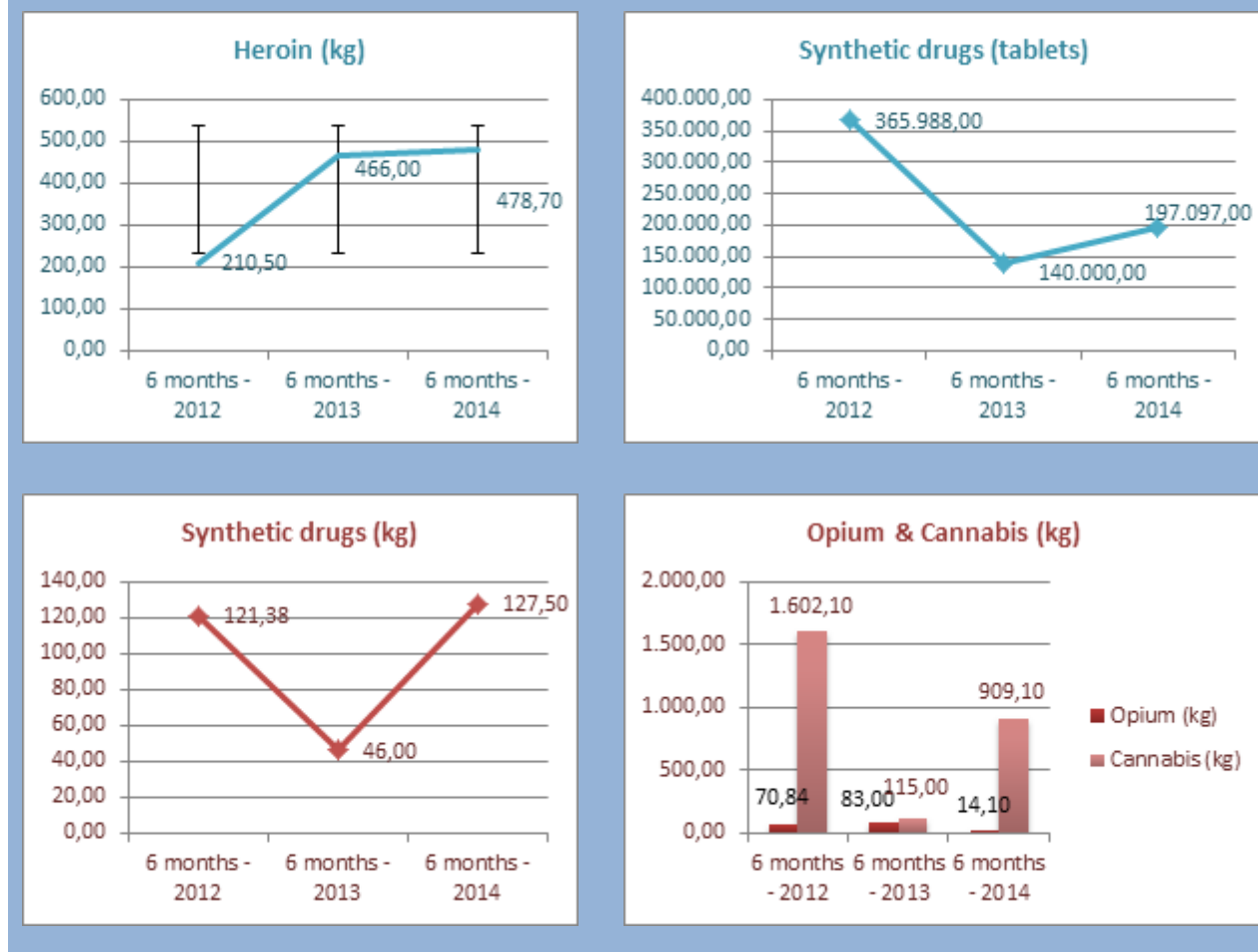
<sup>4</sup> Drug Control Brief, June 2014, UNODC SMART Programme.

<sup>5</sup> Drug Control Brief, June 2014, UNODC SMART Programme.

<sup>6</sup> Drug Control Brief, June 2014, UNODC SMART Programme.

<sup>7</sup> Report of the National Committee on AIDS, Drugs and Prostitution Control and Prevention, June 2014.

Figure 2: Illicit drugs seized in the first 6 months of 2012, 2013 and 2014



## 1.2 Drugs and health

As of June 2014, there were 182,799 registered drug dependent people (reported by the Ministry of Public Security). By drug type, heroin users accounted for the largest proportion of illicit drug users (72%), followed by users of synthetic drugs (14.5%), opium (6.4%), cannabis (1.6%) and other drugs (5.5%)<sup>8</sup>. The Government estimates that the actual number of drug dependent people is much higher. Although seizures of synthetic drugs decreased, the number of synthetic drug users increased, a source of serious concern to the Government of Viet Nam.

<sup>8</sup> Report of the Vietnam Administration for AIDS Control (VAAC) of the Ministry of Health at the National Conference "Towards a Comprehensive Care for Substance Users: Integration of SUD, HIV and Other Services".

Figure 3: Drug users by drug type in the first

6 months of 2014

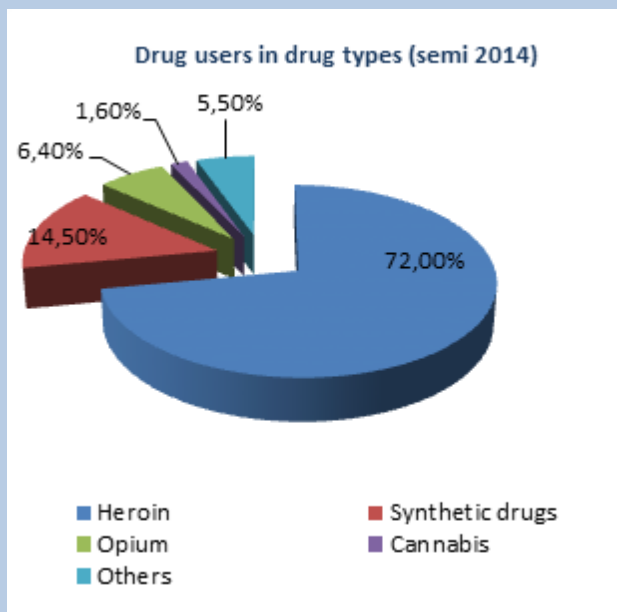
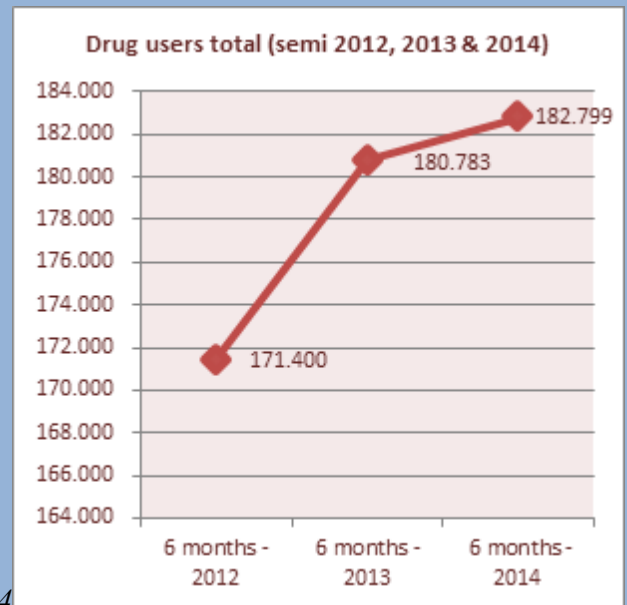


Figure 4: Total of drug users in the first

6 months of 2012, 2013 &



2014

Injecting drug use (IDU) is widespread and highly correlates with heroin use. IDU is the major cause of HIV transmission in Vietnam. In 2013, the estimated HIV zero-prevalence among IDUs was 10.3%, a decrease compared to 2012 (11.6%)<sup>9</sup>.

According to the Vietnam Administration for AIDS Control (VAAC), there were 219,163 people living with HIV/AIDS in the country by May 2014<sup>10</sup>. The HIV epidemic remains highly concentrated, with the highest prevalence among men who inject drugs (18.8%).

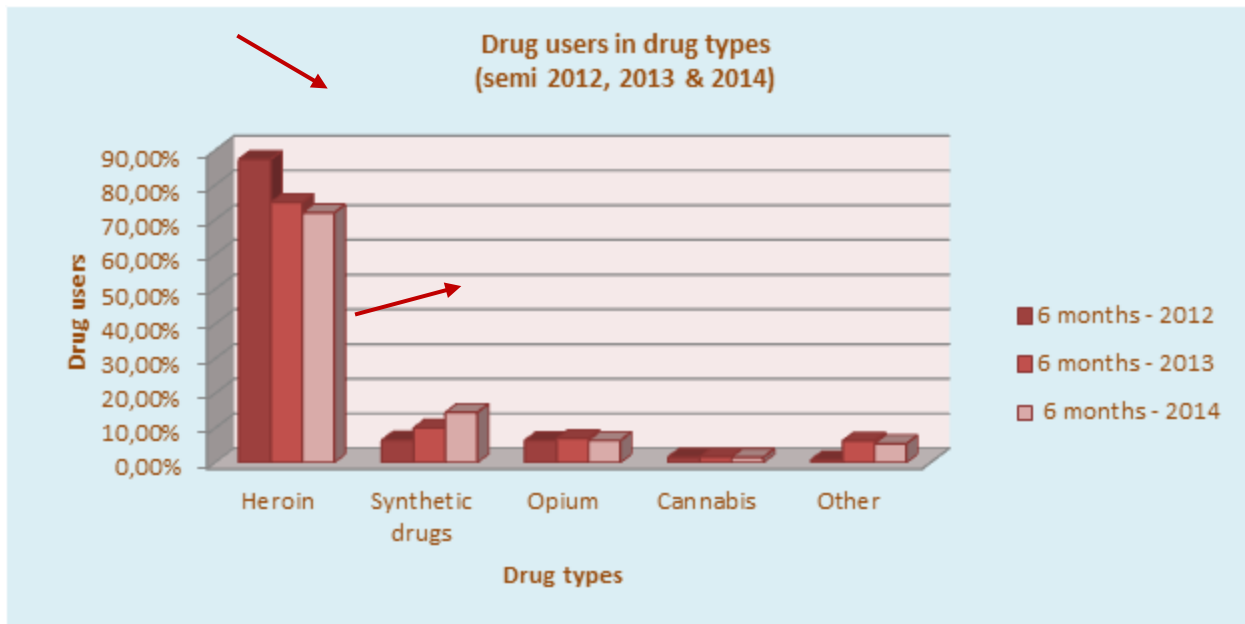
By January 2015, there were 145 Methadone Maintenance Therapy (MMT) clinics in 42 provinces/cities with 27,180 people receiving treatment<sup>11</sup>. It is expected that by 2015, 245 methadone clinics will be operational in 61 provinces and cities and 81,000 opiate dependent people will receive treatment.

<sup>9</sup> Ministry of Health report at the Annual Review Meeting of the National Committee on HIV/AIDS, Drugs, and Prostitution Prevention and Control.

<sup>10</sup> Report of the Vietnam Administration for AIDS Control (VAAC) of the Ministry of Health at the National Conference "Towards a Comprehensive Care for Substance Users: Integration of SUD, HIV and Other Services".

<sup>11</sup> Ministry of Health, Vietnam AIDS Administration and Control, Harm Reduction Unit, Monthly Report, January 2015.

Figure 5: Drug users by drug type in the first 6 months of 2012, 2013 & 2014

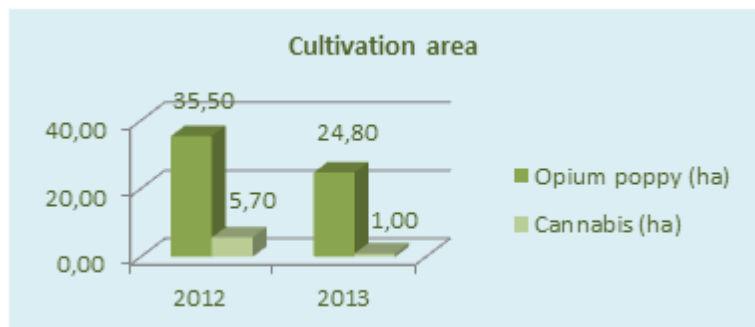


### 5.1.3 Cultivation of narcotic containing plants

There was a decreasing trend in cultivation of narcotic containing plants in 2013 comparing to 2012 (8%). 25.8ha of narcotic containing plants were detected and eradicated in 2013, including 24.8ha of opium poppy and 1ha of cannabis<sup>12</sup>.

Figure 6: Total area of narcotic containing plants and crops

In 2012-2013 (hectare)



<sup>12</sup> Report of the National Committee on AIDS, Drugs and Prostitution Control and Prevention, January 2014.

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

The Government approved a 'National Strategy on Drug Control and Prevention in Viet Nam to 2020, with a Vision to 2030' in June 2011. Following this, in August 2012, the Prime Minister signed the 'National Target Program on Drug Prevention and Control – 2012-2015'. The Government also issued a Methadone Decree (Decree 96/2012/ND-CP, on 'Regulating Substitution Treatment of Opioid Addiction') providing for the expansion of Vietnam's MMT program in November 2012. A Law on Administration Violation was approved by the National Assembly on 20 June 2012 and took effect on 1 July 2013. A Court Ordinance establishing court process for sanctioning compulsory treatment to drug dependent people and several Government Decrees guiding the implementation of this Law have also been developed.

On 27 December 2013, the Government approved a 'Decision on the Drug Rehabilitation Renovation Plan (Renovation Plan) for the period 2013-2020'. The plan aims to diversify drug dependence treatment models, scale up community-based and voluntary treatment centers (including MMT clinics) and gradually reduce the number of drug users held in compulsory treatment centers ("06 centers"). To that end, it introduced a phased approach with specific targets to be achieved in 2014-15 and in 2016-20. The plan sets out the responsibilities of relevant national agencies; for example, to increase professional capacity for better treatment and care of drug dependent people, to establish professional standards in drug treatment and care and to develop sufficient legislative and institutional frameworks to support these efforts. However, the Renovation Plan still foresees a number of 06 centers existing in 2020, which is of serious concern to the UN and development partners.

Viet Nam ratified 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 control priorities.

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.

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

#### *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 General Department of Police. Heroin remains the most trafficked commodity, the amount of methamphetamine is steady but detections of precursor chemicals from Vietnam to Australia have continued a downward trend.

The major criminal connections between Australia and Vietnam are between the Vietnamese communities in Sydney and Melbourne and those in HCMC, primarily because of the historical 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.

Significant joint counter narcotics investigations continue to be conducted, highlighting the effectiveness of the working relationship between the AFP and the Narcotics Investigations Department. Increasingly, other law enforcement agencies are becoming involved in such joint investigations as the transnational links to this crime type extend beyond just Australia and Vietnam.

Trafficking routes from Laos into Vietnam, especially via Son La Province, are areas of concern for the AFP and increasing the capacity of law enforcement in these areas has been identified as a priority. A multi-agency visit has been arranged as an initial step.

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 continues to progress with its Vietnamese counterparts.



## ***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. The EU also funds targeted health programs empowering populations at higher risk of HIV infection, strengthening HIV care, prevention and treatment in the country. Vietnam is also part of the EU-UNODC Joint Initiative for Supporting Southeast Asian Countries to Counter Terrorism that delivers expertise and training in related activities, including combating transnational organised crime and anti-money laundering.

## ***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.

## ***United Kingdom***

The UK has strengthened its law enforcement footprint in Vietnam, and has continued to build on existing relationships. UK co-operation with Vietnam is currently very good but organised crime continues to evolve and it is essential that the UK and Vietnam work even more closely to tackle shared threats. To that end, the UK opened a National Crime Agency Liaison Office (NCA) in Hanoi in 2012, covering Vietnam, Cambodia and Laos. This allowed for a more dedicated relationship with the Ministry of Public Security and other facets of law enforcement in Vietnam, which to date has yielded a number of joint operations and successful arrests and prosecutions.

Although there is little intelligence to show that controlled drugs manufactured in, or transiting through, Vietnam are destined for the UK, Vietnamese nationals dominate cannabis cultivation in the UK, with most UK cannabis farms staffed or run by Vietnamese illegal immigrants. The money generated by cannabis cultivation in the UK is estimated to be between GBP 300 million and GBP 800 million per year. Proceeds of Vietnamese-run criminal enterprises are known to be sent back to Vietnam through the use of individual couriers or via legitimate Vietnamese businesses. Moreover, abuse of UK and Vietnam banks, and in particular the accounts of legitimate students, is not uncommon.

The laundering of the proceeds of crime generated by the cultivation and distribution of narcotics is a key area of work for NCA. NCA has identified opportunities for joint work with the State Bank of Vietnam's Anti-Money Laundering Department, with whom the NCA will sign an intelligence exchange MOU in 2014. The NCA also actively works with the MPS Economic Crime Command and Vietnam Customs, and is currently looking at other joint initiatives with UNODC. In February 2014 the NCA, with the UNODC, delivered a financial investigation training module to the People's Police Academy of Vietnam, which has now been incorporated into the curriculum for new entrants.

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. NCA and the UK Human Trafficking Centre work closely with ACPO Forces in England and Wales, with significant operational support from Vietnamese law enforcement, to tackle this criminal threat.

### *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 the UNODC.

## *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 Defence Joint Interagency Taskforce - West (JIATF-W) partnered with the MPS Counter-Narcotics Department to construct a joint training facility in Vinh, Vietnam, which was completed in January 2013. DEA and the JIATF-W have since conducted three training seminars with the Ministry of Public Security's Counter-Narcotics Department, in June 2013, September 2013, and August 2104 at the new facility. The seminars provided tactical and emergency medical training to 150 counter narcotics police officers.

The Department of Treasury's Office of Technical Assistance is helping Vietnam's Ministry of Finance implement new accounting and financial reporting objectives as part of the International Public Sector Accounting Standards (IPSAS) program.

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, investigate, and prosecute illicit transfers of WMD, WMD related items, and conventional arms. The bulk of EXBS assistance to Vietnam has focused on Interagency Awareness Building, Industry/enterprise outreach and maritime security and law enforcement activities. Vietnam Customs is the dedicated interlocutor for overall strategic trade management assistance and activities must be accordingly through Customs. However, Vietnam Customs is not a ministry-level organization and lacks interagency influence. Vietnam's Ministry of Industry and Trade (MOIT) has also been a significant partner over the past 3 years.

EXBS has provided hand-held detection equipment as well as larger scanning equipment to Vietnamese Customs and border guards. EXBS has also provided comprehensive licensing, commodity identification, and enforcement training in two key ports in Vietnam. EXBS has also provided short term advisory assistance through DHS/CBP which has helped build Vietnam Customs' targeting and risk management capabilities. EXBS will continue its activities for Vietnam to promote full adherence to international best practices for export controls and relevant UN Security Council resolutions. Among previous and ongoing assistance, maritime border enforcement / law enforcement and security assistance is a priority for the U.S. Government. The U.S. Coast Guard is the primary implementer for the aforementioned assistance.

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Vietnam has received approximately \$69 million for implementation in 2014 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 45% of all HIV infections in Vietnam are directly 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 contributes the majority of support for methadone for over 20,028 patients in 114 clinics in 38 of the 63 provinces (as of mid-September 2014). 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 ten provinces where the epidemic is having the greatest impact: Hanoi, Hai Phong, Quang Ninh, Ho Chi Minh City, Can Tho, An Giang, Nghe An, Son La, 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.

### ***UNODC***

UNODC assistance to Viet Nam is provided through regional and national projects. The UNODC's Country Program for Viet Nam was signed by the Government of Viet Nam in August 2013. The Programme sets out priorities for cooperation with the Government 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 capacities through organization of training courses, legal review and provision of office equipment to national agencies. This support has included four training courses on anti-smuggling for frontline officers at the Viet Nam-Laos and Viet Nam-China borders as well as the provision of office and communication equipment under the Partnership Against Transnational Crime through Regional Organized Law Enforcement (PATROL) project. Most recently, the Vietnamese Prime Minister approved the UNODC Global Container Control Programme (CCP). The CCP has a global reach and aims to fortify the structures and processes which allow for the application of sustainable laws for States and selected ports, so as to minimize the use of maritime containers for the illicit drug trafficking, and other transnational organized crime activities.

Through a dedicated program against money laundering, including training on basic investigative techniques, money laundering and financial investigation, the UNODC has helped to increase the capacity of the MPS's Economic Police Department to identify, investigate and prosecute economic crimes and follow the financial flows from organized crime. In a long running program of support to the General Department of Customs, during the period 2012-2014, the UNODC has delivered 12 bulk cash smuggling detection training courses at a number of land border crossings in the north, centre and south of Viet Nam, three international airports and two sea container ports. In August 2014, Customs Officers in Tay Ninh province conducted the largest ever seizure of criminal cash when they detected \$860,000.00 in Vietnamese Dong (VND18.2 billion) being smuggled into Cambodia from Viet Nam. The officers involved in the cash seizure had previously been trained by UNODC.

The UNODC has supported the Government's consultation process for the formulation of National Strategies and Target Programs on drug control and crime prevention, and the National Program against Human Trafficking addressing drugs, crime and illicit trafficking in persons. 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.

The UNODC aims to address the impact of drug dependence on individuals, families and communities, through diversification of evidence-based, voluntary, drug treatment and care services in communities.

The 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.

#### **4. 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 serious criminal trafficking cases;
- Improving drug analysis for forensic agencies to analyse all types of drugs, including impurity profiling and precursors;
- Data analysis to identify trends in drug abuse and seizures;
- 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. Mini-Dublin Group assessment of needs**

Illicit drug trafficking and other types of transnational organised crime have become more complex, with offenders adopting more organized and sophisticated modus operandi.

The production of synthetic drugs in Vietnam, particularly "ice", has decreased, but the potential for domestic production remains high. In 2013, three laboratories were dismantled in Ha Noi and Ho Chi Minh City, compared to nine labs in 2012.

Heroin is still the dominant drug type in Viet Nam in terms of use and trafficking. The volume of cocaine trafficked into Viet Nam is small. But the trafficking of cocaine from South America into Viet Nam showed that criminal syndicates in South America are trying to expand their market into Southeast Asia, including Viet Nam.

## 6. Recommendations

To the Government of Viet Nam:

- Further strengthen inter-agency coordination and cooperation in implementing action plans and activities under its National Drug Control and Crime Prevention strategies;
- Improve cross-border cooperation activities, including mutual legal assistance, information sharing and cross-border operations;
- Develop new rules and regulations on the treatment of drug dependent people based on the evidence and respect of human rights;
- Increase involvement in supporting the Mini-Dublin Group in Viet Nam through information sharing, and keeping the group updated on national initiatives to address illicit drugs issues.



## **Lao People's Democratic Republic**

### **1. General Situation**

Laos continues to be a source, transit and destination country for illicit drugs, mainly opium and amphetamines. Within Laos, poppy cultivation is mainly concentrated in northern, mountainous provinces. UNODC conducted its latest Opium Survey in northern Laos from 3-14 February 2015. Quantitative information will be included in the next update to this report. After a steady decline in cultivation between 1998 (estimated 26,800 Hectares) and 2005 (1,800 Hectares), the figures are again on the rise – increasing to an estimated 6,200 Hectares under cultivation in 2014. Opium and heroin, as well as amphetamines, are transported through Laos to markets in Vietnam, Thailand and China. There is also a domestic market, mostly for opium and amphetamines. Lao National Commission on Drug Control (LCDC) estimate one per cent of Laos' population of around 7 million are addicts, with half of those addicted to heroin and half to ATS.

Laos, China, Burma and Thailand work together to combat cross-border drug trafficking through the joint operation centre at Chiang Rai's Golden Triangle, an area bordering Burma, Laos and Thailand. A joint law enforcement operation by these four countries in early 2015 - a repeat of a similar joint operation in 2013 - has been successful in increasing arrests and seizures of ATS, heroin, opium and precursor chemicals. LCDC advise that exchanges of intelligence among regional police, following interrogation of detained drug smugglers, have helped support the cross-border operations. Laos would be keen to join the other countries in a planned extension of the current joint operation by several months, if funding permits.

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

The LCDC manages Lao PDR's policy response to the challenges posed by illicit drugs in Laos. Laos would like to see additional funding for its counter-narcotics programs. Laos' current priorities in terms of development partner support include poppy eradication, prevention through civic awareness campaigns, treatment of addicts and support for law enforcement.

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

The United States funds the following counter-narcotics projects in Laos.

- A ‘Drug Demand Reduction Project’ designed to increase the Lao PDR Government’s capacity to prevent, treat and rehabilitate drug addicts
  - \$150,000, 2014 – 2015
  - Included civic awareness instruction, training health care professionals and improving existing drug treatment centres.
- A community-based treatment project called ‘Drug Dependence Treatment and Care’
  - \$200,000, 2014 – 2015
  - Provides community-based treatment services in Vientiane city for ATS users.
- A ‘Law Enforcement Project’ with the Lao National Commission on Drug Control (LCDC)
  - \$150,000, 2014 – 2015
  - Provides equipment for upgrading the LCDC office and provincial counter-narcotics units across the country
  - Enhances Lao PDR’s cooperation with neighbouring countries.
- An ‘Alternative Development Project’ with UNODC
  - \$1,000,000, 2015 – 2017
  - Designed to assist opium-growing and former opium-growing farmers to find alternatives to opium, including crop substitution and livestock.

Projects in alternative development in northern Laos funded by the EU, Japan and Germany have been completed. At this stage, none of these development partners have immediate plans for further project funding in this area.

#### 4. Recent meetings.

On 19 March 2015, the Ambassador of Japan hosted a meeting for mini-Dublin Group members with the new Director of the Somsanga Centre for Drug Rehabilitation, located in Vientiane Province. The meeting was an opportunity to follow up on discussions in 2014 on possible support for initiatives, such as community-based treatment and vocational training, to help reduce overcrowding and strengthen Somsanga's capacity to rehabilitate addicts. The new Director confirmed he would be continuing recent reforms, including an intensive 21-day detoxification program followed by counselling for patients at home. However, ongoing resource challenges constrained these initiatives and the Centre's broader capacity to rehabilitate addicts.

## Cambodia

### 1. General situation

Transnational organised criminal groups, in particular from Asia and West Africa, continue to use Cambodia as a manufacture and transit location for amphetamine-type stimulants (ATS) and their precursor chemicals as well as other illicit drugs such as cocaine and heroin. The illicit harvesting and exporting of safrole-rich oils (SRO),<sup>13</sup> which can be used as a precursor for MDMA, has been significantly reduced, but remains a law enforcement and environmental concern.

The availability and use of methamphetamine in pill and crystalline form continues to expand. In addition, whereas illicit drug use was previously concentrated primarily in urban areas, in recent years it has been expanding into rural areas, in particular in the provinces adjacent to Lao PDR and Thailand.<sup>14</sup>

The Royal Government of Cambodia estimates there are between 13,000 and 28,000 drug users in the country. Approximately one fourth of drug users live in Phnom Penh. Of the total number of drug users in 2012, approximately 81.3% used crystalline methamphetamine, 46.0% used methamphetamine pills and 5.4% used ecstasy (10.5% used cannabis and 7.1% used heroin).<sup>15</sup> The estimated number of injecting drug users in Cambodia in 2012 was 1,300.<sup>16</sup>

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<sup>13</sup> Safrole is a substance listed in Table 1 of the United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988, as well as in Cambodia's Drug Law. The International Narcotics Control Board defines safrole-rich oils as being 'any mixtures or natural products containing safrole present in such a way that it can be used or recovered by readily applicable means'. 'Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances 2008', International Narcotics Control Board (INCB), Vienna, February 2009.

<sup>14</sup> Cambodia country report, International Narcotics Control Strategy Report, Bureau of International Narcotics Law Enforcement Affairs (BINLEA), U.S. Department of State (Accessed at <http://www.state.gov/j/inl/rls/nrcrpt/2012/vol1/184098.htm>).

<sup>15</sup> 'National Population Size Estimation, HIV Related Risk Behaviors and HIV Prevalence among the People Who Used Drugs in Cambodia in 2012', National Authority for Combating Drugs (NACD) and the National Center for HIV/AIDS, Dermatology and STD (NCHADS), Phnom Penh, March 2014.

<sup>16</sup> Ibid.

**Table 1. Trend in use of selected drugs in Cambodia, 2009-2014**

Drug type	2009	2010	2011	2012	2013	2014
Methamphetamine pills	●	↑	□	□	□	□
Crystalline methamphetamine	●	↑	□	□	□	□
Ecstasy	●	●	□	□	●	●
Cannabis herb	●	●	□	●	●	●
Heroin	●	●	□	●	●	●

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

Source(s): DAINAP; Official communication with the National Authority for Combating Drugs (NACD); Cambodia country presentation, National Authority for Combating Drugs (NACD), presented at the Global SMART Programme Regional Workshop, Jakarta, 28-29 August 2013; Communication with the National Authority for Combating Drugs (NACD), September 2014 and March 2015.

Cambodia has 10 Temporary Centres for Drug Education and Rehabilitation managed by government ministries, the civilian/military police, and NGOs.<sup>17</sup> In 2013, a total of 1,265 drug users were admitted to treatment and rehabilitation centres, most of whom used crystalline methamphetamine (72%) and methamphetamine pills (22%). The majority (63%) of drug users at the centres were aged 18 to 25 years.<sup>18</sup> Approximately 55% were unemployed, 16% were students, 15% were garment workers, 2% were government workers and 4% were in other occupations.<sup>19</sup> In comparison, a total of 1,162 drug users were admitted to treatment and rehabilitation services at the centres in 2012, most of whom used crystalline methamphetamine (74%) and methamphetamine pills (15%).<sup>20</sup>

<sup>17</sup> Official communication with the National Authority for Combating Drugs (NACD), November 2014.

<sup>18</sup> Cambodia country presentation, National Authority for Combating Drugs (NACD), presented at the Global SMART Programme Regional Workshop, Yangon, Myanmar, 20-21 August 2014.

<sup>19</sup> Ibid.

<sup>20</sup> Cambodia country presentation, National Authority for Combating Drugs (NACD), presented at the Global SMART Programme Regional Workshop, Jakarta, 28-29 August 2013.

Record amounts of crystalline methamphetamine have been seized in Cambodia during the past couple of years, with 29 kg seized in 2014, 32.4 kg seized in 2013 and 33.5 kg seized in 2012. A large number of methamphetamine pills are seized in Cambodia each year, with 122,900 methamphetamine pills seized in 2014, and 173,349 pills seized in 2013.<sup>21</sup> The number of ecstasy pills seized in Cambodia remains small compared with elsewhere in the region. No ecstasy was reported seized in the country in 2013, however in 2014, 10,530 ecstasy pills were seized.<sup>22</sup>

**Table 2. Seizures of selected drugs in Cambodia, 2009-2014**

Drug type	Measurement	2009	2010	2011	2012	2013	2014
Methamphetamine pills	pills	137,249	82,746	238,994	112,723*	173,349	122,900
Crystalline methamphetamine	kg	4.6	9.9	19.1	33.5	32.4	29.01
Ecstasy	pills	3,352	1,056	7,855	1,373***	0	10,530
Cannabis herb	kg	3.8	1.2	210.2	2.4	168.5	19.9
Cocaine	kg	1.0	0.9	1.1	41.0	12.9	7.89
Heroin	kg	26.7	2.4	2.1	0.3	38.3	1.837

● = Not reported/unspecified amount. \* Reported as 61,170 methamphetamine pills plus 5,155.3 grams; converted into estimated pill equivalents at 100 mg per pill. \*\* Reported as 17,334.9 grams; converted into estimated pill equivalents at 100 mg per pill. \*\*\* Reported as 1,318 ecstasy pills plus 14.9 grams; converted into estimated pill equivalents of 300 mg per pill.

Source(s): DAINAP; ‘Brief Operation Results of Cambodia Law Enforcement in Combating Drugs 2012’, National Authority for Combating Drugs (NACD), 2013; NACD, August 2014.

Communication with NACD September 2014 and March 2015.

<sup>21</sup> Op. cit. NACD, August 2014.

<sup>22</sup> Ibid. Reported as 1,351.93 grams; converted into estimated pill equivalents of 300 mg per pill.

A limited amount of ketamine is seized in Cambodia each year. In 2013, approximately 1 kg of ketamine was seized.<sup>23</sup> Cambodia has not reported the use or seizures of any other new psychoactive substances.

During the last three years, record amounts of cocaine have been seized in Cambodia, with 7.89 kg seized in 2014, 12.9 kg seized in 2013 and 41 kg seized in 2012, the highest total ever reported in Cambodia. A large portion of the cocaine smuggled into Cambodia is reported to be destined for Thailand and other markets in the region, and is smuggled primarily by West African drug trafficking groups.<sup>24</sup>

Drug law enforcement authorities in Cambodia continue to dismantle significant numbers of facilities that illicitly manufacture methamphetamine or produce precursor chemicals for the manufacture of methamphetamine and MDMA. Large amounts of methamphetamine (in pill and crystalline form) and heroin manufactured in Myanmar continue to be trafficked into Cambodia through its northeastern border with Lao PDR.<sup>25</sup> A large portion of the drugs are then often repackaged for further trafficking via overland routes and air passenger couriers to neighbouring countries (primarily Thailand and Viet Nam) and to international markets.<sup>26</sup>

The street retail price of one methamphetamine pill has remained relatively stable during the past five years, at around USD 5. Data on the retail price of crystalline methamphetamine is unavailable; however, the wholesale price of one kilogram of crystalline methamphetamine is indicated to have decreased from approximately USD 60,000 in 2012 to USD 38,000-40,000 in 2014,<sup>27</sup> which may reflect greater availability and/or lower purity. Methamphetamine pills samples analysed in 2013 were found to contain an average purity of 3-18% methamphetamine compared with 15-28% methamphetamine in 2010, while crystalline methamphetamine samples had purities ranging from about 4-84% in 2013 and 75-83% in 2010.<sup>28</sup>

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<sup>23</sup> Cambodia country report, National Authority for Combating Drugs (NACD), presented at the Nineteenth Asia-Pacific Operational Drug Enforcement Conference (ADEC), Tokyo, 18-20 February 2014.

<sup>24</sup> Op. cit. NACD, August 2013.

<sup>25</sup> 'Drug Situation', National Authority for Combating Drugs (NACD), 2014.

<sup>26</sup> Op. cit. NACD, February 2014; Op. cit. NACD, August 2014.

<sup>27</sup> Op. cit. NACD, August 2014.

<sup>28</sup> Op. cit. NACD, August 2014.

## 2. Update on Cambodia's anti-drugs strategy and institutional framework

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

Cambodia's previous Law on the Control of Drugs was enacted in 1997, but as the drug situation changed rapidly in Cambodia, lawmakers found that it 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 January 2012, a new Law on Drug Control was adopted. It introduced new classifications of addictive drugs, defined anti-drug institutions and contained anti-money laundering provisions. It also recognised the right to voluntary access to drug treatment for drug users and acknowledged the role of psychosocial and health care providers in providing assistance to drug users in health structures and in the community.

In 2013, the Royal Government of Cambodia approved the New National Strategic Plan on Drug Control (2013-2015), which outlined the Government's plan to further implement the drug law. The National Strategic Plan consists of 5 Strategies, 7 Strategic Measures, 35 Programs, and 103 Activities.

The 5 priority strategies include:

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



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

With the growing understanding that 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 aimed at reducing demand. The Government has conducted a public awareness campaign through the media and prevention activities in schools and started a community based drug treatment program. Under this program, law enforcement has been enabled to provide a supporting environment allowing differentiation between people who use drugs and drug traffickers. A methadone maintenance program for heroin users and needle exchange program has also been implemented by the Ministry of Health with UN technical support and funding from Australia. This has now been transitioned to the health equity fund system, with ongoing funding from Australia, other donors and the Government.

### **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 reflects the different development priorities of donor partner agencies (law enforcement, health, NGOs) involved in delivering the assistance.

## *UNODC - Supply reduction*

A recent UNODC survey identified insufficient knowledge among Cambodian authorities about how to reduce the supply of illicit drugs and precursor chemicals at border crossing points. Front-line officers were often unable to accurately distinguish between controlled drugs and precursor chemicals. To increase their capacity and awareness, with the aim of preventing drug, chemical and other forms of trafficking at the border, UNODC has assisted the Royal Government of Cambodia in establishing and supporting twelve Border Liaison Offices (BLOs) in trafficking hot-spots along Cambodia's land borders (5 with Viet Nam, 4 with Thailand and 3 with Lao PDR). The BLOs are a key element of effective border management in the UNODC Regional Program in East and Southeast Asia and the Pacific, which promotes practical "horizontal communication" between co-located law enforcement and regulatory agencies (police, customs, immigrations, forestry, etc.) within and across international borders. Officers at BLOs are provided key skills training, basic equipment and investigative tools, and standard communication protocols to increase border interdiction of trafficked goods and people. The Border Management program is expanding to meet the region's needs to counter emerging forms of transnational organised crime, such as migrant smuggling, trafficking in persons and wildlife trafficking along the Cambodian border and throughout the Greater Mekong Sub-region.

## *UNODC- Demand and Harm Reduction*

The Royal Government of Cambodia, with the support of UNODC, has developed the Community Based Treatment (CBTx) program. CBTx provides people with drug use disorders with a voluntary, cost-effective, and rights-based approach to drug treatment and care services in their communities. With strong support from the highest levels of Government, Cambodia is taking the lead in the region, turning away from punitive measures and instead adopting a health and people-centered solution. By using a multi-sectoral approach, one which addresses the varied and context specific circumstances related to drug use, CBTx has led to increased awareness among community members, sensitised law enforcement authorities, improved health and social service delivery, and overall, a more enabling environment for reducing drug use and its consequences. Partner NGOs are key in mobilising people affected by drug use and dependence, facilitating access to treatment, and providing educational outreach, social support and a continuum of care. Trained CBTx medical staff in health centres and referral hospitals offer free or affordable drug counselling and treatment for drug use disorders. By the end of 2013, CBTx provided ongoing treatment for over 1,200 people who use drugs. 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 among key national agencies such as the National Authority for Combating Drugs, the Ministry of Health, UNODC and provincial partners including the Provincial Health Department as well as local health and social service providers. Partnerships have been established with law enforcement, which has increased understanding of drug use and CBTx. Specifically, this has encouraged police to address drug dependence as a health concern that requires treatment rather than punitive responses. People who use drugs 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 at the commune (local government) level. The Royal Government of Cambodia has created a Mental Health and Substance Abuse department within the Ministry of Health - a crucial institutional development - and Phnom Penh has been designated as a new geographical area for the CBTx. Given associated financial and technical resourcing challenges, technical assistance is required to support this effort.

The First National Harm Reduction Strategic plan (2015-17) is now available after an inclusive development process. It includes the expansion of and a more flexible service delivery model. Costing is currently being finalised. Harm reduction training for law enforcement has been integrated in the Police Academy curriculum and is being implemented. The Needle and Syringe Policy and Methadone Maintenance Therapy (MMT) Standard Operating policy were adopted to scale up the harm reduction program. Effective transition to sustainable Government ownership and funding for the MMT clinic is an ongoing focus.

## *Australia*

The Australian Federal Police (AFP) in Cambodia is building the capacity of the Cambodian National Police (CNP) by continuing to support a CNP Transnational Crime Team, which has had a number of recent successful anti-drug operations. The Transnational Crime Team comprises dedicated CNP personnel as well as one dedicated AFP Police adviser. The AFP has provided surveillance equipment to Cambodian National Police in a number of provinces and is scheduled to provide surveillance equipment to CNP in an additional eight provinces. In addition, the AFP travels to most Cambodian provinces to liaise with Provincial Police Commissioners and their Executive in support of their efforts to combat transnational crime. The AFP remains concerned about the alleged drug-related activities of West African criminal groups as reported by the National Authority for Combating Drugs (NACD).

Australia, through its Defence Cooperation Program, also continues to support Cambodia's efforts to secure its maritime borders and establish mechanisms to combat drug trafficking, illegal fishing, people smuggling, and threats against its natural environment. Australia was integral in supporting the establishment of the National Committee of Maritime Security (NCMS) in 2009 and has since then, in conjunction with the United States, continued to support the NCMS through professional development training in Australia, command post exercises, formulation of operational orders and directives, and continued logistical support to the NCMS and Royal Cambodian Navy, both in Phnom Penh and at the Naval Base in Ream.

In addition to its law enforcement and security cooperation, Australia also helped to reduce the spread of HIV related to injecting drug use through the HIV/AIDS Asia Regional Program (HAARP). HAARP operated for nearly six years and had some major achievements, including supporting the first methadone maintenance program in Cambodia, integrating needle and syringe programs into the broader health system and improving law enforcement responses to injecting drug use with a focus on reducing HIV transmission. HAARP handed over responsibility for these activities to the Royal Government of Cambodia in December 2014.

## ***European Union***

The EU is funding various programs active in Cambodia related to law enforcement, anti-terrorism, and countering money laundering and illegal migration. In March 2015, the EU Delegation invited an Officer of the Cambodian Ministry of Defence to attend regional training in Jakarta on Countering Violent Extremism, a topic that is in some cases drug-related. Although, the EU does not fund in Cambodia actions specifically targeted at drugs, the Delegation appreciates to be kept in the loop on this topic.

## ***Germany***

The German Federal Criminal Police Office (*Bundeskriminalamt*) held a training course, "Principles and Methods of Police Evaluation and Analysis - Operational Analysis" in 2009 in Phnom Penh. In 2007, 2008 and 2010, the Cambodian National Police (CNP) received support of managerial and operational tools as well as IT-equipment to the total value of around 35,000 Euros. Given the minor criminal connections between Germany and Cambodia and the low requirement of cooperation currently, no further actions or measures are planned at this stage.

## ***Japan***

The Government of Japan (GoJ), together with other donors, is supporting the Global SMART Program to assist with data collection and analysis of drug trends (production, drug trafficking and abuse) in Cambodia. The GoJ provided a short-term training course titled "Seminar on Control of Drug Offences" through the Japan International Cooperation Agency (JICA) from August 31 to September 13, 2014 in Tokyo. From Cambodia, one Deputy Director of the International Cooperation Department at the NACD participated in the training course, and 12 other participants at the level of division directors or senior executives of relevant public institutions joined from Indonesia, Kenya, Lao PDR, Malaysia, Thailand, the Philippines, and Viet Nam. In collaboration with the Japanese National Police Agency, the training course was conducted for the following purposes: sharing knowledge and experiences related to the prevention of cross-border smuggling and to enhanced control of drug offences; improving investigation capabilities of the participants through the sharing of their acquired knowledge and working experience; and strengthening international networking among the participants and their organizations. The GoJ will continue to conduct the same training course in 2015 and 2016.

Each year, Japan has hosted the Asia-Pacific Operational Drug Enforcement Conference (ADEC) in Tokyo. This year, the 20th ADEC was held from 24-26 February, and 30 countries (including Cambodia) and two regions (Macau and Hong Kong), as well as two organisations (ICPO and UNODC) attended. ADEC is a region-wide platform to discuss the latest trends in illicit drugs in the Asia-Pacific region and to share information among relevant agencies on effective measures to counter drug trafficking.

### ***United Kingdom***

The United Kingdom continues to work closely with the Royal Government of Cambodia on serious crime issues including drug smuggling, human trafficking and people smuggling, money laundering, and child abuse and exploitation. In February 2014, an important new Memorandum of Understanding (MoU) was signed between the UK's National Crime Agency and the Cambodian General Commissariat of National Police to increase cooperation in the fight against serious crime. Under the scope of cooperation, the MoU specifically identifies drugs crime as one of the priority areas for increased coordinated operations, information sharing and capacity building between the UK and Cambodia.

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

The Government of the United States of America is helping Cambodian authorities to address a range of criminal activity, including drug trafficking, through focused capacity-building programs. Examples include training funded by the U.S. Joint Interagency Task Force-West (JIATF-West) for the Royal Cambodian Navy and the National Committee for Maritime Security to improve ship maintenance and vessel boarding procedures. JIATF-West also helps train Cambodian officials and private bank representatives on financial investigative techniques.

## **4. Progress on implementation of previous recommendations**

Past recommendations are being steadily implemented, but core recommendations from 2014 remain current in 2015 (see *7.3 Recommendations* below).

## **5. Place and date of the meeting of the Mini Dublin Group**

Due to tight reporting deadlines and the unavailability of key participants, it was not possible to hold a meeting of the Mini Dublin Group in the first half of 2015, and this report was prepared through email consultation between MDG partners, the Royal Government of Cambodia, and UNODC. The next Mini Dublin Group meeting will be held in the second half of 2015.

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

For demand reduction, key impediments include a shortage of technical equipment, inadequate financial support and a lack of human resources for carrying out education programs. For supply reduction, information sources for assisting operations are insufficient. For harm reduction, treatment, rehabilitation, vocational training, and re-integration, the lack of human resources, equipment, capacity and budgets have resulted in a slow roll-out of training and educational programs as part of Community Based Treatment (CBTx) initiative. For the strengthening of law enforcement, the number of officials available to conduct procedural investigations and collect evidence for the court institutions remains limited.

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

### *7.1 Emerging threats/trends*

- The manufacture, trafficking and use of illicit drugs remains a significant problem in Cambodia.
- Transnational and Asian drug trafficking groups continue to target Cambodia as a source, transit and destination country for amphetamine-type stimulants (ATS) and other illicit drugs.
- The availability and use of methamphetamine in pill and crystalline form continues to expand. A large and growing majority of persons arrested for drug-related offences or persons submitted for drug treatment involve methamphetamine.
- The amounts of crystalline methamphetamine and cocaine seized in Cambodia since 2012 are significantly higher than in previous years.



## 7.2 *Political initiatives*

There appears to be strong political will to tackle drug trafficking and production with multiple approaches addressing production, supply and demand. After the adoption of new Law on Drug Control in 2012 as part of the National Strategic Development Plan (NSDP), the Royal Government of Cambodia approved the New Strategic Plan on Drug Control (2013-2015), as noted above. In 2015, the Government plans to: (1) continue to promote drug education and awareness; (2) strengthen Community Based Treatment; (3) promote efficient law enforcement operations; (4) increase cooperation among Ministries and institutions; (5) promote and enhance cooperation with neighbouring countries; including continuously strengthening Border Liaison Offices (BLOs); (6) promote and enhance international cooperation; and (7) strengthen relevant institutions.

## 7.3 *Recommendations*

Although past recommendations have been implemented steadily, participants have agreed that previous recommendations remain current. These are:

- Continuing support for the Royal Government of Cambodia to implement the seven strategic measures under the 2013-2015 National Strategic Plan on Drug Control.
- 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 be more capacity building in technical skills for law enforcement personnel, including training in improved investigation techniques, collection/handling of evidence, and forensic methods/techniques.

- The Royal Government of Cambodia should build on its initial leadership in community based treatment initiatives by dedicating more resources to this effort. Donors should look at supporting the Royal Government of Cambodia's commitment to community based treatment initiatives. The Ministry of Health should identify Community Based Treatment (CBTx) 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 of 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.
- Donors should look to better harmonise and coordinate their assistance to the Royal Government of Cambodia through increased information sharing and meetings with relevant stakeholders.
- Continuous work with the Royal Government of Cambodia to enhance knowledge and skills to investigate and prosecute drug trafficking offences is needed.
- Operationally focused support (in partnership with international, regional and national partners) to generate intelligence for the investigation and prosecution of drug and precursor related trafficking offences should continue to be provided.
- Enhancement of drug and precursor identification and profiling capacities, through the development of infrastructure, training, and networking, including engagement with the chemical industry is needed.

## **China**

The mini-Dublin Group in China did not submit updated information.